



ACCIDENT / INCIDENT REPORT

RENTER INFORMATION (CUSTOMER)

INCIDENT DETAILS

NAME: _____

DATE OF INCIDENT: _____

ADDRESS: _____

TIME OF INCIDENT: _____ AM/PM

CITY / STATE / PROVINCE / POSTAL / ZIP: _____

CITY / STATE / PROVINCE: _____

EMAIL: _____

WERE POLICE CALLED? ☐ YES ☐ NO
IF YES, PLEASE PROVIDE POLICE DEPT / RPT#: _____

PHONE (PREFERRED CONTACT #): _____

OTHER VEHICLES INVOLVED: ☐ YES ☐ NO

VEHICLE USE ☐ BUSINESS ☐ PERSONAL
(IF BUSINESS PLEASE LIST NAME OF COMPANY) _____

IF YES, PLEASE PROVIDE:

OWNER/DRIVER NAME: _____

CONTACT PHONE #: _____

ADDRESS: _____

CITY / STATE / PROVINCE / POSTAL / ZIP: _____

OPERATOR (DRIVER): _____

YR/MAKE/MODEL: _____

INSURANCE COMPANY INFO: _____

INSURANCE INFORMATION: _____

RENTAL VEHICLE INFORMATION

WAS ANYONE INJURED? ☐ YES ☐ NO

RENTAL LOCATION: _____

IF YES, PLEASE PROVIDE:

PARTY INJURED: _____

CONTACT INFO: _____

PLATE: _____ STATE / PROVINCE: _____

MAKE/MODEL _____

INCIDENT DESCRIPTION

RENTAL AGREEMENT: _____

- ☐ RENTAL VEHICLE STRUCK IN REAR
☐ OTHER VEHICLE(S) STRUCK IN REAR
☐ INTERSECTION COLLISION
☐ PARKING LOT COLLISION/ INCIDENT
☐ PARKED & UNOCCUPIED
☐ TIRE ☐ GLASS
☐ OTHER (PLEASE PROVIDE DESCRIPTION): _____

NAME OF PERSON COMPLETING FORM (Please print): _____

RENTER SIGNATURE _____ DATE _____

SUBMIT THIS REPORT TO YOUR RENTING LOCATION

For location contact details, visit:

www.citycarandtruckrental.com