

Budget of Harrisburg Long Term Rental Accident Report

RENTER	TODAY'S DATE							RENTAL AGREEMENT #							
	NAME							EMAIL							
	ADDRESS							CITY			STATE		ZIP		
	PHONE #							EMPLOYER							
	INSURANCE CARRIER & POLICY #							INSURANCE CONTACT INFO – PHONE/EMAIL/FAX							
RENTAL VEH.	LICENSE PLATE #							MVA #			MILEAGE				
	WAS VEHICLE BRAND NEW WHEN YOU GOT IT?							DO YOU HAVE COVERAGE THROUGH US? IF YES, WHAT KIND?							
ACCIDENT INFO	DATE & TIME OF ACCIDENT							LOCATION – STREET/CITY/STATE/ETC							
	WERE POLICE CALLED? IF YES, WHAT DEPT?				POLICE REPORT/CASE #			OFFICERS NAME/BADGE #							
INJURED PERSONS	NAME (S)			ADDRESS			AGE		IN RENTAL/OTHER VEH/PEDESTRIAN?						
	THE WORST INJURY WAS: () MINOR () PRETTY BAD () VERY BAD () FATALITY														
OTHER VEHICLE INVOLVED	OWNER NAME				OWNER ADDRESS				PHONE #						
	VEHICLE YEAR/MAKE/MODEL				LICENSE PLATE/STATE			DESCRIPTION OF DAMAGES							
	DRIVERS NAME IF DIFFERENT FROM OWNER				DRIVER ADDRESS				PHONE #						
	INSURANCE CARRIER/POLICY # OF OWNER						INSURANCE CARRIER/POLICY # OF DRIVER								
WITNESS	NAME			ADDRESS				PHONE #							
DRIVER INFO:	RENTAL CAR DRIVER NAME:						DRIVER ADDRESS:								
	DRIVER PHONE #:						INSURANCE CARRIER & POLICY #:								
DESCRIPTION OF ACCIDENT BY DRIVER	EMPLOYER:						INSURANCE CONTACT INFO – PHONE/EMAIL/FAX:								
	DESCRIPTION OF ACCIDENT BY DRIVER:														
SIGNATURE								DATE							