

Please draw diagram. Indicate North

Posted Speed Limit\_\_\_\_\_

Your speed prior to accident:\_\_\_\_\_

Trip origin (address): \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Please describe the accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of Trip:

- ☐ Volunteer Transport
- ☐ Volunteer Operations {time}
- ☐ Administration Operations

POLICE INFO

☐ YES ☐ NO

If YES, which agency? \_\_\_\_\_

Case/Report No: \_\_\_\_\_

Officer Name/Badge No: \_\_\_\_\_

Citation Issued to: \_\_\_\_\_

Charges:\_\_\_\_\_

WITNESS INFO

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE:\_\_\_\_\_

☐ In Interlink Veh ☐ In Other Veh ☐ Other (specify)

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE:\_\_\_\_\_

☐ In Interlink Veh ☐ In Other Veh ☐ Other (specify)

OTHER VEHICLE (vehicle #2)

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag Number & State \_\_\_\_\_

VIN: \_\_\_\_\_

Vehicle Owner & DL: \_\_\_\_\_

Point of Impact/Damages: \_\_\_\_\_

Vehicle Drivable: \_\_\_\_\_

☐ YES ☐ NO

OTHER VEHICLE (vehicle #3)

Tag Number & State \_\_\_\_\_

VIN: \_\_\_\_\_

Vehicle Owner & DL: \_\_\_\_\_

Point of Impact/Damages: \_\_\_\_\_

Vehicle Drivable: \_\_\_\_\_

☐ YES ☐ NO



MOTOR VEHICLE ACCIDENT REPORT

To be completed by Driver  
Submit completed form within 24 hours of  
accident to:

Interlink  
817A 6<sup>th</sup> St., Clarkston, Wa 99403

DATE, TIME, PLACE OF ACCIDENT

Date \_\_\_\_\_ Time \_\_\_\_\_

Highway/Street/Road: ☐ AM ☐ PM

City/Town: \_\_\_\_\_

County: \_\_\_\_\_

☐ AT INTERSECTION WITH: \_\_\_\_\_

☐ IF NOT INTERSECTION: \_\_\_\_\_ FEET

**N S E W** of \_\_\_\_\_  
(Circle)

(Intersecting street or Hwy,  
milepost or other landmark)

INTERLINK DRIVER PERSONALVEHICLE INFO

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag Number & State \_\_\_\_\_

VIN: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_

Point of Impact/Damages: \_\_\_\_\_

Vehicle Drivable: ☐ YES ☐ NO

INTERLINK DRIVER INFO

Driver: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

No.: \_\_\_\_\_

D/L: \_\_\_\_\_

State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

DOT Driver: \_\_\_\_\_

## ACCIDENT DESCRIPTION

### Type of Incident

Please check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Single Vehicle Accident        | <input type="checkbox"/> Multi-vehicle accident |
| <input type="checkbox"/> Vehicle overturn               | <input type="checkbox"/> Mechanical Defect      |
| <input type="checkbox"/> Struck pedestrian or cyclist   | <input type="checkbox"/> Loading or unloading   |
| <input type="checkbox"/> Struck deer or other animal    | <input type="checkbox"/> Struck parked vehicle  |
| <input type="checkbox"/> Struck other stationary object | <input type="checkbox"/> Fire                   |

### Action of Interlink Vehicle at time of accident

- |  |  |
|--|--|
| <input type="checkbox"/> Moving straight ahead | <input type="checkbox"/> Parking             |
| <input type="checkbox"/> Turning right         | <input type="checkbox"/> Performing U-Turn   |
| <input type="checkbox"/> Turning left          | <input type="checkbox"/> Passing/Overtaking  |
| <input type="checkbox"/> Backing               | <input type="checkbox"/> Evasive action      |
| <input type="checkbox"/> Slowing down          | <input type="checkbox"/> Forced off the road |
| <input type="checkbox"/> Stopped in traffic    |  |

### Interlink Driver's Vehicle Condition

- |  |   |
|--|---|
| <input type="checkbox"/> No defects          | <input type="checkbox"/> Lights defective       |
| <input type="checkbox"/> Brakes defective    | <input type="checkbox"/> Tires/Wheels defective |
| <input type="checkbox"/> Other defects _____ |   |

### Road Conditions and Controls

- |  |  |
|--|--|
| <input type="checkbox"/> Intersection accident             | <input type="checkbox"/> Not at intersection |
| <input type="checkbox"/> Driveway or Alley                 | <input type="checkbox"/> Bridge or Overpass  |
| <input type="checkbox"/> Crosswalk                         | <input type="checkbox"/> Parking lot         |
| <input type="checkbox"/> Divided Hwy                       | Number of Lanes _____                        |
| <input type="checkbox"/> Road under construction or repair |  |
| <input type="checkbox"/> Snow or ice on roadway            |  |
|  | <input type="checkbox"/> Road Dry            |
|  | <input type="checkbox"/> Road Wet            |

### Weather Conditions

- |                                   |                                |                                |                              |
|-----------------------------------|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> Snow     | <input type="checkbox"/> Clear | <input type="checkbox"/> Sleet | <input type="checkbox"/> Fog |
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Rain  | <input type="checkbox"/> Night |                              |

Please fill this out and return it to Interlink Office within 24 hours of the accident

## OTHER PROPERTY DAMAGE

Property Owner: \_\_\_\_\_

Insurance co/ Policy No.: \_\_\_\_\_

Point of Impact/Damages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INJURIES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Injuries: \_\_\_\_\_

\_\_\_\_\_

Medical Facility Taken To: \_\_\_\_\_

Seat Belt in Use: ☐ YES ☐ NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Injuries: \_\_\_\_\_

\_\_\_\_\_

Medical Facility Taken To: \_\_\_\_\_

Seat Belt in Use: ☐ YES ☐ NO

## Insurance FAQs

**How does Insurance work?** Your personal auto policy is the primary coverage if you are involved in an auto accident. This means your own policy will respond first if you are at fault.

**As a volunteer, what assistance is provided by Interlink?** Secondary auto liability is provided as long as the driver has their own personal auto policy.

**What does the secondary auto liability cover?** After your own personal auto policy limit is exhausted for accidents the secondary auto liability is provided under "non-owned auto liability".

**When does the secondary auto liability apply?** It applies during the performance of a volunteer driving assignment.

**Are there situations where I might not be covered?** Interlink does not provide auto coverage. Secondary auto liability is only available as an addition to your personal auto coverage.

**If I am injured in a car accident while volunteering does Interlink cover any health expenses?** No. Your health expenses including deductibles and coinsurance are not insured or reimbursed by Interlink. You must rely on your own auto medical payments and primary health insurance coverage.

For more information  
See Risk Management/Insurance Disclosure

Does Interlink have a copy of your current insurance policy?

## Signatures

Driver: \_\_\_\_\_

Date: \_\_\_\_\_

Interlink Office: \_\_\_\_\_

Date: \_\_\_\_\_