

INSTRUCTIONS FOR COMPLETING  
STATE OF WASHINGTON  
VEHICLE COLLISION REPORT

① UNFOLD HERE 

The operator or owner of any vehicle involved in a collision within this state in which any person is injured, including one's self, or in which any person's property sustains damages in the amount of \$700.00 or more is required to complete this collision report form. **Mail this report to the [Washington State Patrol, Records Section, P.O. Box 42628, Olympia, WA 98504-2628](#).**

## GENERAL INSTRUCTIONS

This Vehicle Collision Report is designed to use computer technology to read and record your printed responses. To ensure accuracy, please follow these instructions when completing the report.

**When the information requested is not available or not applicable, leave that portion of the form blank.**

Print in block capital letters using a black ball-point pen with a medium tip; do not use a pencil or felt-tip pen. Please follow the examples below:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	1	2	3	4	5	6	7	8	9	0
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Note: sevens and zeros should not be crossed

Items requiring a box to be marked should be filled in as follows:  OR

**If the collision was investigated by a law enforcement officer:**

- A seven digit Report Number should have been provided to you at the time of the collision by the investigating officer.
- This Report Number is pre-printed on the Police Traffic Collision Report.
- If you were not provided a Report Number, contact the investigating law enforcement agency.
- **The Report Number MUST be entered in the boxes provided in the upper right corner on all pages of the Vehicle Collision Report.**

**If the collision was not investigated by a law enforcement officer,** leave the Report Number blank.

## SPECIFIC INSTRUCTIONS (Items which are self-explanatory are not listed)

### COLLISION LOCATION

COLLISION OCCURRED ON: Mark one road category box. Examples are:

Interstate - I-5, I-82, I-90, I-182, I-205, I-405 or I-705

State Route - includes all state highways and US routes; for example, SR 20, Highway 99, US 395

City Street - a street or road within an incorporated city, which is not in another road category

County Road - a street or road outside an incorporated city, which is not in another road category

Other - parks, campuses, forest service roads, military bases, park and ride lots, etc.

Private Way - private roads, shopping malls, parking lots, driveways, etc.

PLACE WHERE COLLISION OCCURRED:

COUNTY: Print the name of the county in which the collision occurred. If uncertain, check with local law enforcement agency.

IF THE COLLISION OCCURRED INSIDE CITY LIMITS:

- leave miles and direction blank,
- mark the "IN" box,
- print name of city,
- print name of street or highway in the boxes following the word "ON"

IF THE COLLISION OCCURRED OUTSIDE CITY LIMITS:

- enter the number of miles and mark the direction from closest city,
- mark the "OF" box,
- print name of city,
- print name of street or highway in the boxes following the word "ON"

**and**

IF THE COLLISION OCCURRED AT AN INTERSECTION:

- print name of intersecting street or road in the boxes following the word "AT"

IF THE COLLISION DID NOT OCCUR AT AN INTERSECTION:

- print names of street or roads on either side of the collision in the boxes following the words "BETWEEN" & "AND",
- enter distance in feet and mark the direction from closest reference,
- print reference name in the boxes following the word "OF"

INSTRUCTIONS FOR COMPLETING  
STATE OF WASHINGTON  
VEHICLE COLLISION REPORT

② REMOVE INSTRUCTION  
SHEET AT LEFT

DRIVER/VEHICLE INFORMATION

The person completing the report should use **UNIT 01** for their response, while UNIT 02 is the other party involved. A UNIT may be a motor vehicle, pedalcycle (bicycle, tricycle, unicycle), pedestrian (includes wheelchairs, skateboards and roller skates) or property owner incurring damage. Mark only one category box per UNIT. If the "PROPERTY OWNER" box is marked, enter the property owner's name and address, the name of the object struck and the estimated cost to repair.

If more than 2 UNITS are involved in the collision, use additional report form(s). Write the UNIT number(s) in the boxes adjacent to UNIT 01 and UNIT 02 on the additional form(s). For example, if there were three units involved in the collision, enter "03" in the two boxes to the right of "UNIT 01" for the third unit.

ADDRESS: Mark the "NEW" box if this address is different from that on your driver's license.

DRIVER'S LICENSE NO.: If your driver's license number is longer than 12 characters, print the first 12 characters only.

WAS HELMET USED...: Mark the appropriate "YES" or "NO" box if the person was operating a motorcycle (includes motor scooters and mopeds), pedalcycle (includes bicycles, tricycles, and unicycles), or on a skateboard or roller skates.

INJURY CLASS: Mark one box only.

NATURE OF INJURIES: Describe injury; for example, bruised ribs, broken arm, etc.

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE. A commercial vehicle is described as:

- a single vehicle with a gross vehicle weight rating (GVWR) of more than 26,000 pounds; or
- a trailer with a GVWR of more than 10,000 pounds if the gross weight rating of the combined vehicle(s) is more than 26,000 pounds; or
- a vehicle designed to transport 16 or more persons (including the driver); or
- a school bus regardless of size; or
- any size vehicle which requires a placard for transporting hazardous materials.

TRAILER PLATE NO.: If applicable, enter the full license plate number for the trailer.

REGISTERED OWNER NAME and ADDRESS: If registered owner is same as driver, you need only write "SAME" in the space provided for registered owner.

REGISTERED OWNER DATE OF BIRTH: Enter if known.

INSURANCE CO. & POLICY NO.: Enter the specific insurance company that is underwriting liability coverage, not the insurance broker/agent. Note that the coverage is for liability insurance (which is mandatory in Washington State), not collision or comprehensive coverage. Enter the policy number. The name of the automobile insurance company and policy number may be found on the insurance card provided by the company.

OBJECT STRUCK: Does not include vehicles involved in the collision.

If there is not an identifiable property owner, for example deer, embankment, tree, etc., enter the name of object struck in the space provided on the report with your UNIT.

If there is an identifiable property owner, for example utility pole, guardrail, building, etc., mark the "PROPERTY OWNER" box for a UNIT other than yours. Enter the property owner's name and address, the name of the object struck and the estimated cost to repair.

INJURED PASSENGERS

Complete this section of the form only for those passengers who were injured in the collision. Be sure to identify in which UNIT the passengers were riding, for example 01, 02, etc. If more than two passengers were injured, use additional report form(s) to enter the information.

WAS HELMET USED...: Mark the appropriate "YES" or "NO" box if the person was a passenger on a motorcycle (includes motor scooters and mopeds) or pedalcycle (includes bicycles, tricycles, or bicycle trailers).

COLLISION DESCRIPTION

VEHICLE LEGALLY STANDING: Examples include: stopped at a stop sign, yield sign, traffic signal, stopped due to traffic backup or granting the right of way to another vehicle or pedestrian, etc.

TYPE OF ROAD: The word "BARRIER" refers to any protective device which separates opposing lanes of traffic. Examples of barriers include guardrails, concrete barriers, etc.

IF HAZARDOUS MATERIALS TRANSPORTED: Examples of hazardous materials include flammable liquids, corrosives, explosives, ammonia, chlorine, or radioactive substances.



STATE OF WASHINGTON  
VEHICLE  
COLLISION  
REPORT



1612971

IF INVESTIGATED, ENTER THE REPORT NUMBER  
PROVIDED BY THE LAW ENFORCEMENT OFFICER →

REPORT NO.

FOR OFFICIAL  
USE ONLY

**DATE OF COLLISION** M M D D Y Y Y Y

**DAY OF COLLISION** SUN MON TUES WED THU FRI SAT

**TIME OF COLLISION** HOUR MINUTE  AM  PM

**INVESTIGATED BY:**

STATE PATROL  CITY POLICE  SHERIFF

OTHER POLICE  NO INVESTIGATION

**PLACE WHERE COLLISION OCCURRED**

COUNTY \_\_\_\_\_ MILES  N  E  IN  S  W  OF

CITY OR TOWN \_\_\_\_\_

(NAME OF STREET OR HIGHWAY) \_\_\_\_\_

**ON** \_\_\_\_\_

INTERSECTING WITH STREET OR ROAD \_\_\_\_\_

**AT** \_\_\_\_\_ **OR** \_\_\_\_\_

NON-INTERSECTION (STREET NAME) \_\_\_\_\_

**BETWEEN** \_\_\_\_\_

(STREET NAME) \_\_\_\_\_

**AND** \_\_\_\_\_

IF NOT AT INTERSECTION, ENTER DISTANCE IN FEET AND DIRECTION FROM REFERENCE \_\_\_\_\_ FEET  N  E  S  W

REFERENCE (STREET, BRIDGE, RR CROSSING, OTHER LAND MARK) \_\_\_\_\_

**OF** \_\_\_\_\_

**COLLISION OCCURRED ON:**

INTERSTATE  STATE ROUTE  CITY STREET

COUNTY ROAD  OTHER

**COLLISION INVOLVED**

VEHICLE FIRE  HIT & RUN  STOLEN VEHICLE

TOTAL # UNITS	TOTAL # INJURIES	TOTAL # DEATHS

**ROAD SURFACE**

DRY  SAND/MUD  CLEAR/PTLY CLOUDY  FOG

WET  OIL  OVERCAST  SLEET

SNOW  STANDING WATER  RAINING  SEVERE CROSSWIND

ICE  OTHER  SNOWING  OTHER

**LIGHT CONDITIONS**

DAYLIGHT  DARK-STREET LIGHTS ON  STRAIGHT & LEVEL  CURVE & LEVEL

DAWN  DARK-STREET LIGHTS OFF  STRAIGHT & GRADE  CURVE & GRADE

DUSK  DARK-NO STREET LIGHTS  STRAIGHT AT HILL CREST  CURVE AT HILL CREST

OTHER  STRAIGHT IN SAG  CURVE IN SAG

**UNIT 01 OR** (IF MORE THAN 2 UNITS) \_\_\_\_\_ (MARK ONLY ONE)  MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER

WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER?  YES  NO

LAST NAME \_\_\_\_\_

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# \_\_\_\_\_

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

VEH. YEAR \_\_\_\_\_ MAKE (CHEV, FORD) \_\_\_\_\_ MODEL (CAMARO, TAURUS) \_\_\_\_\_ BODY STYLE (2 DR) \_\_\_\_\_ OBJECT STRUCK (OTHER THAN VEHICLE) \_\_\_\_\_

REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL) \_\_\_\_\_ OWNER'S ADDRESS (STREET, CITY AND STATE & ZIP CODE) \_\_\_\_\_ DATE OF BIRTH MO. DAY YR. \_\_\_\_\_

WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF COLLISION?  YES  NO INSURANCE CO. & POLICY # \_\_\_\_\_

**INJURY CLASS**

NO INJURY  DISABLING INJURY (SEVERE)

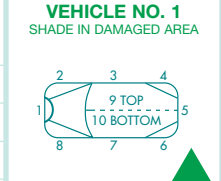
POSSIBLE INJURY  KILLED

NON-DISABLING INJURY (MINOR)

NATURE OF INJURIES:

DID INJURIES REQUIRE EXAMINATION BY A DOCTOR?  YES  NO

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE



**UNIT 02 OR** (IF MORE THAN 2 UNITS) \_\_\_\_\_ (MARK ONLY ONE)  MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER

WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER?  YES  NO

LAST NAME \_\_\_\_\_

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# \_\_\_\_\_

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

VEH. YEAR \_\_\_\_\_ MAKE (CHEV, FORD) \_\_\_\_\_ MODEL (CAMARO, TAURUS) \_\_\_\_\_ BODY STYLE (2 DR) \_\_\_\_\_ OBJECT STRUCK (OTHER THAN VEHICLE) \_\_\_\_\_

REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL) \_\_\_\_\_ OWNER'S ADDRESS (STREET, CITY AND STATE & ZIP CODE) \_\_\_\_\_ DATE OF BIRTH MO. DAY YR. \_\_\_\_\_

WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF COLLISION?  YES  NO INSURANCE CO. & POLICY # \_\_\_\_\_

**INJURY CLASS**

NO INJURY  DISABLING INJURY (SEVERE)

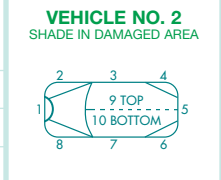
POSSIBLE INJURY  KILLED

NON-DISABLING INJURY (MINOR)

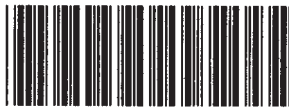
NATURE OF INJURIES:

DID INJURIES REQUIRE EXAMINATION BY A DOCTOR?  YES  NO

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE



**INJURED PASSENGERS**



1612972

IF INVESTIGATED, ENTER THE REPORT NUMBER PROVIDED BY THE LAW ENFORCEMENT OFFICER →

**REPORT NO.**

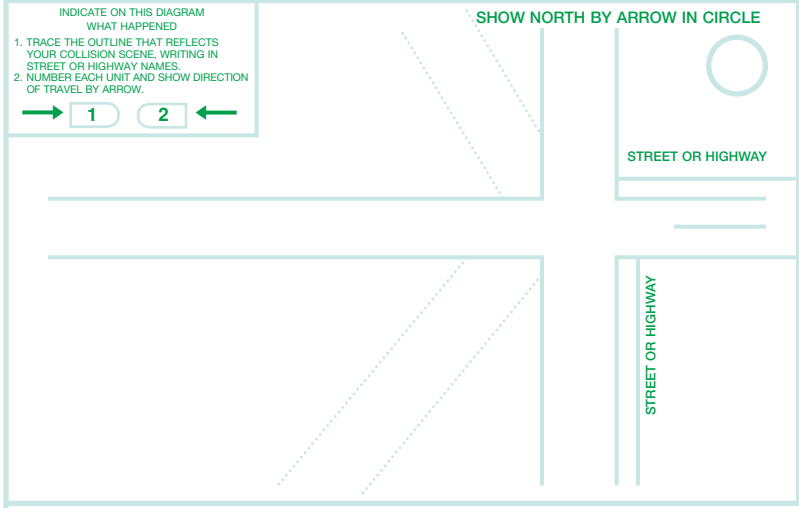
Report number input fields

Form for Unit 1: LAST NAME, FIRST NAME, ADDRESS, D.O.B., NATURE OF INJURIES, DID INJURIES REQUIRE EXAMINATION BY A DOCTOR?, IF MOTORCYCLIST OR PEDALCYCLIST, WAS HELMET USED?

Form for Unit 1: IN UNIT #, INJURY CLASS (POSSIBLE INJURY, NON-DISABLING INJURY (MINOR), DISABLING INJURY (SEVERE), KILLED)

Form for Unit 2: LAST NAME, FIRST NAME, ADDRESS, D.O.B., NATURE OF INJURIES, DID INJURIES REQUIRE EXAMINATION BY A DOCTOR?, IF MOTORCYCLIST OR PEDALCYCLIST, WAS HELMET USED?

Form for Unit 2: IN UNIT #, INJURY CLASS (POSSIBLE INJURY, NON-DISABLING INJURY (MINOR), DISABLING INJURY (SEVERE), KILLED)



DESCRIBE BELOW WHAT HAPPENED: (REFER TO UNITS BY NUMBER). REASON FOR NOT SEEING DANGER:

UNIT POSITIONS BEFORE COLLISION table with columns: UNIT, N, S, E, W, ON (NAME OF STREET OR HIGHWAY), NO OF LANES IN ONE DIRECTION

AT MOMENT OF COLLISION table with columns: UNIT, VEHICLE LEGALLY STANDING, VEHICLE LEGALLY PARKED, IF PARKED, WAS VEHICLE OCCUPIED?

- DRIVER/VEHICLE ACTIONS: UNIT (MARK ONE OR MORE PER UNIT) NO.1 NO.2. GOING STRAIGHT AHEAD, OVERTAKING AND PASSING, MAKING RIGHT TURN, MAKING LEFT TURN, MAKING U-TURN, SLOWING, STOPPED FOR TRAFFIC, STOPPED AT SIGNAL OR STOP SIGN, STOPPED IN ROADWAY, STARTING IN TRAFFIC LANE, STARTING FROM PARKED POSITION, MERGING (ENTERING TRAFFIC), BACKING, GOING WRONG WAY, CHANGING LANES.

- TRAFFIC CONTROL: UNIT (MARK ONE PER UNIT) NO.1 NO.2. SIGNALS, STOP SIGN, YIELD SIGN, FLASHING RED, FLASHING AMBER, RR SIGNAL, OFFICER/FLAGGER, OTHER, NO TRAFFIC CONTROL.

- TYPE OF ROAD: UNIT (MARK ONE PER UNIT) NO.1 NO.2. ONE WAY, TWO-WAY UNDIVIDED, TWO-WAY DIVIDED, BARRIER, TWO-WAY DIVIDED, NO BARRIER, REVERSIBLE ROAD, INTERCHANGE RAMP, ALLEY, TWO-WAY LEFT TURN LANES, DRIVEWAY.

- PEDESTRIAN OR PEDALCYCLIST WAS USING: UNIT (MARK ONE PER UNIT) NO.1 NO.2. SIDEWALK, WALKWAY, SHOULDER, MARKED CROSSWALK, UNMARKED CROSSWALK, DESIGNATED BIKE ROUTE, ROADWAY, OTHER.
- CLOTHING COLOR: UNIT (MARK ONE PER UNIT) NO.1 NO.2. DARK, LIGHT, MIXED, RETRO-REFLECTIVE, OTHER REFLECTIVE APPAREL: SHOES, PATCHES, ETC.
- PEDESTRIAN OR PEDALCYCLIST POSITION BEFORE COLLISION: ON OR CROSSING FROM N S E W TO N S E W.

WITNESS NAME, ADDRESS, PHONE NUMBER for 1 and 2. SIGNATURE OF PERSON COMPLETING REPORT (marked with X), ADDRESS.

(OFFICIAL USE ONLY) UNIT 1 WAS ON DUTY LAW ENFORCEMENT OR FIREFIGHTER (RCW 41.26.030). DATE OF REPORT MO., DAY, YEAR.

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