

PCA INCIDENT/CLAIMS CHECKLIST

PCA INCIDENT #

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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

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

CLAIMS REP

COMMENTS/PENDING:

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