

Here's What to Do:

1. Take precautions necessary to protect the scene of the accident from further accidents.
2. Call the police. If someone is injured, request medical assistance. If fire is involved, request Fire department aid.
3. Be courteous. Answer police questions. Give identifying information to the other party involved but make no comments about assuming responsibility.
4. Complete the DRIVER'S REPORT OF ACCIDENT portion of this form. You will need this information later for state and insurance reports.
5. As soon as possible, call Enterprise, but please have the answers to the following questions before you call:
 - Vehicle License No
 - Is the vehicle driveable? If not, what is the exact address or location of the vehicle?
 - Was another vehicle involved in the accident? If so, be sure to obtain the license number(s) and as much information about the driver(s) as possible.

**ENTERPRISE CLAIMS
DEPARTMENT
1800-325-8838
Extension: 2**

Please mail to:
Enterprise Rent-A-Car
Claims Department
600 Corporate Drive
St. Louis, MO 63105

DRIVER'S REPORT OF ACCIDENT

The Accident

Do not argue at scene of accident. Be courteous and show your license willingly.

Boston University Vehicle

NAME OF DRIVER (PRINT) _____
DEPARTMENT _____
DEPT. ADDRESS _____
CITY/STATE/ZIP _____
DRIVER'S LICENSE NO. _____ STATE _____
WORK PHONE NO. _____
VEHICLE LICENSE _____ STATE _____
MAKE OF VEHICLE _____ YEAR/MODEL _____
BOSTON UNIVERSITY
OWNER OF VEHICLE _____
LOCATION OF ACCIDENT _____
DATE _____ TIME _____
CONDITION OF ROAD _____ WEATHER _____
CITY _____ STATE _____

Other Vehicle

NAME OF DRIVER (PRINT) _____
ADDRESS _____
CITY/STATE/ZIP _____
DRIVER'S LICENSE NO. _____
PHONE NO. _____
VEHICLE LICENSE _____ STATE _____
MAKE OF VEHICLE _____ YEAR/MODEL _____
OWNER OF VEHICLE _____
ADDRESS _____
CITY/STATE/ZIP _____
INSURED BY _____
POLICY# _____
AGENT'S NAME _____
AGENT'S PHONE NO. _____

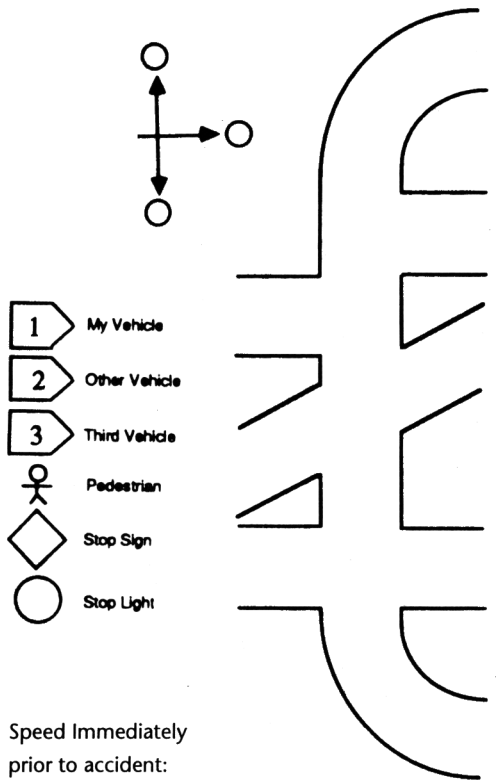
Description of Accident

DRIVER'S SIGNATURE



Diagram of Accident

Sketch a diagram below showing exact relationship of roadways and vehicles at the time of the accident. (Indicate North). Identify your vehicle as #1, other vehicles as #2, #3 etc.



Speed Immediately prior to accident:
 Vehicle #1 _____
 Vehicle #2 _____
 Vehicle #3 _____

_____ DID POLICEMAN TAKE REPORT?
 _____ NAME OF POLICEMAN?
 _____ CITY/TOWN/PRECINCT.
 _____ REPORT NO.
 _____ WAS CITATION ISSUED?
 _____ TO WHOM?

Injured Persons:

NAME _____ AGE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 EXTENT OF INJURY _____

NAME _____ AGE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 EXTENT OF INJURY _____

Damage to Vehicles:

VEHICLE #1: _____

VEHICLE #2: _____

Witnesses

It is important to get as many as possible.

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____



what to do in case of a motor vehicle

ACCIDENT