Accident Reporting Procedures

If your State Motor Pool vehicle has been damaged:

- Get help for the injured.

- When reporting to police, follow the laws of the state in which the accident occurred.

- Complete all the information requested on this form and call CEI at 1-877-443-5777 before leaving the scene of the accident. Experienced claims specialists are available 24 hours-a-day, 7 days-a-week. Identify yourself as an employee of the State of Washington in a Motor Pool (DES) vehicle.

- Notify the State Motor Pool at 1-800-542-6840 within 24 hours of accident.

- If you have any questions regarding your vehicle or this form, call 1-800-542-6840.
Washington State Motor Pool

We understand that an automobile accident can be a stressful experience... your safety and convenience are our top priorities. CEI will help you every step of the way by arranging for towing (if necessary), identifying the closest approved repair facility and managing the repairs.

Prior to Your Vehicle’s Tow and/or Repair

Remove all State property and personal belongings from the vehicle. The repair facility is not responsible for lost or stolen property.

Loaner vehicles are available throughout the State of Washington. Call the Motor Pool for more information at 1-800-542-6840.

Ten things to do at the scene of an accident

1. Don’t Move the Injured. Turn off the ignition and check for injuries: yourself, your passengers, then others. Don’t move anyone who is injured or complains of neck, shoulder, back or leg pain—all signs of serious injury.

2. Watch Your Step. Be careful not to walk into the path of oncoming traffic or into spilled fluids.

3. Call the Police. Call the police and request emergency medical help if needed. Report every accident. A police report can challenge someone who changes their story and files a claim against you.

4. Don’t Move Vehicles. Unless the vehicles are blocking the roadway or endangering oncoming traffic or pedestrians, do not move them before the police and emergency teams arrive. Activate your flashers.

5. Take Notes. Record as much information as you can regarding all of the vehicles and people involved in the accident.

6. Don’t Admit Fault. Never be evasive when questioned by an investigating officer, but don’t volunteer any information. And never admit fault to anyone.

7. Getting Your Vehicle Towed. Don’t let your vehicle be towed by an unknown driver to an unfamiliar repair shop. Don’t authorize repairs or other charges on a towing receipt. Follow your fleet policy faithfully.

8. Don’t Accept Money. Neither accept nor offer cash to settle the claim, regardless of how small. Otherwise, problems that come up later may be at your expense.

9. Report the Accident. Promptly report every accident to your fleet representative—no matter how minor. If not at the scene, do it as soon as you are home.

10. Before You Leave the Scene. Check your notes, be sure you haven’t forgotten anything. The more information you have, the more questions you can answer.

Be Prepared: No one wants to have an accident, but you should do your best to be prepared. Keep vital information in your wallet or in your vehicle. It’s a good idea to have a camera, notepad and pencil on hand.

After the Fact: Some things will come to you after you’ve calmed down, or when you’re relating the story to friends and family. Write it down.
> COMPLETE THIS INFORMATION BEFORE LEAVING THE SCENE OF THE ACCIDENT.

I am a ☐ CITY ☐ COUNTY ☐ STATE ☐ FEDERAL Employee

**Government Driver Information**
Name of Driver ____________________________________________
Age _________________________ Employing Agency _________________________
Position _________________________ Work Address _________________________
Zip _________ Work Phone _________________________

Was vehicle used on Official Government Business? ☐ Yes ☐ No
Any previous accidents while driving on government business? ☐ Yes ☐ No
Operator’s License #: _________________________
License Restrictions ☐ Yes, If Yes, Indicate _________________________

**GOVERNMENT VEHICLE #1 (V-1)**
License Plate #: ____________________________________________
Year _________ Make _________________________ Model _________________________
Vehicle ID #: (VIN) ____________________________________________
# of Passengers Est. Repair Cost _________________________
Owning Agency ____________________________________________
Equipment #: (If Government Owned) _________________________
Name/Address of Owner (If Privately Owned) _________________________
Describe Damage (Parts, Type and Extent of Damage) _________________________

CEI WAS NOTIFIED OF ACCIDENT ON:
Date _________ Time _________________________

**OTHER VEHICLE (V-2)**
Owner ____________________________________________
Driver ____________________________________________ Age _________________________
Driver’s License #: _________________________ State/Prov. _________________________
Address ____________________________________________
City _________________________ State/Prov. _________________________ Zip _________________________
Phone ____________________________________________
Year _________ Make _________________________ Model _________________________
License Plate #: ____________________________________________
Vehicle ID #: (VIN) ____________________________________________
Damage ____________________________________________

Insurance Company ____________________________________________
Policy #: ____________________________________________
Agent’s Name ____________________________________________
Phone _________________________ Fax _________________________

**PASSENGERS/WITNESSES**
Name _________________________ Age _________________________
Address _________________________
Phone ☐ Passenger: vehicle ☐ 1 ☐ 2 or ☐ 3 ☐ Witness: ☐ passing motorist ☐ pedestrian
Name _________________________ Age _________________________
Address _________________________
Phone ☐ Passenger: vehicle ☐ 1 ☐ 2 or ☐ 3 ☐ Witness: ☐ passing motorist ☐ pedestrian
Name _________________________ Age _________________________
Address _________________________
Phone ☐ Passenger: vehicle ☐ 1 ☐ 2 or ☐ 3 ☐ Witness: ☐ passing motorist ☐ pedestrian

**INJURIES**
Name _________________________ Age _________________________
Vehicle ☐ 1 ☐ 2 ☐ 3 or ☐ pedestrian
Phone _________________________ Hospitalized ☐ Yes ☐ No ☐ Fatality
If Yes, where? _________________________
Extent of injuries ____________________________________________

Name _________________________ Age _________________________
Vehicle ☐ 1 ☐ 2 ☐ 3 or ☐ pedestrian
Phone _________________________ Hospitalized ☐ Yes ☐ No ☐ Fatality
If Yes, Where? _________________________
Extent of injuries ____________________________________________
COMPLETE THIS INFORMATION BEFORE LEAVING THE SCENE OF THE ACCIDENT.

OTHER VEHICLE (V-3)

Owner

Driver

Driver's License

State/Prov.

Address

City

State/Prov.

Zip

Phone

Year

Make

Model

License Plate

State/Prov.

Vehicle ID (VIN)

Damage

Insurance Company

Policy

Agent's Name

Phone

Fax

ACCIDENT DESCRIPTION


Important: Please fill in diagram below. Show position of your vehicle and other vehicle(s) involved, with direction vehicle(s) were traveling.

Use arrow to indicate North

Indicate location of traffic controls such as signals, signs, lights, police markers, etc.

ACCIDENT INFORMATION

Date

Time

Day of week

Street or Highway

City/County

State/Prov.

Weather conditions

Road conditions

Traffic controls

Speed limit

Traveling speed

POLICE INFORMATION

Was a police report taken?  □ Yes  □ No

Department

Phone

Report

Officer's Name

Badge

Citation(s) issued to you

Citation(s) issued to other party(s)

X

Government Driver's Signature

Date

X

Supervisor's Signature

Date