

Traffic Collision/Incident Report

Vehicle Collision Pedestrian Fixed Object Other

**Rideshare
Operations**



- Drivers must submit a completed, signed Traffic Collision/Incident Report within two business days from date of accident/incident to rorisk@kingcounty.gov, or by mail to Rideshare Operations, MS KSC-TR-0812, 201 South Jackson Street, Seattle, WA 98104.
- If this was a vehicle accident with damage exceeding \$1,000.00, the other party did not have insurance, or there was an injury due to the accident, the driver must submit a Washington State Collision Report.

Date of accident/ incident	Time	<input type="checkbox"/> a.m.	Purpose of use	<input type="checkbox"/> commuter
		<input type="checkbox"/> p.m.		<input type="checkbox"/> other
HOV involved in accident/ incident	Regular HOV if loaner accident/ incident			

HOV DRIVER INFORMATION

HOV Driver's name		Driver type		
		<input type="checkbox"/> PD <input type="checkbox"/> BU <input type="checkbox"/> Other (specify)		
HOV Driver's home address		Apt/Condo #	City	State ZIP
Work phone ()	Home phone ()	Cell / Message phone ()		

VEHICLE #2 DRIVER INFORMATION

Vehicle #2 driver's name		Work phone ()		Home phone ()	
Driver's home address		Apt/Condo #	City	State	ZIP
Date of birth		Driver's license #			State
Vehicle year	Make	Model		Color	Vehicle license plate # State
Name of registered owner, if not driver		Work phone ()		Home phone ()	
Address		Apt/Condo #	City	State	ZIP
Insurance company – note if no insurance		Policy #			
Contact name		Contact phone ()			

VEHICLE #3 DRIVER INFORMATION

Vehicle #3 driver's name		Work phone ()		Home phone ()	
Driver's home address		Apt/Condo #	City	State	ZIP
Date of birth		Driver's license #			State
Vehicle year	Make	Model		Color	Vehicle license plate # State
Name of registered owner, if not driver		Work phone ()		Home phone ()	
Address		Apt/Condo #	City	State	ZIP
Insurance company – note if no insurance		Policy #			
Contact name		Contact phone ()			

PEDESTRIAN OR CYCLIST

Pedestrian name		Work phone		Home phone	
Address		Apt/Condo #	City	State	ZIP
Age	Pedestrian or Cyclist was using (mark all that apply):				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Marked crosswalk	<input type="checkbox"/> Designated Bike Route	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Parking Lot
	<input type="checkbox"/> Unmarked crosswalk	<input type="checkbox"/> Roadway	<input type="checkbox"/> Other – explain _____		

WITNESS INFORMATION

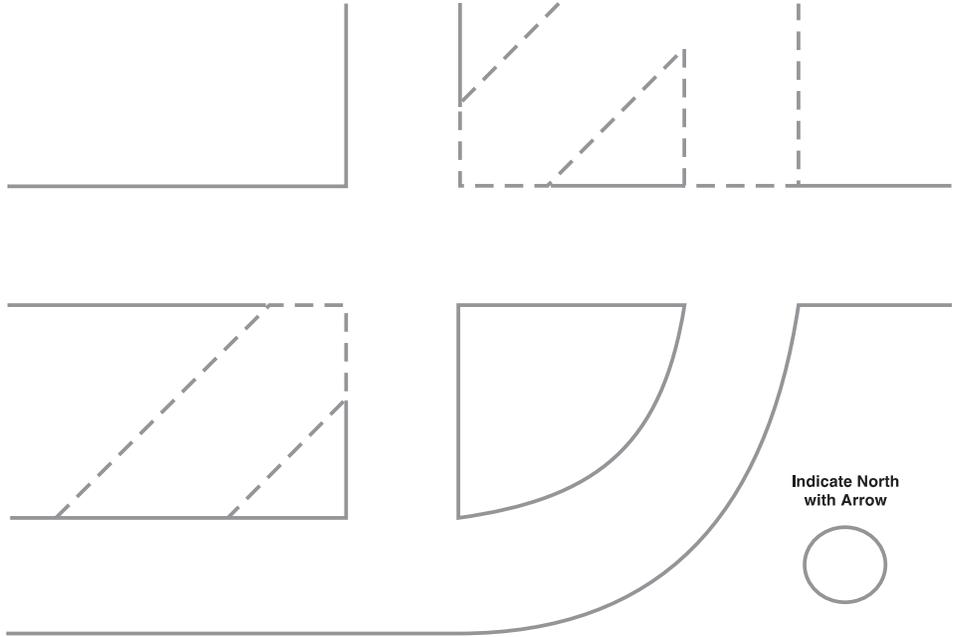
Witness name		Work phone		Home phone	
Address		Apt/Condo #	City	State	ZIP
Witness name		Work phone		Home phone	
Address		Apt/Condo #	City	State	ZIP
Did authorities respond to the scene of the accident/ incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			Case #	Jurisdiction	
Officer's name		Badge #		Phone #	
Citation issued to		Charge			

INJURY INFORMATION

Injured name	Injury description	Work phone	Home phone	HOV	Veh #2	Veh #3	First Aid	Transported

MARK ONE OR MORE FOR EACH VEHICLE INVOLVED IN THE ACCIDENT/ INCIDENT				CHECK APPLICABLE BOXES			
HOV	Veh #2	Veh #3	Description of Maneuver	Road Type	Traffic Control	Weather	
			Going straight	Interstate	Signal	Clear	
			Overtaking or passing on <input type="checkbox"/> left / <input type="checkbox"/> right	State highway	Two way stop	Cloudy	
			Making turn to <input type="checkbox"/> left / <input type="checkbox"/> right	One way	Four way stop	Rain	
			Slowing	Two way undivided	Yield sign	Fog	
			Starting from parking position – <input type="checkbox"/> backing / <input type="checkbox"/> forward	Two way divided	Amber flashing	Snow	
			Backing	Two way with barrier	Red flashing	Ice	
			Changing lanes to <input type="checkbox"/> left / <input type="checkbox"/> right	Interchange ramp	Railroad signal		
			Merging to <input type="checkbox"/> left / <input type="checkbox"/> right / <input type="checkbox"/> entering traffic	P&R lot	Turn arrow	Road Surface	
			Stopped for traffic	Other parking lot	None	Dry	
			Stopped at <input type="checkbox"/> signal or <input type="checkbox"/> stop sign	Intersection		Wet	
			Stopped in roadway	Off road		Slippery	
			Parked out of traffic – occupied				
			Parked – unoccupied				

- Write in street or avenue names.
- Number of each vehicle and show direction of travel by arrow.
(You are No. 1.)



Describe in detail the accident/ incident:

Location of accident/ incident: County _____ City/Town _____

HOV was traveling: N S E W on _____ at _____ mph

Vehicle #2 was traveling: N S E W on _____ at _____ mph

Vehicle #3 was traveling: N S E W on _____ at _____ mph

Intersecting with _____ cross street, or near _____

which is N S E W of accident/ incident location by _____ feet. (street, bridge, mile post, exit ramp)

Posted speed limit is _____ mph at accident/ incident location.

Description of damage to HOV.

Note area on picture



Description of damage to vehicle #2.

Note area on picture



Description of damage to vehicle #3.

Note area on picture



By affixing my name below, I certify that I completed this report and that all the information herein is true and accurate to the best of my knowledge, and that it represents the most complete information available to me at the time of completion.

Signature of driver completing report

Date