



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



3000345159 197 1

REPORT NO. 0021431

CASE #

LOCAL AGENCY  
CODING

TOTAL # OF  
UNITS

OBJECT  
STRUCK

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

FIRE  
RESULTED ☐  
STOLEN  
VEHICLE ☐  
HIT & RUN ☐

M M D D Y Y Y Y

TIME (2400)

COUNTY #

MILES

CITY #

DATE OF  
COLLISION

N ☐ E ☐ IN ☐  
S ☐ W ☐ OF ☐

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

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 #

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D.O.B.  
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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 ☐

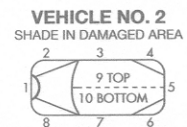
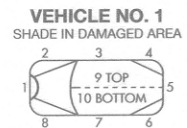
CITATION #

CHARGE

OFFICER'S NAME (PRINT)

BADGE OR ID #

AGENCY



0021431

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



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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 #

LEA #

TIME POLICE DISPATCHED

TIME POLICE ARRIVED

**PART B**

3000-345-159 R (1/97)

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OF