ACHD COMMUTERIDE

VANPOOL VEHICLE ACCIDENT REPORT

Complete as soon as safely possible after any vanpool crash, collision, or vehicle-damage event. Report must be completed and returned within 24 hours.

1. INCIDENT AND VANPOOL INFORMATION

Date of Accident | Time | Exact Location / Nearest Cross Street

Vanpool Route Name / Code | Van / Unit No. | License Plate | Odometer

Trip Origin | Trip Destination | Employer / Worksite

2. VANPOOL DRIVER INFORMATION

Driver Name | Phone | Driver Role (Primary / Alternate / Backup)

Home Address | Driver's License No. | State | Expiration

Seat Belt Worn ○ Yes ○ No

Driver Injured ○ Yes ○ No

Any Injuries? ○ Yes ○ No

Medical Help Requested ○ Yes ○ No

Drug / Alcohol Test ○ Yes ○ No ○ TBD

3. CONDITIONS AND ACHD VAN STATUS

Weather ☐ Clear ☐ Rain ☐ Snow ☐ Fog Other

Road ☐ Dry ☐ Wet ☐ Icy ☐ Snow Other

Lighting ☐ Day ☐ Dawn ☐ Dusk ☐ Dark

Van Movement ☐ Stopped ☐ Backing ☐ Turning ☐ Straight

Area / Description of Damage to ACHD Van

Van Drivable ○ Yes ○ No

Van Towed ○ Yes ○ No

4. OTHER VEHICLE / PROPERTY / OPERATOR INFORMATION

Other Operator's Name | Phone | Email

Address | Driver's License No. | State | Expiration

Insurance Company | Policy No. | Vehicle Make / Model | Plate / State

Other Vehicle / Property Damage

Any Injuries ○ Yes ○ No

Medical Help Requested ○ Yes ○ No

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5. LAW ENFORCEMENT, WITNESSES, AND DOCUMENTATION

Officer's Name | Department | Report / DR No. | Citation Issued ○ Yes ○ No

Witness 1 Name | Phone | Email

Witness 2 Name | Phone | Email

☐ Photos Taken ☐ Photos Attached ☐ Insurance Information Exchanged ☐ Witness Reports Completed

No. of Attachments

6. VANPOOL OCCUPANTS / PASSENGERS

List the driver only on Page 1

#	Passenger Name	Phone	Seat	Belt Y/N	Injury Y/N	Med. Help Y/N	Comments / Injury Details
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

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7. DRIVER NARRATIVE

Describe what happened, vehicle directions, actions taken, damage, and any injuries.

8. SKETCH OF SCENE

Show streets, directions, vehicles, signs/signals, and impact point.

I certify that the information provided is complete and accurate to the best of my knowledge.

Driver Signature

Date

ACHD COMMUTERIDE

VANPOOL VEHICLE ACCIDENT REPORT

FOR ACHD COMMUTERIDE STAFF TO COMPLETE

10. INSPECTION, TESTING, AND ROUTE CONTINUITY FOLLOW-UP

Inspection Completed ○ Yes ○ No

Date

ACHD Investigator / Reviewer

Review Date

Testing Req. ○ Yes ○ No

Testing Completed ○ Yes ○ No

Testing Location / Notes

Loaner Needed ○ Yes ○ No

Loaner Issued ○ Yes ○ No

Loaner Unit No.

Alternate Driver / Route Service Plan / Service Impact

11. ACHD REVIEW

ACHD Reviewer Signature / Typed Name

Date

ACHD Follow-Up / Claim / Repair Notes