

HIRER COLLISION or DAMAGE REPORT FORM

Reservation #:	Vehicle Registration:
Rental Location:	

Hirer/Driver

Full Name:	Phone:	Email:
Address:		
License #:	Expiry: / /	State/Country:
DOB: / /		
Have any drugs of alcohol been consumed within 12 hours of the accident?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' what quantity?		

Witness 1

Full Name:	Phone:	Email:
Address:		
Was the witness a passenger in the rental vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Or the other vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Witness 2

Full Name:	Phone:	Email:
Address:		
Was the witness a passenger in the rental vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Or the other vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Witness 3

Full Name:	Phone:	Email:
Address:		
Was the witness a passenger in the rental vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Or the other vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Vehicles #1

Vehicle Registration:	Make:	Model:
Driver Name	License #:	Insurance Co:
Driver Address:		
Driver Email:		
Owner Name:		Owner Phone:
Owner Address:		
Owner Email:		

Other Vehicles #2

Vehicle Registration:	Make:	Model:
Driver Name	License #:	Insurance Co:
Driver Address:		
Driver Email:		
Owner Name:		Owner Phone:
Owner Address:		
Owner Email:		

Other Property Damage

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes' give details:

Injury

Was any party injured: Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'yes' give details:
Name:	

Extent of injury:
Name:
Extent of injury:

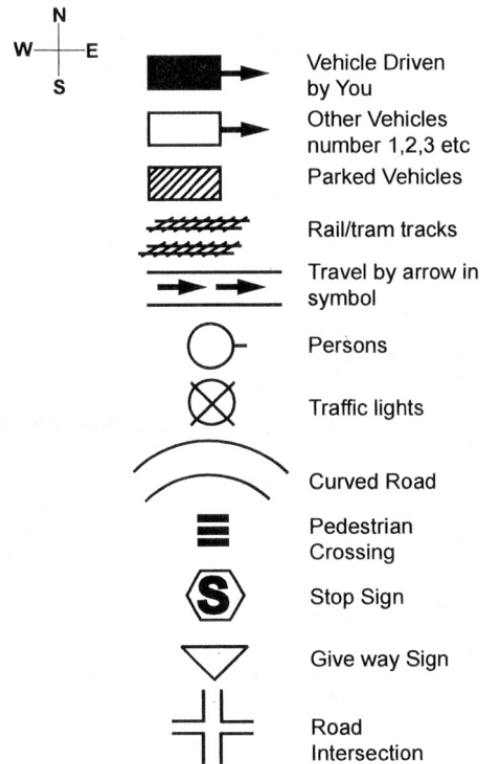
Accident Details

Date of Incident: / /		Time: am/pm			
Location (street):		City:		State:	
Road Surface:	Sealed <input type="checkbox"/>	Gravel <input type="checkbox"/>	Dirt <input type="checkbox"/>	Sand <input type="checkbox"/>	Other
Weather:	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Fog <input type="checkbox"/>	Other	
Visibility:	Good <input type="checkbox"/>	Bad <input type="checkbox"/>	Give Details:		
Speed:	Your Vehicle:	Other Vehicle/s:			

Police Details

Police station:	Phone:	Police officer:
Incident number:	Date Reported: / /	
What charges:	Against whom:	
Who do you consider responsible for this accident and why do you consider that responsible?		
Accident Description:		

Sketch Plan (complete in space provided using the adjacent symbols. Please attach any supplementary drawings or images when submitted this form.)



I/We, the undersigned, solemnly and sincerely declare that the information provided herein is a true and accurate account of the incident as recalled by me/us. I/we further affirm that all questions have been answered fully and truthfully, and I/we have not withheld any relevant information regarding the incident described above.

Renter's Signature:	Date: / /
Driver's Signature:	Date: / /