

Motor Vehicle Collision Claim for Damages

Use this form to report damages or injuries that are a result of a collision caused by an uninsured driver. If the uninsured driver fails to pay and there is an injury or property damages are \$1,000 or more, we may suspend their license.

You must provide documentation to support your claim. **If you do not submit proof (receipts, bills, or written estimates), we will not process your claim.** Acceptable proof includes:

- Injuries – Bills, invoices, receipts, or written estimates from a doctor, hospital, ambulance, prescriptions, future medical treatment, etc.
- Property damage (vehicle, fence, eyeglasses, mailbox, cell phone, etc.) – Written estimates/receipts from a claims adjuster, body shop, contractor, retailer, etc.

Return this form within 180 days of the collision with your receipts/estimates for the amount claimed to:

The Accident Unit, Department of Licensing, PO Box 9030, Olympia WA 98507-9030.

Collision information

Date of collision	Collision report number
Place where collision occurred (<i>city/town and intersecting street/road or non-intersecting street name</i>)	

Vehicle damage

Plate number	Year	Make	Cost of repair or replacement (<i>attach proof</i>) \$
Name of owner			
Mailing address (<i>Address or PO Box, City, State, ZIP code</i>)			

Personal property damage

Name of property owner	Cost of repair or replacement (<i>attach proof</i>) \$
Mailing address (<i>Address or PO Box, City, State, ZIP code</i>)	

Personal injury

Cost of medical treatment (include future estimates) (<i>attach proof</i>) \$	Wage loss due to injury (<i>attach proof</i>) \$
Name of injured party	
Mailing address (<i>Address or PO Box, City, State, ZIP code</i>)	

Attorney/Insurance - Complete this section if you are represented by an attorney or insurance company.

Representative name	(Area code) Telephone number
Name of company	Claim number
Mailing address (<i>Address or PO Box, City, State, ZIP code</i>)	

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

Date and place

X

Signature of claimant **(REQUIRED)**