



DISASTER INCIDENT FORM

Contact Information

First Name: _____ MI: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Location(s) of Disaster: _____

Explanation of Disaster (*Please be specific*): _____

Any Particular Known Shops or Personnel Affected: _____

Any Suggested Contacts/Resources to Obtain Additional Information Regarding Disaster: _____

SUBMIT TO:
COLLISION INDUSTRY FOUNDATION
P.O. BOX 3007, MECHANICSVILLE, VA 23116
PH: 888-667-7433 / 804-427-6982
FAX: 866-498-7433 / 804-427-6982
collisionindustryfoundation@gmail.com