INTERcity TRANSIT

Event Report #_____

(IT Staff Only)

VANPOOL GROUP & COMMUNITY VAN EVENT REPORT

For use by: All Intercity Transit Vanpool Groups and Community Vans

1. VANPOOL GROUP/COMMUNITY VAN DRIVER NAME & INFO

Last Name	First Name	Middle Initial	VP Group # or CV Organization Name

2. EVENT SPECIFICS

Event Date: **Event Time:** ☐ AM ☐ PM **VP Staff Notified: (Name)**

Date Reported: _____ **IT Employee, Supervisor or Maintenance Respond:** ☐ Yes ☐ No

IT Staff responded: (Name)

Law Enforcement Contacted: ☐ Yes ☐ No ☐ WSP ☐ Local Police ☐ Sheriff ☐ Other:

Police Report Attached: ☐ Yes ☐ No **Traffic Ticket Issued:** ☐ Yes ☐ No

Ticketed issued to: (Name)

Event Type: (Check all that apply)

- ☐ **Vehicle Contact/Accident**
- ☐ **Property Contact**
- ☐ **Incident**
- ☐ **Driver/Passenger/Pedestrian Injury**
  If injury complete section (7)
- ☐ **Spills (Oil, Coolant, Trans, Fuel, etc.)**
- ☐ **Flat Tire**
- ☐ **Vandalism**

VP/CV Vehicle Information:

VP/CV Vehicle Number: _____

Odometer Reading: _____

Estimated VP/CV vehicle speed at time of event:_____**(mph)**

VP/CV Vehicle Towed: ☐ Yes ☐ No

Other Party Vehicle Towed:
☐ Yes ☐ No

Event Address: (Intersection or Street)

Event City:

☐ Olympia ☐ Yelm
☐ Tumwater ☐ Tacoma
☐ Lacey ☐ Centralia
☐ Seattle ☐ Chehalis
☐ Lakewood ☐ Other: _____

Event County:

☐ Thurston ☐ Lewis
☐ Pierce ☐ King
☐ Other: _____

3. WEATHER AND ROAD CONDITIONS AT TIME OF EVENT

Weather: (Check all that apply)

☐ Clear ☐ Cloudy ☐ Raining
☐ Foggy ☐ Snowing
☐ Other: _____

Light Condition:

☐ Daylight ☐ Dusk
☐ Dawn ☐ Dark

Road Condition:

☐ Wet ☐ Ice
☐ Dry ☐ Road Debris

4. DESCRIPTION OF EVENT

5. DRAW THE EVENT, SHOW STREET NAMES & TRAVEL DIRECTION

6. ATTACH COURTESY CARDS FOR EACH PASSENGER/WITNESS (REQUIRED)

Courtesy Card(s) attached: **How many:**

List names of all VP/CV group witnessing accident/event/incident:

7. VP/CV INJURY INFORMATION

Injured Person #1: (Name)

Injury Type: (check all that apply)

- ☐ Head
- ☐ Eye
- ☐ Neck
- ☐ Arm
- ☐ Elbow
- ☐ Hand
- ☐ Other:
- ☐ Leg
- ☐ Shoulder
- ☐ Back
- ☐ Foot
- ☐ Knee
- ☐ Ankle

EMS Response: ☐ Yes ☐ No

Medical Transport: ☐ Yes ☐ No

Injured Person #2: (Name)

Injury Type: (check all that apply)

- ☐ Head
- ☐ Eye
- ☐ Neck
- ☐ Arm
- ☐ Elbow
- ☐ Hand
- ☐ Other:
- ☐ Leg
- ☐ Shoulder
- ☐ Back
- ☐ Foot
- ☐ Knee
- ☐ Ankle

EMS Response: ☐ Yes ☐ No

Medical Transport: ☐ Yes ☐ No

8. OTHER PARTY INJURY INFORMATION

Injured Person #1: (Name)

Injury Type: (check all that apply)

- ☐ Head
- ☐ Eye
- ☐ Neck
- ☐ Arm
- ☐ Elbow
- ☐ Hand
- ☐ Other:
- ☐ Leg
- ☐ Shoulder
- ☐ Back
- ☐ Foot
- ☐ Knee
- ☐ Ankle

EMS Response: ☐ Yes ☐ No

Medical Transport: ☐ Yes ☐ No

Injured Person #2: (Name)

Injury Type: (check all that apply)

- ☐ Head
- ☐ Eye
- ☐ Neck
- ☐ Arm
- ☐ Elbow
- ☐ Hand
- ☐ Other:
- ☐ Leg
- ☐ Shoulder
- ☐ Back
- ☐ Foot
- ☐ Knee
- ☐ Ankle

EMS Response: ☐ Yes ☐ No

Medical Transport: ☐ Yes ☐ No

9. VP/CV SUMMARY

Total # VP/CV Passengers: **Total # VP/CV Passengers Injured:** **# Vehicles Towed:**

Total # Fatalities:

10. OTHER PARTY SUMMARY

Total # Passengers: **Total # Passengers Injured:** **# Vehicles Towed:**

Total # Fatalities:

11. OTHER PARTY INFORMATION

Last Name: **First Name:** **Initial:** **Work #:**
Home #:

Address: **City:** **County:** **State:** **Zip:**

Vehicle Year: **Make:** **Model:** **Color:**

License Plate Number: **State:** **Driver License Number:** **State:** **Date of Birth:**

Insurance Company Name: **Insurance Policy Number:**

Registered Vehicle Owner Information: (If different than driver)

Last Name: **First Name** **Initial:** **Work #:**
Home #:

12. STATEMENT MADE BY OTHER PARTY (If applicable)

END OF REPORT

VANPOOL REPORTING

Reviewed By:	**Funding:**	**# Days Out of Service**	**Date back in Service:**
Name:	☐ State		
Date:	☐ Federal		
	☐ Other		
Was Vehicle Repaired: ☐ Y / ☐ N		**WSDOT Notified:** ☐ Y / ☐ N	**Date Notified:**
Vehicle Totaled: ☐ Y / ☐ N			**Date Claim Closed:**

COURTESY CARD

INTERcity TRANSIT

Your safety is our top priority. The law requires that all accidents be reported. Please fill out this card, front and back, and return it to our driver. Thank you in advance for your cooperation.

WSTIP

YOUR PERSONAL INFORMATION

Passenger Name: _____

Home Address: _____

_____

City/State/Zip: _____

Home Phone:(____) _____ Work Phone:(____) _____

Date of Birth: _____

Email Address: _____

INCIDENT/ACCIDENT INFORMATION

Vanpool Vehicle Number:_____ Time of Day: _____

What Happened? Please describe:

Did you see the incident? Please "X" mark Yes No

Please continue on other side.

Did anyone appear to be injured? Please describe:

Where were you sitting in the van during the accident?

Your Signature: _____

Date: _____