MIDWAY CAR RENTAL

ACCIDENT / INCIDENT REPORT

RA#	Unit #	Year-Make-Model

Renter & Driver Information

Name	Phone #		
Address	City	State	Zip
Email			
Work Address	Work Phone #		
Employer Name	Title		
Driver's Name	Driver License #	Exp. Date	
Driver's Address	City	State	Zip
Insurance Company	Policy #	Phone #	

Have you reported this to your insurance carrier? ☐ Yes ☐ No	Claim #

If Driver is NOT the Renter, what is the relationship to the Driver? (i.e. friend, spouse, etc.)

Were there any passengers? ☐ Yes ☐ No	If so, how many?	What was the purpose of renting the vehicle?

Other Party Information

Name	Phone #		
Driver's Address	City	State	Zip
Driver's License #	DOB	Issuing State and Exp. Date	
Insurance Company	Policy #	Exp. Date	
Year-Make-Model	License Plate and or/ VIN #		
Registered Owner	Phone #		
Owners Address	City	State	Zip

If Driver is NOT the Registered Owner, what is the relationship to the Driver? (i.e. friend, spouse, etc.)

Were there any passengers? ☐ Yes ☐ No	If so, how many?

Name(s) of Injured

Name		Age	Phone #	
Address		City	State	Zip
Extent of injury				
Name		Age	Phone #	
Address		City	State	Zip
Extent of injury				

Name(s) of Witnesses

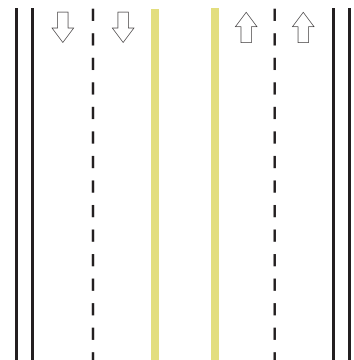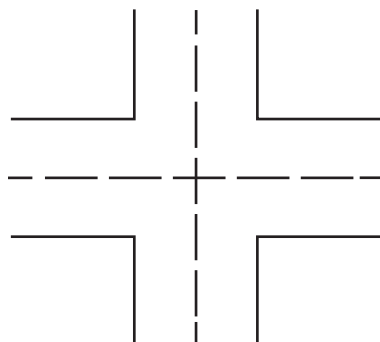| Name	Phone #		
Address	City	State	Zip
Loc. at time of loss			
Name	Phone #		
Address	City	State	Zip
Loc. at time of loss			

Declaration of Automobile Accident Facts

I, the undersigned, declare under penalty of perjury under the laws of State of California that I witnessed the automobile accident described herein. If called to testify I can and will testify to the following accident facts:

_____

_____

_____

Please draw in the diagram
to your best knowledge.

Use figure to indicate
Northerly direction

What date and time did the accident and/ or loss occur?	AM / PM
Please list the intersection or major cross street.	City of accident

What direction were you traveling?	On what street?	What speed?
What direction was the other car traveling?	On what street?	What speed?

Was the road paved asphalt, cement, brick, dirt, or gravel?

Was the road wet or dry at the time of the accident?

Which police department came out to the scene of the accident?	What is the police report #

Who, in your opinion, was at fault and why?

I agreed and authorize Midway to collect their auto insurance deductible pending insurance payment and/or reimbursement of any damage to the Midway vehicle. This payment is not a waiver and if the insurance carrier denies coverage I am responsible for all money due for the damged vehicle that I was renting from Midway.

I, the undersigned, declare under the penalty of perjury that the facts stated herein are true and correct.

Renter and/or Driver's Signature: _____   Today's Date: _____

Midway Rep: _____   Date: _____

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