

## Incident Reporting Form – Store Damaged by Vehicle

**INSTRUCTIONS:** Collect this information at the time of the incident on this form. Then submit this information within 24 hours using [SSC Help Survey > Operations > Incident Reporting of Store Damaged by Vehicle \(Click for link to Survey\)](#).

**Which Banner:**            TJ Maxx / Marshalls (circle one)

Store Number: \_\_\_\_\_ District Number \_\_\_\_\_

Store Phone Number: \_\_\_\_\_ Region Number \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Associate making report:**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Job Title \_\_\_\_\_

Date incident occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time incident occurred: \_\_\_\_\_ **AM /PM** (circle one)

Brief Description of the incident:

---

---

---

---

---

---

---

**Choose Which Type of incident:**

\_\_\_\_\_ Customer vehicle hit the store

\_\_\_\_\_ Vendor/Service/Delivery Truck hit the store

**Customer's Information:**

Driver's Full First and Last Name: \_\_\_\_\_

Driver's Phone Number with area code \_\_\_\_\_

Driver's Full Home Address (Street w/ number, City and State) \_\_\_\_\_

---

Driver's License # and State: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Driver's Insurance Company: \_\_\_\_\_

Driver's Insurance Policy #: \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

**Trucking Company Information (Vendor, Service Driver or Delivery Truck)**

Was this a TJ Maxx / Marshalls Distribution Center Truck                      **Yes / No** (circle one)

Was this a Frozen Food Vendor Delivery?    **Yes / No** (circle one)

Truck Company Name (Werner, US Xpress, Swift, etc.) \_\_\_\_\_

Truck Driver's Name \_\_\_\_\_

Truck # \_\_\_\_\_

Trailer # \_\_\_\_\_

Did anyone witness the incident?                      **Yes / No** (circle one)

If there was a witness, was it an Associate?                      **Yes / No** (circle one)

Witness name: \_\_\_\_\_

Witness phone number: \_\_\_\_\_

Witness statement describing what they saw:

---

---

---

---

---

---

---

---

Was a police report was made?                      **Yes / No** (circle one)

**Police report information:**

Name of police department: \_\_\_\_\_

Name of officer taking report: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact email: \_\_\_\_\_

Police report number: \_\_\_\_\_

Has a maintenance request been submitted to Facilities ? **Yes / No** (circle one)

***NOTE: If a maintenance request has not been submitted, it must be submitted immediately for store repair.***