## NORTHEAST TRUCK RENTAL & LEASING ACCIDENT REPORT: DRIVER'S STATEMENT

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

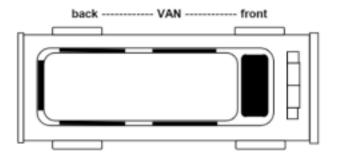
Renter Name,Rental Agreement Number	
Renter Address City , State	Zip
Driver Name License Plate Number/State Type of Vehicle/color	
Driver Address City , State	Zip
Driver Phone Number Driver email address	
Driver's License Number, State and Expiration Date What was our vehicle being used for at the time 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?	

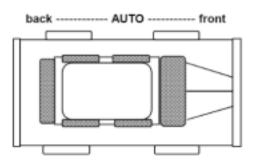
Describe the weather and road conditions at time of accide	ent
Please describe the accident here.	
On the diagram below that best represents the scene of the accident, please diagram the accident. (Be sure to include any stop signs or traffic signals.)	Legend: N  V 1 ► Your Vehicle ↑  V 2 ► Other Vehicle W ← → E
	V 3 ➤ Other Vehicle (if any) S
1 1	

Were the police called? If so, list the name of the police precinct. Police Report number :	
Was anyone injured? Name of hospital where any injured parties were tre	eated, if applicable
List the names and phone number or email address for any additional pathe time of the accident:	ssengers who were in the rental vehicle at
Describe any damage to the rental vehicle owned by Northeast Truck Ren	ntal & Leasing
On the diagram below that best represents the rental vehicle you wantee location of any damage caused by the accident, if any.	were driving, please indicate
back front	back AUTO front

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		
	<b></b>	
Address City , State	Zip	
License plate/make/model/color of other vehicle Was there damage to other vehicle? If so, briefly describe:		

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.





SIGNATURE OF DRIVER

DATE

**Insurance Company Policy Number** 

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

When completed, email this form to: <a href="mailto:lnfo@northeasttruckrentals.com">lnfo@northeasttruckrentals.com</a>