



STATE OF WASHINGTON
VEHICLE ACCIDENT REPORT

Date of Accident (MM/DD/YYYY)

Time AM
 PM

INSTRUCTIONS: This report must be mailed within two working days to the following offices:

① Office of Financial Management
Risk Management Division
300 General Administration Building
Post Office Box 41027, MS: 41027
Olympia, Washington 98504-1027

② Safety/Risk Management
Office of Reporting Agency

This report cannot be submitted electronically (via e-mail or fax)

STATE EMPLOYEE DRIVER	Name		Age	Employing Agency		Position			
	Business Address		Zip	Business Phone		Email			
	Operator's License No.		License Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate		Was vehicle being used on Official State Business <input type="checkbox"/> Yes <input type="checkbox"/> No		
	License No.	Year	Make	Body Type	Where Located		No. of Passengers Est. Repair Cost		
OTHER VEHICLES	Owning Agency		Describe Damages Fully (Parts, type, and extent of damage)						
	If Privately Owned, Name and Address of Owner (If State Owned, Equipment No. Only)					Insurer			
	Owner Car No. 2		Phone		Owner Car No. 3		Phone		
	Address		City	Zip	Address		City	Zip	
	Driver		Age	Phone	Driver		Age	Phone	
	Address		City	Zip	Address		City	Zip	
	Driver's License No.		Vehicle License No.		Driver's License No.		Vehicle License No.		
	Vehicle Make		Year	Body Type		Vehicle Make		Year Body Type	
	Name of Passengers				Name of Passengers				
	Repair Cost		Describe Damage			Repair Cost		Describe Damage	
Insurance Company			Policy No.		Insurance Company			Policy No.	
OTHER PROPERTY	What was Damaged?						Repair Cost		
	Name and Address of Owner				City	Zip	Phone		
INJURED PARTIES	Name and Address			Extent of Injury	Age	Veh. 1	Veh. 2	Veh. 3	Ped.
WITNESSES	Name		Address		City	Zip	Phone		
OTHER	Police Investigate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which Division (Sheriff, WSP, City)		Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No Issue To <input type="checkbox"/> You <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3		Have you filed Financial Responsibility Form WSP 161 As Required by Law? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Location		Or Near Intersection of				
City/County		Type of Accident	<input type="checkbox"/> Front to Rear <input type="checkbox"/> Broadside	<input type="checkbox"/> Head-On <input type="checkbox"/> Sideswipe	<input type="checkbox"/> Parked Car <input type="checkbox"/> Bike - Car	<input type="checkbox"/> Pedestrian <input type="checkbox"/> Hit Object
Information Regarding Accident	No. 1, Your Vehicle	No. 2, Other Party (Name)		No. 3, Other Party (Name)		
1. If pedestrian, where was he/she (crosswalk, etc.)?						
2. Road conditions (dry, glare, icy, rain, snow, etc.)? (Gravel, blacktop, etc.)						
3. At what distance danger was first noticed?						
4. Speeds at time danger was first noticed?						
5. Speeds at time of accident?						
6. What warning signals were given?						
7. Obstruction to vision (weather and other)?						
8. Lights On? Wipers On? Windows Fogged?						
9. Had any party been drinking? Who?						

Describe in Detail What Happened (Use additional paper if necessary)

<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 style="text-align: center;">Mark Damaged Areas</p>
<p>Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.</p> <p style="text-align: center;">IMPORTANT</p> <p>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 style="text-align: center;">Indicate points of compass N. E. S. W.</p>			
Signature (Driver)	Date	Signature (Supervisor)	Date