

Damage/Accident Report

Rental Agreement Number	Start Location
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Vehicle Make & Model	Registration No.	Current Vehicle Location	Check-in Location
Towing Company	Renter's Liability		Amount Charged on R/A


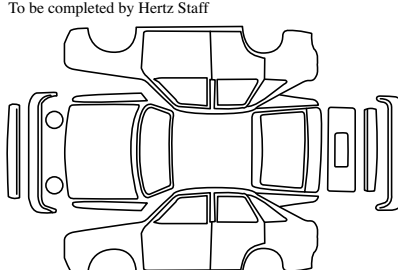
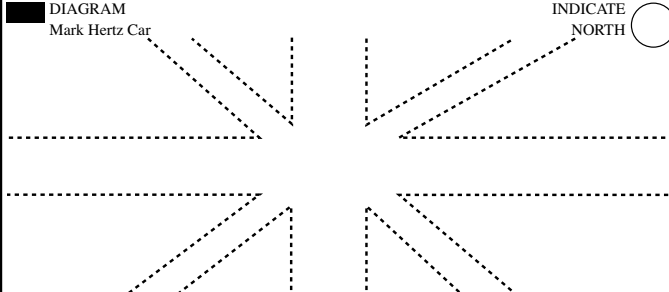
Renter of Hertz Vehicle	Renter's Name as shown on Rental Agreement		Bodyworks 1 Company Quote \$		Bodyworks 2 Company Quote \$	
	Number & Street		Name of Renter's Employer (only applicable if Company Hire)			
	City/State/Postcode		Renter's Phone No. B: _____ H: _____		Type of Rental <input type="checkbox"/> Business <input type="checkbox"/> Pleasure	

Driver of Hertz Vehicle (Vehicle No. 1)	Driver's Name as shown on Driver's Licence		Driver's Licence No.		Expiry Date		Issue State		
	Number & Street		Age	Sex	Relation to Renter			No. of Occupants Hertz Vehicle	
	City/State/Postcode		Tel. No.						

Other Vehicle or Property in Accident (Vehicle No. 2/ or Owner of Property)	Driver's Name		Owner's Name if other than Driver					
	Number & Street		Number & Street					
	City/State/Postcode		Tel. No.		City/State/Postcode		Tel. No.	
	Driver's Licence Number & State		Expiry Date					
	Age	Sex	No. of Occupants in Vehicle	Describe Damage to Vehicle/Property				Estimated cost of repairs \$

Time and Location of Accident	Day, Month, Year		Day of Week		Hour of Day <input type="checkbox"/> am <input type="checkbox"/> pm		Wet <input type="checkbox"/> Dry <input type="checkbox"/>		Did Police Attend Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Police Action Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	City or Town/Country/State				Name of Investigating Officer, Badge No. and Police Station								
	Street Name				Locality				<input type="checkbox"/> Rural Area <input type="checkbox"/> Built-up Area		Speed Limit		
	Road Surface <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed				Visibility Road Width		<input type="checkbox"/> Clear <input type="checkbox"/> Normal		<input type="checkbox"/> Other		<input type="checkbox"/> Other		
	Speed of Vehicle at time of Accident Veh. No. 1 k.p.h. Veh. No. 2 k.p.h.				Traffic Violations charged to Drivers as result of Accident Veh. No. 1 Veh. No. 2								

Persons Injured or Killed	1	Name and Address				Tel. No.		Age	Sex
	Occupant Veh. No. <input type="checkbox"/> Pedestrian		Describe Injuries						
2	Name and Address				Tel. No.		Age	Sex	
	Occupant Veh. No. <input type="checkbox"/> Pedestrian		Describe Injuries						

INDICATE DAMAGE AREA OF HERTZ VEHICLE To be completed by Hertz Staff		CODES Scratch = S Dent = D Crack = C Star = X		DIAGRAM Mark Hertz Car		INDICATE NORTH 	
		BODY DAMAGE STATUS <input type="checkbox"/> No Damage <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Other Explain					
SIGNATURE OF HERTZ REPRESENTATIVE		SIGNATURE OF HERTZ DEPOT MANAGER		SIGNATURE OF DRIVER OF HERTZ VEHICLE		DATE	