


STATE OF WASHINGTON  
**VEHICLE ACCIDENT REPORT**

Date of Accident (MM/DD/YYYY)

Time

☐ AM  
☐ PM

**INSTRUCTIONS:** This report must be mailed\* within two working days to the following offices:

- ① Department of Enterprise Services  
Office of Risk Management  
1500 Jefferson Street SE (POB 41466)  
Olympia, Washington 98504-1466

- ② Safety/Risk Management  
Office of Reporting Agency

\*Scanned form can be e-mailed to [desmiriskmanagement@des.wa.gov](mailto:desmiriskmanagement@des.wa.gov)

|                                                                                    |                                                                               |                                                            |                                                                               |                  |                                                                                                       |                   |                                                                                                                               |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------|
| STATE EMPLOYEE<br>VEHICLE NO. 1                                                    | Name                                                                          |                                                            | Age                                                                           | Employing Agency |                                                                                                       | Position          |                                                                                                                               |
|                                                                                    | Business Address                                                              |                                                            | Zip                                                                           | Business Phone   |                                                                                                       | Email             | Was vehicle being used on Official State Business? <input type="checkbox"/> Yes <input type="checkbox"/> No                   |
|                                                                                    | Operator's License No.                                                        |                                                            | License Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No |                  | If Yes, Indicate                                                                                      |                   | Have you had a previous accident while driving on state business? <input type="checkbox"/> Yes <input type="checkbox"/> No    |
|                                                                                    | License No.                                                                   | Year                                                       | Make                                                                          | Body Type        | Where Located                                                                                         | No. of Passengers | Est. Repair Cost                                                                                                              |
| Cleaning Agency                                                                    |                                                                               | Describe Damages Fully (Parts, type, and extent of damage) |                                                                               |                  |                                                                                                       |                   |                                                                                                                               |
| If Privately Owned, Name and Address of Owner (If State Owned, Equipment No. Only) |                                                                               |                                                            |                                                                               |                  |                                                                                                       | Insurer           |                                                                                                                               |
| OTHER VEHICLES                                                                     | Owner Car No. 2                                                               |                                                            | Phone                                                                         |                  | Owner Car No. 3                                                                                       |                   | Phone                                                                                                                         |
|                                                                                    | Address                                                                       |                                                            | City                                                                          | Zip              | Address                                                                                               |                   | City Zip                                                                                                                      |
|                                                                                    | Driver                                                                        |                                                            | Age                                                                           | Phone            | Driver                                                                                                |                   | Age Phone                                                                                                                     |
|                                                                                    | Address                                                                       |                                                            | City                                                                          | Zip              | Address                                                                                               |                   | City Zip                                                                                                                      |
|                                                                                    | Driver's License No.                                                          |                                                            | Vehicle License No.                                                           |                  | Driver's License No.                                                                                  |                   | Vehicle License No.                                                                                                           |
|                                                                                    | Vehicle Make                                                                  |                                                            | Year                                                                          | Body Type        | Vehicle Make                                                                                          |                   | Year Body Type                                                                                                                |
|                                                                                    | Name of Passengers                                                            |                                                            |                                                                               |                  |                                                                                                       |                   | Name of Passengers                                                                                                            |
|                                                                                    | Repair Cost                                                                   |                                                            | Describe Damage                                                               |                  | Repair Cost                                                                                           |                   | Describe Damage                                                                                                               |
|                                                                                    | Insurance Company                                                             |                                                            | Policy No.                                                                    |                  | Insurance Company                                                                                     |                   | Policy No.                                                                                                                    |
|                                                                                    | What was Damaged?                                                             |                                                            |                                                                               |                  |                                                                                                       |                   | Repair Cost                                                                                                                   |
| OTHER PARTIES                                                                      | Name and Address of Owner                                                     |                                                            |                                                                               |                  |                                                                                                       |                   | City Zip Phone                                                                                                                |
|                                                                                    | Name and Address                                                              |                                                            | Extent of Injury                                                              |                  | Age                                                                                                   | Yrks. 1           | Yrks. 2 Yrks. 3 Prod.                                                                                                         |
| WITNESSES                                                                          | Name                                                                          |                                                            | Address                                                                       |                  | City                                                                                                  | Zip               | Phone                                                                                                                         |
|                                                                                    |                                                                               |                                                            |                                                                               |                  |                                                                                                       |                   |                                                                                                                               |
|                                                                                    |                                                                               |                                                            |                                                                               |                  |                                                                                                       |                   |                                                                                                                               |
|                                                                                    |                                                                               |                                                            |                                                                               |                  |                                                                                                       |                   |                                                                                                                               |
| TOTAL #                                                                            | Police Investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                            | Which Division (General, WSP, City)                                           |                  | Citizen Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No                             |                   | Have you filed a Collision Report, Form WSP 140, as Required by Law? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                    |                                                                               |                                                            |                                                                               |                  | Name To: <input type="checkbox"/> Yes <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3 |                   |                                                                                                                               |

# Wa State Accident Report

**N Colangelo**

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

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