



VEHICLE INCIDENT REPORT

Franchise No.	Address	City / State / Zip	Phone Number
Contact Person	Email		Fax Number
Year / Make / Model	VIN	Mileage	
Tag #	Unit #	Color	
Description of Damage		Vehicle Current Location	

RENTER / DRIVER TO COMPLETE ALL INFORMATION BELOW

Date & Time of Incident	Location of the Incident (City, State)		
POLICE INFORMATION (Department, Name of Officer, Badge Number, Phone Number)		Police Report Number	
Renter Name (Last, First)	E-Mail		
Street Address		City, State, Zip Code	
Renter Phone No.	Work:	Home:	Cell:
Name of Renter Insurance & Policy No.		Insurance Phone No.	
Name of Renter Employer & Address		TYPE OF RENTAL	
		Business	Pleasure Insurance Replacement

Driver of Rental Vehicle (Only if different from renter)	Driver's Name as it shows on the Driver's License	Driver's Age	Relation to Renter	No. of Occupants Rental Vehicle
	Street Address		City, State, Zip Code	Telephone No.
	Driver's License No. & Issue State	Name of Insurance Company & Agent		Tel. No. Policy No.

Driver or Owner of Other Vehicle or Property (Vehicle no. 2 / or Owner of Property)	Driver's or Owner Name (If different see boxes below)		Telephone No.	E-mail	
	Driver's Name		Owner's Name		
	Street Address		City, State, Zip Code	Street Address	City, State, Zip Code
	Name of Insurance Co. & Agent		Phone No.	Policy No.	
	Vehicle Make/Model & Year		License Plate No. & State	No. of Occupants in Vehicle	
Describe Damage to Vehicle / Property					

Persons Injured or Killed	Name and Street Address, City, State, Zip Code		Telephone No.	Age	Sex
	Occupant Veh. No.	Pedestrian	Describe Injuries		

Witnesses to Accident	Name & Street Address, City, State, Zip Code	Tel. No./E-mail
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DRIVER/RENTER STATEMENT: EXPLAIN THE CAUSE OF DAMAGE:

Driver acknowledges the damage to the rental vehicle as indicated during the renter's rental of the vehicle.	RENTER / DRIVER SIGNATURE
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Signature of Check-in-Agent	Date / Time:
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