

INCIDENT REPORT FORM

All fields must be completed on this form to ensure that when the required repairs are performed on the vehicle that all the necessary details are recorded to ensure Triple D's Equipment Rentals received its payments on its repairs on a timely basis.

Date :	Phone #	E Mail Address :	
DD/MMMM/YYYY			
Exact Location of Incident			
Date of Incident :		Day of week	
DD/MMMM/YYYY			
Employee Name :		Time of Incident	
Vehicle Registration #		Vehicle Make / Model	
Nature of Problem :	<input type="checkbox"/> Battery <input type="checkbox"/> Brakes <input type="checkbox"/> Glass Breakage <input type="checkbox"/> Heating / Air <input type="checkbox"/> Horn <input type="checkbox"/> Lights <input type="checkbox"/> Locks	<input type="checkbox"/> Oil <input type="checkbox"/> Overheating (radiator) <input type="checkbox"/> Steering <input type="checkbox"/> Tyres <input type="checkbox"/> Transmission <input type="checkbox"/> Turn Signals <input type="checkbox"/> Wipers	<input type="checkbox"/> Tune Up <input type="checkbox"/> Major Engine <input type="checkbox"/> Alignment <input type="checkbox"/> Emissions <input type="checkbox"/> Electrical <input type="checkbox"/> Other Please specify
Describe what repairs are needed			
Employee Signature			
Comments			
What activity were you engaged in at the time of the incident?			
Give account of incident			
What caused the damage to the vehicle?			
Approved By Position			