

# RENTERS INCIDENT REPORT

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

Incident 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:* \_\_\_\_\_

*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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**DECLARATION OF AUTOMOBILE INCIDENT FACTS**

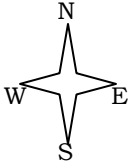
I, the undersigned declare under the penalty of perjury under the laws of State of California. I witnessed the automobile damage described herein. If called to testify I can and will testify to the following facts:

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**Draw Diagram of incident:**



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**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>
_____	_____	_____

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

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