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**SPS INCIDENT REPORT**

**Port Street Parking Facility**

**Incident Report #**

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_ AM and \_\_\_\_\_ 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: \_\_\_\_\_