

# HARRP

Housing Authorities Risk Retention Pool  
7111 NE 179<sup>th</sup> Street ! Vancouver, Washington 98686  
Phone: (360) 574-9035 ! Fax: (360) 574-9401

## AUTOMOBILE ACCIDENT REPORT

Housing Authority: \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
\_\_\_\_\_  
Hsg. Auth. Phone No.: \_\_\_\_\_  
\_\_\_\_\_  
Hsg. Auth. Contact: \_\_\_\_\_  
\_\_\_\_\_  
City accident occurred in: \_\_\_\_\_

Housing authority automobile information:

Year	Make	Model	VIN No. (Last 4 digits)	Lic. Plate No.	Phys. Dmg. Cvg?
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Driver: \_\_\_\_\_

Location (cross-streets) of Automobile Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Damage to your Vehicle: \_\_\_\_\_  
Where is your Vehicle at this time? \_\_\_\_\_  
\_\_\_\_\_

Injured Parties in your Automobile: \_\_\_\_\_  
\_\_\_\_\_

Name of Other Driver: \_\_\_\_\_  
Address: \_\_\_\_\_  
State/City/Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

Were the police called?     YES     NO    If "Yes":  
Name of Police Department: \_\_\_\_\_  
Name of Police Officer: \_\_\_\_\_  
Were any citations issued?     YES     NO    If "Yes", describe:  
\_\_\_\_\_  
\_\_\_\_\_

Has a Motor Vehicle Accident Report been filed?:     NO     YES    (please attach copy)

Witness Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State/City/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_    Business Phone: \_\_\_\_\_