STUDENT NAME:_____

STATE OF WASHINGTON
VEHICLE COLLISION REPORT

DATE OF COLLISION M M D D Y Y Y Y

DAY OF COLLISION ☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT

TIME OF COLLISION HOUR MINUTES ☐ AM ☐ PM

INVESTIGATED BY:
☐ STATE PATROL
☐ CITY POLICE
☐ SHERIFF
☐ OTHER POLICE
☐ NO INVESTIGATION

COLLISION INVOLVED
☐ VEHICLE FIRE ☐ HIT & RUN ☐ STOLEN VEHICLE

TOTAL # UNITS | TOTAL # INJURIES | TOTAL # DEATHS

UNITS = MOTOR VEHICLE, PEDESTRIANS, PEDALCYCLE AND/OR PROPERTY OWNER

PLACE WHERE COLLISION OCCURRED

COUNTY

CITY OR TOWN

ROAD SURFACE
☐ DRY ☐ SAND/MUD
☐ WET ☐ OIL
☐ SNOW ☐ STANDING WATER
☐ ICE ☐ OTHER

WEATHER
☐ CLEAR/PTLY CLOUDY ☐ FOG
☐ OVERCAST ☐ SLEET
☐ RAINING ☐ SEVERE CROSSWIND
☐ SNOWING ☐ OTHER

LIGHT CONDITIONS
☐ DAYLIGHT ☐ DARK-STREET LIGHTS ON
☐ DAWN ☐ DARK-STREET LIGHTS OFF
☐ DUSK ☐ DARK-NO STREET LIGHTS
☐ OTHER

LOCATION OF WHERE COLLISION OCCURRED:

NAME OF STREET/HIGHWAY YOU WERE ON OR ADDRESS/NAME OF PARKING LOT:

_____

WAS DRIVER DISTRACTED

UNIT #____ ☐ YES ☐ NO
UNIT #____ ☐ YES ☐ NO

DISTRACTIONS INCLUDE: OPERATING A TELECOMMUNICATION DEVICE, ELECTRONIC DEVICES, PDA, LAPTOP COMPUTER, NAVIGATION DEVICES, ADJUSTING AN AUDIO OR ENTERTAINMENT SYSTEM, SMOKING, INSIDE DISTRACTIONS, OUTSIDE DISTRACTIONS, EATING OR DRINKING, ANIMALS, PASSENGERS, ETC.

DISTRACTED BY: _____

DESCRIBE BELOW WHAT HAPPENED (REFER TO UNITS BY NUMBER)

DIAGRAM

AT MOMENT OF COLLISION: UNIT #____
☐ PARKED UNOCCUPIED
☐ PARKED OCCUPIED
☐ STOPPED
☐ MOVING

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 _____

AT MOMENT OF COLLISION: UNIT #____
☐ PARKED UNOCCUPIED
☐ PARKED OCCUPIED
☐ STOPPED
☐ MOVING

STREET OR HIGHWAY _____

WITNESS NAME	ADDRESS	PHONE NUMBER
1		
WITNESS NAME	ADDRESS	PHONE NUMBER
2		

SIGNATURE OF PERSON COMPLETING REPORT **ADDRESS**

X

(OFFICIAL USE ONLY)
UNIT #____ WAS ON-DUTY LAW ENFORCEMENT OR FIREFIGHTER (RCW 41.26.030)

DATE OF REPORT
MO. DAY YEAR
M M D D Y Y Y Y

MAIL TO: WASHINGTON STATE PATROL, RECORDS SECTION, PO BOX 42628, OLYMPIA, WA 98504-2628

UNITS INVOLVED

UNIT #_____ (MARK ONLY ONE) ☐ MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER — WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? ☐ YES ☐ NO

LAST NAME | NATURE OF INJURIES

FIRST NAME | MIDDLE INITIAL | SEX ☐ M ☐ F

ADDRESS NEW ☐

CITY | ST | ZIP

DRIVER'S LICENSE # | STATE | D.O.B. MM-DD-YYYY

LICENSE PLATE # | STATE | VIN | ☐ MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

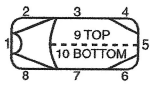
TRAILER PLATE # | STATE | ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK $ .00

VEH YEAR | MAKE (CHEV, FORD) | MODEL (CAMARO, TAURUS) | BODY STYLE (2 DR)

REGISTERED OWNER (LAST - FIRST - MIDDLE INITIAL) | OWNER'S ADDRESS (STREET, CITY, STATE & ZIP CODE)

WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF THE COLLISION? ☐ YES ☐ NO | INSURANCE COMPANY AND POLICY NUMBER

VEHICLE
SHADE IN DAMAGED AREA



UNIT #_____ (MARK ONLY ONE) ☐ MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER — WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? ☐ YES ☐ NO

LAST NAME | NATURE OF INJURIES

FIRST NAME | MIDDLE INITIAL | SEX ☐ M ☐ F

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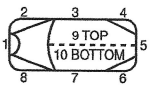
VEHICLE
SHADE IN DAMAGED AREA



PASSENGERS

LAST NAME | IN UNIT

FIRST NAME | MIDDLE INITIAL | SEX ☐ M ☐ F

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

NATURE OF INJURIES | IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? ☐ Y ☐ N

LAST NAME | IN UNIT

FIRST NAME | MIDDLE INITIAL | SEX ☐ M ☐ F

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

NATURE OF INJURIES | IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? ☐ Y ☐ N