Incident Report Created By

INCIDENT REPORT

Incident Details

Location

Report Date

Date of Incident

Time of Incident

Check Type of Claim Auto Damage Auto Theft Article Theft

Incident Personal Injury Property Damage

Describe Incident

# Person Involved

First Name

Last Name

Address 1

Address 2

City

State

Phone

E-mail

Preferred way to contact them? E-mail Phone Postal Mail

Second Person Involved, if applicable

First Name

Last Name

Address 1

Address 2

City

State

Phone

E-mail

Preferred way to contact them? E-mail Phone Postal Mail

# First Vehicle Involved

Vehicle Type

Year

Make

Model

Color

License Plate #

State of License Plate

Registered Owner

# Second Vehicle Involved - if applicable

Vehicle Type

Year

Make

Model

Color

License Plate #

State of License Plate

Registered Owner

Please Answer the Following:

|  |  |  |
| --- | --- | --- |
| Was the damage caused by the attendant's carelessness? | Yes | No |
| Was the damage caused by mechanical breakdown or failure? | Yes | No |
| Did the guest park his OWN car? | Yes | No |
| Did the guest lock the vehicle and retain the keys? | Yes | No |
| Was the car parked in the lot before the valet opened the lot? | Yes | No |
| Was the car still parked on the lot when the valet closed the lot? | Yes | No |
| Did the guest leave the lot BEFORE reporting the damage?  How long was it before they reported the damage? | Yes | No |
| Was the damage fresh? | Yes | No |
| Were there any paint particles on the damaged area? | Yes | No |
| Was there dust/road film on the damaged area? | Yes | No |
| Was there paint particles or parts on the ground where the car was parked? | Yes | No |

**E-Mail to the Corporate Office by 8:00 am the next business day.**

**(Email: valetkingnj@gmail.com or Office: 201-773-4090)**

The Valet King

455 Route 17 South - Ramsey, NJ 07446

Sign or Type In Electronic Signature: