

**DAMAGE TO  
VANPOOL VEHICLE**

**INJURIES**

**The Rideshare Company**  
*A Non-Profit Commuter Service Corporation*  
 PO Box 7237  
 Bloomfield, CT 06002-7237  
**www.rideshare.com | www.easystreet.org**

**VANPOOL VEHICLE ACCIDENT,  
INCIDENT & DAMAGE REPORT**

Check one:  Accident  Damage  Other Incident

**Prepare report and submit to The Rideshare Company within 48 hours. Be sure to complete both sides. For accidents involving more than two vehicles, submit additional accident reports PLEASE PRINT.**

**DAMAGE TO OTHER VEHICLE  
and / or PROPERTY**

Vanpool Vehicle Name	Age	Nature of Injury

Vehicle 2 Name	Age	Nature of Injury

Plate #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

LOSS PAYEE <b>The Greater Hartford Ridesharing Corporation</b>	
LOSS PAYEE ADDRESS <b>PO Box 7237, Bloomfield, CT 06002</b>	
LOSS PAYEE TELEPHONE <b>800-972-3279 or 860-692-1234</b>	FAX <b>860-692-1240</b>

Property Owner Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Names and addresses of injured pedestrians or bicyclists:

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_  AM  PM

No. of Vehicles Involved: \_\_\_\_\_

No. of Injuries: \_\_\_\_\_ No. of Fatalities: \_\_\_\_\_

Was there damage to property other than vehicles:  Yes  No

Location of Accident (City or Town): \_\_\_\_\_

Street Name or Route #: \_\_\_\_\_

Cross Street Name or Route #: \_\_\_\_\_

Police Action?:  
 Yes  No  State Police  Other (specify)

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

Was a traffic warning / summons issued by police?:  
 Warning  Summons  None  Not Sure

To Whom? \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

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

**WITNESSES**

Include names, addresses and telephone numbers.

Vanpool vehicle:

Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Others:

**Office Use;**

Was the report submitted within 48 hours:  
 Yes  No

If no, why? \_\_\_\_\_

Was this incident preventable by the vanpool driver?  
 Yes  No

If yes, how? \_\_\_\_\_

## VEHICLES INVOLVED

### VEHICLE NO. 1 (VANPOOL VEHICLE)

Driver Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  M  F

Social Security #: \_\_\_\_\_  M  F

Home Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Issued by (State): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Vehicle ID #: \_\_\_\_\_

Plate #: \_\_\_\_\_ Group No.: \_\_\_\_\_

### VEHICLE NO. 2 (OTHER DRIVER INVOLVED)

Driver Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  M  F

Social Security #: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Issued by (State): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Vehicle ID #: \_\_\_\_\_

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



Insurance Company: \_\_\_\_\_

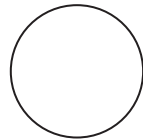
Policy Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

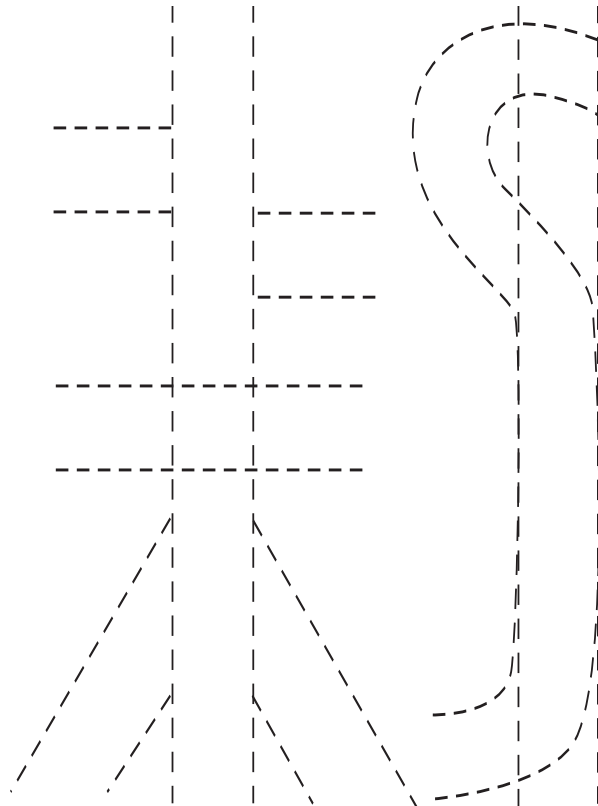
## DIAGRAM OF ACCIDENT

### Instructions:

1. Number each vehicle (1 = vanpool vehicle, 2 = other vehicle). Number additional vehicles successively.
2. Show name or route number of each roadway.
3. Fill in dotted lines to correspond with road at accident site.
4. Show all traffic controls.
5. Show each pedestrian (P) or bicyclist (B) followed by an arrow to indicate direction.  
Use labeled solid arrow box to indicate position and direction of vehicle before collision.   
Use labeled broken arrow box to indicate position and direction of vehicle after collision. 
6. Show the place and points of impact, using a large "X" to indicate the collision.



Draw arrow pointing North



## CONDITIONS

Vanpool Vehicle Speed (mph): \_\_\_\_\_

Vehicle 2 Speed (mph): \_\_\_\_\_

Weather & Light Conditions  
(Describe - snow, fog, sunny, daylight, etc.)  
\_\_\_\_\_

Road Conditions  
(Describe - wet, dry, unpaved, etc.)  
\_\_\_\_\_

## EXPLAIN WHAT HAPPENED

Describe all events before, during and after the incident. If more space is required, attach additional sheets.