614 FRELINGHUYSEN AVE.
NEWARK, NJ 07114
PHONE (973) 242-4431
FAX (973) 242-4481

SPS INCIDENT REPORT

Marginal Street Parking Facility

Incident Report # _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____AM _____PM

CLAIMANT'S NAME: _____

HOME ADDRESS: _____

_____HOME PHONE: _____

DRIVER LICENSE #: _____ STATE: _____ EXP DATE: _____

PLATE #: _____ STATE: _____ PROX CARD / HANGTAG # _____

JOB TITLE: _____ EMPLOYEE #: _____ DEPARTMENT: _____

WORK PHONE #: _____ DEPARTMENT MANAGER: _____

DESCRIBE WHAT HAPPENED, INCLUDING NAMES OF ALL PERSONS INVOLVED, COMPANY, EQUIPMENT, LICENSE PLATE NUMBERS, FULL DESCRIPTION AND LOCATION OF VEHICLES AT THE TIME OF THE INCIDENT:

Action taken: _____

Supervisor: _____ Date: _____

Manager: _____ Date: _____

Director: _____ Date: _____

Final Disposition: _____