



## ACCIDENT REPORT FORM

Main Office  
13101 Foothill Blvd.  
Sylmar, CA 91342  
(818) 837-4595

Branch Office - Sylmar  
12943 Foothill Blvd.  
Sylmar, CA 91342  
(818) 838-1111

Branch Office - Canoga Park  
8039 Canoga Ave.  
Canoga Park, CA 91304  
(818) 838-3220

Date \_\_\_\_\_ Truck # \_\_\_\_\_ Truck Lic. # \_\_\_\_\_  
Lease / Rental Contract # \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Individual Renter's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Driver's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's 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 \_\_\_\_\_  
Driver's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witness Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IMPORTANT - SEE THE NEXT PAGE - FILL OUT IN FULL**

