King County

AUTOMOBILE ACCIDENT REPORT

Date: _____

Name of Owner of Your Vehicle: _____ Home Phone _____ Business Phone _____

Model Year _____ Make of Car _____ Body Style _____ Serial Number _____ Motor No. _____

State and License No. _____ Mileage _____ If Mortgaged by Whom Held? _____

Name of Your Insurance Co. _____

Type of Insurance Carried _____

Name of Driver _____ Address _____ Phone _____

Relationship of Driver to Owner _____ Driver's Date of Birth _____ Driver's License No. _____ Purpose Car Being Used _____

Date of Accident _____ Time _____ (AM / PM) Location _____
Address Number and Street

CITY – TOWN STATE

OCCUPANTS OF VEHICLE: **OCCUPANT OF**

NAME	ADDRESS	APPROXIMATE AGE	RELATION TO OWNER	YOUR CAR	OTHER CAR	PEDESTRIAN	INJURED?
				○	○	○	○
				○	○	○	○
				○	○	○	○
				○	○	○	○
				○	○	○	○

Nature of Injuries _____

Where Treated? _____ Name of Doctor Giving Aid _____

DAMAGE TO PROPERTY OF OTHERS

Extent of Damage _____

If Auto Make of Car _____ State and License No. _____ Driver's License No. _____ Driver's Date of Birth _____

Owner's Name _____ Address _____ Phone _____

Driver's Name _____ Address _____ Phone _____

Where Can Property Be Seen? _____

WITNESSES (Include and Indicate Occupants of Cars)

NAME	ADDRESS	TELEPHONE

BE SURE TO COMPLETE OTHER SIDE OF THIS REPORT

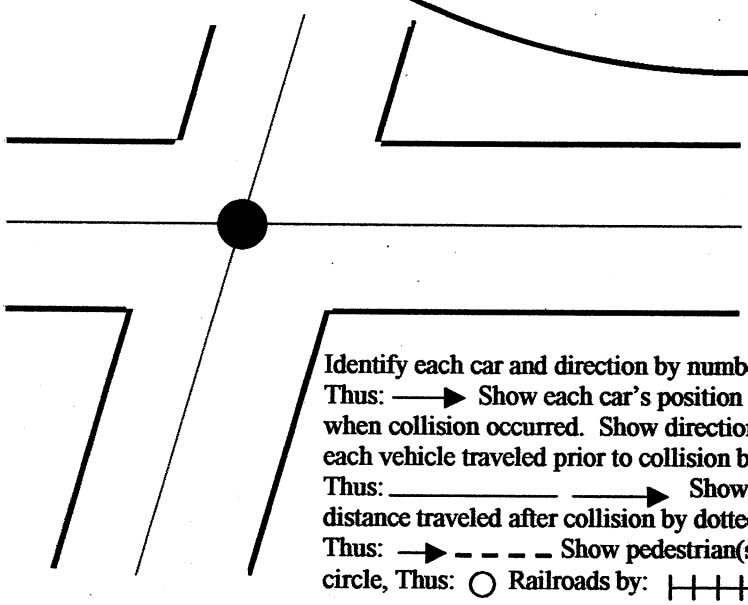
Dated at _____ (SIGNED) _____

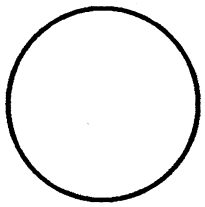
On _____

This area of page two is provided to allow you to diagram the event.

Please print the form now and complete page two by hand.

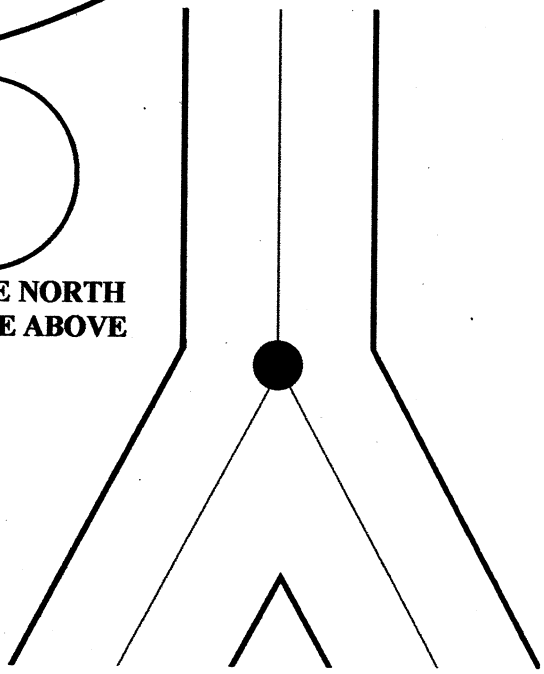
Print.

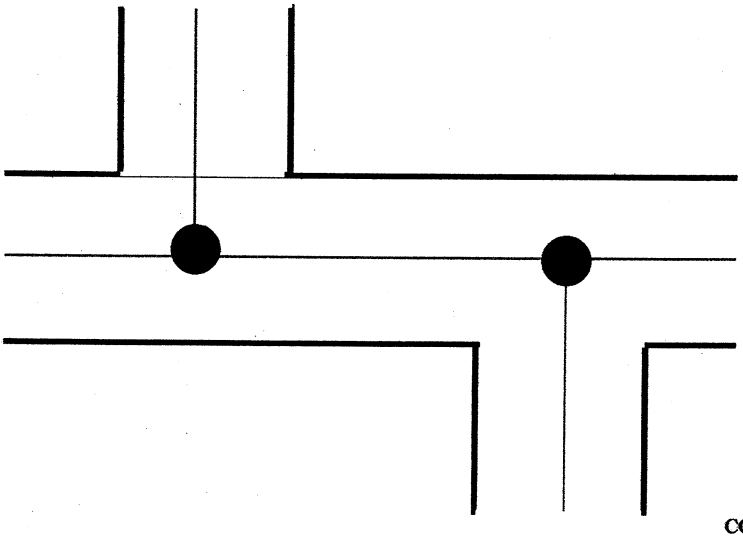


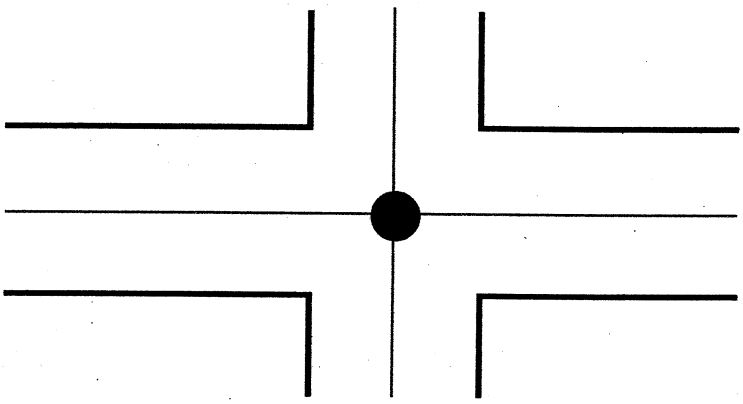


INDICATE NORTH IN CIRCLE ABOVE

Identify each car and direction by numbered arrow.
Thus: ⟶ Show each car's position at the moment when collision occurred. Show direction and distance each vehicle traveled prior to collision by solid line(s).
Thus: _____ ⟶ Show direction and distance traveled after collision by dotted line.
Thus: ⟶ - - - - Show pedestrian(s) by small circle, Thus: ○ Railroads by: ┼┼┼┼







CONSTRTUCTION AND CONDITION OF ROAD, WEATHER, TIME

CONCRETE	☐	DRY	☐	SMOOTH	☐	CLEAR	☐
GRAVEL	☐	WET	☐	ROUGH	☐	RAINING	☐
OILED	☐	ICY	☐	UPHILL	☐	MISTY	☐
DIRT	☐		☐	DOWNHILL	☐	FOG	☐
ASPHALT	☐		☐	LEVEL	☐	SNOW	☐

TIME OF ACCIDENT: _____ **O'CLOCK AM PM**