



Incident Number: \_\_\_\_\_

Issued by Manager \_\_\_\_\_

Vehicle Accident / Damage Report for Customer,  
Send to [mail@parkriteinc.com](mailto:mail@parkriteinc.com) or fax 586.498.9775

Location of Incident \_\_\_\_\_

Time and Date of Incident: \_\_\_\_\_

Customers Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Employer \_\_\_\_\_

Make / Year of vehicle \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle I.D. # \_\_\_\_\_

Email address \_\_\_\_\_

Describe Damage and how it occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Address of Witnesses \_\_\_\_\_

\_\_\_\_\_

Name of Person Who Notified Authorities: \_\_\_\_\_

\_\_\_\_\_

Name of Attendant on duty (if applicable) \_\_\_\_\_

Theft of Vehicle only:

Ticket # \_\_\_\_\_ Location of Keys \_\_\_\_\_

**Please Provide: copy of the UD 10 or Police Report Number, copy of Registration and Two Estimates.**