

Driver of Van at time of accident:

Name: _____ Phone () _____

Injured?: ☐ No ☐ Yes | If Yes: ☐ Treated at scene ☐ Taken by Ambulance

<i>Passengers Names</i>	<i>Phone</i>	<i>Injured?</i>
1. _____ () _____	☐ Treated at scene ☐ Ambulance	
2. _____ () _____	☐ Treated at scene ☐ Ambulance	
3. _____ () _____	☐ Treated at scene ☐ Ambulance	
4. _____ () _____	☐ Treated at scene ☐ Ambulance	
5. _____ () _____	☐ Treated at scene ☐ Ambulance	
6. _____ () _____	☐ Treated at scene ☐ Ambulance	
7. _____ () _____	☐ Treated at scene ☐ Ambulance	
8. _____ () _____	☐ Treated at scene ☐ Ambulance	
9. _____ () _____	☐ Treated at scene ☐ Ambulance	
10. _____ () _____	☐ Treated at scene ☐ Ambulance	
11. _____ () _____	☐ Treated at scene ☐ Ambulance	
12. _____ () _____	☐ Treated at scene ☐ Ambulance	
13. _____ () _____	☐ Treated at scene ☐ Ambulance	
14. _____ () _____	☐ Treated at scene ☐ Ambulance	

Describe damage: _____ **Towed:** ☐ No ☐ Yes

INFORMATION ABOUT OTHER VEHICLE OR PROPERTY (as applicable)

Owner's Name: _____

Owner's Address: _____ **City** _____ **State** ____ **Zip** _____

Driver's Name: _____ **Injured?:** ☐ No ☐ Yes ☐ Treated at scene ☐ Ambulance

Driver's Address: _____ **City** _____ **State** ____ **Zip** _____

Driver's License #: _____ **State Issued:** _____ **Expiration Date:** _____

Vehicle License Plate#: _____ **State Issued:** _____

Vehicle Year/Make/Model: _____ / _____ / _____

Describe damage: _____ **Towed?:** ☐ No ☐ Yes

Insurance company: _____ **Policy Number:** _____

Were there any passengers in the vehicle? ☐ No ☐ Yes (if yes, list below)

<i>Passengers Names</i>	<i>Phone</i>	<i>Injured?</i>
1. _____ () _____	☐ Treated at scene ☐ Ambulance	
2. _____ () _____	☐ Treated at scene ☐ Ambulance	
3. _____ () _____	☐ Treated at scene ☐ Ambulance	



Driver's Accident Report

EMAIL TO
ridefinders@mct.org

Or Fax to: 618-797-7547

Van Number: _____ Person Completing Form: _____

Odometer Reading: _____ Daytime Phone: () _____

Date of Accident : / / Time of Accident: _____ ☐ AM ☐ PM

Accident Location: _____ City: _____ State: _____

Email Address: _____

Type of Accident

☐ Vehicle to Vehicle ☐ Vehicle to Property ☐ Other (i.e. personal injury)

Conditions

Weather: ☐ clear ☐ cloudy ☐ raining ☐ misting/foggy ☐ snowing/sleeting

☐ other _____

Lighting: ☐ daylight ☐ twilight ☐ night ☐ other _____

Circumstances of Accident: _____

Police called? ☐ No ☐ Yes Report #: _____ Officer's name: _____ Precinct: _____

Was a ticket issued? ☐ No ☐ Yes Issued to: _____ Violation: _____

Other Emergency Response Agencies Present: ☐ Ambulance ☐ Fire

WITNESS INFORMATION (as applicable)

	Name of Witness	Address	Phone
1.	_____	_____	() _____
2.	_____	_____	() _____
3.	_____	_____	() _____
4.	_____	_____	() _____
5.	_____	_____	() _____
6.	_____	_____	() _____
7.	_____	_____	() _____

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