



# VEHICLE COLLISION FORM

PLEASE TYPE OR PRINT IN INK

Please attach this form to your standard tort claim form, if the claim involves a vehicle collision.

CLAIMANT AND INCIDENT INFORMATION	CLAIMANT'S NAME <i>(A SEPARATE FORM MUST BE COMPLETED FOR EACH CLAIMANT)</i>				DATE OF ACCIDENT <i>(mm/dd/yyyy)</i>			TIME		AM	PM		
	CURRENT STREET (RESIDENCE) ADDRESS				CITY	STATE	ZIP	PHONE		WORK			
	(RESIDENCE) STREET ADDRESS FOR 6 MONTHS PRIOR TO THE ACCIDENT				CITY	STATE	ZIP	EMAIL					
	STATE/COUNTY/CITY (IF APPLICABLE) WHERE OCCURRED				STREET OR HWY		MILEPOST NO.	INTERSECTION OR NEAREST STREET/ROAD					
YOUR VEHICLE INFORMATION (VEHICLE #1)	YEAR	MAKE	MODEL	LICENSE PLATE NO.		WHERE CAN CAR BE SEEN?			WHEN?				
	NAME OF VEHICLE OWNER			ADDRESS			CITY	HOME AND WORK PHONE					
	NAME OF DRIVER			ADDRESS			CITY	HOME AND WORK PHONE					
	DRIVER'S LICENSE NUMBER			STATE OF ISSUANCE			DATE OF EXPIRATION						
	DESCRIBE DAMAGE					ESTIMATE \$	YOUR INSURANCE COMPANY AND POLICY NO.						
OTHER VEHICLE INFORMATION (VEHICLE #2)	YEAR	MAKE	MODEL	LICENSE PLATE NO.		CITY DIVISION, IF KNOWN							
	NAME OF DRIVER			ADDRESS			CITY	PHONE					
	NAME OF DRIVER			ADDRESS			CITY	PHONE					
	DESCRIBE DAMAGE							ESTIMATE \$					
OTHER (NON-VEHICLE) DAMAGE	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED.												
	NAME OF OWNER			ADDRESS			CITY	PHONE					
	DESCRIBE DAMAGE							ESTIMATE \$					
INJURED PARTIES	NAME		ADDRESS		PHONE		INJURY	AGE	VEH 1	VEH 2	VEH 3	PED	OTH
					HOME WORK								
					HOME WORK								
					HOME WORK								
					HOME WORK								
					HOME WORK								
WITNESSES	NAME <i>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</i>			ADDRESS			CITY		PHONE				
									HOME WORK				
									HOME WORK				
									HOME WORK				

## COMPLETE ALL DETAILS

Describe conduct and circumstances causing injury or damages and explain the extent of medical, physical or mental injuries. Please identify name, address, and telephone number of treating physicians and other medical providers. Please attach property damage estimates and/or all medical bills in support of your claim. If necessary, attach additional pages containing information in this format.

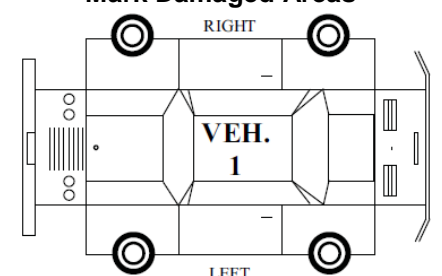
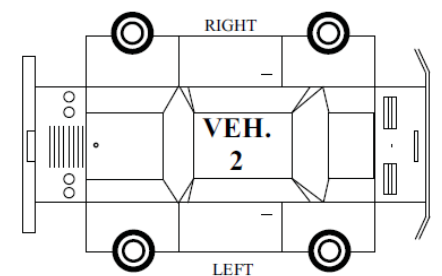
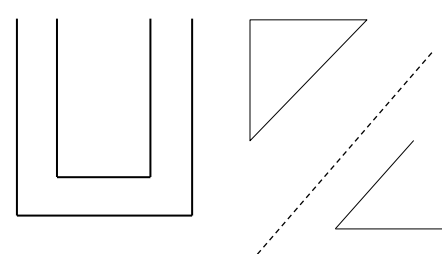

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<input type="checkbox"/> Straight Road <input type="checkbox"/> Curve – R or L <input type="checkbox"/> Level	<input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill	<input type="checkbox"/> One Lane <input type="checkbox"/> One and One-Half Lane <input type="checkbox"/> Two Lane or Four Lane	<p><b>Mark Damaged Areas</b></p>  
<p>Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 45%;"> <p style="text-align: center;">Sidewalk</p> <p style="text-align: center;">Street Center</p> </div> <div style="border: 1px solid black; padding: 5px; width: 45%;">  </div> </div>			
<p>IMPORTANT If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.</p>			 <p>Indicate points of compass N. E. S. W.</p>

LIGHT CONDITIONS (CHECK ONE)	TRAFFIC CONTROL	TYPE OF ROAD (CHECK ONE OR MORE)	VEHICLE CONDITION (CHECK ONE OR MORE)	ROAD SURFACE (CHECK ONE)	WEATHER (CHECK ONE)
1 <input type="checkbox"/> DAYLIGHT	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> SIGNALS	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> ONE WAY	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DEFECTIVE BRAKES	VEHICLE NO. 1 NO. 2 <input type="checkbox"/> 1 <input type="checkbox"/> DRY	1 <input type="checkbox"/> CLEAR, CLOUDY & OVERCAST 2 <input type="checkbox"/> RAINING 3 <input type="checkbox"/> SNOWING 4 <input type="checkbox"/> FOG 5 <input type="checkbox"/> OTHER (SPECIFY)
2 <input type="checkbox"/> DAWN	<input type="checkbox"/> 2 <input type="checkbox"/> STOP SIGN	<input type="checkbox"/> 2 <input type="checkbox"/> TWO WAY	<input type="checkbox"/> 2 <input type="checkbox"/> DEFECTIVE HEADLIGHTS	<input type="checkbox"/> 2 <input type="checkbox"/> WET	
3 <input type="checkbox"/> DUSK	<input type="checkbox"/> 3 <input type="checkbox"/> FLASHING RED	<input type="checkbox"/> 3 <input type="checkbox"/> REVERSIBLE ROAD	<input type="checkbox"/> 3 <input type="checkbox"/> DEFECTIVE REAR LIGHTS	<input type="checkbox"/> 3 <input type="checkbox"/> SNOW	
4 <input type="checkbox"/> DARK - STREET LIGHTS ON	<input type="checkbox"/> 4 <input type="checkbox"/> FLASHING AMBER	<input type="checkbox"/> 4 <input type="checkbox"/> INTERCHANGE LOOP RAMP	<input type="checkbox"/> 4 <input type="checkbox"/> TIRES WORN	<input type="checkbox"/> 4 <input type="checkbox"/> ICE	
5 <input type="checkbox"/> DARK - STREET LIGHTS OFF	<input type="checkbox"/> 5 <input type="checkbox"/> RR SIGNAL	<input type="checkbox"/> 5 <input type="checkbox"/> ALLEY	<input type="checkbox"/> 5 <input type="checkbox"/> PUNCTURED OR BLOWN TIRES	<input type="checkbox"/> 5 <input type="checkbox"/> OTHER (SPECIFY)	
6 <input type="checkbox"/> DARK - NO STREET LIGHT	<input type="checkbox"/> 6 <input type="checkbox"/> OFFICER/ FLAGMAN	<input type="checkbox"/> 6 <input type="checkbox"/> TWO WAY - LEFT TURN LANES	<input type="checkbox"/> 6 <input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> 7 <input type="checkbox"/> YIELD SIGN	<input type="checkbox"/> 1 <input type="checkbox"/> SEPARATED			
	<input type="checkbox"/> 8 <input type="checkbox"/> NO TRAFFIC CONTROL	<input type="checkbox"/> 2 <input type="checkbox"/> DIVIDED			
	<input type="checkbox"/> 9 <input type="checkbox"/> OTHER	<input type="checkbox"/> 3 <input type="checkbox"/> UNDIVIDED			
				NAME OF INVESTIGATING POLICE AGENCY:	
				INVESTIGATING AGENCY REPORT NO.	

**A separate claim form should be submitted for each claimant.**

This information is being provided to aid in resolving a claim.

***I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.***

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**Signature of Claimant** **Date and Place (residential address, city and county)**