

Fax to: 714-876-9205 Attn: Jerome

Email to: [Maintenance@vanpool.com](mailto:Maintenance@vanpool.com)

## Rideshare Accident/Damage Report Form

Note: This form must be completed in full and forwarded to Enterprise Rideshare within 72 hours from the date of the incident. Failure to report any/all damage to Enterprise within the 72 hour time frame may result in a contract /lease agreement violation. Such a contract violation could result in the Renting party bearing financial responsibility for repairs.

ENTERPRISE RIDESHARE OPERATOR INFORMATION				
Name			Date of Birth	
Home Address		City	State	Zip
Driver's License Number	Home Phone Number		Work Phone Number	
OTHER PARTY (C1) INFORMATION				
Name			Date of Birth	
Home Address		City	State	Zip
Driver's License Number	Home Phone Number		Work Phone Number	
Employer	Address	City	State	Zip
Vehicle License Plate	Year/Make & Model		Color	
Insurance Company	Policy Number		Phone Number	
OTHER PARTY (C2) INFORMATION				
Name			Date of Birth	
Home Address		City	State	Zip
Driver's License Number	Home Phone Number		Work Phone Number	
Employer	Address	City	State	Zip
Vehicle License Plate	Year/Make & Model		Color	
Insurance Company	Policy Number		Phone Number	
WITNESS NOT IN RIDESHARE VEHICLE OR OTHER PARTY				
Name		Home Phone Number		Work Phone Number
Home Address		City	State	Zip
Name		Home Phone Number		Work Phone Number
Home Address		City	State	Zip

\*\* If more than 2 other parties involved, please complete an additional Rideshare Accident Report Form. **COMPLETE PAGE 2 OF THIS FORM.**

**RIDESHARE PASSENGERS**

How Many?

Were there injuries?

Yes  No

\*\*\* Rideshare passengers must complete "Passenger Accident Report Card." The other parties involved (Drivers, Pedestrians, etc.) should complete "Other Party Information." Photos may be taken at the scene to show damages, positions of vehicles, other parties, etc. \*\*\*

**ACCIDENT/DAMAGE INFORMATION**

Accident Date	Accident Time	Location (please include city)
---------------	---------------	--------------------------------

Enterprise Rideshare Vehicle License Plate	Make & Model of Enterprise Rideshare Vehicle	Unit/I.D. Number
--	--	------------------

Was vehicle damaged? If "Yes" mark damages on diagram below.

What was purpose of Rideshare Driver's trip?	Theft of Vehicle: Where are the keys?
--	---------------------------------------

Police Report Number	Department	Report to Police on Date: _____ Time: _____
----------------------	------------	--

Description of Accident:

---



---



---



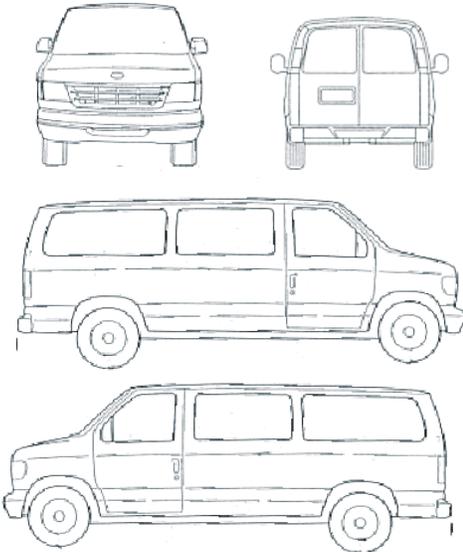
---



---

**Please complete the following information for all vehicles involved:**

Mark all damage on van:  
X=Dent, S=Scratch, O=Missing



Direction of Rideshare Vehicle \_\_\_\_\_ Lane # \_\_\_\_\_ Speed \_\_\_\_\_

Direction of C-1 Vehicle \_\_\_\_\_ Lane # \_\_\_\_\_ Speed \_\_\_\_\_

Direction of C-2 Vehicle \_\_\_\_\_ Lane # \_\_\_\_\_ Speed \_\_\_\_\_

Did Rideshare Vehicle Signal Warning:  Yes  No What Kind \_\_\_\_\_

Did C-1 Vehicle Signal Warning:  Yes  No What Kind \_\_\_\_\_

Did C-2 Vehicle Signal Warning:  Yes  No What Kind \_\_\_\_\_

Describe weather at time of loss \_\_\_\_\_

Location of damage to C-1 \_\_\_\_\_

Location of damage to C-2 \_\_\_\_\_

Describe damage to stationary objects \_\_\_\_\_

Did Rideshare Vehicle have its lights on at time of accident  Yes  No

Did C-1 Have its lights on at time of accident  Yes  No

Did C-2 Have its lights on at time of accident  Yes  No

**SIGNATURE**

\_\_\_\_\_

**RIDESHARE OPERATOR**

\_\_\_\_\_

**DATE**