

Motor Vehicle Collision Claim for Damages

You can use this form to report uncompensated damages that are the result of a collision caused by an uninsured driver. The damages must have been at least \$700 to property or there must have been an injury. If the uninsured driver fails to pay, we could suspend their driver license.

Be sure you provide:

- the cost of all damages. If you don't know the cost, give an estimate. We cannot take action if you use words like "unknown" or "pending."
- documentation to support your claim, such as copies of receipts, estimates, etc.

Complete this form within 180 days of the collision and mail it and any additional attachments to:

Accidents, 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 \$
Name of owner			
Mailing address			
City	State	ZIP code	

Personal property damage

Name of property owner	Cost of repair or replacement \$	
Mailing address		
City	State	ZIP code

Personal injury

Cost of medical treatment (include future estimates) \$	Wage loss due to injury \$	
Name of injured party		
Mailing address		
City	State	ZIP code

Insurance/Attorney - 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		
City	State	ZIP code

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

X

Date and place

Signature of claimant