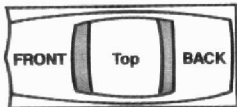
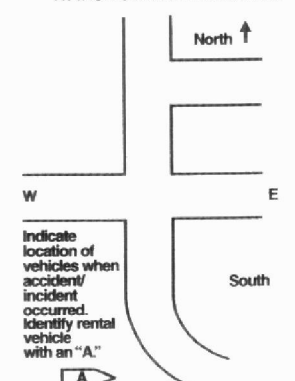


# ACCIDENT/INCIDENT REPORT (TO BE COMPLETED BY CUSTOMER)

ACCIDENT CLAIM NO.

<b>CUSTOMER</b>	FULL NAME FIRST INT. LAST				DATE OF REPORT / /		WEATHER CONDITION					
	ADDRESS				DATE OF INCIDENT / /		TIME OF INCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.					
	CITY		STATE		ZIP		LOCATION OF INCIDENT					
	AREA CODE TELEPHONE NO. ( )			AWD BCD								
EMAIL ADDRESS				CITY		STATE		ZIP CODE				
<b>VEHICLE RENTAL</b>	VEHICLE NUMBER		LICENSE PLATE NO.		STATE		POLICE PRCT./DEPT. REPORTED TO/ACC #					
	VEHICLE YR., MAKE/MODEL		ODOMETER READING AT TIME / ACCIDENT				CITY					
	NAME OF PERSON OPERATING VEHICLE				DATE OF BIRTH		AREA CODE-TELEPHONE NO. ( )					
	ADDRESS				CITY / STATE / ZIP CODE		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>FRONT</span> <span>Top</span> <span>BACK</span> </div>  </div> <div style="font-size: 8px;"> <p><b>"X" IN AREA OF VEHICLE DAMAGE</b></p> <p><b>CIRCLE</b></p> <p>0 - No Damage</p> <p>1 - Light</p> <p>2 - Moderate</p> <p>3 - Heavy</p> <p>4 - Rolled</p> <p>5 - Burned</p> </div> </div>					
	OPERATOR'S LICENSE NO.				AREA CODE-TELEPHONE NO. ( )							
	EMPLOYER (COMPANY NAME)				CITY / STATE / ZIP CODE		DESCRIPTION & ESTIMATE OF DAMAGE					
	ADDRESS OF EMPLOYER				CITY / STATE / ZIP CODE		VEHICLE TOWED? / BY WHOM?					
	VEHICLE USE <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS				CREDIT CARD DAMAGE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
	IF YES, RENTER MUST REPORT TO CREDIT CARD COMPANY				TOW CO. PHONE NO.							
	OPERATOR'S INSURANCE COMPANY: NAME ADDRESS				POLICY / CLAIM NUMBER							
<b>OTHER PROPERTY DAMAGE OR VEHICLE</b>	NAME OF OWNER		ADDRESS		CITY / STATE / ZIP CODE		AREA CODE-TELEPHONE NO. ( )					
	OPERATOR'S NAME (If different from above)		ADDRESS		CITY / STATE / ZIP CODE		AREA CODE-TELEPHONE NO. ( )					
	OPERATOR'S LICENSE NO.		INSURANCE CO. NAME / ADDRESS				POLICY NO.					
	YEAR / MAKE / MODEL		DESCRIPTION OF PROPERTY DAMAGE		WAS CAR DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LICENSE PLATE NO. STATE					
<b>PERSONS INJURED</b>	NAME		ADDRESS STREET, CITY, STATE, ZIP CODE		PHONE		NATURE OF INJURY					
<b>WITNESSES</b>	NAME		ADDRESS STREET, CITY, STATE, ZIP CODE		AREA CODE & TELEPHONE NO.							
<b>DESCRIPTION OF ACCIDENT OR INCIDENT</b>	<p>PLEASE COMPLETE OR ATTACH SEPARATE DIAGRAM</p>  <p>Indicate location of vehicles when accident/incident occurred. Identify rental vehicle with an "A"</p>				<p>DESCRIBE HOW THE ACCIDENT HAPPENED INCLUDING DIRECTION OF TRAVEL AND TRAFFIC CONTROLS</p>							
	WAS TICKET ISSUED? <input type="checkbox"/> OTHER <input type="checkbox"/> RENTER				REASON OPERATOR OPERATOR OPERATOR							
					SIGNATURE OF OPERATOR / CUSTOMER							
					RELATIONSHIP TO RENTER							
					SIGNATURE OF EMPLOYEE REVIEWING REPORT.							
	RENTAL AGREEMENT NO.				ATTACH ADDITIONAL DRIVER FORM IF APPLICABLE							

NOTE: IF ADDITIONAL SPACE IS REQUIRED TO COMPLETE THIS REPORT USE SEPARATE SHEET OF PAPER AND ATTACH.