

ROADWAY SURFACE CONDITION	
1 Dry	6 Oil
2 Wet	7 Standing Water
3 Snow / Slush	8 Other*
4 Ice	9 Unknown
5 Sand / Mud / Dirt	

WEATHER	
1 Clear / Partly Cloudy	6 Sleet / Hail / Freezing Rain
2 Overcast	7 Severe Crosswind
3 Raining	8 Blowing Sand/Dirt/Snow
4 Snowing	9 Other*
5 Fog / Smog / Smoke	0 Unknown

LIGHT CONDITIONS	
1 Daylight	5 Dark - Street Lights Off
2 Dawn	6 Dark - No Street Lights
3 Dusk	7 Other*
4 Dark - Street Lights On	9 Unknown

WORK ZONE (CONSTRUCTION, MAINTENANCE, UTILITY)	
1 Workers Present	3 Traffic Backup From Work Zone
2 Workers Not Present	

LOCATION CHARACTER (ONLY IF APPLICABLE)	
1 Parking Lot	6 Park & Ride Lot
2 Bridge / Overpass	7 Ferry Dock
3 Underpass / Tunnel	8 School Zone
4 Rest Area / Turn Out	9 Playground Zone
5 Shopping Mall / Plaza	0 RR Crossing

ROADWAY CHARACTER	
1 Straight & Level	6 Curve & Grade
2 Straight & Grade	7 Curve at Hillcrest
3 Straight at Hillcrest	8 Curve in Sag
4 Straight in Sag	9 Unknown
5 Curve & Level	

HAZARDOUS MATERIALS (IDENTIFY IN NARRATIVE)	
1 Hazmat Transported - Not Released	
2 Hazmat Transported - Released	

TRAFFIC CONTROL	
1 Signals	6 RR Signal
2 Stop Sign	7 Officer / Flagger
3 Yield Sign	8 Other Traffic Control*
4 Flashing Red	9 No Traffic Control
5 Flashing Amber	0 Unknown

POSTED SPEED
MILES PER HOUR FOR EACH VEHICLE INVOLVED

TYPE OF ROADWAY	
1 One Way	6 Interchange Ramp
2 Two Way - Undivided	7 Alley
3 Two Way - Divided, with Barrier	8 Center-Two Way Left Turn Lane
4 Two Way - Divided, no Barrier	9 Driveway
5 Reversible Road	0 Unknown

ROADWAY SURFACE TYPE	
1 Concrete	5 Dirt
2 Blacktop	6 Other*
3 Brick or Wood Block	9 Unknown
4 Gravel	

VEHICLE CLASSIFICATION (ONLY IF APPLICABLE)	
1 Trailer w/GVWR of 10,001 lbs or more, if GVWR of combined vehicle(s) is 26,001 lbs or more.	
2 Single vehicle w/GVWR of 26,001 lbs or more; or any school bus regardless of size.	
3 Single vehicle of 26,000 lbs or less, designed to carry 16 passengers or more; or any vehicle regardless of size which requires a HAZ MAT Placard.	

PEDESTRIAN / PEDALCYCLIST WAS USING:	
1 Sidewalk	5 Unmarked X Walk
2 Walkway	6 Other*
3 Shoulder	7 Designated Bike Route
4 Marked X Walk	8 Roadway

PEDESTRIAN / PEDALCYCLIST CLOTHING VISIBILITY	
1 Dark	4 Retro - Reflective
2 Light	5 Other Reflective Apparel* -Shoes, Patches
3 Mixed	

PEDESTRIAN ACTION (ONE PER UNIT)	
1 Xing at Intersection with Signal	11 Walking on Roadway Shoulder Opposite Traffic
2 Xing at Intersection Against Signal	12 Standing or Working on Roadway
3 Xing at Intersection - No Signal	13 Pushing or Working on Vehicle
4 Xing at Intersection - Diagonally	14 Playing in Roadway
5 From Behind Parked Vehicle	15 Lying in Roadway
6 Xing - Non Intersection - No X Walk	16 Not in Roadway
7 Xing - Non Intersection - In X Walk	17 All Other Actions*
8 Walk'g in Roadway with Traffic	18 Fell or Pushed into Path of Vehicle
9 Walk'g in Rdwy Opposite Traffic	19 At Intersection Not Using Crosswalk
10 Walk'g on Rdwy Shldr with Traffic	

PEDALCYCLIST ACTION (ONE PER UNIT)	
43 Xing diagonally	47 Cyclist Turned Into Path of Vehicle-Same Direction
44 Riding with Traffic	48 Cyclist Turned Into Path of Vehicle -Opposite Direction
45 Riding Against Traffic	49 All Other Actions*
46 Fell or Pushed into Path of Vehicle	50 Xing or Entering Trafficway

CONTRIBUTING CIRCUMSTANCES - DRIVERS, PEDALCYCLISTS OR PEDESTRIANS (NO MORE THAN THREE PER UNIT)	
1 Under Influence of Alcohol	17 Other* (List in Narrative)
2 Under Influence of Drugs	18 None
3 Exceeding Stated Speed Limit	19 Improper Signal
4 Exceeding Reas. Safe Speed	20 Improper U Turn
5 Did Not Grant R/W to Vehicle	21 Light Violation: No Lights / Fail to Dim
6 Improper Passing	22 Did Not Grant R/W to Pedestrian/ Pedalcyclist
7 Following Too Closely	23 Inattention
8 Over Center Line	24 Improper Backing
9 Failing to Signal	30 Disregard Flagger / Officer
10 Improper Turn	31 Apparently Ill
11 Disregard Stop and Go Signal	32 Apparently Fatigued
12 Disregard Stop Sign / Flashing Red	33 Had Taken Medication
13 Disregard Yield Sign / Flashing Yellow	34 On Wrong Side of Road
14 Apparently Asleep	35 Hitchhiking
15 Improper Parking Location	36 Failure to Use Xwalk
16 Operating Defective Equipment	

VEHICLE ACTIONS (NO MORE THAN THREE PER VEHICLE)	
1 Going Straight Ahead	13 Legally Parked, Occupied
2 Overtaking and Passing	14 .Legally Parked, Unoccupied
3 Making Right Turn	15 Backing
4 Making Left Turn	16 Going Wrong Way on Divided Hwy
5 Making U-Turn	17 Going Wrong Way on Ramp
6 Slowing	18 Going Wrong Way on One-Way Street or Road
7 Stopped for Traffic	19 Other*
8 Stopped at Signal or Stop Sign	20 Changing Lanes
9 Stopped in Roadway	21 Illegally Parked, Occupied
10 Starting in Traffic Lane	22 Illegally Parked, Unoccupied
11 Starting From Parked Position	
12 Merging (Entering Traffic)	

VEHICLE CONDITION (NO MORE THAN THREE PER VEHICLE)	
1 Defective Brakes	9 Headlights Glaring
2 Defective Headlights	10 Other Lights / Reflectors Insufficient
3 Defective Rear Lights	11 Other Defects*
4 Tires Worn or Smooth	12 No Defects
5 Tires Punctured or Blown	13 Motorcycle - Lights Off
6 Lost a Wheel	14 Equipped with Studded Tires
7 Defective Steering Mechanism	15 Motorcycle Windshield Installed
8 Power Failure	16 Truck / Trailer Safety Inspection

DIRECTION OF MOVEMENT (INDICATE BY NUMBER THE "FROM" AND "TO" MOVEMENT)

9 Vehicle Stopped
0 Vehicle Backing

SOBRIETY	
1 HBD - Ability Impaired	4 Had Not Been Drinking
2 HBD - Ability Not Impaired	9 Unknown
3 HBD - Sobriety Unknown	

ALCOHOL TEST	
97 Test Given - Results Pending	OR: List Actual Test
98 Test Given - No Results	Results in 100ths
99 Test Refused	

DRE ASSESSMENT (NO MORE THAN 2 PER UNIT)	
1 CNS - Depressants	6 Inhalants
2 CNS - Stimulants	7 Cannabis
3 Hallucinogens	8 Drug Combinations
4 PCP	9 Drug Impaired, Type Not Determined
5 Narcotic Analgesics	0 Not Drug Impaired

SEQUENCE OF EVENTS (UP TO FOUR PER VEHICLE)	
1 Collision Involving Motor Vehicle in Transport	9 Ran off the Road
2 Collision Involving Fixed Object	10 Jackknife
3 Collision Involving Other Object	11 Overturn (Rollover)
4 Collision Involving Parked Vehicle	12 Downhill Runaway
5 Collision Involving Pedestrian	13 Cargo Loss or Shift
6 Collision Involving Pedalcyclist	14 Explosion or Fire
7 Collision Involving Animal	15 Separation of Units
8 Collision Involving Train	16 Other*

STATE OF WASHINGTON

POLICE TRAFFIC COLLISION REPORT OVERLAY

3000-345-359 Revised (1/97)

① UNIT #1 ② UNIT #2

*DESCRIBE IN THE NARRATIVE

INSTRUCTIONS

This Police Traffic 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 report 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:

ABCDEFGHIJKLMN OPQRSTU VWXYZ 1234567890

Note: sevens and zeros should not be crossed

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

RIGHT **WRONG**

When the information requested is not available or not applicable, leave that portion of the form blank.
 Enter the pre-printed REPORT NO. found at the top right of Part A, on all subsequent pages.
 Include the REPORT NO. if you are providing exchange of information to individuals involved.

- If applicable to your jurisdiction, enter the Case # on all pages.
- Use the Unit #1 section of Part A to capture information on motor vehicle drivers or pedalcyclists.
- Use the Unit #2 section of Part A to capture information on motor vehicle drivers, pedalcyclists, pedestrians or property owners.
- Use the applicable Status codes to further describe pedestrians or pedalcyclists involved.
- Use the Additional Persons Involved section of Part B to capture information on vehicle passengers or witnesses only.
- Use the Supplemental Police Traffic Collision Report to capture information on additional units.

WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT
 (See Supplemental Police Traffic Collision Report).

Answers to questions below determine use.

Did this collision involve -	Yes	No
1 A truck with at least 2 axles and 6 tires?	_____	_____
2 A bus with seats for 16 or more people, including driver?	_____	_____
3 Any vehicle requiring a hazardous material placard?	_____	_____

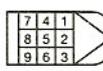
STOP - If response to all above questions is "No", do not complete the Commercial Motor Carrier portion of report.

4 A fatal injury?	_____	_____
5 An injured person who was transported for immediate medical attention?	_____	_____
6 A vehicle which was towed because of disabling damage?	_____	_____
7 A vehicle requiring intervening assistance before proceeding under its own power? (e.g., towed from ditch, etc.)	_____	_____

Note: If response to question 6 or 7 is 'Yes', mark the "Any Vehicle Towed?" box on the Commercial Motor Carrier portion of report.

STOP - If response to the last four items is "No", do not complete the Commercial Motor Carrier portion of report.

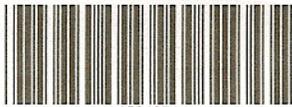
USE THE FOLLOWING CODES ON THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT.		
VEHICLE TYPE 1 Bus 2 Single-unit Truck; 2 axle, 6 tires 3 Single-unit Truck; 3 or more axles 4 Truck/Trailer 5 Truck Tractor (Bob-tail) 6 Tractor/Semi-Trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Other/Cannot Classify	CARGO BODY TYPE 1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other	NAME SOURCE (CARRIER) 1 Side of Vehicle 2 Shipping Papers 3 Driver 4 Log Book

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS						
STATUS OF PEDESTRIAN/ PEDALCYCLIST 1 Bicyclist 2 Tricyclist 3 Person on Foot 4 Roller Skater / Skateboarder 5 Non-Motorized Wheelchair 6 Motorized Wheelchair 7 Flagger 8 Roadway Worker 9 Emergency Response Personnel 0 Other*	SEAT POSITION  10 Other Position* 11 Position Unknown 12 Motorcycle 13 Outside of Vehicle	AIRBAG 1 Not Airbag Equipped 2 Airbag Equipped -Not Activated 3 Airbag Equipped -Activated 9 Unknown	RESTRAINT SYSTEMS 1 No Restraints Used 2 Lap Belt Used 3 Shoulder Belt Used 4 Lap & Shoulder Belt Used 5 Child Infant Seat Used 6 Child Convertible Seat Used 7 Child Built-In Seat Used 8 Child Booster Seat Used 9 Unknown	EJECTION 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 9 Unknown	HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS 1 Helmet Used 2 Helmet Not Used 9 Other	INJURY CLASS 1 No Injury 2 Dead at Scene 3 Dead on Arrival 4 Died at Hospital 5 Disabling Injury (Evident Injury) 6 Non Disabling (Evident Injury) 7 Possible Injury 0 unknown

* DESCRIBE IN THE NARRATIVE.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 0684702

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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>

CASE # _____

LOCAL AGENCY CODING _____

TOTAL # OF UNITS _____ OBJECT STRUCK _____

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

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

DISTANCE _____ MILES N E OF (REFERENCE OR CROSS STREET) 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 _____

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 # _____ 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 _____

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

0684702

