



**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**



013197

CORRECTION  **REPORT NO.**

**CASE #**

**COMMERCIAL MOTOR CARRIER**

ANY VEHICLE TOWED?

INTERSTATE

INTRASTATE

**UNIT #**

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GWR

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**

**UNIT #**

MOTOR VEHICLE

PEDAL-CYCLE

PEDESTRIAN

PROPERTY OWNER

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

TOWED BY

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT

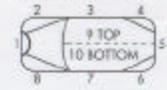
INSURANCE CO. & POLICY #

VEHICLE LEGALLY STANDING YES  NO

CITATION #

CHARGE

SHADE IN DAMAGED AREA



**UNIT #**

MOTOR VEHICLE

PEDAL-CYCLE

PEDESTRIAN

PROPERTY OWNER

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

TOWED BY

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT

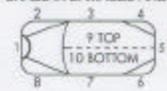
INSURANCE CO. & POLICY #

VEHICLE LEGALLY STANDING YES  NO

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE

ORI

APPROVED BY

DATE

PAGE

OF