



Collision/Incident Report

CBU/Location Number

Field Accident Number

Area Claim Number

Date and Place	Date of Accident	Time of Accident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Place of Accident – Street Address		City	State	Zip Code						
	Driver Name – Last First Middle Initial		Driver License Number		State	Phone Number							
Driver of Ryder Equipment	Social Security Number		Address – Street		City	State	Zip Code						
	Birth Date	Employer Name				Phone Number							
	Employer Address – Street		City		State	Zip Code							
	<input type="checkbox"/> Ryder Employee		<input type="checkbox"/> Customer Employee		<input type="checkbox"/> Other								
Customer or Location	Lessee/Renter/Ryder Location Name					Phone Number							
	Address – Street		City		State	Zip Code							
Ryder Unit	Ryder Unit Number	Accountable Location Code	Customer Number/Ryder Loc. Number		Ryder's Trailer <input type="checkbox"/> No <input type="checkbox"/> Yes – Trailer Number _____								
	Damage to Ryder Equipment (Describe Damaged Area)				Approximate Amount	GVW							
Codes <small>Refer to Codes on Side Two</small>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	Liability Limits or Single Limits	Liability Coverage <input type="checkbox"/> 1 Ryder <input type="checkbox"/> Other
												Physical Damage Coverage <input type="checkbox"/> 1 Ryder <input type="checkbox"/> Other	
Other Party Involved or Property Damaged	Owner Name – Last First		Address – Street		City	State	Zip Code	Phone Number					
	Driver Name – Last First		Address – Street		City	State	Zip Code	Phone Number					
	Description of Damages							Number of Passengers (Including Driver)					
	Property Damages (If Auto – Year and License Number)							Estimated Cost \$					
Was Anyone Hurt	Name			Age	Phone Number		Type of Injuries						
	Address – Street		City		State	Zip Code							
	Name			Age	Phone Number		Type of Injuries						
	Address – Street		City		State	Zip Code							
Witness	Name		In Ryder Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Address – Street		City	State	Zip Code	Phone Number				
Describe Accident	The Following Is: <input type="checkbox"/> Ryder's Version <input type="checkbox"/> Claimant's Party (Ryder Unit – Number 1, Other Vehicle – Number 2)												
Police	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> County		Ticket Issued <input type="checkbox"/> Our Driver <input type="checkbox"/> Other Driver		Type of Violation		Police Case Number						
DOT Recordable	Any Vehicles Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		Fatalities How many? <input type="checkbox"/> Yes <input type="checkbox"/> No		Injured Removed from Scene by Ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No		Moving Violation <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Accident Register (Check one.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Ryder Unit Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Material Incident <input type="checkbox"/> Yes <input type="checkbox"/> No		Drug Test Performed <input type="checkbox"/> Yes <input type="checkbox"/> No				
Status and Coverage	Assigned to Adjuster <input type="checkbox"/> Yes <input type="checkbox"/> No		Adjusting Company Name			Adjuster's Phone Number		Date Assigned Adjuster					
	City		State		Liability Deductible Amount \$		Physical Dam. Ded. Amt.		Physical Damage Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No				
Originator of Report	Location Code	Date Completed	Name of Person Taking Report		Phone Number		Driver Signature						
National Claim Office – Phone No. 800-753-8808, Fax No. 800-677-8988							Faxed To Claims Office <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Faxed				

Routing for Ryder Lease/Rental Customer:

- A. Return completed report to local branch
- B. Distribution-Lease/Rental
 - 1. Safety Administration
 - 2. Vehicle Domicile Location

Routing for Ryder Employees:

- Copy 1 – Send Immediately to National Liability Claim Office
- Copy 2 – If DOT Recordable Send to Miami Safety & Health Compliance Department
- Copy 3 – Send Immediately to Vehicle Domicile Location
- Copy 4 – Sr. Mgr Safety, Health & Security

Retention Period: 5 years from end of calendar year in which record was made

CALL ALL RYDER EMPLOYEE COLLISIONS TO (305) 500-3089