

Vanpool Courtesy Card



To be completed by witnesses, passengers, bystanders, etc.
Please fill out both sides of this card and return it to the Pierce Transit Volunteer Vanpool driver.
Contact Pierce Transit Risk Management at 253.581.8087, if you have any questions.
Thank you for your cooperation.

Personal Information

Name: _____ Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ email: _____

Accident Information

Date of Accident: _____ Time of Day: _____ am / pm

Van #: _____ Location: _____

Did you see the accident? Please circle: Yes No

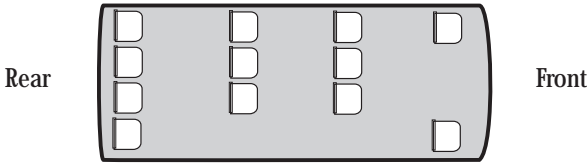
Please describe what happened: _____

Please continue on other side.

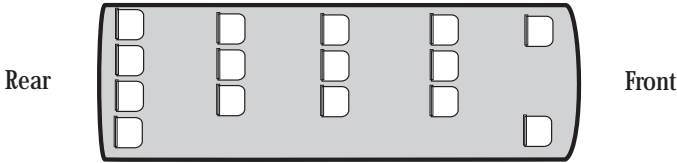
Your Location in Van

Please place an "X" on the seat below that best describes where you were seated at the time of the accident. If you are unsure of which diagram to use, ask your Volunteer Vanpool Driver.

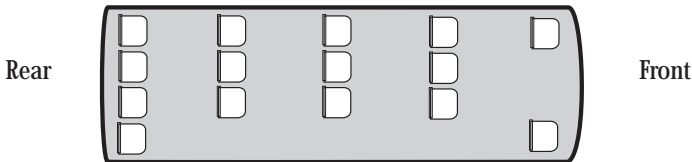
12 Passenger Ford Van



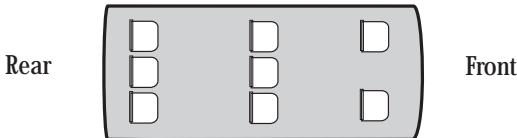
15 Passenger Ford Van



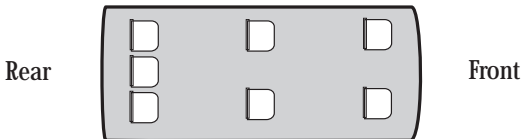
15 Passenger Chevy Van



8 Passenger Chevy Van



7 Passenger Dodge Van



The above statement is true and correct to the best of my knowledge.

Your Signature: _____

Today's Date: _____ Location (City): _____