

# Ryder Accident Report

<b>Reported By</b>	Your Company Name (if applicable)		Your Name:– Last		First		Claim Number (if applicable)			
	Mailing Address			City		State	Zip Code	Phone		
<b>Date and Place</b>	Date of Accident	Time of Accident	Place of Accident – Street/Hwy/etc			City		State	Zip Code	
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.								
<b>Person Operating Ryder Truck</b>	Driver Name – Last			First						
	Address –Street Address				City		State	Zip Code		
	Driver License Number/State		Birth Date	Home Phone		Business Phone		Cell Phone		
<b>Company Ryder Truck Driver was Driving For</b>	Company Name			Contact Name			Business Phone			
	Address –Street Address				City		State	Zip Code		
<b>Ryder Truck</b>	Plate Numbe/State:	VIN	Year	Make		Model				
<b>Other Party Involved or Property Damage</b>	Owner Name – Last		First		Cell Phone		Business Phone		Home Phone	
	Address –Street Address				City		State	Zip Code		
	Driver Name – Last		First		Cell Phone		Business Phone		Home Phone	
	Address –Street Address				City		State	Zip Code		
	Description of Damages									
	Property Damages (If Auto – Year/Make/Model and License Number)							Estimated Cost \$		
Insurance Information – Carrier/Policy Number										
<b>Was Anyone Hurt</b>	Name			Date of Birth	Phone Number		Type of Injuries			
	Address – Street			City						
	State		Zip Code							
	Name			Date of Birth	Phone Number		Type of Injuries			
Address – Street			City							
State		Zip Code								
<b>Witness</b>	Name		Address – Street		City	State	Zip Code	Phone Number		
<b>Describe Accident</b>										
<b>Police</b>	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> County		Ticket Issued <input type="checkbox"/> Ryder Driver <input type="checkbox"/> Other Driver		Type of Violation		Police Case Number			
<b>Misc Information</b>	Any Vehicles Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		Fatalities many? <input type="checkbox"/> Yes <input type="checkbox"/> No		How		Injured Removed from Scene by Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No		Moving Violation <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ryder Unit Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		# occupants Ryder Veh		# occupants other veh		# of other vehicles	
<b>Ryder Claim Office –Fax: 800-677-8988</b> <b>Email Address: ryder_claims@ryder.com</b>										

**Additional Claimants/Witnesses**

<b>Additional Party Involved or Property Damage</b>	Owner Name – Last [ ]	First [ ]	Cell Phone [ ]	Business Phone [ ]	Home Phone [ ]	
	Address –Street Address [ ]		City [ ]	State [ ]	Zip Code [ ]	
	Driver Name – Last [ ]	First [ ]	Cell Phone [ ]	Business Phone [ ]	Home Phone [ ]	
	Address –Street Address [ ]		City [ ]	State [ ]	Zip Code [ ]	
	Description of Damages [ ]					
	Property Damages (If Auto – Year/Make/Model and License Number [ ]				Estimated Cost \$ [ ]	
	Insurance Information – Carrier/Policy Number [ ]					
<b>Was Anyone Hurt</b>	Name [ ]	Date of Birth [ ]	Phone Number [ ]	Type of Injuries [ ]		
	Address – Street State                      Zip Code [ ]		City [ ]			
	Name [ ]	Date of Birth [ ]	Phone Number [ ]	Type of Injuries [ ]		
	Address – Street State                      Zip Code [ ]		City [ ]			
<b>Additional Party Involved or Property Damage</b>	Owner Name – Last [ ]	First [ ]	Cell Phone [ ]	Business Phone [ ]	Home Phone [ ]	
	Address –Street Address [ ]		City [ ]	State [ ]	Zip Code [ ]	
	Driver Name – Last [ ]	First [ ]	Cell Phone [ ]	Business Phone [ ]	Home Phone [ ]	
	Address –Street Address [ ]		City [ ]	State [ ]	Zip Code [ ]	
	Description of Damages [ ]					
	Property Damages (If Auto – Year/Make/Model and License Number [ ]				Estimated Cost \$ [ ]	
	Insurance Information – Carrier/Policy Number [ ]					
<b>Was Anyone Hurt</b>	Name [ ]	Date of Birth [ ]	Phone Number [ ]	Type of Injuries [ ]		
	Address – Street State                      Zip Code [ ]		City [ ]			
	Name [ ]	Date of Birth [ ]	Phone Number [ ]	Type of Injuries [ ]		
	Address – Street State                      Zip Code [ ]		City [ ]			
<b>Additional Witness</b>	Name [ ]	Address – Street [ ]	City [ ]	State [ ]	Zip Code [ ]	Phone Number [ ]
<b>Additional Witness</b>	Name [ ]	Address – Street [ ]	City [ ]	State [ ]	Zip Code [ ]	Phone Number [ ]