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: _______________________

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: __________ Loss Location: ______________________________

Vehicle Make/Model/Year: ______________________________

Description of loss/damage:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What factors caused loss?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Who do you believe is responsible for causing this damage?: ________________________________

Any personal injuries to SU employees/students or others? ___ No ___ Yes

Describe: ____________________________________________________________________________

Send Rental Car Agreement to delancem@southwestern.edu

☐ Completed

Send completed damage form (scanned pdf) to delancem@southwestern.edu or via campus mail.

☐ Completed

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.