



EMERGENCY ROAD SERVICE REPORT



REASON FOR REPORT ('X' THE APPROPRIATE BOX)	
1. <input type="checkbox"/> COMPLIMENT	5. <input type="checkbox"/> OTHER _____
2. <input type="checkbox"/> SERVICE (COMPLAINT, ETC.)	
3. <input type="checkbox"/> DAMAGE/FAULTY REPAIR	
4. <input type="checkbox"/> OVERCHARGE	

DATE OF REPORT	OFFICE RECEIVING REPORT	<input type="checkbox"/> THE BOX TO INDICATE PHONE NUMBER AVAILABLE M-F 9-5 <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS
MEMBER'S NAME		MEMBERSHIP # (INCLUDE ALL DIGITS)
RESIDENCE ADDRESS		NAME OF AUTO CLUB
CITY	STATE	ZIP
DATE OF OCCURRENCE		TIME OF OCCURRENCE
LOCATION OF OCCURRENCE - INCLUDE CITY		NATURE OF TROUBLE
VEHICLE YEAR	MAKE	MODEL
COLOR	LICENSE #	IF TOWED, WHERE? (INCLUDE CITY)

VEHICLE DAMAGE REPORT

DATE DAMAGE FIRST NOTED	WAS RESPONSIBLE PARTY NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS DAMAGE BEEN REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, RECEIPT ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS CAR INSPECTED AT D.O.? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, POLAROID <input type="checkbox"/> OR PICTURE ENVELOPE # _____ PICTURE #'s _____	
METER READING	HAVE ESTIMATES BEEN OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO COMPANY NAME _____ IF ACSC, POLICY # _____

DESCRIBE IN DETAIL FACTS, SURROUNDING OCCURRENCE

REMARKS:

REPORT MAILED TO MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE MAILED _____	MEMBER CONTACT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRINT NAME OF EMPLOYEE ASSISTING WITH REPORT	MEMBER'S SIGNATURE