

# DRIVER'S REPORT OF AUTO ACCIDENT



**IMPORTANT INSTRUCTIONS:** Complete this report within 24 hours of accident and send to the Safety Office. *Have your supervisor review and sign.* Make a copy for your department files.

**DO NOT DISCUSS THE ACCIDENT WITH ANYONE EXCEPT POLICE OR SNOHOMISH COUNTY SAFETY OFFICE PERSONNEL.**

Time/Place of Accident

EMPLOYEE NAME		DEPT/DIVISION			
DEPARTMENT ADDRESS		CITY	STATE	ZIP CODE	WORK PHONE
DATE OF ACCIDENT	HOUR <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LOCATION:	STREET OR HIGHWAY	CITY	COUNTY STATE

Snohomish County Vehicle

MAKE OF VEHICLE	YEAR	BODY TYPE	LICENSE NO.	IDENTIFICATION NO.	EQUIPMENT NO.
VEHICLE OWNER		ADDRESS - STREET		CITY	STATE ZIP
DRIVER'S LICENSE NUMBER		WAS LICENSE VALID AT THE TIME OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS VEHICLE BEING OPERATED FOR BUSINESS OR PLEASURE?		WHO GAVE PERMISSION?		WAS VEHICLE BEING USED FOR ERRAND FOR OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE PARTS DAMAGED AND EXTENT OF DAMAGE:					
WHERE MAY VEHICLE BE SEEN?			ESTIMATED COST OF REPAIRS		

Other Vehicle Involved

MAKE OF VEHICLE	YEAR	LICENSE NUMBER	ESTIMATED COST OF REPAIRS
DESCRIBE PARTS DAMAGE AND EXTENT OF DAMAGE			
NAME OF OWNER	ADDRESS - STREET		CITY STATE ZIP CODE PHONE NUMBER
NAME OF DRIVER	ADDRESS - STREET		CITY STATE ZIP CODE PHONE NUMBER
IS VEHICLE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME & PHONE NUMBER OF INSURANCE COMPANY		

Property Damage Other Than Vehicular

OWNER OF PROPERTY	ADDRESS - STREET		CITY	STATE	ZIP CODE	PHONE NUMBER
TYPE OF PROPERTY						
ESTIMATED COST OF REPAIR		IF AT A DIFFERENT LOCATION FROM ACCIDENT, WHERE MAY PROPERTY BE SEEN?				

Passenger

NAMES OF PASSENGERS IN COUNTY VEHICLE	ADDRESS & PHONE NUMBER
NAMES OF PASSENGERS IN OTHER AUTO	ADDRESS & PHONE NUMBER

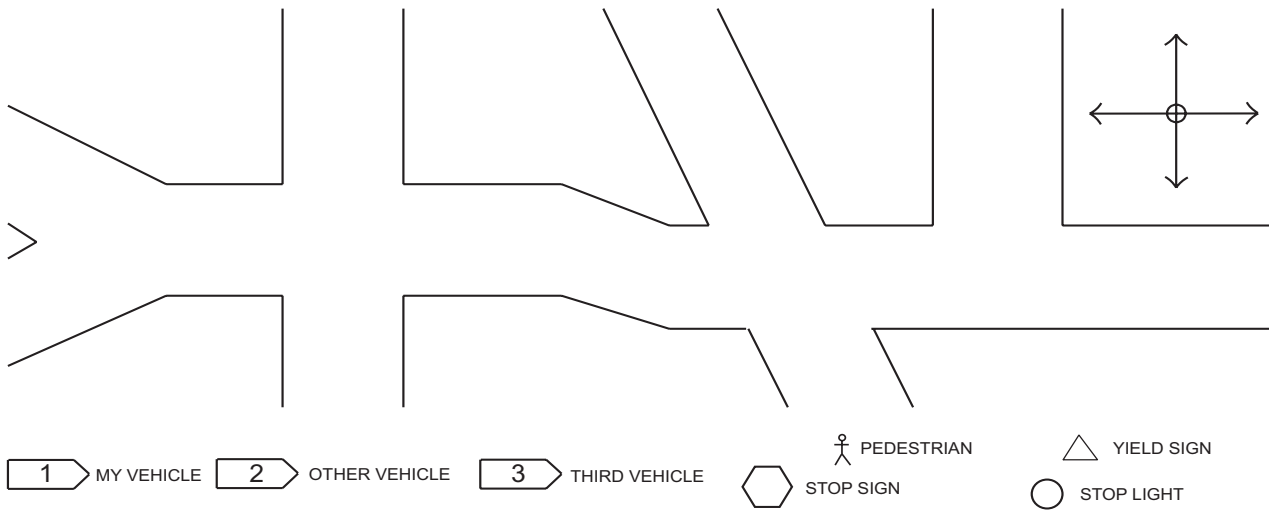
**A STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT MUST BE FILLED OUT FOR ANY VEHICLE ON PUBLIC ROADS (OBTAINABLE THROUGH SHERIFF'S OFFICE OR FLEET MANAGEMENT)**

(OVER)

**Description  
Of  
Accident**

ON WHAT STREET OR ROAD WERE YOU DRIVING?	DIRECTION	SPEED	STREET OR ROAD OTHER VEHICLE WAS DRIVING ON?	DIRECTION	SPEED
WERE YOUR LIGHTS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BRIGHT <input type="checkbox"/> DIM	WERE OTHER AUTO'S LIGHTS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BRIGHT <input type="checkbox"/> DIM		DID EITHER DRIVER GIVE SIGNAL OF ANY KIND? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?		
IF AT AN INTERSECTION, WHO ENTERED FIRST?	DID YOU HAVE RIGHT-OF-WAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID POLICE INVESTIGATE THE ACCIDENT?		WHICH POLICE DEPT.?	
DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT HAPPENED:					

SHOW ON THE DIAGRAM THE POSITION OF ALL VEHICLES, PERSONS, STOP LIGHTS, STOP SIGNS AND OTHER OBJECTS, SHOW STREET NAMES



**Witnesses**

NAME(S)	ADDRESS - STREET	CITY	STATE	ZIP CODE	PHONE NUMBER

**Injuries**

NAME(S) OF PERSON(S) INJURED	ADDRESS & PHONE NUMBER	TYPE OF INJURY

DATE OF REPORT	SIGNATURE

SUPERVISOR REVIEW AND SIGNATURE	DATE