



Property Incident Form



Date/time: _____

Shift manager's name: _____

1. PROPERTY PROFILE

National Store # _____

Store Manager: _____

Owner Operator: _____

Address: _____

City: _____

State: _____

Zip: _____

Day Phone: _____

Evening Phone _____

Date of Incident: _____

Time of Incident: _____

am / pm _____

Witness: _____

Day Phone: _____

Evening Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

2. INCIDENT DETAIL

Incident Type: _____

Was the Store Open When the Incident Occurred? Y / N

Did the Incident Require the Store to Close? Y / N

If Yes: Time Close: _____

Hours of Lost Sales: _____

Were the Police Contacted? Y / N

Agency Name: _____

Officer Name: _____

Report # _____

Could This Incident Have Affected 5 or More Stores: Y / N

Estimated Loss in Dollars: _____

3. INCIDENT DESCRIPTION

Incident Description: _____

Items Damaged / Taken: _____

Quantity: _____

Items Damaged / Taken: _____

Quantity: _____

Items Damaged / Taken: _____

Quantity: _____

4. AT FAULT PARTY INFO

Responsible Party's Name: _____

Day Phone: _____

Evening Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Insurance Company: _____

Policy Number: _____

Call McDonald's Claim Center at 1-800-323-5650 to report an insurance claim