

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
	Street Address	City, State, Zip Code	
	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
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	
Signature of Check-in-Agent		Date / Time:	