

Traffic Collision Report

VANPOOL



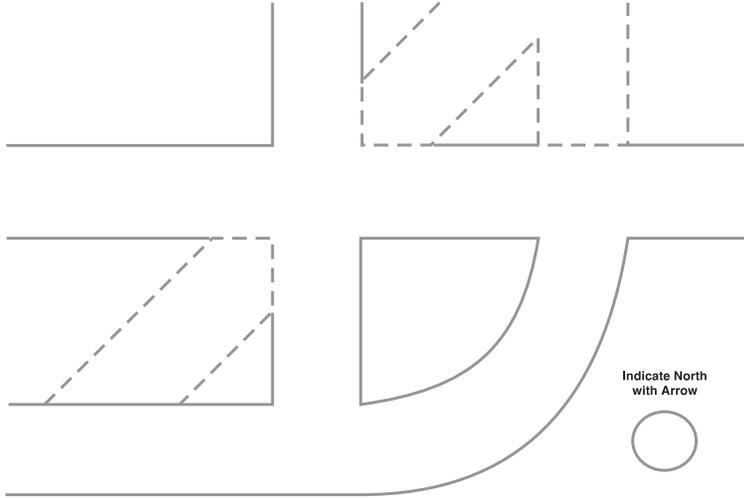
Vehicle Collision Pedestrian Fixed Object

- If the accident damage exceeds \$700, the other party did not have insurance or there was an injury due to the accident, the driver will need to obtain and submit a Washington State Collision Report. These can be obtained from a law enforcement agency such as a police station or the Washington State Patrol.
- Please complete all applicable information.

Date of accident		Day of the week		Time		<input type="checkbox"/> a.m.		<input type="checkbox"/> p.m.		
HOV involved in accident		Regular HOV if loaner accident		Purpose of use if not commute						
VANPOOL DRIVER INFORMATION										
VanPool driver's name				Driver type <input type="checkbox"/> PD <input type="checkbox"/> BU <input type="checkbox"/> Other (specify)						
VanPool driver's home address				Apt/Condo # City		State		ZIP		
Work phone ()		Home phone ()		Cell / Message phone ()						
VEHICLE #2 DRIVER INFORMATION										
Vehicle #2 driver's name				Work phone ()		Home phone ()				
Driver's home address				Apt/Condo # City		State		ZIP		
Date of birth		Driver's license #						State		
Vehicle year	Make	Model		Color	Vehicle license plate #		State			
Name of registered owner, if not driver				Work phone ()		Home phone ()				
Address				Apt/Condo # City		State		ZIP		
Insurance company – note if no insurance				Policy #						
Contact name				Contact phone ()						
VEHICLE #3 DRIVER INFORMATION										
Vehicle #3 driver's name				Work phone ()		Home phone ()				
Driver's home address				Apt/Condo # City		State		ZIP		
Date of birth		Driver's license #						State		
Vehicle year	Make	Model		Color	Vehicle license plate #		State			
Name of registered owner, if not driver				Work phone ()		Home phone ()				
Address				Apt/Condo # City		State		ZIP		
Insurance company – note if no insurance				Policy #						
Contact name				Contact phone ()						
PEDESTRIAN OR CYCLIST										
Pedestrian name				Work phone		Home phone				
Address				Apt/Condo # City		State		ZIP		
Age	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"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Marked crosswalk		<input type="checkbox"/> Designated Bike Route		<input type="checkbox"/> Other – explain _____					
	<input type="checkbox"/> Unmarked crosswalk		<input type="checkbox"/> Roadway							
WITNESS INFORMATION										
Witness name				Work phone		Home phone				
Address				Apt/Condo # City		State		ZIP		
Witness name				Work phone		Home phone				
Address				Apt/Condo # City		State		ZIP		
Did authorities respond to the scene of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No				Case #		Jurisdiction				
Officer's name				Badge #		Phone #				
Citation issued to				Charge						
INJURY INFORMATION						Van pool	Veh #2	Veh #3	First Aid	Transported
Injured name	Injury description	Work phone ()		Home phone ()						
Injured name	Injury description	Work phone ()		Home phone ()						
Injured name	Injury description	Work phone ()		Home phone ()						
Injured name	Injury description	Work phone ()		Home phone ()						

MARK ONE OR MORE FOR EACH VEHICLE INVOLVED IN THE ACCIDENT			CHECK APPLICABLE BOXES			
Van Pool	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 parking 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	Road Surface
			Stopped for traffic	Other parking lot	None	Dry
			Stopped at <input type="checkbox"/> signal or <input type="checkbox"/> stop sign	Intersection		Wet
			Stopped in roadway	Off road		Slippery
			Parked out of traffic - occupied			
			Parked - unoccupied			

- Write in street or avenue names.
- Number of each vehicle and show direction of travel by arrow. (You are No. 1.)

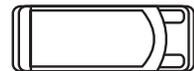


Describe in detail what happened.
If the damage is a result of unexplained actions or vandalism, note that in the description below.

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.

Description of damage to vanpool.

Note area on picture



Description of damage to vehicle #2.

Note area on picture



Description of damage to vehicle #3.

Note area on picture



Signature of driver completing report

Date