

**DAMAGE TO  
VANPOOL VEHICLE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

**WITNESSES**

Include names, addresses and telephone numbers.

Vanpool vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INJURIES**

Vanpool Vehicle Name	Age	Nature of Injury

Vehicle 2 Name	Age	Nature of Injury

Names and addresses of injured pedestrians or bicyclists:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

<p>Office Use;</p> <p>Was the report submitted within 48 hours:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, why? _____</p> <p>Was this incident preventable by the vanpool driver? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how? _____</p>
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**The Rideshare Company**  
*A Non-Profit Commuter Service Corporation*  
 PO Box 7237  
 Bloomfield, CT 06002-7237  
 www.easystreet.org

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

Check one:  Accident  Damage  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.

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

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

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

