



**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.

| | |
|-----------------------|---|
| VAN DRIVER | Name: _____ |
| | Address: _____ |
| | Work Phone: _____ |
| | Cell/Home Phone: _____ |
| | Driver's License Number: _____ State: _____ |

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|----------------|----------------------|
| VEHICLE | Vanpool Name: _____ |
| | Van ID: _____ |
| | VIN: _____ |
| | License Plate: _____ |

| | |
|--|--------------------------------|
| TIME, DATE & LOCATION | Date: _____ Time: _____ |
| | Location (Provide street _____ |
| | Address and/or closest _____ |
| | intersection): _____ |

| | | | | |
|--|---|---|---|---|
| CON- DITIONS (Check those that apply) | Lighting | <input type="checkbox"/> Daylight | <input type="checkbox"/> Semi-Dark | |
| | | <input type="checkbox"/> Dark, no street lights | <input type="checkbox"/> Dark, with street lights | |
| | Weather | <input type="checkbox"/> Fair | <input type="checkbox"/> Foggy | <input type="checkbox"/> Misting, Light Rain |
| | | <input type="checkbox"/> Raining | <input type="checkbox"/> Sleetng | <input type="checkbox"/> Snowing |
| | Street Surface | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Snowy <input type="checkbox"/> Icy |
| <input type="checkbox"/> Muddy | | <input type="checkbox"/> Oily | <input type="checkbox"/> Other: _____ | |
| Traffic Control | <input type="checkbox"/> Traffic Signal | <input type="checkbox"/> School Zone | | |
| | <input type="checkbox"/> Officer Directing | <input type="checkbox"/> Slow/Danger Sign | | |
| | <input type="checkbox"/> Stop Sign on operating street | | | |
| | <input type="checkbox"/> Stop sign on intersecting street | | | |
| Vehicle Movement & Direction | <input type="checkbox"/> Stopped | <input type="checkbox"/> Proceeding straight | | |
| | <input type="checkbox"/> Backing up | <input type="checkbox"/> Changing lanes | | |
| | <input type="checkbox"/> Slowing/stopping | <input type="checkbox"/> Making left turn | | |
| | <input type="checkbox"/> Pulling into traffic | <input type="checkbox"/> Making right turn | | |
| | <input type="checkbox"/> Backing up | <input type="checkbox"/> On curved roadway | | |
| | | | | |





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|------------------------|--|
| ADDITIONAL COMMENTS | |
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I, _____, for this Vanpool Vehicle Damage Report, warrant the truthfulness of the information provided in this form.

Electronic Signature (Type your full name on the line below, or if faxing or mailing, sign & date)

_____ Date: _____
TYPE IN FIRST & LAST NAME IF SUBMITTING BY EMAIL, OR SIGN, PRINT & SEND

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.