FORM
S.F. 137
RMD EF 01/12

STATE OF WASHINGTON

VEHICLE ACCIDENT REPORT

Date of Accident (MM/DD/YY)	
Time	☐ AM ☐ PM

INSTRUCTIONS: For use by State Employees only. 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
Post Office Box 41466, MS: 41466
Olympia, Washington 98504-1146

② Safety/Risk Management
Office of Reporting Agency

**Scanned form can be e-mailed to desmiriskmanagement@des.wa.gov*

STATE EMPLOYEE

DRIVER

Name	Age	Employing Agency	Position

Business Address	Zip	Business Phone	Email	Was vehicle being used on Official State Business	
				☐ Yes ☐ No	

Operator's License No.	License Restrictions	If Yes, Indicate	Have you had a previous accident while driving on state business?
	☐ Yes ☐ No		☐ Yes ☐ No

VEHICLE NO. 1

License No.	Year	Make	Body Type	Where Located	No. of Passengers	Est. Repair Cost

Owning 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.

OTHER PROPERTY

What was Damaged?	Repair Cost

Name and Address of Owner	City	Zip	Phone

INJURED PARTIES

Name and Address	Extent of Injury	Age	Veh. 1	Veh. 2	Veh. 3	Ped.
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

WITNESSES

Name	Address	City	Zip	Phone

OTHER

Police Investigate?	Which Division (Sheriff, WSP, City)	Citation Issued?	Have you filed Financial Responsibility Form WSP 161 As Required by Law?
☐ Yes ☐ No		☐ Yes ☐ No Issue To ☐ You ☐ Veh. 2 ☐ Veh. 3	☐ Yes ☐ No

Location		Or Near Intersection of	
City/County	Type of Accident	☐ Front to Rear ☐ Head-On ☐ Parked Car ☐ Pedestrian ☐ Broadside ☐ Sideswipe ☐ Bike - Car ☐ Hit Object	

Information Regarding Accident	No. 1, Your Vehicle	No. 2, Other Party (Name)	No. 3, Other Party (Name)
1. If pedestrian, where was he/she (crosswalk, etc.)?			
2. Road conditions (dry, glare, icy, rain, snow, etc.)? (Gravel, blacktop, etc.)			
3. At what distance danger was first noticed?			
4. Speeds at time danger was first noticed?			
5. Speeds at time of accident?			
6. What warning signals were given?			
7. Obstruction to vision (weather and other)?			
8. Lights On? Wipers On? Windows Fogged?			
9. Had any party been drinking? Who?			

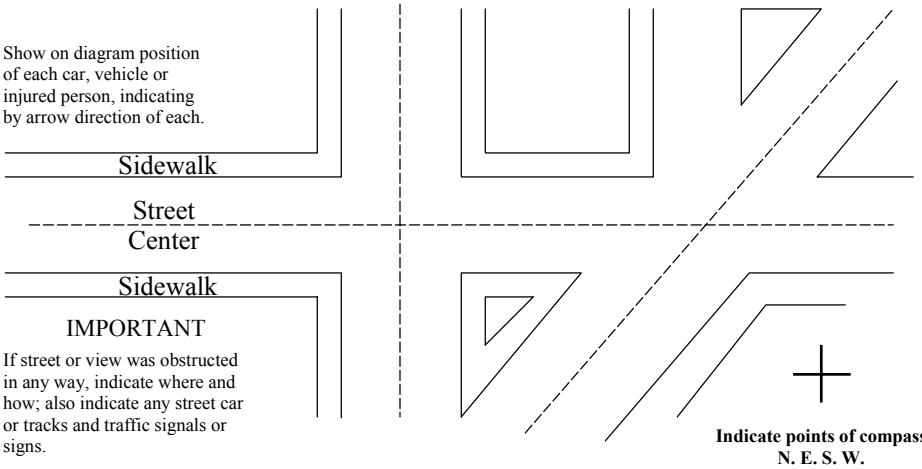
Describe in Detail What Happened (Use additional paper if necessary)

☐ Straight Road
☐ Curve – R or L
☐ Level

☐ Hillcrest
☐ Uphill
☐ Downhill

☐ One Lane
☐ One and One-Half Lane
☐ Two Lane or Four Lane

Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.

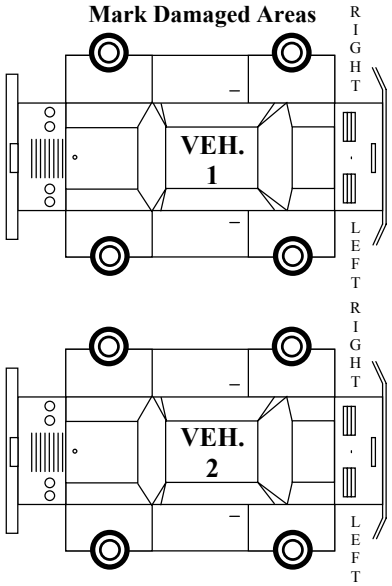


IMPORTANT

If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.

Indicate points of compass
N. E. S. W.

Mark Damaged Areas



Signature (Driver)	Date	Signature (Supervisor)	Date