

Bob's Rentals Inc dba Avis Rent A Car - Incident Report

RENTER	TODAY'S DATE							RENTAL AGREEMENT #						
	NAME							EMAIL						
	ADDRESS							CITY			STATE		ZIP	
	PHONE #							EMPLOYER						
	INSURANCE CARRIER & POLICY #							INSURANCE CONTACT INFO – PHONE/EMAIL						
RENTAL VEH.	LICENSE PLATE #							MVA #			MILEAGE			
	WAS VEHICLE BRAND NEW WHEN YOU GOT IT?							VEHICLE VIN #?						
ACCIDENT INFO	DATE & TIME OF ACCIDENT							LOCATION – STREET/CITY/STATE/ETC						
	WERE POLICE CALLED? IF YES, WHAT DEPT?				POLICE REPORT/CASE #			OFFICERS NAME/BADGE #						
INJURED PERSONS	NAME (S)			ADDRESS			AGE		IN RENTAL/OTHER VEH/PEDESTRIAN?					
THE WORST INJURY WAS: () MINOR () PRETTY BAD () VERY BAD () FATALITY														
OTHER VEHICLE INVOLVED	OWNER NAME				OWNER ADDRESS					PHONE #				
	VEHICLE YEAR/MAKE/MODEL				LICENSE PLATE/STATE			DESCRIPTION OF DAMAGES						
	DRIVERS NAME IF DIFFERENT FROM OWNER				DRIVER ADDRESS				PHONE #					
	INSURANCE CARRIER/POLICY # OF OWNER					INSURANCE CARRIER/POLICY # OF DRIVER								
WITNESS	NAME			ADDRESS				PHONE #						
DESCRIPTION OF INCIDENT BY DRIVER														
SIGNATURE								DATE						