



Vehicle Accident / Damage Report for Customer, fax 313.965.8182

Location of Incident _____

Time and Date of Incident: _____

Customers Name _____

Address _____

Phone Number _____ Employer _____

Make / Year of vehicle _____

License Plate # _____ Color _____

Vehicle I.D. # _____

Describe the Extent of the Damage: _____

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.**