



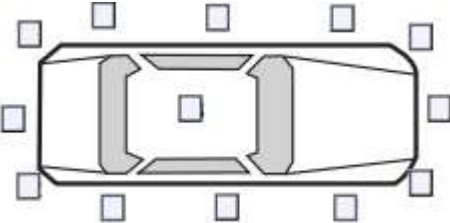
Completed Incident Report Form(s)

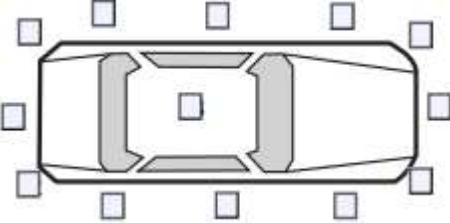
Fax: 877-223-8023 Email: [City partner e-mail] @uber.com

Mail: Rasier LLC c/o Uber Technologies Inc.,
1455 Market Street, 4th Floor, San Francisco, CA 94103

Uber (Rasier LLC) driver-partners are required to fill out an incident report each time they are involved in a minor or major accident while en route to pick up a rider, or during a trip when a rider is in the vehicle. If an accident does occur, first secure the scene and seek medical attention if necessary. Notify the police immediately so a police report can be filed. If possible take pictures of vehicle and/or property damage and send with this form.

Return this signed form within 24 hours.

Incident Details		
Date and Time of Incident:		Trip ID (if on a trip):
Address/Intersection:	City, State, Country:	
Police Involvement? (Y/N):	Police Report #:	
Did Emergency Vehicles Respond? (Y/N)	Anyone Transported From Scene by Ambulance? (Y/N)	
Partner Vehicle		
Partner Name:	Rider 1 Name:	Rider 2 Name:
Driver's License #, State:	Age (appx):	Age (appx):
Phone:	Phone:	Phone:
Address:	Address:	Address:
# of Occupants (include self):	Injured? (Y/N)	Injured? (Y/N)
Were you injured?	Additional Information:	Additional Information:
Additional Information:		
Car Information		
Year, Make, Model:	License Plate/State:	Drivable from Scene? (Y/N)
		
Please indicate the damaged area of the car. (Undercarriage, Overturned, Other)		

Vehicle #2		
Driver Name:	Passenger 1 Name:	Passenger 2 Name:
Driver's License #, State:	Age (appx):	Age (appx):
Phone:	Phone:	Phone:
Address:	Address:	Address:
# of Occupants (include self):	DOB:	Injured? (Y/N)
Injured? (Y/N)	Additional Information:	Additional Information:
Insurance Carrier:		
Policy:		
Additional Information:		
Car Information		
Year, Make, Model:	License Plate/State:	Drivable from Scene? (Y/N)
Hit and Run?		
		
Please indicate the damaged area of the car. (Undercarriage, Overturned Other)		

Witnesses to Incident

Witness 1:

Witness 2:

Address:

Address:

Phone:

Phone:

Incident Description

Direction

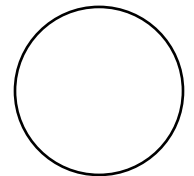


Partner



Other Driver

As carefully as possible, draw a diagram of the roadway or intersection where the accident occurred. Please use 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. Please also indicate "north" by an arrow in the circle on the top right.



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

Were there any citations issued at the scene? (Describe)

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

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:**