INJURED PASSENGERS

1612972

IF INVESTIGATED, ENTER THE REPORT NUMBER PROVIDED BY THE LAW ENFORCEMENT OFFICER → **REPORT NO.**

LAST NAME

FIRST NAME | MIDDLE INITIAL | SEX ☐ M ☐ F

ADDRESS | D.O.B. MM-DD-YYYY

NATURE OF INJURIES | DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? ☐ YES ☐ NO | IF MOTORCYCLIST OR PEDALCYCLIST, WAS HELMET USED? ☐ YES ☐ NO

IN UNIT #

INJURY CLASS

☐ POSSIBLE INJURY ☐ DISAB INJUR (SEVE

☐ NON-DISABLING INJURY (MINOR) ☐ KILLE

LAST NAME

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IN UNIT #

INJURY CLASS

☐ POSSIBLE INJURY ☐ DISAB INJUR (SEVE

☐ NON-DISABLING INJURY (MINOR) ☐ KILLE

INDICATE ON THIS DIAGRAM WHAT HAPPENED

1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAMES.
2. NUMBER EACH UNIT AND SHOW DIRECTION OF TRAVEL BY ARROW.

→ 1 2 ←

SHOW NORTH BY ARROW IN CIRCLE

STREET OR HIGHWAY

STREET OR HIGHWAY

DESCRIBE BELOW WHAT HAPPENED: (REFER TO UNITS BY NUMBER)

REASON FOR NOT SEEING DANGER:

UNIT POSITIONS BEFORE COLLISION

UNIT	N	S	E	W
NO. 1	☐	☐	☐	☐
NO. 2	☐	☐	☐	☐

ON (NAME OF STREET OR HIGHWAY)

NO OF LANES IN ONE DIRECTION

AT MOMENT OF COLLISION

UNIT	VEHICLE LEGALLY STANDING YES	VEHICLE LEGALLY STANDING NO	VEHICLE LEGALLY PARKED YES	VEHICLE LEGALLY PARKED NO	IF PARKED, WAS VEHICLE OCCUPIED? YES	IF PARKED, WAS VEHICLE OCCUPIED? NO
NO. 1	☐	☐	☐	☐	☐	☐
NO. 2	☐	☐	☐	☐	☐	☐

DRIVER/VEHICLE ACTIONS

UNIT (MARK ONE OR MORE PER UNIT)

NO.1	NO.2	
☐	☐	GOING STRAIGHT AHEAD
☐	☐	OVERTAKING AND PASSING
☐	☐	MAKING RIGHT TURN
☐	☐	MAKING LEFT TURN
☐	☐	MAKING U-TURN
☐	☐	SLOWING
☐	☐	STOPPED FOR TRAFFIC
☐	☐	STOPPED AT SIGNAL OR STOP SIGN
☐	☐	STOPPED IN ROADWAY
☐	☐	STARTING IN TRAFFIC LANE
☐	☐	STARTING FROM PARKED POSITION
☐	☐	MERGING (ENTERING TRAFFIC)
☐	☐	BACKING
☐	☐	GOING WRONG WAY
☐	☐	CHANGING LANES

TRAFFIC CONTROL

UNIT (MARK ONE PER UNIT)

NO.1	NO.2	
☐	☐	SIGNALS
☐	☐	STOP SIGN
☐	☐	YIELD SIGN
☐	☐	FLASHING RED
☐	☐	FLASHING AMBER
☐	☐	RR SIGNAL
☐	☐	OFFICER/FLAGGER
☐	☐	OTHER
☐	☐	NO TRAFFIC CONTROL

TYPE OF ROAD

UNIT (MARK ONE PER UNIT)

NO.1	NO.2	
☐	☐	ONE WAY
☐	☐	TWO-WAY UNDIVIDED
☐	☐	TWO-WAY DIVIDED, BARRIER
☐	☐	TWO-WAY DIVIDED, NO BARRIER
☐	☐	REVERSIBLE ROAD
☐	☐	INTERCHANGE RAMP
☐	☐	ALLEY
☐	☐	TWO-WAY LEFT TURN LANES
☐	☐	DRIVEWAY

IF HAZARDOUS MATERIALS TRANSPORTED

☐ NOT RELEASED ☐ RELEASED

IF IN CONSTRUCTION, MAINTENANCE, OR UTILITY WORK ZONE: (MARK ONE)

☐ WORKERS PRESENT ☐ WORKERS NOT PRESENT ☐ TRAFFIC BACKUP FROM WORK ZONE

PEDESTRIAN OR PEDALCYCLIST

WAS USING:

UNIT (MARK ONE PER UNIT)

NO.1	NO.2	
☐	☐	SIDEWALK
☐	☐	WALKWAY
☐	☐	SHOULDER
☐	☐	MARKED CROSSWALK
☐	☐	UNMARKED CROSSWALK
☐	☐	DESIGNATED BIKE ROUTE
☐	☐	ROADWAY
☐	☐	OTHER

CLOTHING COLOR

UNIT (MARK ONE PER UNIT)

NO.1	NO.2	
☐	☐	DARK
☐	☐	LIGHT
☐	☐	MIXED
☐	☐	RETRO-REFLECTIVE
☐	☐	OTHER REFLECTIVE APPAREL: SHOES, PATCHES, ETC

PEDESTRIAN OR PEDALCYCLIST POSITION BEFORE COLLISION

ON _____

OR CROSSING _____

	N	S	E	W		N	S	E	W
FROM	☐	☐	☐	☐	TO	☐	☐	☐	☐

WITNESS NAME | ADDRESS | PHONE NUMBER

1

WITNESS NAME | ADDRESS | PHONE NUMBER

2

(OFFICIAL USE ONLY)

UNIT 1 WAS ON DUTY LAW ENFORCEME

☐ OR FIREFIGHTER (RCW 41.26.030)

SIGNATURE OF PERSON COMPLETING REPORT | ADDRESS | DATE OF REPORT MO. DAY YEAR

X

COPY FOR INDIVIDUAL COMPLETING THIS FORM