

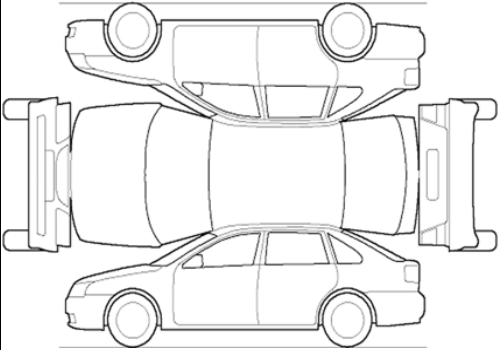


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ACCIDENT/INCIDENT REPORT
(TO BE COMPLETED BY CUSTOMER)

CUSTOMER	FULL NAME FIRST INT. LAST				CLIENT CODE	
	ADDRESS				DATE OF REPORT	WEATHER CONDITION
	CITY STATE ZIP				DATE OF INCIDENT	TIME OF INCIDENT A.M. P.M.
	HOME PHONE #		WORK PHONE #		LOCATION OF INCIDENT	
	EMAIL ADDRESS		DO YOU OWN A VEHICLE? YES or NO		CITY STATE ZIP	
	RENTER INSURANCE COMPANY		POLICY #		POLICE DEPT THAT RESPONDED	
VEHICLE	VEHICLE #		LICENSE PLATE #		STATE	
	VEHICLE MAKE/MODEL		ODOMETER READING AT TIME OF ACCIDENT			
	NAME OF PERSON OPERATING VEHICLE		DATE OF BIRTH / /		HOME PHONE #	
	ADDRESS				CITY/STATE/ZIP	
	OPERATOR'S LICENSE #		DO YOU OWN A VEHICLE? YES or NO			
	EMPLOYER (COMPANY NAME)		PHONE #			
	ADDRESS OF EMPLOYER				CITY/STATE/ZIP	
	VEHICLE USE: (circle) PERSONAL OR BUSINESS		CREDIT CARD DAMAGE COVERAGE: (circle) YES OR NO IF YES, RENTER MUST REPORT TO CREDIT CARD COMPANY			
	OPERATOR'S INSURANCE COMPANY		POLICY #			
						
		Police Report Yes or No				
		Police Report #:				
DAMAGE	NAME OF OWNER ADDRESS CITY/STATE/ZIP PHONE #					
	OPERATOR'S NAME (if different then above) ADDRESS CITY/STATE/ZIP PHONE #					
	OPERATORS LICENSE #		INSURANCE COMPANY NAME/ADDRESS		POLICY #	
	VEHICLE MAKE/MODEL		DESCRIPTION OF PROPERTY DAMAGE		WAS CAR DRIVEABLE? YES OR NO	LICENSE PLATE # STATE
WITNESSES	NAME		ADDRESS STREET, CITY, STATE, ZIP		PHONE #	
DESCRIPTION	PLEASE COMPLETE OR ATTACH SEPARATE DIAGRAM				DESCRIBE HOW THE ACCIDENT HAPPENED INCLUDING DIRECTION OF TRAVEL AND TRAFFIC CONTROLS	
					WAS TICKET ISSUED? YES OR NO	
	REASON:				SIGNATURE OF OPERATOR/CUSTOMER	
	OTHER <input type="checkbox"/>		OPERATOR		RELATIONSHIP TO RENTER	
RENTER <input type="checkbox"/>		OPERATOR				