



Date of Incident: _____ Time of Incident: _____

Describe Weather Outside at Time of Incident: _____

Location of Incident:

Street Address: _____

City: _____

State: _____

Type of Incident:

Flood (*Did Water Reach the Seats or Higher?*): Yes No

Hail

Falling Object (*Is the Fallen Object Removed from the Vehicle?*): Yes No

If Falling Object is Checked, Please Provide Additional Details:

Describe What Happened:

Your Vehicle Information:

Make: _____ Model: _____

Year: _____ Last 6 Digits of VIN: _____

Damages: _____

Do You Have Photos of the Damages? Yes No

Is Your Vehicle Drivable? Yes No

Where is Your Vehicle Located?

Street Address: _____

City: _____

State: _____

Employee Name (Print): _____

Employee Signature: _____ Date: _____