

INCIDENT REPORT FORM

Collision – Damage – Accident

Renter Name	Vehicle License Plate	Pickup Date	Return Date
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Location of Incident

Street		City	State
Time	Date	Name of Officer	Police Report ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of What Happened			

List Other Vehicles Involved

Vehicle 1			Vehicle 2		
Make	Model	Year	Make	Model	Year
Color	License Plate		Color	License Plate	
Driver Name			Driver Name		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone	Mobile Phone		Home Phone	Mobile Phone	
Insurance Company	Insurance Policy #	Insurance Phone	Insurance Company	Insurance Policy #	Insurance Phone

Buildings, Property, or Fixed Objects Involve

Property 1	Property 2
Property Address	Property Address
Owner	Owner
Damage Description	Damage Description

Injuries

Person 1	Person 2
Name	Name
Address	Address
City	City
State	State
Zip	Zip
Home Phone	Home Phone
Mobile Phone	Mobile Phone
Injury Description	Injury Description

Witnesses

Witness Name	Witness Complete Address	Witness Phone Number

Renter Signature: _____ Date Signed: _____