MOTOR VEHICLE ACCIDENT REPORT

This form is designed to match the State of Washington Motor Vehicle Collision report.

IMSTRUCTIONS: Driver: Fill out completely and turn in to School District Office.. School District: Attach to WSRMP Incident Report and forward to Pool.

DATE OF COLLISION: Mo. | DAY | YR | DAY OF COLLISION: SUN. | MON. | TUES. | WED. | THUR. | FRI. | SAT | TIME OF COLLISION: HOUR : MINUTES ☐ A.M. ☐ P.M. | COUNTY

PLACE WHERE ACCIDENT OCCURRED: MILES ☐N ☐E ☐IN ☐S ☐W ☐OF | CITY OR TOWN | NAME & NO. OF STREET OR HIGHWAY

INTERSECTING WITH STREET OR ROAD | NON-INTERSECTION BETWEEN STREET & STREET

IF NOT AT INTERSECTION FEET ☐N ☐E ☐S ☐W OF | SHOW NEAREST INTERSECTING STREET HIGHWAY HOUSE NUMBER. BRIDGE. RAILROAD CROSSING. MILEPOST OR IDENTIFYING LANDMARK.

COLLISION INVOLVED TOTAL NO OF VEHICLES ▶ ☐ | ☐ FUEL SPILLAGE ☐ FIRE RESULTED ☐ HIT & RUN ☐ STOLEN VEHICLE

OBJECT STRUCK (NAME OF OBJECT STRUCK) | OWNER OF OBJECTS NAME AND ADDRESS | ESTIMATED COST TO REPAIR OBJECT $

VEHICLE NO. 1 (DISTRICT VEHICLE)

DRIVER'S LAST NAME | FIRST NAME | MIDDLE

STREET ADDRESS | ROUTE NO. AND BOX NO.

CITY | STATE | ZIP CODE | DRIVERS OCCUPATION

DRIVER'S LICENSE NO. | STATE | SEX M F | DATE OF BIRTH Mo. DAY YR | AGE

VEHICLE YR. | MAKE (CHEV., DODGE) | MODEL (NOVA. DART) | BODY STYLE (2-DR)

LICENSE PLATE NO. | STATE | TRAILER PLATE NO. | STATE

VEHICLE IDENTIFICATION NO.

REGISTERED OWNER (LAST - FIRST - MIDDLE NAME) | DRIVER'S LICENSE NO.

OWNER'S ADDRESS (STREET. CITY AND STATE) | DATE OF BIRTH MO DAY YR

PARTS OF VEHICLE DAMAGED (ATTACH COPY OF THE ESTIMATE) | ESTIMATED COST TO REPAIR VEHICLE $

IF MORE THAN TWO CARS WERE INVOLVED) IN THIS COLLISION OR MORE THAN TWO PERSONS WERE INJURED USE A SEPARATE ACCIDENT REPORT FORM.

VEHICLE NO. 2 (OTHER CAR)

LAST NAME | FIRST NAME | MIDDLE

STREET ADDRESS | ROUTE NO. AND BOX NO.

CITY | STATE | ZIP CODE | DRIVER'S OCCUPATION

LICENSE NO. | STATE | SEX M F | DATE OF BIRTH MO. DAY YR. | AGE

VEHICLE YR. | MAKE (CHEV., DODGE) | MODEL (NOVA. DART) | BODY STYLE (2-DR)

LICENSE PLATE NO. | STATE | TRAILER PLATE NO. | STATE

VEHICLE IDENTIFICATION NO.

REGISTERED OWNER (LAST - FIRST - MIDDLE NAME) | DRIVER'S LICENSE NO.

OWNER'S ADDRESS (STREET. CITY AND STATE) | DATE OF BIRTH Mo. DAY YR

PARTS OF VEHICLE DAMAGED (ATTACH COPY OF THE ESTIMATE) | ESTIMATED COST TO REPAIR VEHICLE $

LIABILITY INSURANCE INFORMATION -VEHICLE NO. 1

NAME OF INSURANCE COMPANY: WASHINGTON SCHOOLS RISK MANAGEMENT POOL

POLICY NUMBER

LIABILITY INSURANCE INFORMATION VEHICLE NO.2

NAME OF INSURANCE COMPANY

POLICY NUMBER

INJURIES

1ST INJURY | AGE | NAME | ADDRESS | SEX M ☐ F ☐ | NATURE AND EXTENT OF INJURIES | DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? Y ☐ DOCTORS N ☐ NAME

TOTAL INJURED ▼

2ND INJURY | AGE | NAME | ADDRESS | SEX M ☐ F ☐ | NATURE AND EXTENT OF INJURIES | DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? Y ☐ DOCTOR'S N ☐ NAME

STATUS OF INJURED	IN VEHICLE NO.	KILLED	DISABLING INJURY (SEVERE)	NON-DISABLING INJURY (MINOR)	POSSIBLE INJURY (I.E. COMPLAINT OF PAIN ETC.)
☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN ☐ OTHER		☐	☐	☐	☐

STATUS OF INJURED	IN VEHICLE NO.	KILLED	DISABLING INJURY (SEVERE)	NON-DISABLING INJURY (MINOR)	POSSIBLE INJURY (I.E. COMPLAINT OF PAIN ETC.)
☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN ☐ OTHER		☐	☐	☐	☐

WSRMP ARK-006 white
1/00

(Complete OTHER side of form)

MOTORCYCLE SAFETY: ☐ HELMET USED ☐ HELMET NOT USED

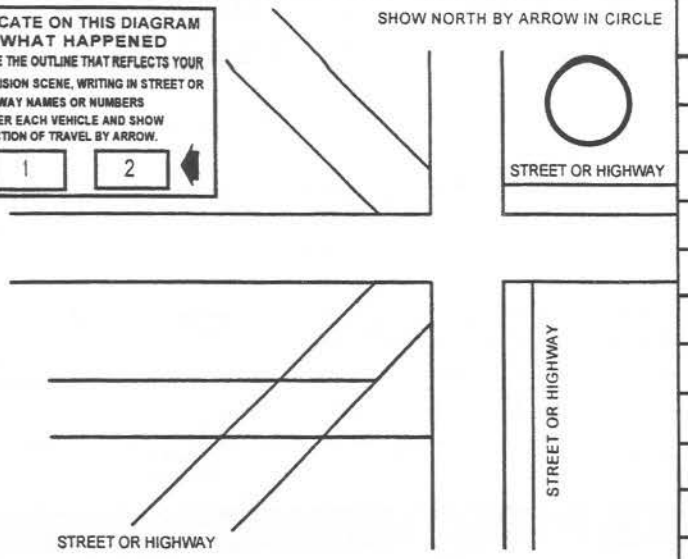
MOTORCYCLE SAFETY: ☐ HELMET USED ☐ HELMET NOT USED

INDICATE ON THIS DIAGRAM WHAT HAPPENED

1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAMES OR NUMBERS
2. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW.

1 2

SHOW NORTH BY ARROW IN CIRCLE



DESCRIBE BELOW WHAT HAPPENED: (REFER TO VEHICLES BY NUMBER)

VEHICLES POSITIONS BEFORE COLLISION

VEHICLE	N	S	E	W
NO- (YOUR) 1	☐	☐	☐	☐
NO. (OTHER) 2	☐	☐	☐	☐
PEDESTRIAN	☐	☐	☐	☐

ON STREET OR HIGHWAY NAME OR NO.

ALONG

NO. OF LANES IN ONE DIRECTION

VEHICLE LEGALLY STANDING YES NO ☐ ☐ ☐ ☐

VEHICLE LEGALLY PARKED YES NO ☐ ☐ ☐ ☐

IF PARKED WAS VEHICLE OCCUPIED YES NO ☐ ☐ ☐ ☐

INVESTIGATED BY
☐ STATE PATROL ☐ OTHER POLICE ☐ CITY POLICE ☐ NO INVESTIGATION ☐ SHERIFF

OR CROSSING FROM To

PEDESTRIAN/PEDAL CYCLIST WAS USING: ☐ SIDEWALK ☐ WALKWAY ☐ SHOULDER ☐ MARKED CROSSWALK ☐ UNMARKED CROSSWALK ☐ OTHER ☐ DESIGNATED BIKE ROUTE ☐ ROADWAY

PEDESTRIAN/PEDAL CYCLIST CLOTHING COLOR: ☐ DARK ☐ LIGHT ☐ MIXED ☐ RETRO-REFLECTIVE ☐ OTHER REFLECTIVE APPAREL: SHOES, PATCHES ETC.

ROAD SURFACE *(CHECK ONE)*

VEHICLE NO. 1	NO. 2	
☐	☐	DRY
☐	☐	WET
☐	☐	SNOW
☐	☐	ICE
☐	☐	OTHER SPECIFY

WEATHER

☐ CLEAR
☐ CLOUDY
☐ OVERCAST
☐ RAINING
☐ SNOWING
☐ FOG
☐ OTHER SPECIFY

LIGHT CONDITIONS

☐ DAYLIGHT
☐ DAWN
☐ DUSK
☐ DARK-STREET LIGHTS ON
☐ DARK-STREET LIGHTS OFF
☐ DARK NO STREET LIGHTS
☐ OTHER SPECIFY

TRAFFIC CONTROL *(CHECK ONE)*

VEHICLE NO. 1	NO. 2	
☐	☐	SIGNALS
☐	☐	STOP SIGN
☐	☐	YIELD SIGN
☐	☐	FLASHING RED
☐	☐	FLASHING AMBER
☐	☐	RAILROAD SIGNAL
☐	☐	OFFICERIFLAGMAN
☐	☐	OTHER SPECIFY

TYPE OF ROAD *(CHECK ONE OR MORE)*

VEHICLE NO. 1	NO. 2	
☐	☐	ONE WAY
☐	☐	TWO WAY
☐	☐	REVERSIBLE ROAD
☐	☐	INTERCHANGE (LOOPIRAMP)
☐	☐	ALLEY
☐	☐	TWO WAY - LEFT TURN LANES
☐	☐	DRIVEWAY

DRIVER/VEHICLE ACTIONS *(CHECK ONE OR MORE)*

VEHICLE NO. 1	NO. 2	
☐	☐	GOING STRAIGHT AHEAD
☐	☐	OVERTAKING AND PASSING
☐	☐	MAKING RIGHT TURN
☐	☐	MAKING LEFT TURN
☐	☐	MAKING U-TURN
☐	☐	SLOWING
☐	☐	STOPPED FOR TRAFFIC
☐	☐	STOPPED AT SIGNAL OR STOP SIGN
☐	☐	STOPPED IN ROADWAY
☐	☐	STARTING IN TRAFFIC LANE
☐	☐	STARTING FROM PARKED POSITION
☐	☐	MERGING (ENTERING TRAFFIC)
☐	☐	BACKING
☐	☐	GOING WRONG WAY
☐	☐	OTHER SPECIFY

ROADWAY CHARACTER

☐ STRAIGHT & LEVEL ☐ CURVE & LEVEL
☐ STRAIGHT & GRADE ☐ CURVE &GRADE
☐ STRAIGHT AT HILL CREST ☐ CURVE AT HILL CREST
☐ STRAIGHT IN SAG ☐ CURVE IN SAG

ROAD SEPARATION

☐ DIVIDED
☐ UNDIVIDED

REASON FOR NOT SEEING DANGER

DID COLLISION OCCUR IN A CONSTRUCTION OR ROAD MAINTENANCE AREA? ☐ YES ☐ NO

WITNESS NAME	ADDRESS	SEX	AGE
1			
2			

SIGNATURE OF PERSON COMPLETING REPORT X

ADDRESS

DATE OF REPORT MO DAY YEAR