| | STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. 2519573 | 1 27 |
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| 1109 | INTERSTATE CITY STREET FIRE RESULTED CASE # | 2 |
| 1 | STATE ROUTE OTHER STOLEN VEHICLE COUNTY RD PRIVATE WAY HIT & RUN INVOLVED | 3 |
| 2 | TRIBAL RESERVATION OBJECT STRUCK | 1 28 |
| 3 | M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY# DATE OF COLLISION | 3 . |
| 4 | ON (PRIMARY TRAFFIC WAY) INTERSECTION INTERS | |
| 4a | BLOCK NO. | 29 |
| 5 | DISTANCE | |
| | UNIT 01 MOTOR | 30 |
| 6 | LAST NAME - MIDDLE INITIAL |] |
| | STREET NEW ADDRESS | j |
| 7 | CITY ST ZIP | 31 |
| 8 | CDL ENDORSEMENTS RESTRICTIONS | 2 |
| 9 | DRIVER'S LICENSE# SEX D.O.B. — — — | 3 |
| 10 | ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE NATURE OF INJURIES | 32 |
| 11 | LICENSE PLATE # STATE VINH | 3 |
| 12 | TRAILER PLATE STATE STATE STATE | |
| 13 | VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO VEHICLE TOWED BY REGISTERED OWNER INFO. VEHICLE NO. 1 | FROM TO 33 |
| 14 | SHADE IN DAMAGED AREA LIABILITY INSURANCE CO & POLICY # INSURANCE CO & POLICY # | FROM TO |
| 15 | VENICLE YES NO CITATION # CHARGE | 35 |
| 16 | UNIT 02 VEHICLE CYCLE PEDESTRIAN OWNER VES NO | 36 |
| 17 | LAST NAME PIRST NAME MIDDLE INITIAL. | 37 |
| 18 | STREET NEW ADDRESS | 38 |
| | CITY ST ZIP | 39 |
| 19 | CDL ENDORSEMENTS RESTRICTIONS | 40 |
| 20 | DRIVER'S LICENSE # . STATE SEX DOS. | |
| 21 | ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS |] |
| 22 | LICENSE PLATE # STATE VIN# | |
| 23 | TRAILER PLATE # STATE STATE STATE | 41 |
| 24 | VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO VEHICLE YES NO VEHICLE YES NO VEHICLE YES NO VEHICLE NO. 2 | 42 |
| _ | LIABILITY INSURANCE INSURANCE CO & POLICY # | |
| 25 | VEHICLE YES NO CHARGE CHARGE CHARGE CHARGE | |
| 26 | OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY | |
| | PART A 3000-345-159 R (7/06) | |





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| ADDRESS & PHON | 1E # | | | | | | SEX | D.O.B. MDDYYYY |]- | - |
| PASSENGER [| WITNESS 🗀 | UNIT# | SEAT POS. | AIRBAG | RESTR. | EJECT | HELMET | INJURY CLASS | NATURE | OF INJURIES |
| NAME (LAST, FIRST, MIDI | DLE INITIAL) | | | | | | | | | |
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| | SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT A CORRECTION CASE # | 1 2 | 2 |
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| 1 | 013197 INTERSTATE INTERSTATE | | \vdash |
| 2 | UNIT# USDOT ICC# VEHICLE TYPE CARGO BODY TYPE CAPRIER NAME | 1 7 | 2 |
| 3 | CONTRACTOR | 2 | |
| | CAPRIER ADDRESS. | 3 | |
| 4 | CITY ST ZIP NAME IF NO NUMBER | i | |
| . 🗀 | SOURCE AXES SWA - + | | 2 |
| 4a | ADDITIONAL UNITS DAMAGE THRESHOLD MET PHONE | | |
| 5 | UNIT # VEHICLE CYCLE PEDESTRIAN PROPERTY CHINER PHONE | | |
| | LAST NAME FIRST NAME NITIAL | | 3 |
| | STREET NEWADDRESS . | | ш |
| 6 | OTTY ST ZIP | | |
| | COL RESTRICTIONS RESTRICTIONS | _ | |
| 7 | DRIVER'S STATE SEX MADDYYYY | 1 | 3 |
| 8 | | 2 | Щ |
| | CHOSCH DISE CLASS | 3 | Ш |
| | LICENSE STATE STATE | 1 | 3 |
| 10 | TRAILER . STATE STATE STATE | 2 | |
| 11 | VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE TOWED BY GOVT. VEHICLE TOWED BY | 3 | $\overline{\Box}$ |
| 12 | REGISTERED OWNER INFO. SHADE IN DAMAGED AREA 2 3 4 | | |
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| | STANDING B 7 6 PROPERTY DAMAGE THRESHOLD MET PHONE | FROM | |
| 14 | | | 3- |
| 15 | LAST NAME FIRST NAME NITIAL | | 3 |
| 16 | STREET NEW ADDRESS - | | 3 |
| 17 | OTTY ST ZIP | | 3 |
| H | CDL ENDORSEMENTS RESTRICTIONS | | 3 |
| 18 | DRIVER'S LICENSE # SEX MMODYYYY | | 3 |
| 19 | ON DUTY STATUS AIRBAG RESTR. EJECT HELMET UNITURY CLASS | | |
| 20 | Temperatura Economica Distriction District | <u> </u> | Ш. |
| 21 | LICENSE PLATE VINW | | |
| | TRAILER PLATE # STATE STATE STATE | | |
| 22 | VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO DELETION NO D | _ | , |
| 23 | REGISTERED OWNER INFO. SHADE IN DAMAGED AREA LIABILITY INSURANCE INSURANCE CO & POLICY # | | 4 |
| 24 | LIABILITY INSURANCE CO & POLICY # INSURANCE CO & POLICY # 1 9 TOP 10 BOTTOM # CHARGE CHARGE | |] 4 |
| | 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) | | |

| 25 | - 1 | INVESTIGATING OFFICER'S SIGNATURE | | UNIT OR DIST DET | DATED: | PLACE SIGN | | ED | | |
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