

Note: For the protection of all involved parties, form must be completed even if LDW was accepted. Submission instructions on back of form.

Today's Date



Was there an Injury or Fatality?

m	m	d	d	y	y	y	y

# Vehicle Incident Report

Y	N
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Please Circle One

Name (Last, First)		Email	
Street Address		City, State / Province, Zip Code / Postal Code	
Telephone No.			
Work:	Home:	Cell:	
Name of Insurance Co. & Agent		Phone No.	Policy No.
Name of Credit Card Issuer		Card Type	Claim No.
Name of Employer & Address		TYPE OF RENTAL	
		Business <input type="checkbox"/> Pleasure <input type="checkbox"/> Insurance Replacement <input type="checkbox"/>	
Date & Time of Incident		Location of the Incident (City, State / Province)	

POLICE INFORMATION (Department, Name of Officer, Badge No., Phone No.)		Police Report No.
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<b>Witness to Incident</b>	Name & Street Address, City, State / Province, Zip Code / Postal Code	Phone No./E-mail
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<b>Driver of Rental (Only if different from renter)</b>	Driver's Name	Driver's Age	Relation to Renter	No. of Occupants in Rental Vehicle
	Street Address			City, State / Province, Zip Code / Postal Code
	Phone No.			
	Driver's License No. & Issue State / Province	Name of Insurance Company & Agent	Phone No.	Policy No.

<b>Driver or Owner of Other Vehicle or Property (Vehicle no. 2 / or Owner of Property)</b>	Driver's Name		Phone No.	Email	
	Owner's Name (if different from driver)		Phone No.	Email	
	Street Address		City, State / Province, Zip Code / Postal Code	Street Address	City, State / Province, Zip Code / Postal Code
	Name of Insurance Co. & Agent		Phone No.	Policy No.	
	Vehicle Make/Model & Year		License Plate No. & State / Province	No. of Occupants in Vehicle	
Describe Damage to Vehicle / Property					

<b>Persons Injured</b>	Name and Street Address, City, State / Province, Zip Code / Postal Code		Phone No.	Age	Sex
	Occupant Veh. No.	Pedestrian	Describe Injuries		

**RENTER/DRIVER STATEMENT: EXPLAIN THE CAUSE OF DAMAGE:**

<p>Renter/Driver acknowledges that damage to the rental vehicle as indicated occurred during their rental of the vehicle. <b>Renter/Driver further agrees to cooperate with HCM investigation of the incident.</b></p>		<p>RENTER / DRIVER SIGNATURE</p>
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**RENTAL REPRESENTATIVE MUST COMPLETE ALL INFORMATION BELOW**

<p><b>Is Rental Vehicle Drivable?</b></p> <p>Y N</p> <p>Current Location of Vehicle</p> <p>A. <input type="text"/></p> <p>B. Other <input type="text"/></p> <p>Tow Y N</p> <p>ERS Y N</p> <p>Rental Agreement No. <input type="text"/></p>	<p><b>INDICATE DAMAGED AREA OF RENTAL VEHICLE "X"</b></p>	<p><b>BODY DAMAGE STATUS</b></p> <p><input type="checkbox"/> Wreck <input type="checkbox"/> Heavy <input type="checkbox"/> Light</p> <p><input type="checkbox"/> Other (Please Explain) <input type="text"/></p> <p>Renting Location Number <input type="text"/></p> <p>Return Location Number <input type="text"/></p> <p>Employee Name <input type="text"/></p> <p>Employee Number <input type="text"/></p> <p>Vehicle Owing Area No. <input type="text"/></p> <p>Vehicle Unit No. <input type="text"/></p> <p>Mileage <input type="text"/></p>
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Submit via email to [hcmfirstnoticeofloss@hertz.com](mailto:hcmfirstnoticeofloss@hertz.com) or by fax to (866) 888-4406

