



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. 2519573

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1 28
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INTERSTATE CITY STREET FIRE RESULTED
STATE ROUTE OTHER STOLEN VEHICLE
COUNTY RD PRIVATE WAY HIT & RUN INVOLVED

CASE #
LOCAL AGENCY CODING
TOTAL # OF UNITS OBJECT STRUCK

TRIBAL RESERVATION
DATE OF COLLISION M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
N E IN S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
MILES N E FEET S W

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYY

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 VEHICLE TOWED TOWED BY GOVT. VEHICLE

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # 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

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYY

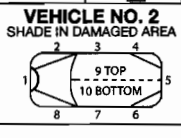
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT. VEHICLE

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE



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

29
30
31
32
33
34
35
36
37
38
39
40
41
42



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

Report number input fields

CASE #

Case number input field

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

DIAGRAM

Large grid area for drawing the diagram

INDICATE NORTH BY ARROW



NARRATIVE

Multiple horizontal lines for writing the 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

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

