



Vehicle Collision Form

Attach this form to your standard tort claim form if the claim involves a vehicle collision.
Please type or print in ink.

Claimant and Incident Information	Name (Separate form must be completed for each claimant)			Date of Accident (mm/dd/yyyy)		Time <input type="checkbox"/> am <input type="checkbox"/> pm		
	Current Street (Residence) Address			City	State	Zip	Phone Home	
	(Residence) Address for Six Months Prior to the Accident			City	State	Zip	Work	
	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.	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.							
Other Non-Vehicle Damage	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									
Witnesses	Name (Attach Additional Sheets If Necessary)			Address				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.

Road, Vehicle, Weather Conditions

Draw all pertinent accident details on the diagram below. Indicate damage to vehicle(s) on the right.

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

Sidewalk
Street
Center
Sidewalk

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.

Describe the Road (check one or more)

<input type="checkbox"/> Straight Road	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> One Lane
<input type="checkbox"/> Curve – R or L	<input type="checkbox"/> Uphill	<input type="checkbox"/> One and One-Half Lane
<input type="checkbox"/> Level	<input type="checkbox"/> Downhill	<input type="checkbox"/> Two Lane or Four Lane

Light Conditions (check one)	Traffic Control	Type of Road (check one or more)
<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Street – Lights On <input type="checkbox"/> Dark Street – Lights Off <input type="checkbox"/> Dark No Street Light <input type="checkbox"/> Other (specify)	Vehicle 1 2 <input type="checkbox"/> <input type="checkbox"/> Signals <input type="checkbox"/> <input type="checkbox"/> Stop Sign <input type="checkbox"/> <input type="checkbox"/> Flashing Red <input type="checkbox"/> <input type="checkbox"/> RR Signal <input type="checkbox"/> <input type="checkbox"/> Officer/Flagman <input type="checkbox"/> <input type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> No Traffic Control <input type="checkbox"/> <input type="checkbox"/> Other	Vehicle 1 2 <input type="checkbox"/> <input type="checkbox"/> One Way <input type="checkbox"/> <input type="checkbox"/> Two Way <input type="checkbox"/> <input type="checkbox"/> Reversible <input type="checkbox"/> <input type="checkbox"/> Interchange Loop Ramp <input type="checkbox"/> <input type="checkbox"/> Alley <input type="checkbox"/> <input type="checkbox"/> Two Way Left Turn Lanes <input type="checkbox"/> <input type="checkbox"/> Separated <input type="checkbox"/> <input type="checkbox"/> Divided <input type="checkbox"/> <input type="checkbox"/> Undivided

Vehicle Condition Vehicle(check one or more)	Road Surface Vehicle (check one)	Weather (check one)
1 2 <input type="checkbox"/> <input type="checkbox"/> Defective Brakes <input type="checkbox"/> <input type="checkbox"/> Defective Headlights <input type="checkbox"/> <input type="checkbox"/> Defective Rear Lights <input type="checkbox"/> <input type="checkbox"/> Tires Worn <input type="checkbox"/> <input type="checkbox"/> Punctured or Blown Tires <input type="checkbox"/> <input type="checkbox"/> Other (Specify)	1 2 <input type="checkbox"/> <input type="checkbox"/> Dry <input type="checkbox"/> <input type="checkbox"/> Wet <input type="checkbox"/> <input type="checkbox"/> Snow <input type="checkbox"/> <input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Clear, Cloudy or Overcast <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Other (Specify)

Investigating Agency

Name of Investigation Agency	Investigating Agency Report Number

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)