



Serving LA/SF Valley
 3809 San Fernando Road
 Glendale, CA 91204
 Fax: (818) 243-4040

Serving Greater LA/OC
 13456 Rosecrans Avenue
 Norwalk, CA 90650
 Fax: (562) 921-2406

Serving Inland Empire
 1010 E. Holt Blvd.
 Ontario, CA 91761
 Fax: (909) 986-3609

Vehicle Accident Report

Date _____ Truck # _____ Truck Lic. # _____
 Lease / Rental Contract # _____

Company Name _____ Phone # _____
 Address _____ Fax # _____
 City _____ State _____ Zip _____

Individual Renters Name _____ Phone # _____
 Address _____ Fax # _____
 City _____ State _____ Zip _____
 Drivers License # _____ State Issued _____

Drivers Name _____ Phone # _____
 Address _____ Fax # _____
 City _____ State _____ Zip _____
 Drivers License# _____ State Issued _____

Insurance Company Name _____ Policy # _____
 Address _____ Phone # _____
 City _____ State _____ Zip _____ Fax# _____

Other Vehicle License # _____ Make _____ Year _____
 Name of Owner _____ Phone # _____
 Address _____
 City _____ State _____ Zip _____
 Drivers Name _____ Phone # _____
 Address _____
 City _____ State _____ Zip _____
 Drivers License # _____ State Issued _____
 Insurance Company _____ Policy # _____
 Address _____ Phone # _____
 City _____ State _____ Zip _____

Witness Name _____ Phone # _____
 Address _____
 City _____ State _____ Zip _____

SEE OTHER SIDE – IMPORTANT – FILL OUT IN FULL

Date of Accident _____ Time of Accident _____
 Location of Accident _____ City _____
 Did Police Investigate: _____ Yes _____ No _____ Agency _____
 State fully how accident occurred _____



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I hereby certify that the foregoing is true to the best of my knowledge.

Signature of Driver _____ Date _____

Diagram the accident:

Injured Persons

Name _____ Address _____ Phone # _____
Age _____ Nature of Injury _____
Name _____ Address _____ Phone # _____
Age _____ Nature of Injury _____
Name _____ Address _____ Phone # _____
Age _____ Nature of Injury _____

Occupants of Suppose U Drive vehicle

Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____

Occupants of other vehicle

Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____