



Members are required to fill out an incident report any time they are involved in either a minor incident or a major accident with a Zipcar. Please complete each of the sections below in order. **You must read and sign the statement at the end of this form.**

Completed Incident Report Form(s)

Fax: 0207 681 3233

Email:

ukfleetservices@zipcar.co.uk

**Mail: Zipcar
Attn: Incident Reports
Melbury House
51 Wimbledon Hill Rd
London, SW19 7QW**

Incident Details

Date (DD/MM/YY): _____

Time: _____ AM/PM

City: _____

County: _____

Country: _____

Location Address/Intersection:

Police Involvement: Y / N

Police Report #: _____

Officer Name & Badge #: _____

Police Precinct/Department: _____

Zipcar: Vehicle #1

Driver Zipcard #: _____

Name: _____ Member? Y / N

Were you injured? Y / N _____

Drivers Licence #: _____

Licence Country: _____ Sex: M / F

Phone: _____ DOB: _____

Address: _____ City: _____

County: _____ Postcode: _____

of Occupants (include self): _____

Additional Information: _____

Passenger 1 Age (approx): _____

Full Name: _____

Full Address: _____

Phone: _____

Injuries? Y / N _____

Additional Information: _____

Passenger 2 Age (approx): _____

Full Name: _____

Full Address: _____

Phone: _____

Injuries? Y / N _____

Additional Information: _____

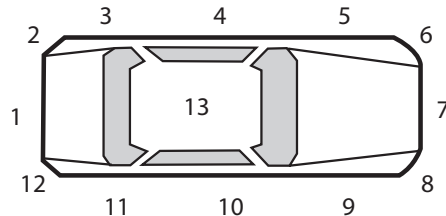
Zipcar "name": _____

Year: _____ Make: _____ Model: _____

Licence Plate: _____

Damage: Y / N Towed: Y / N Driveable: Y / N

Please indicate the damaged area of the Zipcar:



14: Undercarriage 15: Overturned 16: Other

Vehicle #2

Driver **Hit and Run?** Y / N

Name: _____

Injuries? Y / N _____

Drivers Licence #: _____

Licence Country: _____ Sex: M / F

DOB: _____

Phone: _____

Mobile: _____

Address: _____

City: _____

County: _____ Postcode: _____

of Occupants (include driver): _____

Insurance Carrier: _____

Phone: _____

Policy: _____

Passenger 1 Age (approx): _____

Full Name: _____

Full Address: _____

Phone: _____

Injuries? Y / N _____

Additional Information: _____

Passenger 2 Age (approx): _____

Full Name: _____

Full Address: _____

Phone: _____

Injuries? Y / N _____

Additional Information: _____

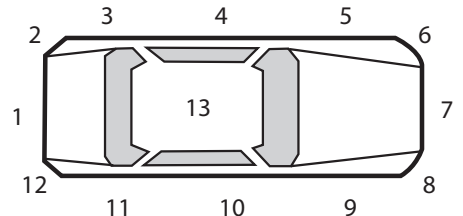
Vehicle Type: Commercial / Passenger

Year: _____ Make: _____ Model: _____

Licence Plate: _____

Damage: Y / N Towed: Y / N Driveable: Y / N

Please indicate the damaged area of Vehicle 2:



14: Undercarriage 15: Overturned 16: Other

If there are other vehicles involved in the incident, please copy this page and fill out the information for Vehicle 3, 4, etc.

Incident

Description

→ Direction

1

Zipcar

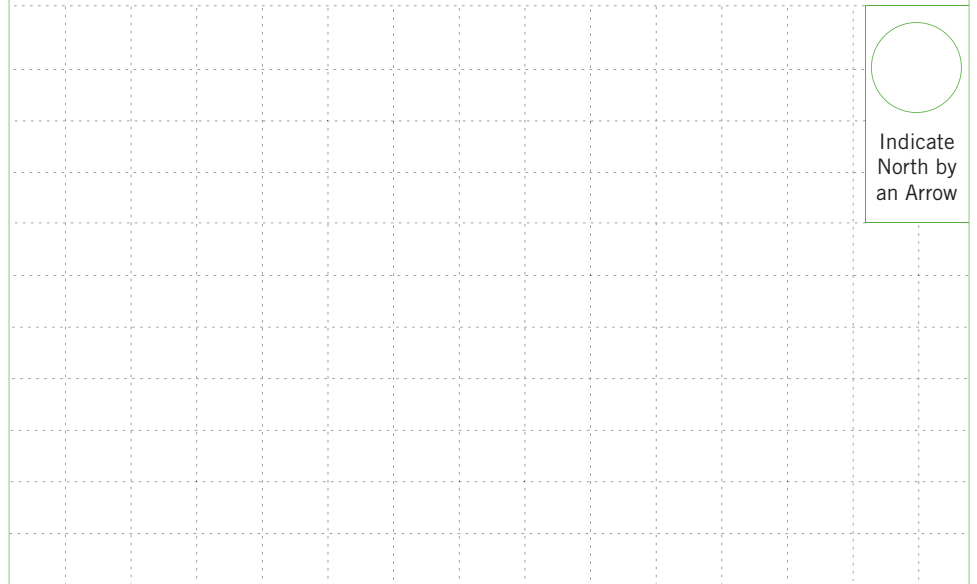
2

Other Vehicle

●

Pedestrian

As carefully as possible, draw a diagram of the roadway or intersection where the accident occurred. Please use the symbols (above) to indicate direction of travel, involved parties, traffic signals for all parties, and any other important factors to help us understand the incident.



In your own words, please describe the incident you have drawn above. Please be as specific and descriptive as possible:

Were any tickets issued at the scene: (describe) _____

Was there property damage (i.e., guardrail, road sign, building, wall, etc.)? Describe below:

As stated in the membership agreement, members are responsible for a damage fee per incident. Visit zipcar.com for more information on damage fee charges. By signing below, you hereby acknowledge the above statement, as well as agree that the information provided in this report is truthful to the best of your knowledge.

Signature _____

Printed Name _____

Date _____

I have a damage fee waiver Y / N

Witnesses

to Incident

Witness 1: _____

Address: _____

City: _____ County: _____

Daytime Phone: _____

Witness 2: _____

Address: _____

City: _____ County: _____

Daytime Phone: _____

Conditions

Light Conditions

- Daylight
- Dawn
- Dusk
- Dark – Lighted
- Dark – Not Lighted
- Other: _____

Weather Conditions

- Clear
- Cloudy
- Rain
- Snow
- Ice
- Hail
- Fog / Smoke
- High Winds
- Blowing Sand / Snow
- Other: _____

Road Surface

- Dry
- Wet
- Snow
- Ice
- Sand / Mud / Gravel
- Water Standing
- Water Moving
- Other: _____

Intersection Type

- Not an Intersection
- Crossroad
- T-Junction
- Y-Junction
- On / Off Ramp
- Roundabout
- 5 Point or More
- Driveway
- Railroad Crossing
- Car Park
- Other: _____