

BUILDING PROPERTY / CRIME DAMAGE REPORTING FORM

1. Complete this form when the incident is reported or discovered by you.
2. After completion, phone the report to The Network, Inc. at 1-800-323-5650 (24 hours and day, 7 days a week).

COMPLETE THIS SECTION FOR ALL INCIDENTS Claim Number: _____

Date called into The Network, Inc.: _____ National Store #: _____

Owner/Operator: _____ Store Address: _____

City: _____ State: _____ Zip: _____

Person Reporting: _____ Title: _____

Manager's Name on Duty at time of Incident: _____

Date of Incident: _____ Time ____:____ A.M. ____ P.M. ____

Reported to Police? Yes ___ No ___ Police Report #: _____

McDonald's Property Damage/Crime/Business Interruption

Description of Incident:

If Business Interruption:

Hours Closed: From ____:____ A.M. ____ P.M. ____ to ____:____ A.M. ____ P.M. ____

Why Closed: _____

If customer is responsible, please identify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

WITNESSES

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

FIRE LOSSES

Where did it occur? _____

Was the fire appliance related and, if so, had any recent maintenance or repair of the appliance been performed? If so, what, when and by whom? _____

Did the store sustain any building / structural damage? _____

Did the fire extinguishing system go off? Yes ____ No ____

Did the Fire Department respond? Yes ____ No ____ Report #: _____

DAMAGE BY CUSTOMER

If damage was done by Customer or by customer's car, please provide details:

Customer / Driver Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Car Owner Info (if different than Driver) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name

Car Info: Year _____ Make _____ Model _____ Color _____

Plate / Tag #: _____ State _____ (Take a photo plate /tag if possible)

VIN Number: _____

INSURANCE INFORMATION OF THE CAR OWNER (Secure copy of Insurance Card)

Name of Driver / Owner Insurance Company: _____

Policy #: _____ Expiration Date: _____

If no insurance card is available and no proof of insurance is presented, the police should be called immediately.