

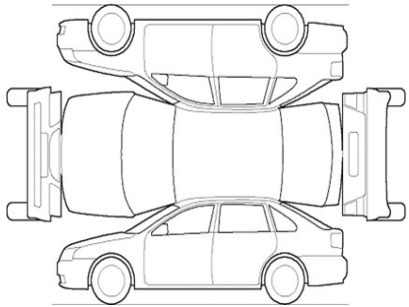
Company Name: _____ **Location:** _____

Contact Name: _____ **Contact Email:** _____

Basic Information			
Date of Loss _____	Time _____	AM <input type="checkbox"/>	PM <input type="checkbox"/>
			RA # _____
Year _____	Make _____	Model _____	Vehicle Identification Number (at least the last 9) _____
			License Plate # _____
Location _____			
Street _____		City _____	State, Zip _____
Were Police Contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Department _____		Phone _____	Police Case/Report # _____

Rental Customer Information			
Rental Customer Name _____	Address _____	City _____	State _____
Home Phone _____	Work Phone _____	Email _____	
Insurance Company _____	Insurance Phone Number _____	Policy Number _____	
Driver if different from Customer _____	Address/City/State/Zip _____	Phone _____	

3rd Party Information			
Year _____	Make _____	Model _____	Vehicle Identification Number (at least the last 9) _____
			License Plate # _____
Name of Driver _____	Address _____	City _____	State _____
Home Phone _____	Work Phone _____	Email _____	
Insurance Company _____	Insurance Phone Number _____	Policy Number _____	

Description of Damage/Incident	Please indicate area(s) of damage
_____	

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS FORM IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.	
RENTAL CUSTOMER'S SIGNATURE _____	DATE _____
RENTAL AGENT SIGNATURE _____	DATE _____