Prior to making any rental reservation, employees must receive approval from a department administrator or school principal. The department or school is required to pay for the cost of the rental, fuel charges, tolls, parking fees etc.

**NOTE:** Prior to your trip, please print the LCPS accident information included with this document and combine it with your rental contract.

**Reimbursement or Payment of your Rental by Department Administrator or School Principal**
- Employees are required to keep all financial records for reimbursement.
- Enterprise Reservations Website ([www.enterprise.com](http://www.enterprise.com)).
  - **Step 1:** Start Your Reservation; Add Location, Dates, Renters Age and Add LCPS Account Code “L16G241”; then select Continue.
  - **Step 2:** Select a Vehicle Class
  - **Step 3:** Add Extras; Damage Waiver Included (VACORP), Equipment (Sirius XM Radio and Greenhouse Gas Emissions Offset) can be purchased by the employee but are not reimbursed or authorized by LCPS; then select Continue.
  - **Step 4:** Review & Reserve: Add Your Contact Information, Phone #, Email Address, Confirm Trip Purpose by selecting “Yes”, Billing appears-select “Yes”, Additional Details add your Department or School Affiliation, Finally Select RESERVE NOW.
  - **Step 5:** Reservation Confirmation Information Page
    - For reservations within 24 hours or a special vehicle request. Call the Enterprise Liaison at 410-271-7248 (cell) or 833-801-8078 (fax) and identify yourself as a LCPS employee. Or use the website-LCPS business code is L16G241.

**Miscellaneous Items**
- Enterprise vehicles will **NOT** be equipped with EZ passes or Smart Tags. The LCPS employee that reserved the rental shall be responsible for any toll violations that may occur.
- Enterprise vehicles will **NOT** be equipped with fuel cards. The LCPS employee that reserved the rental shall purchase fuel and save the receipt(s) for reimbursement.

**Students Traveling in LCPS Assigned Vehicles, Rental Vehicles, or Employee’s Personal Vehicles**
- State law requires all passengers to be secured with a seat belt when any vehicle is in operation.
- Large groups of students MUST be transported by school bus. Please contact the Transportation Department, Field Trips office, 571-252-1730 for more guidance. **You cannot divide the group of students up into multiple vehicles to stay under the limit to transport.**
- **ANY TIME STUDENTS ARE TRAVELING IN A LCPS VEHICLE OR RENTAL VEHICLE** for a school event or function, a request in Trip Tracker is required. Contact the Transportation Department, Field Trip office, 571-252-1730 for assistance. Please complete that request, prior to making any admin pool or rental vehicle reservations and include your Trip Number.
- Per VA DOE regulations online (8VAC20-70-10 “Nonconforming Bus”), students cannot travel in a full-size van. Mini vans can transport students, but no more than 10 passengers at any given time.

**Accidents**
- **ALL ACCIDENTS MUST BE REPORTED TO POLICE AT THE TIME OF THE ACCIDENT.**
- Contact LCPS Dispatch 571-252-1700 to report the accident during normal business hours.
- Contact Safety and Security Operations Center 571-252-1780 during evenings and weekends.
- Please follow all accident reporting instructions included with this document.
Loudoun County Public Schools Transportation Department Incident Report

Date of Accident: ____________  Time of Accident: ____________  Injuries: Yes  No

County of Accident: ____________________________  Number of Vehicles Involved: ____________

Route Number or Street Name of Accident: ____________________________

At Intersection with: ____________________________  Nearby Landmark: ____________________________

Description of Incident: _____________________________________________________________

_________________________________________________________________________________

Witness of accident name: ____________________________________________________________

Telephone number of witness: _________________________________________________________

Address of witness: _________________________________________________________________

Vehicle #1, LCPS Vehicle

Driver’s Name: ___________________________________________  Gender: _______

Address: ______________________________________________________

City, State, Zip: ________________________________________________________________

Date of Birth: ____________________________  Telephone Number: ____________________________

Driver’s License Number: ____________________________  State if other than VA: _______

Year Make and Model of Vehicle: ___________________________________________________

Vehicle Number: ____________  License Plate: ____________________________

Estimated Cost of Repair: $_________  Last 4 digits of the VIN number: ____________

Type of Damage to Vehicle: _______________________________________________________

Where can vehicle be seen: _______________________________________________________

Injuries to Occupants -Vehicle #1:

Name: ___________________________________________  Telephone Number: ____________

Address: _________________________________________________________________

Type of Injury: ____________________________
Vehicle #2, Other Party

Driver’s Name: ________________________________ Gender: __________
Address: ______________________________________________________________________________________
City, State, Zip: __________________________________________________________________________________
Date of Birth: ___________________________ Telephone Number: _________________________________
Driver’s License Number: __________________________ State if other than VA: ______________
Year Make and Model of Vehicle: __________________________

Vehicle Number: __________________________ License Plate: __________________________
Estimated Cost of Repair: $_________ Last 4 digits of the VIN number: ______________
Type of Damage to Vehicle: __________________________________________________________
Where can vehicle be seen: __________________________________________________________
Insurance Company: ______________________________________________________________
Insurance Company Phone Number/Contact: __________________________________________

Injuries to Occupants - Vehicle #2, Other Party:

Name: ___________________________________ Telephone Number: ______________
Address: ______________________________________________________________________________________
Type of Injury: __________________________________________________________

Diagram

Law Enforcement Information:

Authorities Contacted: Yes____ No____ If yes, whom __________________________
Report or case number: __________________________________________________________
Violations / Citations: __________________________________________________________

Investigated by: ________________________________ Date: ______________
Safety First - Get Help

If rescue is needed, contact 911 first.

After rescue has been called, IMMEDIATELY Notify LCPS Dispatch: 571-252-1700 during normal business hours or Safety and Security Operations Center: 571-252-1780 during evenings and weekends.

Collect Vehicle and Driver Information

- Wait for police/rescue and try to remain calm
- Complete the Accident Form obtained from the Support Services-Operations-Car Reservations intranet page.
  - Name, Address, phone number, insurance company, policy number, drivers’ license number, license plate number for each driver and owner of each vehicle.
- Gather Information from others involved in the accident.
  - Drivers and passenger’s names and contact information
  - Vehicle descriptions (make, model, year)
  - Eyewitnesses: names and contact information
  - Accident scene location and/or address
  - Police Officer’s name, badge number and police report number
- If it is safe to do so, take photographs of all vehicles involved, the vehicle license plates and the accident scene, remember more is better.
- Exchange information, with others involved in accident, using Accident Exchange form obtained from Admin prior to your trip.
- Please send all information gathered to LCPS Transportation Division, attention to the following named individuals, so a claim can be entered.
Loudoun County Public Schools Contact Information

Contact Person: Transportation Operations Specialist

Jeanmaire Ciaci, Office Phone: 571-252-1703, Email Address: Jeanmaire.Ciaci@lcps.org

Susan Barancewicz, Office Phone: 571-252-1769, Email Address: Susan.Barancewicz@lcps.org

Linda McNeil, Office Phone: 571-252-1750, Email Address: Linda.McNeil@lcps.org

Address: 42000 Loudoun Center Place, Leesburg, Virginia 20175

Insurance Info: VaCorp Insurance Services, 1-888-822-6772 Policy Number: VA-LO-053B

Please completely fill in the following Rental Information:

Make/Model of Enterprise Rental Vehicle: 

Date/Time of Incident/Accident: 

Location of Incident/Accident: 

LCPS Driver Name: 

Completed by LCPS Staff, give to other party involved

Other Vehicle Information

Driver: 

Address: 

Phone: Email: 

Driver’s Lic Number: Date of Birth: Sex: M / F 

Driver’s Lic State: Vehicle Color: 

Year/Make/Model of Vehicle: 

State & License Plate Number: 

Insurance Company & Contact Info: 

Insurance Policy Number: 

Completed by the other party involved, give to the LCPS staff member on the scene
Driver Information

Driver Name: ________________________________
Address: __________________________________
City, State, Zip: ____________________________
Phone Number: ______________________________
Email Address: ______________________________

Enterprise Vehicle Information

Make, Model: ________________________________
Area Damaged: ______________________________

Accident Details

Accident Date: _____________________________  Time of Accident: _____________________________

Location of Accident:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________