



Sonic Systems International, Inc.

Energy Services Group

1880 Dairy Ashford, Suite 207 – Houston, Texas 77077 – (281) 531-7611

Form 7 RENTAL VEHICLE ACCIDENT / DAMAGE REPORT FORM

**COMPLETE THIS FORM & ATTACH ALL PERTINENT DOCUMENTS.
SEND IMMEDIATELY TO:**

**HALEY LITTLETON 281-531-6621
hlittleton@ssi-group.net**

DRIVER INFORMATION

Employee Name:

Driver's License #:

State:

Rental Car Company:

Rental Location Phone #:

Rental Agreement #:

Vehicle Make & Model:

Vehicle Plate #:

State:

Outage/Project Site:

ACCIDENT INFORMATION

Date of Accident:

Time of Accident:

Address Where the Accident Occurred:

(list official street names if possible, mile marker, exit #, landmarks, etc.)

City:

State:

of Vehicles Involved:

Accident Conditions/Weather:

Damage was due to:

Car in traffic

Parked car

Landmark

Pedestrian

Cyclist

Animal

Unknown

Other:

Cause/Description of Accident:

Non-vehicular Property Damage:



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INJURY INFORMATION

*List name, age, & injury description, and whether the injured persons were the operator or passenger of the vehicle.

Your vehicle operator and passenger injuries:

Other vehicle(s) operator and passenger injuries:

FAULT OF OTHER VEHICLE

Name of Driver:

Home Phone:

Cell/Work:

Driver's License #:

State:

Vehicle Make & Model:

Vehicle Plate #:

State:

Insurance Company:

Policy #:

Insurance Company Phone #:

FOR OFFICE USE ONLY

Management, Reviewed by:

Title:

Date: