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 ☐S ☐W ☐ IN ☐ OF

CITY OR TOWN

(NAME OF STREET OR HIGHWAY)

ON

INTERSECTING WITH STREET OR ROAD

AT **OR**

NON-INTERSECTION (STREET NAME)

BETWEEN

(STREET NAME)

AND

IF NOT AT INTERSECTION, ENTER DISTANCE IN FEET AND DIRECTION FROM REFERENCE FEET ☐N ☐E ☐S ☐W

REFERENCE (STREET, BRIDGE, RR CROSSING, OTHER LAND MARK)

OF

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 ☐ WET ☐ OIL ☐ SNOW ☐ STANDING WATER ☐ ICE ☐ OTHER

WEATHER ☐ CLEAR/PTLY CLOUDY ☐ FOG ☐ OVERCAST ☐ SLEET ☐ RAINING ☐ SEVERE CROSSWI ☐ SNOWING ☐ OTHER

LIGHT CONDITIONS ☐ DAYLIGHT ☐ DARK-STREET LIGHTS ON ☐ DAWN ☐ DARK-STREET LIGHTS OFF ☐ DUSK ☐ DARK-NO STREET LIGHTS ☐ OTHER

ROADWAY CHARACTER ☐ STRAIGHT & LEVEL ☐ CURVE & LEVEL ☐ STRAIGHT & GRADE ☐ CURVE & GRADE ☐ STRAIGHT AT HILL CREST ☐ CURVE AT HILL CRES ☐ 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, PEDALCYCLI SKATER, SKATEBOARDER? ☐ YES ☐ NO

LAST NAME

FIRST NAME MIDDLE INITIAL SEX ☐ M ☐ F

ADDRESS NEW ☐

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

VEH. YEAR MAKE (CHEV, FORD) MODEL (CAMARO, TAURUS) BODY STYLE (2 DR) OBJECT STRUCK (OTHER THAN VEHICLE)

REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL) OWNER'S ADDRESS (STREET, CITY AND STATE & ZIP CODE) DATE OF BIRTH MO DAY YR

WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF COLLISION? ☐ YES ☐ NO INSURANCE CO. & POLICY #

INJURY CLASS ☐ NO INJURY ☐ DISABLING INJURY (SEVE ☐ POSSIBLE INJURY ☐ KILLED ☐ NON-DISABLING INJURY (MINOR)

NATURE OF INJURIES:

DID INJURIES REQUIRE EXAMINATION BY A DOCTOR ☐ YES ☐ NO

☐ MARK IF THIS UNIT W A COMMERCIAL VEHIC

VEHICLE NO. 1
SHADE IN DAMAGED AREA

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

LAST NAME

FIRST NAME MIDDLE INITIAL SEX ☐ M ☐ F

ADDRESS NEW ☐

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

VEH. YEAR MAKE (CHEV, FORD) MODEL (CAMARO, TAURUS) BODY STYLE (2 DR) OBJECT STRUCK (OTHER THAN VEHICLE)

REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL) OWNER'S ADDRESS (STREET, CITY AND STATE & ZIP CODE) DATE OF BIRTH MO DAY YR

WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF COLLISION? ☐ YES ☐ NO INSURANCE CO. & POLICY #

INJURY CLASS ☐ NO INJURY ☐ DISABLING INJURY (SEVE ☐ POSSIBLE INJURY ☐ KILLED ☐ NON-DISABLING INJURY (MINOR)

NATURE OF INJURIES:

DID INJURIES REQUIRE EXAMINATION BY A DOCTOR ☐ YES ☐ NO

☐ MARK IF THIS UNIT W A COMMERCIAL VEHIC

VEHICLE NO. 2
SHADE IN DAMAGED AREA