

DAMAGE TO RIDESHARE VEHICLE

DAMAGE TO OTHER VEHICLE AND/OR PROPERTY

Property Owner Name: _____
 Address: _____

WITNESSES

Include names, addresses and telephone numbers.
 Rideshare vehicle: _____

 Others: _____

INJURIES

RIDESHARE VEHICLE

Name	Age	Nature of Injury

VEHICLE 2

Name	Age	Nature of Injury

Name and addresses of injured pedestrians or bicyclists:

Driver Signature: _____
 Date: ____ / ____ / ____

OFFICIAL USE

Was the report submitted within 48 hours: Yes No

If No, why? _____

Was the incident preventable by the Rideshare driver?
 Yes No

If yes, how? _____



A NON-PROFIT COMMUTER SERVICE CORPORATION
 PO Box 7237 | Bloomfield, CT 06002-7237 | rideshare.com

RIDESHARE 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.

Plate # _____ Today's Date: _____

LOSS PAYEE The Greater Hartford Ridesharing Corporation	
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
 Officer Name & Badge #: _____
 Was a traffic warning/summons issued by police?
 Warning Summons None Not sure
 To Whom? _____
 Nature of Violation: _____
 Case # _____

