

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
Police Report #
Date of Report
Officer's Name

☐ YES ☐ NO

NUMBER OF PCA VEHICLES INVOLVED

PCA VEHICLE NO. 1

Employee Name
Drivers License #
Year
Make
Model
ANY EMPLOYEE INJURIES

☐ YES ☐ NO

PCA FLEET #
Tag #
VIN
State

PCA VEHICLE NO. 2

Employee Name
Drivers License #
Year
Make
Model
ANY EMPLOYEE INJURIES

☐ YES ☐ NO

PCA FLEET #
Tag #
VIN
State

NUMBER OF THIRD PARTY PERSONS OR VEHICLES INVOLVED

THIRD PARTY INFO NO. 1

Customer Name	<input type="text"/>		
Street Address	<input type="text"/>		
City/State	<input type="text"/>		
Zip Code	<input type="text"/>	Vehicle Year	<input type="text"/>
Phone (Day)	<input type="text"/>	Make	<input type="text"/>
Phone (Evening)	<input type="text"/>	Model	<input type="text"/>
Drivers License #	<input type="text"/>	Color	<input type="text"/>
Insurance Company	<input type="text"/>	VIN	<input type="text"/>
Address	<input type="text"/>	License Plate	<input type="text"/>
Phone	<input type="text"/>	Plate State	<input type="text"/>
Email Address	<input type="text"/>	Agent Name	<input type="text"/>
ANY INJURIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	Policy #	<input type="text"/>

THIRD PARTY INFO NO. 2

Customer Name	<input type="text"/>		
Street Address	<input type="text"/>		
City/State	<input type="text"/>		
Zip Code	<input type="text"/>	Vehicle Year	<input type="text"/>
Phone (Day)	<input type="text"/>	Make	<input type="text"/>
Phone (Evening)	<input type="text"/>	Model	<input type="text"/>
Drivers License #	<input type="text"/>	Color	<input type="text"/>
Insurance Company	<input type="text"/>	VIN	<input type="text"/>
Address	<input type="text"/>	License Plate	<input type="text"/>
Phone	<input type="text"/>	Plate State	<input type="text"/>
Email Address	<input type="text"/>	Agent Name	<input type="text"/>
ANY INJURIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	Policy #	<input type="text"/>

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.