



Internal Report of Damages Theft and/or Injury **CS-708**

Date _____

To **Bureau of Parking Management** From (Attendant/Patron) _____

Report of **Theft** **Vehicle Damage** **Personal Injury**

Lot Location _____ Date of Incident _____ Time of Incident _____

Police Report Filed Yes No

Name of Pedestrian or Patron _____

Person to whom vehicle is registered _____

Is the Vehicle Owned Leased If, leased name and address of leaser _____

State Employee Yes No If yes, which agency _____

Home Address _____

Work Phone _____ Home Phone _____

Year, Make, Model, and Plate Number of Vehicle _____ Permit Number _____

Where there any witnesses to the incident Yes No

If **YES** is checked above, provide name, agency in which employed, work address, and phone number of each witness in space provided below.

Name _____ Agency _____

Work Address _____ Work Phone Number _____

Name _____ Agency _____

Work Address _____ Work Phone Number _____

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In the space provided, briefly indicate the nature of the incident. Describe, for example, the extent of vehicle damage, items stolen and method of entry into the vehicle, or the extent and circumstances of patron or pedestrian injury. Where damage resulted from condition of parking area (such as pavement defect), indicate such. A drawing may be helpful to explain certain incidents. If applicable, indicate whether or not the vehicle was locked when parked, or whether vehicle was aisle parked and keys left with attendant. Supplement your comments with the observation of the witness (if any).

Note: This form is for rapid internal reporting of incidents, and in no way intended as a replacement for any other accident report. Please complete this form and submit it to the Parking Lot Supervisor/Attendant or mail it to the address on this form no later than two (2) working days following the incident.

For OGS use only – Internal Investigation Findings

Damage Caused by (check all that apply)

- OGS Equipment OGS Employee Conditions of Premises State Liability
 NOT State Liability Other _____

Were estimates or additional information necessary and provided Yes No

Referred to (department, date, time, and name of contact)

Copies sent to Insurance Legal Plaza Operations Other _____

Explain

Senior Parking Attendant's Signature _____

Operations/Supervisor Signature _____