



# Vehicle Accident Report

<input type="checkbox"/> LEASE VEHICLE	<input type="checkbox"/> ONE WAY	<input type="checkbox"/> HIKER	<input type="checkbox"/> CONT. MAINT.	ACCIDENT REPORT NO.
<input type="checkbox"/> DAILY RENTAL	<input type="checkbox"/> PENSKE EMP.	<input type="checkbox"/> OTHER	<input type="checkbox"/> LEASE SUPPORT	

VEHICLE UNIT NO.	VEHICLE MAKE AND YEAR	LICENSE PLATE AND STATE	SERIAL NO.
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DESCRIBE DAMAGE TO PTL VEHICLE	NO. OF OCCUPANTS
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CUSTOMER AND LOGISTICS COMPANY NAME & ADDRESS	DRIVER'S NAME <span style="float:right">AGE</span>
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CITY	STATE	ZIP	PHONE NO	ADDRESS	CITY
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CUSTOMER NO.	STATE	ZIP	PHONE NO.
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RENTAL AGREEMENT NO.	DRIVER'S LICENSE NO	STATE	EXP.
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ACCIDENT DATE	MO. / DAY / YR	TIME:	AM / PM	LOCATION - INTERSECTION - STREET	CITY	STATE
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POLICE INVESTIGATION	Name of Investigating Police Officer, Badge No., and Police Department	NAME/ADDRESS/PHONE #
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WEATHER CONDITIONS	Weather <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Fog	Roadway <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice	Visibility <input type="checkbox"/> Good <input type="checkbox"/> Poor	Temperature <input type="checkbox"/> Hot <input type="checkbox"/> Mild <input type="checkbox"/> Cold
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<b>VEH. 2 OTHER VEHICLE IN ACCIDENT</b>	OWNER'S NAME		ADDRESS		CITY	STATE	ZIP	PHONE
	DRIVER'S NAME		ADDRESS		CITY	STATE	ZIP	PHONE
	DRIVER'S LICENSE NO.		STATE	INSURANCE CARRIER			POLICY NO.	
	YEAR	MAKE	LICENSE NO.	STATE	DESCRIBE DAMAGE		NO. OF PASSENGERS	

**NOTE: USE SUPPLEMENT ACCIDENT REPORT FORM FOR ADDITIONAL VEHICLES INVOLVED**

<b>DAMAGE TO PROPERTY NON- VEHICULAR</b>	OWNER'S NAME AND ADDRESS
	DESCRIBE PROPERTY DAMAGED

<b>DESCRIBE HOW ACCIDENT OCCURRED</b>	
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<b>INJURED</b>	NAME	ADDRESS	<b>INJURY</b>	AGE	CUST. VEH.	OTH. VEH.	PED.

<b>WITNESS</b>	NAME	ADDRESS	CITY	STATE	ZIP	PHONE

DATE	REPORT TAKEN BY PTL REP	DRIVER'S SIGNATURE
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**CIVIL CODE 556** For your protection, California Law requires the following to appear on this form: "It is unlawful to (a) Present or cause to be presented by any false or fraudulent claim for the payment of a loss under a contract of insurance; (b) Prepare, make or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of such claim. Every person who violates any provision of this section is punishable by imprisonment in the state prison not exceeding three years, or by fine not exceeding \$1,000, or by both."

**SECTION BELOW TO BE COMPLETED BY CORPORATE RISK MANAGEMENT**

Liability Insurance Provided by:	<input type="checkbox"/> Customer	LIMITS:	<input type="checkbox"/> MINIMUM STATE STATUTORY REQUIREMENTS	
	<input type="checkbox"/> PENSKE TRUCK LEASING		<input type="checkbox"/> OTHER _____	
SENT TO CLAIM ADMINISTRATOR: DATE _____			SOURCE CODE	