

# Budget of Harrisburg Long Term Rental Accident Report

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