



# 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	
<b>Driver of Rental Vehicle (Only if different from renter)</b>	Driver's Name as it shows on the Driver's License		Driver's Age
	Street Address		Relation to Renter
	City, State, Zip Code		No. of Occupants Rental Vehicle
	Telephone No.		
<b>Driver or Owner of Other Vehicle or Property (Vehicle no. 2 / or Owner of Property)</b>	Driver's License No. & Issue State		Name of Insurance Company & Agent
	Tel. No.		Policy No.
	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			
<b>Persons Injured or Killed</b>	Name and Street Address, City, State, Zip Code		Telephone No.
	Age	Sex	
	Occupant Veh. No.	Pedestrian	Describe Injuries
<b>Witnesses to Accident</b>	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: