

**DAMAGE TO
RIDESHARE VEHICLE**

**DAMAGE TO OTHER VEHICLE
AND/OR PROPERTY**

Property Owner Name: _____
Address: _____

WITNESSES

Include names, addresses and telephone numbers.
Rideshare vehicle: _____

Others: _____

INJURIES

RIDESHARE VEHICLE

| Name | Age | Nature of Injury |
|------|-----|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

VEHICLE 2

| Name | Age | Nature of Injury |
|------|-----|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Name and addresses of injured pedestrians or bicyclists:

Driver Signature: _____
Date: _____ / _____ / _____

OFFICIAL USE

Was the report submitted within 48 hours: Yes No
If No, why? _____

Was the incident preventable by the Rideshare driver?
 Yes No
If yes, how? _____



A NON-PROFIT COMMUTER SERVICE CORPORATION
PO Box 7237 | Bloomfield, CT 06002-7237 | rideshare.com

**RIDESHARE VEHICLE ACCIDENT,
INCIDENT & DAMAGE REPORT**

Check one: Accident Damage Other Incident
Prepare report and submit to The Rideshare Company within 48 hours. Be sure to complete both sides. For accidents involving more than two vehicles, submit additional accident reports. PLEASE PRINT.

Plate # _____ Today's Date: _____

| | |
|---|----------------------------|
| LOSS PAYEE The Greater Hartford Ridesharing Corporation | |
| LOSS PAYEE ADDRESS PO Box 7237, Bloomfield, CT 06002 | |
| LOSS PAYEE TELEPHONE 866-560-1500 or 860-692-1260 | FAX 860-692-1240 |

Date of Accident: _____ / _____ / _____
Time of Accident: _____ AM PM
No. of Vehicles Involved: _____
No. of Injuries: _____ No. of Fatalities: _____
Was there damage to property other than vehicles:
 Yes No
Location of Accident (City or Town): _____
Street Name or Route #: _____
Cross Street Name or Route #: _____
Police Action: Yes No State Police Other
Officer Name & Badge #: _____
Was a traffic warning/summons issued by police?
 Warning Summons None Not sure
To Whom? _____
Nature of Violation: _____
Case # _____

