



**EVERY
COMMUTE
COUNTS**

Vanpool Vehicle Damage Report Form

Complete and submit this form for any and all collisions and/or damages occurring with an Every Commute Counts vehicle, regardless of how trivial it may seem.

Driver Information:	Name: _____		
	Address: _____		
	Work Phone #: _____		
	Cell / Home #: _____		
	Driver's License #: _____ State: _____ Expiration: _____		
Vehicle:	Vanpool Name: _____		
	Van ID #: _____		
	VIN: _____ License Plate #: _____		
Time, Date & Location	Date: _____ Time: _____		
	Location (provide street address and/or closest intersection): _____		
Conditions (Check all that apply)	Lighting	<ul style="list-style-type: none"> · Daylight · Dark, no street lights 	<ul style="list-style-type: none"> · Semi-Dark · Dark, with street lights
	Weather	<ul style="list-style-type: none"> · Fair · Raining 	<ul style="list-style-type: none"> · Foggy · Sleet · Snowing
	Street Surface	<ul style="list-style-type: none"> · Dry · Muddy 	<ul style="list-style-type: none"> · Wet · Oily · Snowy · Icy · Other: _____
	Traffic Control	<ul style="list-style-type: none"> · Traffic signal · Officer directing · Stop sign on operating street 	<ul style="list-style-type: none"> · School zone · Slow/Danger sign · Stop sign on intersecting street
	Vehicle Movement & Direction	<ul style="list-style-type: none"> · Stopped · Backing up · Slowing/stopping · Pulling into traffic · Backing up 	<ul style="list-style-type: none"> · Proceeding straight · Changing lanes · Making left turn · Making right turn · On curved roadway

Continued on next page



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Provide Detailed Description of Damage to Vehicle	

I, _____ warrant the truthfulness of the information provided in this Vanpool Vehicle Damage Report.

Signed: _____ Date: _____

Type first and last name then date above and submit via email

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms as described in the Vanpool Vehicle Damage Report.

www.EveryCommuteCounts.org



A KIPDA Program
11520 Commonwealth Drive
Louisville KY 40299
502-267-5400
Fax 502.266-6032
Toll Free 866.822-POOL