



STATE OF WASHINGTON  
VEHICLE  
COLLISION  
REPORT



1612971

IF INVESTIGATED, ENTER THE REPORT NUMBER PROVIDED BY THE LAW ENFORCEMENT OFFICER →

REPORT NO.

FOR OFFICIAL  
USE ONLY

DATE OF COLLISION  
M M D D Y Y Y Y

DAY OF COLLISION  
SUN MON TUES WED THU FRI SAT

TIME OF COLLISION  
HOUR MINUTE  
 AM  
 PM

INVESTIGATED BY:  
 STATE PATROL  CITY POLICE  SHERIFF  
 OTHER POLICE  NO INVESTIGATION

PLACE WHERE COLLISION OCCURRED

COUNTY \_\_\_\_\_ MILES  N  E  IN  
 S  W  OF

CITY OR TOWN \_\_\_\_\_  
(NAME OF STREET OR HIGHWAY)

ON \_\_\_\_\_  
INTERSECTING WITH STREET OR ROAD

AT \_\_\_\_\_ OR \_\_\_\_\_

BETWEEN \_\_\_\_\_  
(STREET NAME)

AND \_\_\_\_\_

OF \_\_\_\_\_  
IF NOT AT INTERSECTION, ENTER DISTANCE IN FEET AND DIRECTION FROM REFERENCE  
REFERENCE (STREET, BRIDGE, RR CROSSING, OTHER LAND MARK)

COLLISION OCCURRED ON:  
 INTERSTATE  STATE ROUTE  CITY STREET  
 COUNTY ROAD  OTHER  PRIVATE WAY

COLLISION INVOLVED  
 VEHICLE FIRE  HIT & RUN  STOLEN VEHICLE  
TOTAL # UNITS \_\_\_\_\_ TOTAL # INJURIES \_\_\_\_\_ TOTAL # DEATHS \_\_\_\_\_

ROAD SURFACE  
 DRY  SAND/MUD  CLEAR/P.TLY CLOUDY  FOG  
 WET  OIL  OVERCAST  SLEET  
 SNOW  STANDING WATER  RAINING  SEVERE CROSSWIND  
 ICE  OTHER  SNOWING  OTHER

LIGHT CONDITIONS  
 DAYLIGHT  DARK-STREET LIGHTS ON  STRAIGHT & LEVEL  
 DAWN  DARK-STREET LIGHTS OFF  STRAIGHT & GRADE  
 DUSK  DARK-NO STREET LIGHTS  STRAIGHT AT HILL CREST  
 OTHER  STRAIGHT IN SAG  CURVE IN SAG

UNIT 01 OR (IF MORE THAN 2 UNITS) (MARK ONLY ONE)  MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  
WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER?  YES  NO

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ SEX  M  F  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ D.O.B. MM-DD-YYYY \_\_\_\_\_  
LICENSE PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ VIN# \_\_\_\_\_  
TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK \$ \_\_\_\_\_ .00

INJURY CLASS  
 NO INJURY  DISABLING INJURY (SEVERE)  
 POSSIBLE INJURY  KILLED  
 NON-DISABLING INJURY (MINOR)  
NATURE OF INJURIES:

DID INJURIES REQUIRE EXAMINATION BY A DOCTOR?  
 YES  NO  
 MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

VEHICLE NO. 1  
SHADE IN DAMAGED AREA

REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL) \_\_\_\_\_ OWNER'S ADDRESS (STREET, CITY AND STATE & ZIP CODE) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF COLLISION?  YES  NO INSURANCE CO. & POLICY # \_\_\_\_\_

UNIT 02 OR (IF MORE THAN 2 UNITS) (MARK ONLY ONE)  MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  
WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER?  YES  NO

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ SEX  M  F  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ D.O.B. MM-DD-YYYY \_\_\_\_\_  
LICENSE PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ VIN# \_\_\_\_\_  
TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK \$ \_\_\_\_\_ .00

INJURY CLASS  
 NO INJURY  DISABLING INJURY (SEVERE)  
 POSSIBLE INJURY  KILLED  
 NON-DISABLING INJURY (MINOR)  
NATURE OF INJURIES:

DID INJURIES REQUIRE EXAMINATION BY A DOCTOR?  
 YES  NO  
 MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

VEHICLE NO. 2  
SHADE IN DAMAGED AREA

REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL) \_\_\_\_\_ OWNER'S ADDRESS (STREET, CITY AND STATE & ZIP CODE) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF COLLISION?  YES  NO INSURANCE CO. & POLICY # \_\_\_\_\_

**INJURED PASSENGERS**

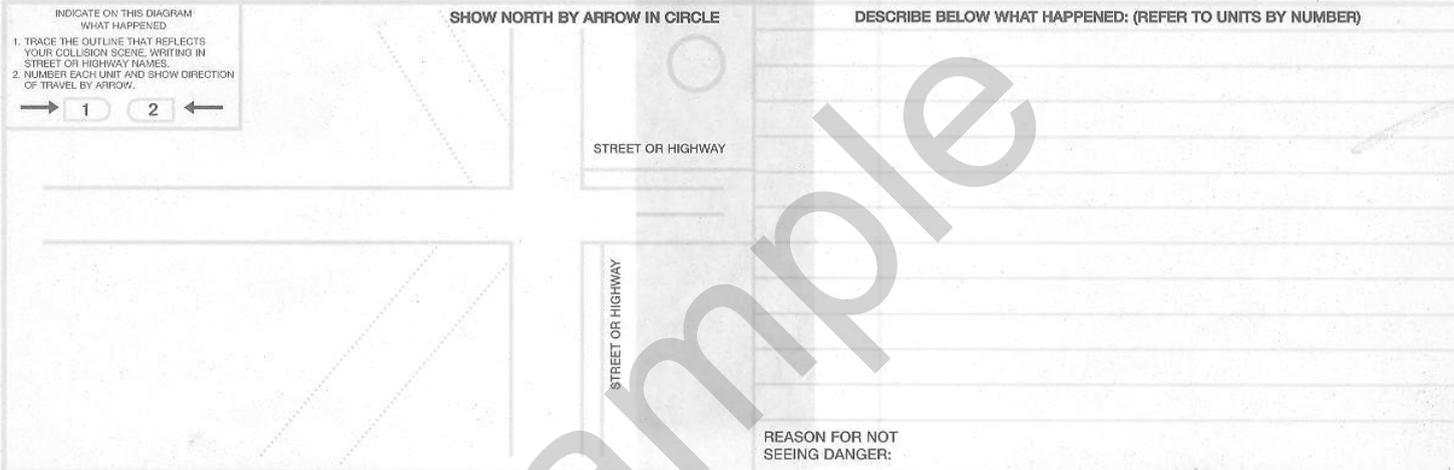


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1612972

LAST NAME				IN UNIT #		
FIRST NAME		MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F		<b>INJURY CLASS</b> <input type="checkbox"/> POSSIBLE INJURY <input type="checkbox"/> NON-DISABLING INJURY (MINOR) <input type="checkbox"/> DISABLING INJURY (SEVERE) <input type="checkbox"/> KILLED	
ADDRESS				D.O.B. MM-DD-YYYY		
NATURE OF INJURIES				DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF MOTORCYCLIST OR PEDALCYCLIST, WAS HELMET USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

LAST NAME				IN UNIT #		
FIRST NAME		MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F		<b>INJURY CLASS</b> <input type="checkbox"/> POSSIBLE INJURY <input type="checkbox"/> NON-DISABLING INJURY (MINOR) <input type="checkbox"/> DISABLING INJURY (SEVERE) <input type="checkbox"/> KILLED	
ADDRESS				D.O.B. MM-DD-YYYY		
NATURE OF INJURIES				DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF MOTORCYCLIST OR PEDALCYCLIST, WAS HELMET USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		



UNIT POSITIONS BEFORE COLLISION					NO OF LANES IN ONE DIRECTION	AT MOMENT OF COLLISION						
UNIT	N	S	E	W		VEHICLE LEGALLY STANDING		VEHICLE LEGALLY PARKED		IF PARKED, WAS VEHICLE OCCUPIED?		
NO. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		UNIT	YES	NO	YES	NO	YES	NO
NO. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		NO. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						NO. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVER/VEHICLE ACTIONS		TRAFFIC CONTROL		TYPE OF ROAD		PEDESTRIAN OR PEDALCYCLIST	
UNIT (MARK ONE OR MORE PER UNIT)		UNIT (MARK ONE PER UNIT)		UNIT (MARK ONE PER UNIT)		UNIT (MARK ONE PER UNIT)	
NO.1	NO.2	NO.1	NO.2	NO.1	NO.2	NO.1	NO.2
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