



Vanpool Traffic Collision Report

Please complete and submit to Pierce Transit Vanpool within 48 hours of incident. In addition, if the accident damage exceeds \$1,000, the other party did not have insurance, or there was an injury due to this accident, the vanpool driver at the time of the accident will need to obtain, complete, and submit a Washington State Collision Report. Obtain this report from a local police station, Washington State Patrol or [online](#).

1. Vanpool Driver Information			
Name (Last, First, MI)	Primary driver	Backup driver	Other (specify)
Home address (City, State, Zip Code)			
Phone	Email		

2. Other Party Information (attach additional page, if needed)				
Name (Last, First, MI)	Phone		Email	
Home address (City, State, Zip Code)				
Driver's license #		State		
Vehicle year	Make/Model	Color	License plate #	State
Registered owner name (if not driver, Last, First, MI)		Phone	Email	
Registered owner's home address (City, State, Zip Code)				
Insurance company (note if no insurance)		Policy #	Phone	

3. Vanpool Passengers and Witnesses (attach Courtesy Card for each; attach additional page, if needed)			
Passenger name (Last, First, MI)	Phone	Witness name (Last, First, MI)	Phone

4. Injury Information (attach additional page, if needed)				
VP Veh 2	Injured person's name	Phone	Brief injury description	First Aid Transported

5. Accident Details				
Accident date (mm/dd/yy)	Accident time	am pm	Van # involved	VIN
Accident location (Address/cross streets)			Accident type	Vehicle collision Pedestrian Fixed object
Did authorities respond to the accident scene? Yes No		Case #	Jurisdiction	
Officer's name		Badge #	Phone	
Were any citations issues? Yes No If yes, charge and to whom?				

6. Weather/Road Conditions									
Weather	clear	cloudy	rain	fog	snow	other			
Light conditions	daylight		dawn/dusk	dark (street lights)		dark (no street lights)			
Road conditions	dry	wet	ice	road debris		other			
Road type	interstate	highway	intersection	interchange ramp	one-way	two-way	parking lot	other	

7. Vehicle Travel/Traffic Control (attach additional page, if needed)

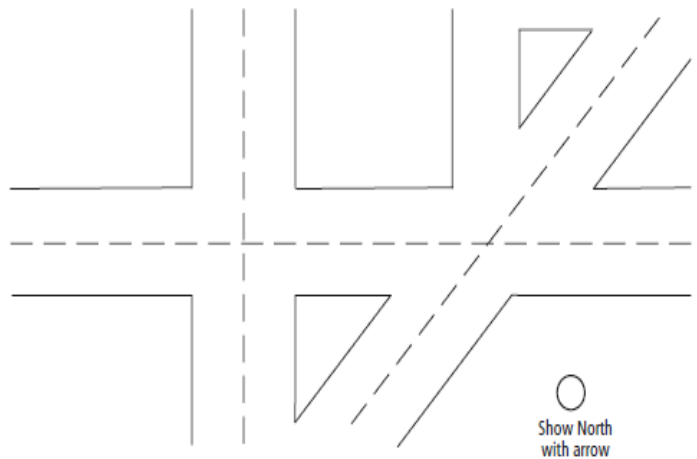
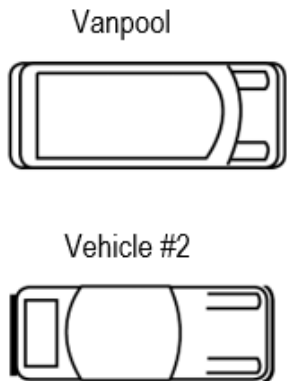
Vanpool										
Traveling	N	S	E	W	on		at	mph.	Posted speed limit is	mph at accident location.
Maneuver	going straight	left turn	right turn	passing	starting	stopping	stopped	lane change	merging	backing parked
Traffic control	signal	two-way stop	four-way stop	yield sign	amber flashing	red flashing	turn arrow	none	other	
Vehicle 2										
Traveling	N	S	E	W	on		at	mph.	Posted speed limit is	mph at accident location.
Maneuver	going straight	left turn	right turn	passing	starting	stopping	stopped	lane change	merging	backing parked
Traffic control	signal	two-way stop	four-way stop	yield sign	amber flashing	red flashing	turn arrow	none	other	

8. Description of Accident (attach additional page, if needed)

9. Vehicle Damage **Accident Diagram**

Note area(s) of damage on images below.

Number each vehicle and show direction of travel with an arrow.
Vanpool vehicle is #1. Write in street names.



10. Signature

Name of driver completing report:	Date:
Signature:	

Please submit completed report to Pierce Transit Vanpool.
 Fax: 253.444.2559
 Email: vanpool@piercetransit.org
 Mail: Pierce Transit, Attn: Vanpool, PO Box 99070, Lakewood, WA 98498-9802