

FORM
S.F. 137
MP EF 3/02



STATE OF WASHINGTON
VEHICLE ACCIDENT REPORT

DATE OF ACCIDENT

VEHICLE NUMBER

BUDGET NUMBER

INSTRUCTIONS: This report must be mailed *within two working days* to the following 3 offices:

1 UNIVERSITY POLICE *(original)*
1117 NE Boat Street **Box 355200**
Seattle, WA 98105

2 MOTOR POOL OPERATIONS *(copy)*
4549 25th Ave NE **Box 354270**
Seattle, WA 98105

3 UW RISK MANAGEMENT *(copy)*
22 Gerberding Hall **Box 351276**
Seattle, WA 98195

STATE EMPLOYEE	NAME		AGE	UW DEPARTMENT			POSITION					
	BUSINESS ADDRESS			ZIP	BUSINESS PHONE		WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	OPERATOR'S LICENSE NO.		LICENSE RESTRICTION? <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			
VEHICLE NO. 1	OWNING AGENCY		DESCRIBE DAMAGE FULLY (Parts, type, and extent of damage)									
	IF PRIVATELY OWNED, NAME AND ADDRESS OF OWNER (if State Owned, Equipment No. Only)							INSURER				
	OWNER CAR NO. 2		PHONE		OWNER CAR NO. 3		PHONE					
OTHER VEHICLES	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						ZIP	PHONE			
INJURED PARTIES	NAME AND ADDRESS				EXTENT OF INJURY			AGE	VEH.1	VEH.2	VEH.3	PED.
WITNESSES	NAME			ADDRESS				ZIP	PHONE			
OTHER RPTS.	POLICE INVESTIGATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHICH DIVISION (SHERIFF, W.S.P., CITY?)		CITATION ISSUED? ISSUED TO <input type="checkbox"/> YOU		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VEH.2 <input type="checkbox"/> VEH.3		HAVE YOU FILED FINANCIAL RESPONSIBILITY FORM WSP 161 AS REQUIRED BY LAW?			<input type="checkbox"/> YES <input type="checkbox"/> NO

