|  |  |  |
| --- | --- | --- |
| **Malco Enterprises, Inc.**  **dba Budget Rent A Car**  **P.O. Box 19120, Las Vegas, NV 89132**  **702.730.0184** | VEHICLE DAMAGE  INCIDENT REPORT | newlvlogo |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***General Information*** | **Location:** | | **Car #:** | **RA #:** |
| **License # and State:** | **Mileage:** | **Year, Make, Model:** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Renter Information*** | | **Name:** | | | | | | | **Driver Lic #:** | | | | | **State** |
| **Street Address:** | | | | | **City:** | | | | | **State:** | | **ZIP:** | | |
| **Date of Birth:** | **Daytime Phone:** | | **Evening Phone:** | | | **E-mail address:** | | | | | | | | |
| **Employer Name & Address:** | | | | | | | **City:** | | | | **State:** | | **ZIP:** | |
| **Operator’s Insurance Co.:** | | | | **Telephone No.:** | | | | **Policy/Claim #:** | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Driver Information*** | | **Name:** | | | | | | **Driver Lic#:** | | | | | **State** |
| **Street Address:** | | | | **City:** | | | | | **State:** | | **ZIP:** | | |
| **Date of Birth** | **Daytime Phone:** | | | | **Evening Phone:** | | | | | | | | |
| **Employer Name & Address:** | | | | | | **City:** | | | | **State:** | | **ZIP:** | |
| **Operator’s Insurance Co.:** | | | **Telephone No.:** | | | | **Policy/Claim#:** | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Questions:*** | **Witnesses:** | **YES** |  | | **NO** |  | **Injuries** | **YES** |  | **NO** |  | **Police**  **Notified** | **YES** |  | **NO** |  | **Other Vehicles Involved**  **Yes NO** | | |
| **Do you currently own an automobile?**  **YES NO** | | | | **Vehicle Use:**  **Personal: Business:** | | | | | | **Credit Card Damage Coverage:**  **If yes, Renter must report to Credit Card Company.** | | | | | | | | **YES** | **NO** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Other Veh. or Property Damage*** | | | | **Operator’s License #:** | | **State** | **Insurance Company:** | | | | **Policy #:** | | | |
| **Owner Name:** | | | **Address:** | | | | | **City:** | | | | **State** | **ZIP** | |
| **Operator’s Name:** | | | **Address:** | | | | | **City:** | | | | **State** | **ZIP** | |
| **Year** | **Make** | **Model** | | | **License Plate#:** | | | | **State** | **Was Car Drivable: YES NO** | | | |
| **Description of Damage:** | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Injured Persons:*** | **Name:** | | **Address:** | | **City:** | **State** | **ZIP** |
| ***Was vehicle Occupant – Renter: Yes No*** | | ***Authorized Driver: Yes No*** | | ***Pedestrian: Yes No*** | ***Other:*** | | |
| ***Injured Persons:*** | **Name:** | | **Address:** | | **City:** | **State** | **ZIP** |
| ***Was vehicle Occupant – Renter: Yes No*** | | ***Authorized Driver: Yes No*** | | ***Pedestrian: Yes No*** | ***Other:*** | | |
| ***Injured Persons:*** | **Name:** | | **Address:** | | **City:** | **State** | **ZIP** |
| ***Was vehicle Occupant – Renter: Yes No*** | | ***Authorized Driver: Yes No*** | | ***Pedestrian: Yes No*** | ***Other:*** | | |

|  |  |  |
| --- | --- | --- |
| **NORTH**diagram.bmp | **Describe how the Accident happened including Direction of Travel and Traffic Controls:** | **Accident Date:** |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| **Indicate direction of vehicle when accident/incident occurred. Identify the Rental Vehicle with an “A”.** |  | |
|  | |
|  | |

|  |  |
| --- | --- |
| **Was a Citation/Ticket Issued?** | **Reason:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Renter:** | **Name:** | **Other:** | **Name:** |

|  |  |  |
| --- | --- | --- |
| **I certify that the information written is correct to the best of my knowledge. Date of this report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature:** | **Renter: Driver:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signature of Budget Check-In Agent:** | |  | **Employee #** |  | **Date:** | |  | **Time:** |  |
|  | **Agent Who Checked Renter’s/Driver’s I.D. Initial: X\_\_\_\_\_\_\_\_\_\_** | | | | |  | | | | |