

# 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.

<b>CLAIMANT AND INCIDENT INFORMATION</b>	CLAIMANT'S NAME (A SEPARATE FORM MUST BE COMPLETED FOR EACH CLAIMANT)			DATE OF ACCIDENT (mm/dd/yyyy)		TIME AM <input type="checkbox"/> PM <input type="checkbox"/>				
	CURRENT STREET (RESIDENCE) ADDRESS			CITY	STATE	ZIP	PHONE	HOME WORK		
	(RESIDENCE) STREET ADDRESS FOR SIX 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					
<b>YOUR VEHICLE INFORMATION (VEHICLE #1)</b>	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				
<b>OTHER VEHICLE INFORMATION (VEHICLE #2)</b>	YEAR	MAKE	MODEL	LICENSE PLATE NO	STATE AGENCY, IF KNOWN					
	NAME OF OWNER		ADDRESS		CITY	PHONE				
	NAME OF DRIVER		ADDRESS		CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
	WAS OTHER (NON-VEHICLE) PROPERTY DAMAGED? IF SO, DESCRIBE WHAT TYPE OF PROPERTY WAS DAMAGED									
<b>OTHER NON-VEHICLE DAMAGE</b>	NAME OF OWNER		ADDRESS		CITY	PHONE				
	DESCRIBE DAMAGE						ESTIMATE \$			
<b>INJURED PARTIES</b>	NAME	ADDRESS	PHONE	INJURY	AGE	VEH 1	VEH 2	VEH 3	PED	OTH
	HOME WORK									
	HOME WORK									
	HOME WORK									
	HOME WORK									
	HOME WORK									
<b>WITNESSES</b>	NAME (ATTACH ADDITIONAL SHEETS IF NECESSARY)		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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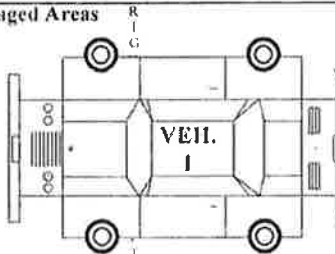
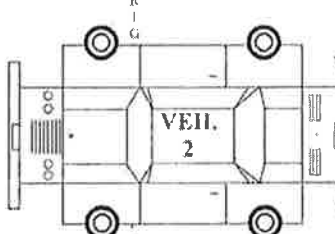
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<input type="checkbox"/> Straight Road <input type="checkbox"/> Curve – R or L <input type="checkbox"/> Level	<input type="checkbox"/> Hillcrest <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill	<input type="checkbox"/> One Lane <input type="checkbox"/> One and One-Half Lane <input type="checkbox"/> Two Lane or Four Lane	<b>Mark Damaged Areas</b> 
Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.			
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.			

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 2 <input type="checkbox"/> DAWN 3 <input type="checkbox"/> DUSK 4 <input type="checkbox"/> DARK STREET LIGHTS ON 5 <input type="checkbox"/> DARK STREET LIGHTS OFF 6 <input type="checkbox"/> DARK NO STREET LIGHT 7 <input type="checkbox"/> OTHER (SPECIFY)	VEHICLE NO 1 NO 2 1 <input type="checkbox"/> SIGNALS 2 <input type="checkbox"/> STOP SIGN 3 <input type="checkbox"/> FLASHING RED 4 <input type="checkbox"/> FLASHING AMBER 5 <input type="checkbox"/> RR SIGNAL 6 <input type="checkbox"/> OFFICER/FLAGMAN 7 <input type="checkbox"/> YIELD SIGN 8 <input type="checkbox"/> NO TRAFFIC CONTROL 9 <input type="checkbox"/> OTHER	VEHICLE NO 1 NO 2 1 <input type="checkbox"/> ONE WAY 2 <input type="checkbox"/> TWO WAY 3 <input type="checkbox"/> REVERSIBLE ROAD 4 <input type="checkbox"/> INTERCHANGE LOOP RAMP 5 <input type="checkbox"/> ALLEY 6 <input type="checkbox"/> TWO WAY-LEFT TURN LANES 1 <input type="checkbox"/> SEPARATED 2 <input type="checkbox"/> DIVIDED 3 <input type="checkbox"/> UNDIVIDED	VEHICLE NO 1 NO 2 1 <input type="checkbox"/> DEFECTIVE BRAKES 2 <input type="checkbox"/> DEFECTIVE HEADLIGHTS 3 <input type="checkbox"/> DEFECTIVE REAR LIGHTS 4 <input type="checkbox"/> TIRES WORN 5 <input type="checkbox"/> PUNCTURED OR BLOWN TIRES 6 <input type="checkbox"/> OTHER (SPECIFY)	VEHICLE NO 1 NO 2 1 <input type="checkbox"/> DRY 2 <input type="checkbox"/> WET 3 <input type="checkbox"/> SNOW 4 <input type="checkbox"/> ICE 5 <input type="checkbox"/> OTHER (SPECIFY)	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)
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 the claim.

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

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date and Place (residential address, city and county)