

EMPLOYEE STATEMENT

FastPark&Relax



PARK PLACE
AIRPORT PARKING

PCA EMPLOYEE - DRIVER / CASHIER STATEMENT

PCA INCIDENT #

EMPLOYEE NAME

POSITION

DATE OF INCIDENT

LOCATION OF INCIDENT

CUSTOMER NAME

DESCRIPTION OF WHAT HAPPENED AND/OR WHAT YOU WITNESSED: (FACTS ONLY):

WERE THERE ANY INJURIES? If so, please describe:

Employee's Signature

Date