



Motor Vehicle Claim for Damages

Use this form to report injuries and/or damages of \$1,000 or more caused by an uninsured driver. If the uninsured owner/driver fails to pay, we may suspend their driving privilege.

You must provide documentation to support your claim. Acceptable proof includes:

- **Injuries**—Invoices or receipts from a medical professional or business, ambulance, prescriptions, etc.
- **Property damage**—Written estimates/receipts from a claims adjuster, body shop, contractor, retailer, etc.

Return this signed form and proof of damages **within 180 days of the collision** to:

Fax: (360) 570-4966

Mail: Driver Accountability, Department of Licensing, PO Box 9030, Olympia WA 98507-9030

We will not process incomplete forms or claims without proof.

Collision information

Collision date	Report number	Location
----------------	---------------	----------

Injury/Damage expenses—Attach proof

Medical treatment cost \$	Personal property cost \$	Vehicle repair/total loss value \$	License plate number	Model year	Vehicle model
------------------------------	------------------------------	---------------------------------------	----------------------	------------	---------------

Claimant or Attorney/Insurance information—This information will be sent to the uninsured driver.

Claimant—Complete this section if you are **NOT** represented by an attorney or insurance company.

Last name	First name	Middle initial	Driver license number
Mailing address (Street address or PO Box, City, State, ZIP code)			
Email	(Area code) Phone number	Contact preference <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Attorney/Insurance—Only complete this section if you're represented by an attorney or insurance company for this loss.

Representative name	Name of company	(Area code) Phone number	Claim number
Mailing address (Street address or PO Box, City, State, ZIP code)			

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place (city or county) signed

X _____
Signature of claimant or attorney/insurance representative **(REQUIRED)**