NOTE: THIS REPORT MUST BE MAILED TO THE CLAIMS DEPARTMENT ON THE SAME DAY AS THE ALLEGED INCIDENT.

CUSTOMER INCIDENT REPORT

POLICY NUMBER _____

THIS FORM IS TO BE COMPLETED BY THE LOCATION MANAGER - PLEASE PRINT

CLAIMANT
NAME:
ADDRESS:
CITY:

CLAIM TYPE	COLLISION ☐	THEFT OR PERSONAL INJURY ☐	THEFT OF PART OF CAR ☐	BODILY INJURY ☐

TIME AND PLACE

LOCATION NO#:	LOCATION NAME:	LOCATION ADDRESS:
72395	ORD	10000 W. OHARE Blvd.
DATE OF INCIDENT: 9-28-18	TIME OF INCIDENT: 2145	LOCATION CITY ST ZIP: Chicago IL 60666

TICKET NO#	TICKET COLOR:	DATE ENTERED:	TIME ENTERED:	DATE EXITED:	TIME EXITED:
		9-28-18		9-28-18	

TYPE OF FACILITY	COMBINATION OF SELF & VALET ☐	SELF PARK ☒	VALET/ATTENDED ☐

IF VALET OR ATTENDANT PARKED VEHICLE	NAME OF VALET IN:	NAME OF VALET OUT

VEHICLE INFO

OWNER OF AUTO:	VEHICLE MAKE:	VEHICLE MODEL:
Cruise America	FORD	E450
OWNERS ADDRESS: RV Rental	VEHICLE YEAR:	VEHICLE COLOR: White
CITY:	STATE:	ZIP:
LICENSE PLATE # 8UGE221		ESTIMATE AMT. OF LOSS

WHEN INCIDENT OCCURRED HAD CAR BEEN TURNED OVER TO US?	Y	N ✓

HAD CAR BEEN RETURNED TO CLAIMANT?	Y	N N/A

WAS CLAIM REPORTED PRIOR TO VEHICLE LEAVING THE LOT?	Y ✗	N	IF NOT REPORTED, WHY:

INCIDENT DESCRIPTION (MGR) Please Describe Incident)

customer was exiting E lot at booth #24 and struck outside of booth causing damage.

List Damages- Attach photo if available

Booth was damaged on roof and drain pipe was ripped off. B4 Ferguson

Cust Signature: X _____ Date: 9-28-18

(PRINT) Managers Name: _____ Phone _____ Date: _____

WHERE WAS VEHICLE DAMAGED?	FRONT	Y	N	REAR	Y	N	TOP	Y	N	DRIVE SIDE	Y	N	PASS SIDE	Y	N

WERE STOLEN ITEMS ATTACHED TO AUTO?	Y	N	IF NOT, WHERE WERE ITEMS STOLEN FROM?	FRONT SEAT	Y	N	BACK SEAT	Y	N	TRUNK	Y	N

WAS A POLICE REPORT FILED?	Y ✗	N	DATE OF REPORT	RD # JB455119	PRECINCT

$1,000.00

WITNESS INFO	NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:

DISPOSITION:

If Auto Damage, Indicate Damaged Area With An "X".

SR MGR SIGNATURE: _____ SR MGR PHONE: _____

PPO
18-9-7

Use black ink

COMPLETE BOTH SIDES OF THIS FORM

Mail this report to
Illinois Department of Transportation
Crash Records Section
1340 North 9th Street
Springfield, Illinois 62766-0001

ILLINOIS MOTORIST REPORT

Copies of police crash reports may be obtained by sending $5 per copy (check or money order) made payable to "Department of Finance - City of Chicago" and mailed to:
Chicago Police Department
Records Inquiry & Customer Service Section - Unit 163
3510 South Michigan Avenue - Room 1027 SE
Chicago, IL 60653-1020

C14030593 8

INVESTIGATING AGENCY: **CHICAGO POLICE DEPARTMENT**

37 DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☑ $500 OR LESS ☐ $501 - $1,500 ☐ OVER $1,500

TYPE OF REPORT 31: ☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED

32: ☐ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash

33 R.D. NUMBER: JE [illegible] (YR)

34 ADDRESS NO.: 1 | (CIRCLE) N E S W | HIGHWAY or STREET NAME: [illegible]

☐ City: **CHICAGO**

INTERSECTION RELATED 35: ☐ Y ☐ N

36 DATE OF CRASH: 1 / 24 / [illegible] (mo / day / yr)

TIME: [illegible] ☐ AM ☐ PM

BEAT OF OCCURRENCE: 1

☐ (CIRCLE) ____ FT / MI (CIRCLE) N E S W AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)

COUNTY: **COOK**

PRIVATE PROPERTY ☐ Y ☐ N

HIT & RUN ☐ Y ☐ N

DOORING WITH PEDALCYCLIST? ☐ Y ☑ N

38 NUMBER MOTOR VEHICLES INVLD: 1

PHOTO(S) TAKEN ☐ Y ☑ N

STATEMENT(S) TAKEN ☐ Y ☐ N

UNIT 1

NAME 39 (LAST, FIRST, MI) ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: [illegible]

DATE OF BIRTH (mo / day / yr): [illegible]

MAKE | MODEL | YEAR

STREET ADDRESS: [illegible] | SEX | SAFT 25 | AIR 26

PLATE NO. | STATE | YEAR

CITY | STATE | ZIP | INJURY 27 | EJECT 28

VIN

TELEPHONE: 773 667 30 | DRIVER LICENSE NO. | STATE | CLASS

VEHICLE OWNER (LAST, FIRST M.I.) | INSURANCE CO.

TAKEN TO | EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP) | TELEPHONE | POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT: [illegible]

FRONT 1 2 8 9 3 7 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

UNIT 2

NAME 39 (LAST, FIRST, MI) ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV: [illegible]

DATE OF BIRTH (mo / day / yr): [illegible]

MAKE | MODEL | YEAR

STREET ADDRESS: [illegible] | SEX M | SAFT 25 | AIR 26

PLATE NO. | STATE | YEAR

CITY [illegible] | STATE MI | ZIP | INJURY 27 0 | EJECT 28 1

VIN [illegible]

TELEPHONE [illegible] | DRIVER LICENSE NO. [illegible] | STATE MI | CLASS O

VEHICLE OWNER (LAST, FIRST M.I.) | INSURANCE CO.

TAKEN TO | EMS AGENCY

OWNER ADDRESS (STREET, CITY, STATE, ZIP) | TELEPHONE | POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT: [illegible]

FRONT 1 2 8 9 3 7 6 5 4 REAR

	Y	N
TOWED DUE TO CRASH	☐	☐
FIRE	☐	☐
CELLPHONE	☐	☐
EXCEED SPEED LIMIT	☐	☐
COM VEH	☐	☐

* IF YES SEE SIDEBAR

Was driver (owner) of other vehicle insured? YES ☐ NO ☐ NOT KNOWN ☐

Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square. ☐

DID POLICE OFFICER INVESTIGATE ACCIDENT? YES ☐ NO ☐ APPROXIMATE COST TO REPAIR YOUR VEHICLE $ ____

LIST PERSONS KILLED OR INJURED	UNIT	AGE	SEX	
NAME				ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES

APPROXIMATE COST TO REPAIR $ ____

PROPERTY OWNER'S NAME

PROPERTY OWNER'S ADDRESS

SIGN HERE ____ (Signature of person making report) | ADDRESS | DATE

COMPLETE BOTH SIDES OF THIS FORM

YOUR INSURANCE

If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.

Were you covered by a liability insurance policy at the time of the crash? ☐ YES ☐ NO

Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others.

Name and address of representatives who sold policy.

Policy Number

Policy Period From: ____ To: ____

Name of Policy Holder

M0113

Mail this report to
Illinois Department of Transportation
Crash Records Section
1340 North 9th Street
Springfield, Illinois 62766-0001

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INNOVATION IN OPERATION™

크레오메

October 2, 2018

Invoice # 100218

INVOICE

QTY	Description	Invoice #		Amount
	Damage to Cashier Booth Date of Incident : 09/28/2018	100218		
	Vehicle: Cruise America RV Rental			
	Labor – Union Scale Materials – Paint , Gutter Replacement, and Booth Repair			
				$995.00

Please remit Payment to :

Standard Parking
P.O.Box 66179
Chicago, IL. 60666