



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: 617.995.4300

Email: accidents@zipcar.com

**Mail: Zipcar, Inc.
Attn: Incident Reports
25 First Street,
4th Floor
Cambridge, MA 02141**

Incident Details

Date (MM/DD/YY): _____

Time: _____ AM/PM

City: _____

State: _____

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 License #: _____

License State: _____ Sex: M / F

Phone: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____

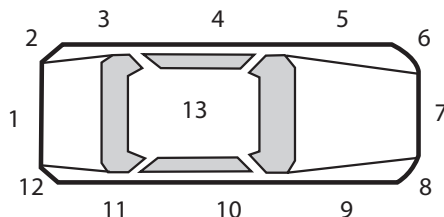
Zipcar Nickname: _____

Year: _____ Make: _____ Model: _____

License Plate & State: _____

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 License #: _____

License State: _____ Sex: M / F

DOB: _____

Phone: _____

Cell: _____

Address: _____

City: _____

State: _____ Zip: _____

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: _____

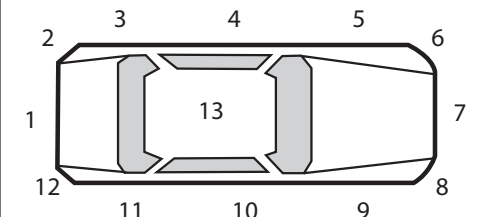
Vehicle Type: Commercial / Passenger

Year: _____ Make: _____ Model: _____

License Plate & State: _____

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.

Indicate North by an Arrow

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

Were any citations 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: _____ State: _____

Daytime Phone: _____

Witness 2: _____

Address: _____

City: _____ State: _____

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
- Four-way
- T-Intersection Y-Intersection
- On / Off Ramp
- Traffic Circle 5 Point or More
- Driveway Railroad Crossing
- Parking Lot
- Other: _____