

# Mighway Accident Report



Fill out the form below in the event of a collision. To maintain insurance coverage it is important that the information is complete and as detailed as possible. Report the incident to MIGHWAY (844)462-9510 no later than the next business day.

Please e-mail it to [info@mighway.com](mailto:info@mighway.com) at the next convenient possibility.

## ACCIDENT – WHAT NOW?

1. Secure the accident scene (following & oncoming traffic)
2. Get to safety
3. Call 911 if any injuries
4. Call the local police to take a report
5. Provide First Aid to injured peoples
6. Take pictures of vehicles and accident scene
7. Move vehicles out of traffic
8. Fill in accident report form COMPLETELY and in ENGLISH
9. Exchange the information with the involved drivers
10. Get witness statements and information
11. Get the police to provide you with a case number and contact information

### If the vehicle is no longer drivable:

- Call Mighway on (844)462-9510 as soon as possible

### If the vehicle is still drivable:

- Inspect the vehicle to ensure you can safely continue your trip, otherwise call (844)462-9510 for Roadside Assistance
- Report the accident to Mighway no later than the next business day

## RENTAL AGREEMENT

Driver's Name:

Phone Number:

Email Address:

Driver's License & State or Country:

Damage to Vehicle:

Vehicle Licence Plate:

Date of Birth:

OTHER VEHICLE/PROPERTY:

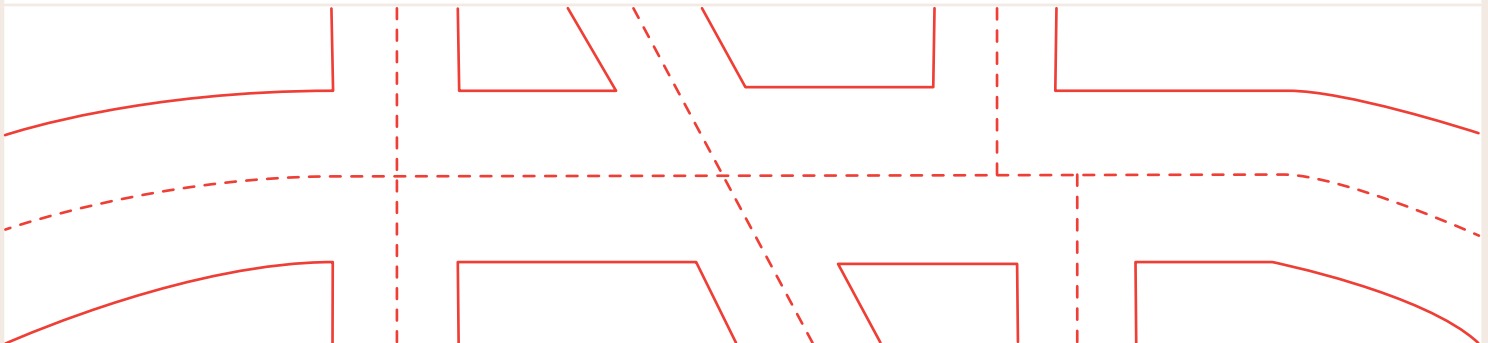
|                                      |                |                |        |
|--------------------------------------|----------------|----------------|--------|
| Year:                                | Make:          | Model:         | Color: |
| Type:                                | License Plate: | State:         |        |
| Owner's Name:                        |                | Phone number:  |        |
| Address:                             |                |                |        |
| City & State/Country:                |                |                |        |
| Driver's Name:                       |                | Phone number:  |        |
| Address:                             |                |                |        |
| City & State/Country:                |                |                |        |
| Driver's License & State or Country: |                | Date of Birth: |        |
| Insurance Company:                   |                | Policy number: |        |
| Contact phone number:                |                |                |        |
| Damage to vehicle or property:       |                |                |        |
|                                      |                |                |        |

DESCRIPTION OF ACCIDENT (in English)

|                                      |              |      |         |
|--------------------------------------|--------------|------|---------|
| Date                                 | mm / dd / yy | Time | hh : mm |
| Location (including City and State): |              |      |         |
| Description                          |              |      |         |
|                                      |              |      |         |
|                                      |              |      |         |
|                                      |              |      |         |
|                                      |              |      |         |
|                                      |              |      |         |

MARK THE MOTOR HOME AND ALL OTHER VEHICLES IN THE ACCIDENT POSITIONS

Write street names and mark directions. **Please take pictures of all involved vehicles and the accident scene.**



|   |                              |                             |
|---|------------------------------|-----------------------------|
| Further remarks:  |                              |                             |
|   |                              |                             |
| Authority (police, park ranger, etc.) contacted & report/case number: |                              |                             |
|   |                              |                             |
| Contact phone number:   |                              |                             |
| Any violations issued as a result of the accident?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type of violation:  |                              |                             |
| Were there any bodily injuries? Please describe:                      |                              |                             |
|   |                              |                             |
|   |                              |                             |
|   |                              |                             |
|   |                              |                             |
|   |                              |                             |

WITNESSES OR PASSENGERS:

|          |                       |
|----------|-----------------------|
| Name:    | Phone number:         |
| Address: | City & State/Country: |

|          |                       |
|----------|-----------------------|
| Name:    | Phone number:         |
| Address: | City & State/Country: |

|          |                       |
|----------|-----------------------|
| Name:    | Phone number:         |
| Address: | City & State/Country: |

SIGNED

I certify under penalty of perjury under the laws of the Unites States that the information I have provided is true and correct to the best of my knowledge.

|                              |                |
|------------------------------|----------------|
| Renter's/Driver's Signature: | Date    /    / |
|------------------------------|----------------|

Report the accident to MIGHWAY no later than the next business day. Please e-mail high resolution pictures of this completed form to info@mighway.com including any other pictures at the next convenient possibility like a campground.

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