

C.C. RENTAL
ACCIDENT REPORT:
DRIVER'S STATEMENT

*This form should be filled out fully by the driver of our rental vehicle and emailed back to
claims@ccrentalnyc.com*

Renter Name	C.C. Rental Agreement Number		
Renter Address	City	State	Zip
Driver Name	License Plate Number/State	Type of Vehicle/color	
Driver Address	City	State	Zip
Driver Phone Number	Driver email address		
Driver's License Number, State and Expiration Date	What was our vehicle being used for at the time of accident?		
Date of Accident	Time of accident (include am or pm)		
Accident Location	State	Zip	
How fast, on what street and in what direction were you traveling at the time of the accident?			
How fast, on what street and in what direction was the other vehicle traveling at the time of the accident?			

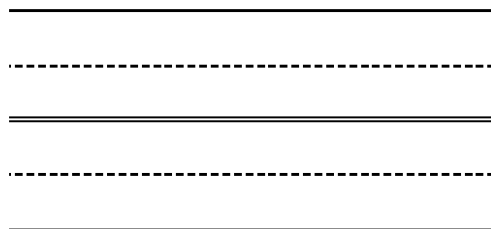
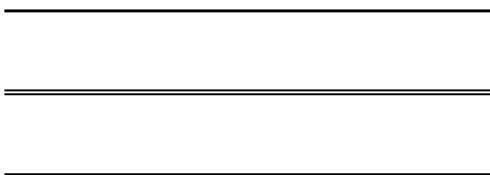
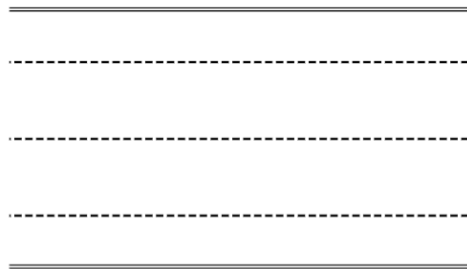
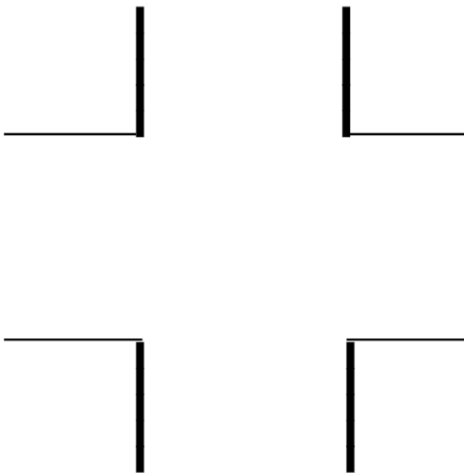
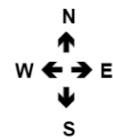
Describe the weather and road conditions at time of accident

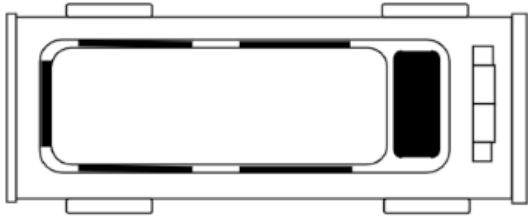
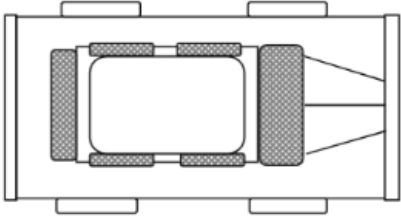
Please describe the accident here.

On the diagram below that best represents the scene of the accident, please diagram the accident.
(Be sure to include any stop signs or traffic signals.)

Legend:

- V 1 ▶ Your Vehicle
- V 2 ▶ Other Vehicle
- V 3 ▶ Other Vehicle (if any)



<p>Were the police called? If so, list name of police department</p>	<p>Police Report number</p>
<p>Was anyone injured?</p>	<p>Name of hospital where any injured parties were treated, if applicable</p>
<p>List the names and phone number or email address for any additional passengers who were in the rental vehicle at the time of the accident:</p>	
<p>Describe any damage to the rental vehicle owned by C.C. Rental</p>	
<p>On the diagram below that best represents the rental vehicle you were driving, please indicate the location of any damage caused by the accident, if any.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>back ----- VAN ----- front</p>  </div> <div style="text-align: center;"> <p>back ----- AUTO ----- front</p>  </div> </div>	

IF YOU HAVE ANY OF THE FOLLOWING INFO ON THE DRIVER OF THE OTHER VEHICLE INVOLVED IN THE ACCIDENT, PLEASE FILL IT IN BELOW			
Other Driver's Name	Phone number		
Address	City	State	Zip
License plate/make/model/color of other vehicle	Was there damage to other vehicle? If so, briefly describe:		
Insurance Company	Policy Number		

By signing below, the driver certifies that everything in this statement is true.

_____	_____
SIGNATURE OF DRIVER	DATE

When completed, email this form to:
claims@ccrentalnyc.com