

## ACCIDENT REPORT FORM

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

City

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 #				
			701 11	
Company Name			Phone #	
Address	<u> </u>	7.	Fax #	
City	State	Zip		
Individual Renter's Name			Phone #	
Address			Fax #	
City	State	Zip	<u> </u>	
Driver's License #		State Issued	<del></del>	
Daiyyarla Marna			Dhana #	
Driver's Name			Phone #	
Address	04-4-	7.	Fax #	
City	State			
Driver's License#		State Issued		
Insurance Company Name _			Policy #	
Insurance Company Name _ Address_			Policy # Phone #	
Address	State	Zip	Policy # Phone # Fax#_	
Insurance Company Name _ Address _ City _			Phone #	
AddressCity	State	Zip	Phone # Fax#_	
Address City Other Vehicle License #	State	ZipMake_	Phone # Fax#	
Address City Other Vehicle License # Name of Owner	State	Zip Make	Phone # Fax#	
Address	State_	Zip Make	Phone #	
Address	State State	Zip	Phone # Pax#	
Address City Other Vehicle License # Name of Owner Address City Driver's Name	State State	Zip	Phone # Pax#	
Address City  Other Vehicle License # Name of Owner Address City Driver's Name Address	StateState	ZipMakeZip	Phone # Pax#	
Address City  Other Vehicle License # Name of Owner Address City Driver's Name Address City City City	StateState	Zip	Phone # Pax#	
Address City  Other Vehicle License # Name of Owner Address City Driver's Name Address City Driver's License #	StateState	ZipMakeZip	Phone # Fax#  Year Phone # Phone #	
Address City  Other Vehicle License # Name of Owner Address City Driver's Name Address City Driver's License # Insurance Company	StateState	Zip	Phone # Fax# Year Phone # Phone # Phone # Policy #	
Address City  Other Vehicle License # Name of Owner Address City Driver's Name Address City Driver's License # Insurance Company Address	StateState	Zip Zip Zip Zip State Issued	Phone # Fax#  Year Phone # Phone #	
Address City  Other Vehicle License # Name of Owner Address City Driver's Name Address City Driver's License # Insurance Company	StateState	Zip	Phone # Fax# Year Phone # Phone # Phone # Policy #	
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Address City  Other Vehicle License # Name of Owner Address City Driver's Name Address City Driver's License # Insurance Company Address City Witness Name	StateState	Zip Zip Zip Zip State Issued	Phone # Fax# Year Phone # Phone # Phone # Policy #	
Address City  Other Vehicle License # Name of Owner Address City Driver's Name Address City Driver's License # Insurance Company Address City City Company Address City Company Address City	StateState	Zip Zip Zip Zip State Issued	Phone # Fax#  Year Phone # Phone #  Phone #  Phone #  Phone #  Policy # Phone #	

Date of Accident		Time of Accident			
Location of Accident		City			
	No	Agency			
State fully how accident occurred					
I hereby certify that the foregoing is true to the best of my knowledge.					
I hereby certify that the foregoing is true to the best of my knowledge.					
Signature of Driver_		Date			
Diagram the agaident:					
Diagram the accident:					
<u> </u>					
x * 10					
Injured Persons	A 11magg	Dhone #			
NameNature of Injur	Address	Phone #			
Age Nature of Injur	y	Phone #			
Name Nature of Injur	Address	Phone #			
NameNature of injur	y ^ ddragg	Phone #			
Age Nature of Injur	Audicss	Filolie #			
Ageindiction injur	<u>y</u>				
Occupants of United Truck Center					
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 #			