

Main Office

3809 San Fernando Rd.
 Glendale, Ca 91225
 (818) 243-3151
 (818) 243-4040

Suppose U Drive

Truck Rental and Lease
 www.supposeudrive.com

Branch Office

13456 Rosecrans Ave.
 Norwalk, Ca 90650
 (562) 921-1457
 (562) 921-2406

Vehicle Accident Report

Date _____	Truck # _____	Truck Lic. # _____
Lease / Rental Contract # _____		

Company Name _____	Phone # _____
Address _____	Fax # _____
City _____ State _____ Zip _____	

Individual Renters Name _____	Phone # _____
Address _____	Fax # _____
City _____ State _____ Zip _____	
Drivers License # _____	State Issued _____

Drivers Name _____	Phone # _____
Address _____	Fax # _____
City _____ State _____ Zip _____	
Drivers License# _____	State Issued _____

Insurance Company Name _____	Policy # _____
Address _____	Phone # _____
City _____ State _____ Zip _____	Fax# _____

Other Vehicle License # _____	Make _____	Year _____
Name of Owner _____	Phone # _____	
Address _____		
City _____ State _____ Zip _____		
Drivers Name _____	Phone # _____	
Address _____		
City _____ State _____ Zip _____		
Drivers License # _____	State Issued _____	
Insurance Company _____	Policy # _____	
Address _____	Phone # _____	
City _____ State _____ Zip _____		

Witness Name _____	Phone # _____
Address _____	
City _____ State _____ Zip _____	

SEE OTHER SIDE – IMPORTANT – FILL OUT IN FULL

Date of Accident _____ Time of Accident _____
Location of Accident _____ City _____
Did Police Investigate: _____ Yes _____ No _____ Agency _____
State fully how accident occurred _____

I hereby certify that the foregoing is true to the best of my knowledge.
Signature of Driver _____ Date _____

Diagram the accident:

Injured Persons
Name _____ Address _____ Phone # _____
Age _____ Nature of Injury _____
Name _____ Address _____ Phone # _____
Age _____ Nature of Injury _____
Name _____ Address _____ Phone # _____
Age _____ Nature of Injury _____

Occupants of Suppose U Drive vehicle
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____

Occupants of other vehicle
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____