

**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**

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.**

## Zipcar: Vehicle #1

**Driver** Zipcard #: \_\_\_\_\_

**Name:** \_\_\_\_\_ Member?

Were you injured? \_\_\_\_\_

Drivers Licence #: \_\_\_\_\_

Licence Country: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

# of Occupants (include self): \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Passenger 1** Age (approx): \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Injuries? \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Passenger 2** Age (approx): \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Injuries? \_\_\_\_\_

Additional Information: \_\_\_\_\_

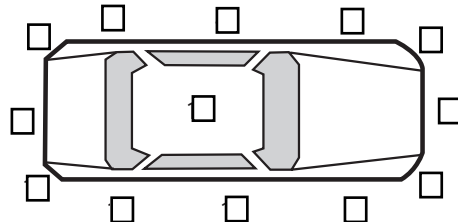
**Zipcar "name":** \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Licence Plate: \_\_\_\_\_

Damage: \_\_\_\_\_ Towed: \_\_\_\_\_ Driveable: \_\_\_\_\_

Please indicate the damaged area of the Zipcar:



14: Undercarriage 15: Overtaken 16: Other

## Vehicle #2

**Driver** **Hit and Run?** \_\_\_\_\_

**Name:** \_\_\_\_\_

Injuries? \_\_\_\_\_

Drivers Licence #: \_\_\_\_\_

Licence Country: \_\_\_\_\_ Sex: \_\_\_\_\_

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? \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Passenger 2** Age (approx): \_\_\_\_\_

**Full Name:** \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Injuries? \_\_\_\_\_

Additional Information: \_\_\_\_\_

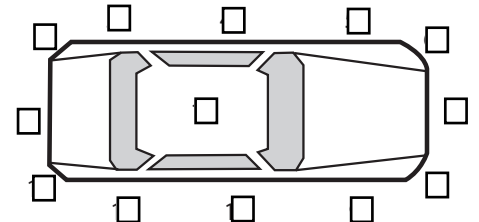
**Vehicle Type:** \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Licence Plate: \_\_\_\_\_

Damage: \_\_\_\_\_ Towed: \_\_\_\_\_ Driveable: \_\_\_\_\_

Please indicate the damaged area of Vehicle 2:



14: Undercarriage 15: Overtaken 16: Other

## Incident Details

**Date (DD/MM/YY):** \_\_\_\_\_

**Time:** \_\_\_\_\_

**City:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Location Address/Intersection:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Involvement:

Police Report #: \_\_\_\_\_

Officer Name & Badge #: \_\_\_\_\_

Police Precinct/Department: \_\_\_\_\_

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

**Step 1**

**Step 2**

**Step 3**

**TURN OVER**



## 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.

<div style="border: 1px dashed gray; width: 100%; height: 100%;"></div>															 Indicate North by an Arrow														

### 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: \_\_\_\_\_

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