

Note: For the protection of all involved parties, form must be completed even if LDW was accepted. Submission instructions on back of form.

Today's Date



Was there an Injury or Fatality?

m	m	d	d	y	y	y	y

# Vehicle Incident Report

Y	N
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Please Circle One

Name (Last, First)		Email	
Street Address		City, State / Province, Zip Code / Postal Code	
Telephone No.			
Work:	Home:	Cell:	
Name of Insurance Co. & Agent	Phone No.	Policy No.	
Name of Credit Card Issuer	Card Type	Phone No.	Claim No.
Name of Employer & Address		TYPE OF RENTAL	
		Business	Pleasure
		<input type="checkbox"/>	<input type="checkbox"/>
		Insurance Replacement <input type="checkbox"/>	
Date & Time of Incident		Location of the Incident (City, State / Province)	

POLICE INFORMATION (Department, Name of Officer, Badge No., Phone No.)		Police Report No.
<b>Witness to Incident</b>	Name & Street Address, City, State / Province, Zip Code / Postal Code	Phone No./E-mail

<b>Driver of Rental (Only if different from renter)</b>	Driver's Name	Driver's Age	Relation to Renter	No. of Occupants in Rental Vehicle
	Street Address		City, State / Province, Zip Code / Postal Code	
	Phone No.			
	Driver's License No. & Issue State / Province	Name of Insurance Company & Agent	Phone No.	Policy No.

<b>Driver or Owner of Other Vehicle or Property (Vehicle no. 2 / or Owner of Property)</b>	Driver's Name		Phone No.	Email
	Owner's Name (if different from driver)		Phone No.	Email
	Street Address		City, State / Province, Zip Code / Postal Code	
	Street Address		City, State / Province, Zip Code / Postal Code	
	Name of Insurance Co. & Agent		Phone No.	Policy No.
	Vehicle Make/Model & Year		License Plate No. & State / Province	No. of Occupants in Vehicle
	Describe Damage to Vehicle / Property			

<b>Persons Injured</b>	Name and Street Address, City, State / Province, Zip Code / Postal Code		Phone No.	Age	Sex
	Occupant Veh. No.	Pedestrian	Describe Injuries		

**RENTER/DRIVER STATEMENT: EXPLAIN THE CAUSE OF DAMAGE:**

Renter/Driver acknowledges that damage to the rental vehicle as indicated occurred during their rental of the vehicle. **Renter/Driver further agrees to cooperate with HCM investigation of the incident.**

RENTER / DRIVER SIGNATURE

**RENTAL REPRESENTATIVE MUST COMPLETE ALL INFORMATION BELOW**

Is Rental Vehicle Drivable? <input type="checkbox"/>	INDICATE DAMAGED AREA OF RENTAL VEHICLE "X" 	BODY DAMAGE STATUS Wreck <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Other (Please Explain) _____
Current Location of Vehicle A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. Other _____		Renting Location Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Return Location Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tow <input type="checkbox"/> <input type="checkbox"/> ERS <input type="checkbox"/> <input type="checkbox"/>		Employee Name _____ Employee Number _____
Rental Agreement No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vehicle Owing Area No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vehicle Unit No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Mileage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## IMPORTANT DAMAGE RESPONSIBILITY NOTICE

In most cases, if Loss or Partial Damage Waiver was not accepted at the commencement of the rental, or you do not have other contractually provided damage coverage,\* the person whose name appears on the Rental Agreement will be held financially responsible for damage to the rental vehicle.

In many cases your own automobile insurance policy and/or some charge card companies cover damage to a rental vehicle. In order to be eligible for such benefits, you should notify your automobile insurance carrier and/or charge card company as soon as possible of a potential claim. A delay in notifying them may limit or entirely negate coverage, especially in the case of coverage provided by charge card companies.

\*Please refer to the specific terms and conditions provided to you at the time of rental to determine your specific level of damage responsibility.

### **RENTALS IN NEW YORK ONLY:**

**FAILURE TO COMPLETELY AND ACCURATELY FILL OUT AND RETURN AN INCIDENT REPORT WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE MAY MAKE THE AUTHORIZED DRIVER LIABLE FOR DAMAGES SUSTAINED TO THE RENTAL VEHICLE. EXCEPT WHERE THE DAMAGED VEHICLE IS DETERMINED TO BE A TOTAL LOSS AND SUBJECT TO SALVAGE, THE AUTHORIZED DRIVER OR HIS OR HER INSURER HAS SEVENTY-TWO HOURS FROM THE RETURN OF THE VEHICLE TO NOTIFY THE RENTAL COMPANY THAT HE OR SHE WISHES TO INSPECT THE DAMAGED VEHICLE. THE INSPECTION MUST BE COMPLETED WITHIN 7 BUSINESS DAYS OF THE RETURN DATE OF THE VEHICLE. IF THE AUTHORIZED DRIVER OR HIS OR HER INSURER DOES NOT REQUEST THIS INSPECTION WITHIN THE 72 HOUR PERIOD, THE AUTHORIZED DRIVER OR HIS OR HER INSURER WILL BE DEEMED TO HAVE WAIVED THIS RIGHT. IF THE RENTAL COMPANY DETERMINES THE DAMAGED VEHICLE TO BE TOTAL LOSS AND SUBJECT TO SALVAGE, SUCH 72 HOUR PERIOD FOR NOTIFICATION OR WAIVER OF THE WISH TO INSPECT THE DAMAGED VEHICLE SHALL NOT APPLY, AND SUCH RIGHT TO INSPECT THE DAMAGED VEHICLE SHALL EXPIRE TEN BUSINESS DAYS FROM THE AUTHORIZED DRIVER'S RECEIPT OF THIS NOTICE FROM THE RENTAL VEHICLE COMPANY AT THE RETURN OF THE VEHICLE OR RECEIPT OF THE FIRST MAILING OF THIS NOTICE IN THE EVENT OF THE RETURN OF THE VEHICLE BY AUTOMATION OR AFTER HOURS. UPON REQUEST OF THE AUTHORIZED DRIVER OR HIS OR HER INSURER, WE WILL PROVIDE A COPY OF OUR ESTIMATE OF THE COSTS OF REPAIRING THE DAMAGED MOTOR VEHICLE.**

Customer: Please return completed form to a Company Representative or email or fax per Submission Instructions below.

### **Vehicle Incident Report Submission Instructions**

⇒ Incident Reports involving damage to the **rental vehicle only** must be emailed / scanned individually to **HCMFirstNoticeofLoss@Hertz.com** or faxed to 1-866-295-0745.

⇒ Incident Reports involving injury or death and/or damage to other vehicles or property must be emailed / scanned individually to **HCMFirstNoticeofLoss\_bipd@Hertz.com** or faxed to 1-866-888-4406.

Note: Scanning and email are the preferred method for submission. Only customers are allowed to submit forms via fax.

Correspondence should be sent to: FNOL First Notice Of Loss Unit, 14501 Hertz Quail Springs Parkway Oklahoma City, OK 73134 or email: [hcmfirstnoticeofloss@hertz.com](mailto:hcmfirstnoticeofloss@hertz.com)

**For all initial inquiries about this claim, please contact FNOL at 1-877-584-7159.**