STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. 0412601

CASE #

LOCAL AGENCY CODING

INTERSTATE ☐ CITY STREET ☐
STATE ROUTE ☐ OTHER ☐
COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN ☐

TOTAL # OF UNITS

OBJECT STRUCK

DATE OF COLLISION M M D D Y Y Y Y

TIME (2400)

COUNTY #

MILES N ☐ E ☐ S ☐ W ☐ IN ☐ OF ☐

CITY #

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☐ NON-INTERSECTION ☐

BLOCK NO. ☐
MILE POST ☐

DISTANCE MILES ☐ N ☐ E ☐ FEET ☐ S ☐ W ☐

OF (REFERENCE OR CROSS STREET)

UNIT 01 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ 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

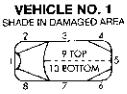
VEH. YEAR MAKE MODEL STYLE TOWED BY

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02 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

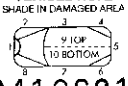
VEH. YEAR MAKE MODEL STYLE TOWED BY

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA



0412601

OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY

PART A 3000-345-155 R (2/97)

STATE OF WASHINGTON
POLICE TRAFFIC-
COLLISION REPORT

1591972

CORRECTION ☐ REPORT NO.

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX D.O.B. MMDDYYYY

PASSENGER ☐ WITNESS ☐ UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX D.O.B. MMDDYYYY

PASSENGER ☐ WITNESS ☐ UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX D.O.B. MMDDYYYY

PASSENGER ☐ WITNESS ☐ UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX D.O.B. MMDDYYYY

PASSENGER ☐ WITNESS ☐ UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

DIAGRAM

INDICATE NORTH BY ARROW

NARRATIVE

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

APPROVED BY DATE

BADGE OR ID # ORI # TIME POLICE DISPATCHED TIME POLICE ARRIVED

PART B 3000-315 15# R (5/94)

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

CORRECTION ☐ ▲ **REPORT NO.** 27

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 GVWR PLACARD ☐ NAME :F 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

SHADE IN DAMAGED AREA

FROM TO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

FROM TO

▲

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

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LICENSE PLATE # STATE VIN#

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VEH. YEAR MAKE MODEL STYLE TOWED BY

SHADE IN DAMAGED AREA

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

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INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # ORI # APPROVED BY DATE PAGE OF ▲

3000-345-013 R (3/97)