

IG., Inc./RSIG Incident Form

Date: ___/___/___ Date of Incident: ___/___/___ Date of Repo: ___/___/___

If this is involving a lawsuit, please list the **exact date you were served**: ___/___/___
Method of Service: US Mail Process Server Sheriff **Time of Service:** _____

Were there injuries? yes no

Company Name: _____ Company Code: _____

Member Name: _____ Phone: _____ Fax: _____

Address: _____

Debtor Name: _____ Phone: _____

Description of Vehicle: Year: _____ Make: _____ Model: _____

VIN: _____ Mileage: _____

Lender Name: _____ Lender Account #: _____

Contact Name: _____ Phone: _____

Month Reported/Fee Paid: _____ Account Number: _____

Exact Location of Incident: _____

Has debtor redeemed unit? yes no / Current Location of Vehicle: _____

Estimated Damages: \$ _____ Description of Damages: _____

Your Driver's Name: _____ Phone: _____

Were witnesses present: yes no; If yes, please provide name, address & phone below:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Was Incident Reported to Police: yes no Report Number: _____

Law Enforcement Agency: _____ Phone: _____

Description of Incident: _____
