Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

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 *(Street address or PO Box, City, State, ZIP code)*

Email	(Area code) Telephone number	Contact preference ☐ Email ☐ 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 *(Street address or PO Box, 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.

Date and place (city or county) signed

X Print completed form and sign here

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