

# **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 (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			
	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.				
	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.										
NAME OF OWNER		ADDRESS		CITY	PHONE					
DESCRIBE DAMAGE						ESTIMATE \$				
NAME	ADDRESS		PHONE	INJURY	AGE	VEH 1	VEH 2	VEH 3	PED	OTH
HOME WORK		HOME WORK								
HOME WORK		HOME WORK								
HOME WORK		HOME WORK								
HOME WORK		HOME WORK								
HOME WORK		HOME WORK								
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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- Straight Road  
 Curve – R or L  
 Level

- Hillcrest  
 Uphill  
 Downhill

- One Lane  
 One and One-Half Lane  
 Two Lane or Four Lane

Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.

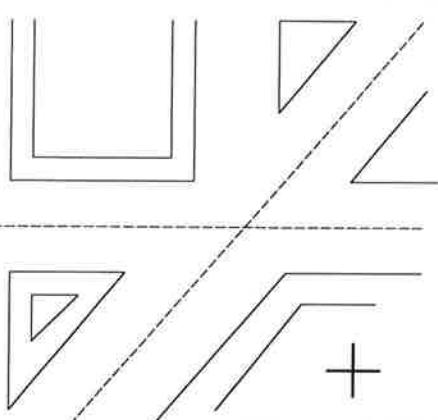
Sidewalk

Street  
Center

Sidewalk

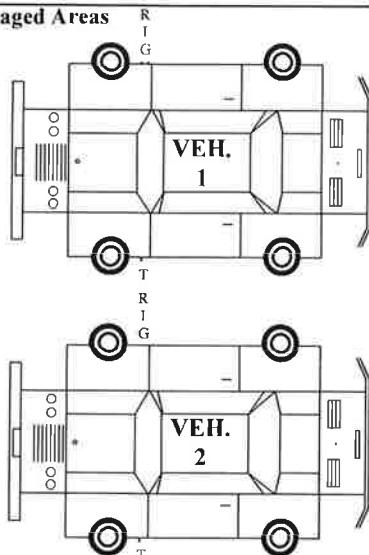
**IMPORTANT**

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.



Indicate points of compass  
N. E. S. W.

**Mark Damaged Areas**



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