DAMAGE TO **RIDESHARE VEHICLE** DAMAGE TO OTHER VEHICLE **AND/OR PROPERTY** Property Owner Name: _____ Address: _____ WITNESSES Include names, addresses and telephone numbers. Rideshare vehicle: _____

INJURIES

RIDESHARE VEHICLE		
Name	Age	Nature of Injury
VEHICLE 2		
Name	Age	Nature of Injury
	+	
	+	
ame and addresses of inj	ured pede	estrians or bicyclists:
ame and addresses of inj	ured pede	estrians or bicyclists:
ame and addresses of inj	ured pede	estrians or bicyclists:
river Signature:		
river Signature:/		
river Signature:/	/	
oriver Signature:/	/	
river Signature:/	/	
oriver Signature:/	// 	3 hours: 🗅 Yes 🗅 No
oriver Signature:/	// 	3 hours: 🗅 Yes 🗅 No
oriver Signature:/ late:// OFFICIAL USE Was the report submitted If No, why? Was the incident prevent	d within 4	B hours: Yes No



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 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 ☐ Oher			
Officer Name & Badge #:			
Was a traffic warning/summons issued by police?			
☐ Warning ☐ Summons ☐ None ☐ Not sure			
To Whom?			
Nature of Violation:			
Case #			

VEHICLES INVOLVED

VEHICLE NO. 1 (Rideshare Vehicle)

Driver Name:	(first)	(Middle Initial)
Residence Address: _		
City:	ST:	Zip:
Date of Birth:	//	Sex: □ M □ F
Home Telephone:		
e-mail:		
Work Telephone:		Ext:
Driver's License #: _		
Issued by (State):	Expiration	Date:
Vehicle Year :	_ Make: Mo	odel:
Vehicle ID #:		
Plate #:	Group No	u:
VEHICLE NO. 2 (O	ther Driver Involved)
Driver Name:	(7.1)	44
Driver Name: (last)		(Middle Initial)
Residence Address: _		
Residence Address: _ City:	ST:	Zip:
Residence Address: _ City: Date of Birth:	ST:	Zip:
Residence Address: _ City: Date of Birth: Home Telephone:	ST:	Zip:
Residence Address: _ City: Date of Birth: Home Telephone: Work Telephone:	ST: ST: S	Zip: Sex: □ M □ F Ext:
Residence Address: _ City: Date of Birth: Home Telephone: Work Telephone: Driver's License #:	ST: ST: S	_ Zip: Sex: □ M □ F Ext:
Residence Address: _ City: Date of Birth: Home Telephone: Work Telephone: Driver's License #: _ Issued by (State):	ST:	Zip: Sex: □ M □ F Ext: Date:
Residence Address: _ City: Date of Birth: Home Telephone: Work Telephone: Driver's License #: _ Issued by (State): Vehicle Year :	ST: ST: ST: ST: ST: ST: ST: ST: Expiration Make: Modes:	Zip: Sex:
Residence Address: _ City: Date of Birth: Home Telephone: Work Telephone: Driver's License #: _ Issued by (State): Vehicle Year : Vehicle ID #:	ST: Model:	Zip: F Sex: □ M □ F Ext: Date: odel:
Residence Address: _ City: Date of Birth: Home Telephone: Work Telephone: Driver's License #: _ Issued by (State): Vehicle Year : Vehicle ID #: Plate #:	ST: Expiration Make: Models	Zip: Sex:
Residence Address: _ City: Date of Birth: Home Telephone: Work Telephone: Driver's License #: _ Issued by (State): Vehicle Year : Vehicle ID #: Plate #: Insurance Company:	ST: Model:	Ext: Date:

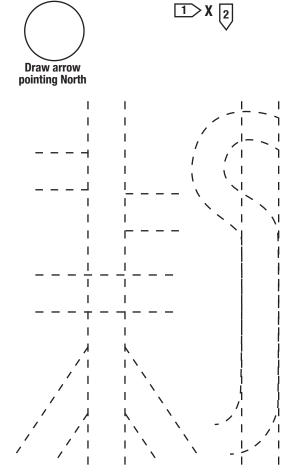
DIAGRAM OF ACCIDENT

INSTRUCTIONS:

- 1. Number each vehicle (1= rideshare 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 posistion and direction of vehicle before collision. 1

 Use labeled broken box to indicate posistion and direction of vehicle after collision. 1
- 6. Show the place and points of impact, using a large "X" to indicate the collision.



CONDITIONS

Rideshare Vehicle Speed (mph):
Vehicle 2 Speed (mph):
Weather & Light Conditions (Describe - snow, fog, sunny, daylight, etc.)
Road Conditions (Describe - wet, dry, unpaved, etc.)

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