International Carwash Association
Serving the Professional Car Care Industry

401 N. Michigan Avenue
Chicago, Illinois 60611-4267
312.321.5199 fax 312.245.1085
e-mail: ica@sba.com
www.CarCareCentral.com

Sudden Unintended Movement Report

Please use the following form to report a sudden unintended movement incident. The report should be sent to International Carwash Association General Counsel Bruce Kramer via facsimile to (901) 523-0043.

FACSIMILE COVER SHEET

To: Bruce Kramer, General Counsel
International Carwash Association

Fax: (901) 523-0043

Fr: _____

The following report is being provided to you in anticipation of litigation and is protected by attorney client privilege and/or its status as attorney work product.

Respondent's Contact Info

Name _____

Contact Person _____

Name of Carwash _____

Address _____ City _____

State _____ Zip _____

Phone Number_____

Mobile Number _____

Fax Number _____

Email Address _____

Recap of Incidents

List Incidents of Sudden Acceleration

Make/Model of Vehicle and Date of Incident

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____
6. _____ _____

Other Information

Do you have any written policy or procedure for handling Jeep/Jeep Cherokees?

YES NO

(If yes, please submit a copy with report)

Do you have any training materials for movement of vehicles?

YES NO

(If yes, please submit a copy with report)

Do you conduct safety training for movement of vehicles?

YES NO

(If yes, please submit a copy with report)

Conditions

For each incident please provide the following:

Date _____ Time _____

Weather Conditions: _____

Temperature: _____

Precipitation: _____

Location of Incident:_____

Entrance / Exit / Other: _____

Type of Carwash:_____

Vehicle Operator/Driver Information

Who was operating the vehicle:

__Employee __Carwash Owner __Vehicle Owner

__Other (please specify) _____ _____

Vehicle operator's years experience with the vehicle _____

Vehicle operator's name _____ _____

Address _____ City _____

State ____ Zip Code_____ Phone Number _____

Mobile Number _____ Fax _____

Age___ Gender___ Social Security Number _____

Driver's License Number _____ _____

Vehicle Information;

Make of Vehicle_____ Model _____

2WD / 4WD _____

Year _____

VIN Number_____

Standard/Auto Transimssion?: _____ _____

Was the cruise control ON when the incident occurred?

YES NO

Had cruise control been used immediately prior to incident?

YES NO

If yes, how long before incident was cruise control used?_____

Was engine: _____On? _____Off? _____Being Started?

Was vehicle in: _____Neutral? _____Park? _____Drive?

Was vehicle started in: _____Neutral? _____Park? _____Drive?

Injuries:

Was anyone injured? _____ Were there any deaths? _____

Information of those injured/killed:

1. Name _____ _____

Address_____ City _____

State ____Zip Code_____ Phone Number _____

Mobile Number _____ Fax _____

Who was this person?

___Owner ___Employee ___Vehicle Operator

___Customer in another vehicle ___Customer on foot

___Other (If other, please specify) _____

2. Name_____

Address _____City_____

State ____ Zip Code _____ Phone Number _____

Mobile Number _____ Fax_____

Who was this person?

___Owner ___Employee ___Vehicle Operator

___Customer in another vehicle ___Customer on foot

___Other (If other, please specify) _____

3. Name_____

Address _____ City_____

State ____ Zip Code_____ Phone Number _____

Mobile Number _____ Fax_____

Who was this person?

___Owner ___Employee ___Vehicle Operator

___Customer in another vehicle ___Customer on foot

___Other (If other, please specify) _____

Accident Report

Was an accident report filed?

YES NO

To which police department was the accident reported? _____

Accident Report #_____ (If possible, please submit a copy)

Is a video of the incident available?

YES NO

If possible, please submit a copy. If you do not have a copy, please specify who does:

Name _____ _____

Address _____ City _____

State ____ Zip Code_____ Phone Number _____

Mobile Number _____ Fax _____

Are photos of the incident available?

YES NO

If possible, please submit copies.

If you do not have copies, please specify who does:

Name _____ _____

Address _____ City _____

State ____ Zip Code _____ Phone _____

Mobile Number _____ _____ Fax _____

Witnesses

1. Name _____ _____

Address _____ City _____

State ____ Zip Code_____ _____ Phone _____

Mobile Number _____ __ Fax _____

Email address_____ ___ Age _____ Gender _____

Did this person give a written or oral statement? _____

If yes, please submit a copy

2. Name _____ _____

Address _____ City _____

State ____ Zip Code_____ _____ Phone _____

Mobile Number _____ __ Fax _____

Email address_____ ___ Age _____ Gender _____

Did this person give a written or oral statement? _____

If yes, please submit a copy

3. Name _____ _____

Address _____ City _____

State ____ Zip Code_____ _____ Phone _____

Mobile Number _____ __ Fax _____

Email address_____ ___ Age _____ Gender _____

Did this person give a written or oral statement? _____

If yes, please submit a copy

Claims:

Was an insurance claim filed?

YES NO

Insurance Company Name _____ _____

Name on policy _____ _____

Policy Number_____ _____ Claim Number _____

Was a lawsuit filed?

YES NO

Is litigation pending?

YES NO

Style of case? _____ _____ vs. _____

Name of court and court docket number: _____

Location of court?_____ _____

Attorney's name and phone number? __ _____

Other Details:

Please describe the incident

_____ _____

_____ _____

_____ _____

_____ _____

Any other relevant information?

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____