

RENTERS INCIDENT REPORT

Today's Date: _____

Incident Date: _____

Vehicle Make and Model: _____ Year: _____ Plate: _____

Renter's Name: _____ AKA's: _____

Current Home Address: _____

City/State/ZIP: _____

Home Telephone: _____ Cellular Number: _____

Employer Name: _____ Title: _____

Work Address: _____

City/State/Zip: _____

Work Telephone and Extension: _____ Work Fax Number: _____

Reason for Car Rental: _____ Do you own a car: _____

Personal Auto Insurance Carrier: _____ Policy Number: _____

Name of Driver: _____ Authorized Driver: _____ #Of Passengers: _____

If Driver is NOT the renter, state the relationship to the Renter: _____

If the Driver is NOT an authorized driver state why the driver was not on the contract: _____

*Was anyone injured in this incident (if **YES**, fill out information)*

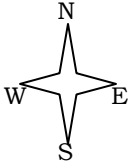
LIST ALL INJURED PARTIES

<i>Name</i>	<i>Address</i>	<i>Telephone</i>	<i>Injury</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECLARATION OF AUTOMOBILE INCIDENT FACTS

I, the undersigned declare under the penalty of perjury under the laws of State of California. I witnessed the automobile damage described herein. If called to testify I can and will testify to the following facts:

Draw Diagram of incident:



Incident Information:

Please list street name of accident and the direction of travel: _____

List intersection or major Cross Street: _____

City : _____ Time: _____ Weather: _____

Witness Information:

<i>Name</i>	<i>Address</i>	<i>Telephone</i>
_____	_____	_____

I, the undersigned declare under the penalty of perjury that the facts stated herein are true and correct.

Renter's Signature: _____ *Date:* _____