PCA INCIDENT/ACCIDENT REPORT

LOCATION

Address	
City/State/Zip Code	
Phone	
Fax	
Facility Manager Name	

LOCATION OF INCIDENT

Street Address	
City	
State	
Zip	
Phone	
Lot--Row--Space	
Operation Type	☐ Self Park ☐ Valet

INCIDENT DETAILS

Date of Incident	
Time of Incident	
Duration of stay in Lot	
Any Injuries	☐ YES ☐ NO
Police Report #	
Date of Report	
Officer's Name	

NUMBER OF PCA VEHICLES INVOLVED

PCA VEHICLE NO. 1

Employee Name			
Drivers License #		PCA FLEET #	
Year		Tag #	
Make		VIN	
Model		State	
ANY EMPLOYEE INJURIES	☐ YES ☐ NO		

PCA VEHICLE NO. 2

Employee Name			
Drivers License #		PCA FLEET #	
Year		Tag #	
Make		VIN	
Model		State	
ANY EMPLOYEE INJURIES	☐ YES ☐ NO		

NUMBER OF THIRD PARTY PERSONS OR VEHICLES INVOLVED

THIRD PARTY INFO NO. 1

Customer Name			
Street Address			
City/State			
Zip Code		Vehicle Year	
Phone (Day)		Make	
Phone (Evening)		Model	
Drivers License #		Color	
Insurance Company		VIN	
Address		License Plate	
Phone		Plate State	
Email Address		Agent Name	
ANY INJURIES	☐ YES ☐ NO	Policy #	

THIRD PARTY INFO NO. 2

Customer Name			
Street Address			
City/State			
Zip Code		Vehicle Year	
Phone (Day)		Make	
Phone (Evening)		Model	
Drivers License #		Color	
Insurance Company		VIN	
Address		License Plate	
Phone		Plate State	
Email Address		Agent Name	
ANY INJURIES	☐ YES ☐ NO	Policy #	

PCA PHYSICAL PROPERTY DAMAGE

LIST ALL PCA DAMAGE AND DESCRIPTION OF DAMAGE

Customer Signature

Employee/Driver Signature

Manager Receiving Report

PCA INCIDENT #

Thank you for completing this form. This form is used to document reported incidents of damage, injury or complaint.
Provision or completion of this form in no way affects PCA's liability or absence of liability in the reported incident.
PCA will evaluate your report and will contact you if any further information is needed.