

# RENTERS ACCIDENT STATEMENT

Today's Date: \_\_\_\_\_ Accident Date: \_\_\_\_\_

Midway 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:* \_\_\_\_\_

Other Vehicle Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate: \_\_\_\_\_

Other Driver's Name: \_\_\_\_\_ #of Passengers: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

**TELEPHONE NUMBERS:** \_\_\_\_\_

*Vehicle 3(If applicable)*  
Other Vehicle Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate: \_\_\_\_\_

Other Driver's Name: \_\_\_\_\_ #of Passengers: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

**TELEPHONE NUMBERS:** \_\_\_\_\_

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

LIST ALL INJURED PARTIES

| Name  | Address | Telephone | Injury |
|-------|---------|-----------|--------|
| _____ | _____   | _____     | _____  |
| _____ | _____   | _____     | _____  |
| _____ | _____   | _____     | _____  |
| _____ | _____   | _____     | _____  |

**DECLARATION OF AUTOMOBILE ACCIDENT FACTS**

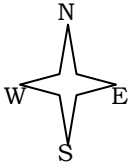
I, the undersigned declare under the penalty of perjury under the laws of State of California. I witnessed the automobile accident described herein. If called to testify I can and will testify to the following accident facts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Draw Diagram of Accident:**



**Accident Information:**

Please list street name of accident and the direction of travel: \_\_\_\_\_

List intersection or major Cross Street: \_\_\_\_\_

City of Accident: \_\_\_\_\_ Accident Time: \_\_\_\_\_ Weather: \_\_\_\_\_

**Witness Information:**

| Name  | Address | Telephone |
|-------|---------|-----------|
| _____ | _____   | _____     |
| _____ | _____   | _____     |

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

Renter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Midway Car Rental Representative: \_\_\_\_\_ Date: \_\_\_\_\_