EMERGENCY ROAD SERVICE REPORT

REASON FOR REPORT ('X' THE APPROPRIATE BOX)
1. ☐ COMPLIMENT
2. ☐ SERVICE (COMplaint, ETC.)
3. ☐ DAMAGE/FAULTY REPAIR
4. ☐ OVERCHARGE

DATE OF REPORT OFFICE RECEIVING REPORT

MEMBER'S NAME MEMBERSHIP # (INCLUDE ALL DIGITS)

RESIDENCE ADDRESS NAME OF AUTO CLUB

CITY STATE ZIP NAME OF COMPANY RENDERING SERVICE

DATE OF OCCURRENCE TIME OF OCCURRENCE LOCATION OF OCCURRENCE - INCLUDE CITY

VEHICLE YEAR MAKE MODEL COLOR LICENSE # IF TOWED, WHERE? (INCLUDE CITY)

VEHICLE DAMAGE REPORT

DATE DAMAGE FIRST NOTED WAS RESPONSIBLE PARTY NOTIFIED? HAS DAMAGE BEEN REPAIRED?

☐ YES ☐ NO ☐ YES ☐ NO IF YES, RECEIPT ATTACHED? ☐ YES ☐ NO PARTS RETAINED? ☐ YES ☐ NO

WAS CAR INSPECTED AT D.O.? PHOTOGRAphS TAKEN?

☐ YES ☐ NO ☐ YES ☐ NO IF YES, POLAROID ☐ OR PICTURE ENVELOPE # PICTURE #

METER READING HAVE ESTIMATES BEEN OBTAINED? VEHICLE INSURED?

☐ YES ☐ NO ☐ YES ☐ NO COMPANY NAME: IF ACSC POLICY #

DESCRIBE IN DETAIL FACTS, SURROUNDING OCCURRENCE

REMARKS:

REPORT MAILED TO MEMBER? ☐ YES ☐ NO IF YES, DATE MAILED

MEMBER CONTACT REQUIRED? ☐ YES ☐ NO

PRINT NAME OF EMPLOYEE ASSISTING WITH REPORT MEMBER'S SIGNATURE

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