## **Rental Car/SU Fleet Vehicle Damage Information Form**

Date form completed:		
Rental Car Company:	N/A:	
Address/Contact #:		
SU Fleet Vehicle Description:	N/A:	
Department renting vehicle:	<del></del>	
Vehicle rented by:	Phone/E-Mail:	
Vehicle driven by:	Phone/E-Mail:	
Damage to vehicle occurred while in possession of:		
Date of Loss: Time of Loss:		
Vehicle Make/Model/Year:		
Description of loss/damage:		
What factors caused loss?		
Who do you believe is responsible for causing this d	lamage? :	
Any personal injuries to SU employees/students or	others? No Yes	
Describe:		
Send Rental Car Agreement to		

Report vehicle damage incident to supervisor and Safety & Risk Management Office as soon as practical. Vehicle damage form should be completed and submitted within 3 days of incident.