



# Vanpool Traffic Incident Report

Vehicle Collision     Pedestrian     Fixed Object

Please complete the following report and send a copy to VanGo by fax (970)416-2406 or email [sarmstrong@nfmppo.org](mailto:sarmstrong@nfmppo.org).

Please Complete All Applicable Information					
Date of accident		Day of week		Time of day <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Vanpool# involved in accident		Regular VP# if in spare at time of accident		Purpose of use if not commuting	
Volunteer Vanpool Driver Information					
Vanpool driver's name			Driver type: <input type="checkbox"/> Primary <input type="checkbox"/> Backup <input type="checkbox"/> Other (specify)		
Vanpool driver's home address		Apt/Condo #	City, State, Zip Code		
Driver Date of Birth ____/____/____		Home phone ( )		Work Phone ( )	
Fax Phone ( )		Email @		Cell/message phone ( )	
Other Driver and Vehicle Information					
Vehicle #2 driver's name			Work phone ( )	Home phone ( )	
Vehicle #2 driver's home address		Apt/Condo #	City, State, Zip Code		
Date of birth		Driver's license #			State
Vehicle year	Make	Model	Color	License plate #	State
Name of registered owner, if not driver			Work phone ( )	Home phone ( )	
Registered owner's home address		Apt/Condo #	City, State, Zip Code		
Insurance company – note if no insurance			Policy #		
Insurance company contact name			Contact phone ( )		
Vehicle #3 Driver, Pedestrian or Cyclist (use additional pages if needed)					
<input type="checkbox"/> Vehicle #3 driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Cyclist Name			Work phone ( )	Home phone ( )	
Home address		Apt/Condo #	City, State, Zip Code		
Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's license #			State
Vehicle year	Make	Model	Color	License plate #	State
Pedestrian or cyclist was using (mark all that apply): <input type="checkbox"/> Sidewalk <input type="checkbox"/> Shoulder <input type="checkbox"/> Parking Lot <input type="checkbox"/> Marked crosswalk <input type="checkbox"/> Unmarked crosswalk <input type="checkbox"/> Roadway <input type="checkbox"/> Bike route <input type="checkbox"/> Other (explain)					
Witness Information					
Witness #1 name			Work phone ( )	Home phone ( )	
Witness #1 home address		Apt/Condo #	City, State, Zip Code		
Witness #2 name			Work phone ( )	Home phone ( )	
Witness #2 home address		Apt/Condo #	City, State, Zip Code		
Did authorities respond to the scene of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			Case #	Jurisdiction	
Officer's name			Badge #	Work phone ( )	
Citation issued to			Charge		
Vanpool Passengers on the Van at Time of Incident					
Name		Name			
Name		Name			
Name		Name			
Name		Name			

Injury Information									
Name of Injured Person(s)	Injury Description	Work Phone	Home Phone	VP	Veh #2	Veh #3	First Aid	Transported	

Mark One or More for Each Vehicle Involved				Check Applicable Boxes			
VP	Veh #2	Veh #3	Description of Maneuver	Road Type	Traffic Control	Weather	
			Going straight	Interstate	Signal		Clear
			Overtaking or passing on <input type="checkbox"/> left <input type="checkbox"/> right	State highway	Two way stop		Cloudy
			Making turn to <input type="checkbox"/> left <input type="checkbox"/> right	One way	Four way stop		Rain
			Slowing	Two way undivided	Yield sign		Fog
			Starting from parked position <input type="checkbox"/> backing <input type="checkbox"/> forward	Two way divided	Amber flashing		Snow
			Backing	Two way with barrier	Red flashing		Ice
			Changing lanes to <input type="checkbox"/> left <input type="checkbox"/> right	Interchange ramp	Railroad signal		
			Merging to <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> entering traffic	P&R lot	Turn arrow		<b>Road Surface</b>
			Stopped for traffic	Other parking lot	None		Dry
			Stopped at <input type="checkbox"/> signal <input type="checkbox"/> stop sign	Intersection			Wet
			Stopped in roadway	Off road			Slippery
			Parked out of traffic – occupied				
			Parked – unoccupied				

**Accident Location**

Location of accident: County \_\_\_\_\_ City/Town \_\_\_\_\_

Vanpool was traveling:  N  S  E  W on \_\_\_\_\_ at \_\_\_\_\_ mph


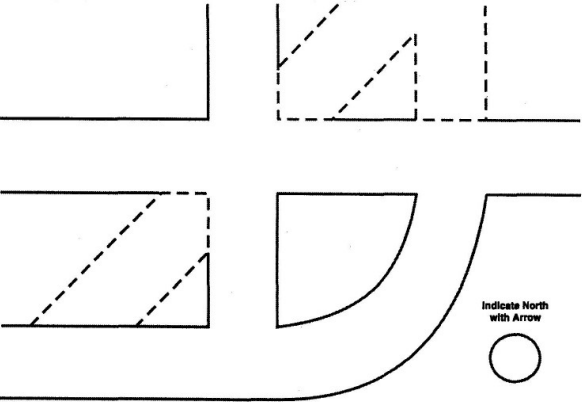

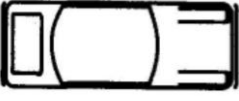
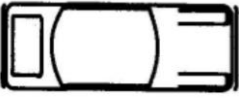
Vehicle #2 was traveling:  N  S  E  W on \_\_\_\_\_ at \_\_\_\_\_ mph

Vehicle #3 was traveling:  N  S  E  W on \_\_\_\_\_ at \_\_\_\_\_ mph

Intersecting with \_\_\_\_\_ cross street, or near \_\_\_\_\_

Which is  N  S  E  W of accident location by \_\_\_\_\_ feet (street, bridge, mile post, exit ramp)

Posted speed limit is \_\_\_\_\_ mph at accident location

Damage Description of Each Vehicle	Write in Street or Avenue Names
<p><b>Vanpool</b> Note area of damage on picture</p> 	<p>Number each vehicle and show direction of travel by an arrow. Vanpool vehicle is #1.</p>  <p>Indicate North with Arrow</p> 
<p><b>Vehicle #2</b> Note area of damage on picture</p> 	
<p><b>Vehicle #3</b> Note area of damage on picture</p> 	

**Describe in Detail What Happened**

If the damage is a result of unexplained actions or vandalism, note that in the description below.

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**Signature**

Signature of driver completing report \_\_\_\_\_ Date \_\_\_\_\_