

**MOTOR VEHICLE ACCIDENT REPORT****To be completed by Driver****Submit completed form within 24 hours of****accident to:**

Interlink

817A 6th St., Clarkston, Wa 99403*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**DATE, TIME, PLACE OF ACCIDENT**

Date _____ Time _____

AM PM

Highway/Street/Road: _____

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 PERSONAL VEHICLE 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

Single Vehicle Accident Multi-vehicle accident
 Vehicle overturn Mechanical Defect
 Struck pedestrian or cyclist Loading or unloading
 Struck deer or other animal Struck parked vehicle
 Struck other stationary object Fire

Action of Interlink Vehicle at time of accident

Moving straight ahead Parking
 Turning right Performing U-Turn
 Turning left Passing/Overtaking
 Backing Evasive action
 Slowing down Forced off the road
 Stopped in traffic

Interlink Driver's Vehicle Condition

No defects Lights defective
 Brakes defective Tires/Wheels defective
 Other defects _____

Road Conditions and Controls

Intersection accident Not at intersection
 Driveway or Alley Bridge or Overpass
 Crosswalk Parking lot
 Divided Hwy Number of Lanes _____
 Road under construction or repair
 Snow or ice on roadway Road Dry
 Road Wet

Weather Conditions

Snow Clear Sleet Fog
 Daylight Rain 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 insure 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: _____