



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  
35 Thomson Place,  
Boston, MA 02210

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

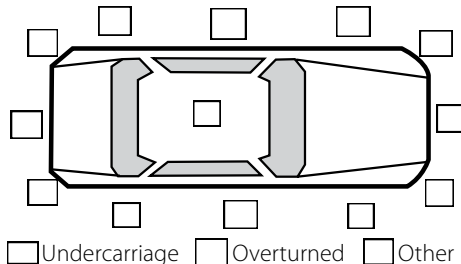
Zipcar Nickname: \_\_\_\_\_

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

License Plate & State: \_\_\_\_\_

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

Please indicate the damaged area of the Zipcar:



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

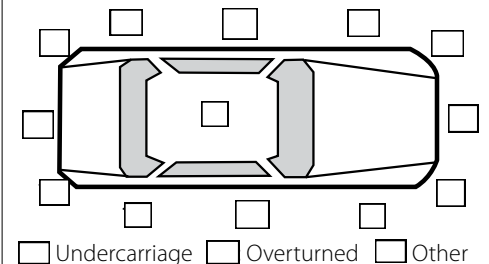
Vehicle Type: Commercial / Passenger

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

License Plate & State: \_\_\_\_\_

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

Please indicate the damaged area of Vehicle 2:



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

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

### 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 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](http://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