

## PCA INCIDENT/CLAIMS CHECKLIST

**PCA INCIDENT #**

--

**LOCATION OF INCIDENT**

Street Address

City

State

Zip

Phone

Lot--Row--Space

Operation Type


**INCIDENT DETAILS**

Date of Incident

Time of Incident

Duration of stay in Lot

Any Injuries

Police Report #

Date of Report

Officer's Name


**CLAIM INFORMATION:**

**ALL CLAIMS**

Employee Statement

Customer Statement

Witness Statements

Manager Statement

Pictures

Original Documents Received

**LOCATION MANAGER**


**CLAIMS REP**


**\*All statements signed and dated**

**CLAIMS WITH DAMAGE OR INVOLVE ANOTHER PARTY (in addition to All Claims):**

**LOCATION MANAGER**


**CLAIMS REP**


Bus Estimate

Bus Invoice

Police Report

Customer Estimate

Customer Invoice

Slip & Fall Weather Report

Driver MVR

Drug Test Obtained

**AT-FAULT ACCIDENTS (in addition to All Claims, Claims w/ Damage):**

**LOCATION MANAGER**


**CLAIMS REP**


Payroll deduction

Other Person's Insurance Info

**COMMENTS/PENDING:**

--