

## Motor Vehicle Claim for Damages

Use this form to report injuries and/or damages of \$1,000 or more caused by an uninsured driver. If the uninsured owner/driver fails to pay, we may suspend their driving privilege.

You must provide documentation to support your claim. Acceptable proof includes:

- **Injuries** – Invoices or receipts from a medical professional or business, ambulance, prescriptions, etc.
- **Property damage** – Written estimates/receipts from a claims adjuster, body shop, contractor, retailer, etc.

Return this signed form and proof of damages **within 180 days of the collision** to:

**Fax: 360-570-4966**

**Mail: Driver Accountability, Department of Licensing, PO Box 9030, Olympia WA 98507-9030**

**We will not process incomplete forms or claims without proof.**

### Collision information

Collision date	Report number	Location
----------------	---------------	----------

### Injury/Damage expenses – Attach proof

Medical treatment cost	Personal property cost	Vehicle repair/total loss value	License plate number	Model year	Vehicle model
------------------------	------------------------	---------------------------------	----------------------	------------	---------------

**Claimant or Attorney/Insurance information** – This information will be sent to the uninsured driver.

**Claimant** – Complete this section if you are **NOT** represented by an attorney or insurance company.

Last name	First name	Middle initial	Driver license number
Mailing address ( <i>Street address or PO Box, City, State, ZIP code</i> )			
Email	(Area code) Telephone number		Contact preference <input type="checkbox"/> Email <input type="checkbox"/> Phone

**Attorney/Insurance** – **Only** complete this section if you're represented by an attorney or insurance company for this loss.

Representative name	Name of company	(Area code) Telephone number	Claim number
Mailing address ( <i>Street 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 (city or county) signed

**X**  
\_\_\_\_\_  
Signature of claimant or attorney/insurance representative (**REQUIRED**)