

1	ROADWAY SURFACE CONDITION 1 Dry 2 Wet 3 Snow / Slush 4 Ice 5 Sand / Mud / Dirt	6 Oil 7 Standing Water 8 Other* 9 Unknown	CONTRIBUTING CIRCUMSTANCES - DRIVERS, PEDALCYCLISTS OR PEDESTRIANS (NO MORE THAN THREE PER UNIT) 1 Under Influence of Alcohol 2 Under Influence of Drugs 3 Exceeding Stated Speed Limit 4 Exceeding Reas. Safe Speed 5 Did Not Grant R/W to Vehicle 6 Improper Passing 7 Following Too Closely 8 Over Center Line 9 Falling to Signal 10 Improper Turn 11 Disregard Stop and Go Signal 12 Disregard Stop Sign / Flashing Red 13 Disregard Yield Sign / Flashing Yellow 14 Apparently Asleep 15 Improper Parking Location 16 Operating Defective Equipment 17 Other* (List in Narrative) 18 None 19 Improper Signal 20 Improper U Turn 21 Light Violation: No Lights / Fail to Dim 22 Did Not Grant R/W to Pedestrian / Pedalcyclist 23 Inattention 24 Improper Backing	30 Disregard Flagger / Officer 31 Apparently Ill 32 Apparently Fatigued 33 Had Taken Medication 34 On Wrong Side of Road 35 Hitchhiking 36 Failure to Use Xwalk 40 Driver Operating Handheld Telecommunication Device 41 Driver Operating Hands-free Wireless Telecommunication Device 42 Driver Operating Other Electronic Devices (computers, navigational devices, etc.) 43 Driver Adjusting an Audio or Entertainment System 44 Driver Smoking 45 Driver Eating or Drinking 46 Driver Reading or Writing 47 Driver Grooming 48 Driver Interacting with Passengers, Animals or Objects in the Vehicle 49 Other Driver Distractions Inside the Vehicle 50 Driver Distractions Outside the Vehicle 51 Unknown Driver Distraction 52 Driver Not Distracted	27 28 29 30 31 32
2	WEATHER 1 Clear / Partly Cloudy 2 Overcast 3 Raining 4 Snowing 5 Fog / Smog / Smoke	6 Sleet / Hail / Freezing Rain 7 Severe Crosswind 8 Blowing Sand/Dirt/Snow 9 Other* 0 Unknown			
3	LIGHT CONDITIONS 1 Daylight 2 Dawn 3 Dusk 4 Dark - Street Lights On	5 Dark - Street Lights Off 6 Dark - No Street Lights 7 Other* 9 Unknown			
4	WORK ZONE LOCATION 4 Within Work Zone	5 In External Traffic Backup Caused from Work Zone			
4a	WORK ZONE TYPE 1 Construction 2 Maintenance	3 Utility 9 Work Zone Type Unknown			
5	LOCATION CHARACTER (ONLY IF APPLICABLE) 1 Parking Lot 2 Bridge / Overpass 3 Underpass / Tunnel 4 Rest Area / Turn Out 5 Shopping Mall / Plaza 6 Park & Ride Lot	7 Ferry Dock 8 School Zone 9 Playground Zone 0 RR Crossing A Other*			
6	ROADWAY CHARACTER 1 Straight & Level 2 Straight & Grade 3 Straight at Hillcrest 4 Straight in Sag 5 Curve & Level	6 Curve & Grade 7 Curve at Hillcrest 8 Curve in Sag 9 Unknown			
7	HAZARDOUS MATERIALS (IDENTIFY IN NARRATIVE) 1 Hazmat Transported - Not Released 2 Hazmat Transported - Released				
8	TRAFFIC CONTROL 1 Signals 2 Stop Sign 3 Yield Sign 4 Flashing Red 5 Flashing Amber	6 RR Signal 7 Officer / Flagger 8 Other Traffic Control* 9 No Traffic Control 0 Unknown			
11	POSTED SPEED MILES PER HOUR FOR EACH VEHICLE INVOLVED				
13	TYPE OF ROADWAY 1 One Way 2 Two Way - Undivided 3 Two Way - Divided, with Barrier 4 Two Way - Divided, no Barrier 5 Reversible Road 6 Interchange Ramp	7 Alley 8 Center-Two Way Left Turn Lane 9 Driveway 0 Unknown A Other*	DIRECTION OF MOVEMENT (INDICATE BY NUMBER THE "FROM" AND "TO" MOVEMENT)  9 Vehicle Stopped 0 Vehicle Backing		33 34
14	ROADWAY SURFACE TYPE 1 Concrete 2 Blacktop 3 Brick or Wood Block 4 Gravel	5 Dirt 6 Other* 9 Unknown	SOBRIETY 1 HBD - Ability Impaired 2 HBD - Ability Not Impaired 3 HBD - Sobriety Unknown	4 Had Not Been Drinking 9 Unknown	35 36
17	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 - CDL required 2 Single vehicle w/GVWR of 26,001 lbs or more; or any school bus regardless of size - CDL required 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 - CDL required 4 Commercial vehicle transporting 16 passengers or less - No CDL endorsement required		ALCOHOL TEST 97 Test Given - Results Pending 98 Test Given - No Results 99 Test Refused	OR: List Actual Test Results in 100ths	37 38
19	PEDESTRIAN / PEDALCYCLIST WAS USING: 1 Sidewalk 2 Walkway 3 Shoulder 4 Marked X Walk	5 Unmarked X Walk 6 Other* 7 Designated Bike Route 8 Roadway	DRE ASSESSMENT (NO MORE THAN 2 PER UNIT) 1 CNS - Depressants 2 CNS - Stimulants 3 Hallucinogens 4 PCP 5 Narcotic Analgesics	6 Inhalants 7 Cannabis 8 Drug Combinations 9 Drug Impaired, Type Not Determined 0 Not Drug Impaired	39 40
21	PEDESTRIAN / PEDALCYCLIST CLOTHING VISIBILITY 1 Dark 2 Light 3 Mixed	4 Retro - Reflective 5 Other Reflective Apparel* -Shoes, Patches	VEHICLE OVERRIDE / UNDERRIDE 1 No Override or Underride 2 Striking Vehicle Overrides other Vehicle 3 Striking Vehicle Underrides other Vehicle 4 Override or Underride Unknown		41 42
23	PEDESTRIAN ACTION (ONE PER UNIT) 1 Xing at Intersection with Signal 2 Xing at Intersection Against Signal 3 Xing at Intersection - No Signal 4 Xing at Intersection - Diagonally 5 From Behind Parked Vehicle 6 Xing - Non Intersection - No X Walk 7 Xing - Non Intersection - In X Walk 8 Walk'g in Roadway with Traffic 9 Walk'g in Rdwy Opposite Traffic 10 Walk'g on Rdwy Shldr with Traffic	11 Walking on Roadway Shoulder Opposite Traffic 12 Standing or Working in Roadway 13 Pushing or Working on Vehicle 14 Playing in Roadway 15 Lying in Roadway 16 Not in Roadway 17 All Other Actions* 18 Fell or Pushed Into Path of Vehicle 19 At Intersection Not Using Crosswalk	STATE OF WASHINGTON  POLICE TRAFFIC COLLISION REPORT OVERLAY 3000-345-359 Revised (7/06) ① UNIT #1 ② UNIT #2 *DESCRIBE IN THE NARRATIVE		
25	PEDALCYCLIST ACTION (ONE PER UNIT) 43 Xing diagonally 44 Riding with Traffic 45 Riding Against Traffic 46 Fell or Pushed into Path of Vehicle	47 Cyclist Turned Into Path of Vehicle-Same Direction 48 Cyclist Turned Into Path of Vehicle -Opposite Direction 49 All Other Actions* 50 Xing or Entering Trafficway			

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 commercial vehicle designed or used to transport 9 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.)	_____	_____

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 Air Bag Equipped 2 Not Deployed 3 Deployed - Front 4 Deployed - Side 5 Deployed - Other 6 Deployed - Combination 9 Deployment 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 6 Non Disabling (Evident Injury) 7 Possible Injury

* DESCRIBE IN THE NARRATIVE.



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO.

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

TRIBAL RESERVATION

DATE OF COLLISION 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. 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 VEHICLE TOWED TOWED BY GOVT. VEHICLE

REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING 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. 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 VEHICLE TOWED TOWED BY GOVT. VEHICLE

REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING CITATION # CHARGE

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

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	<input type="text"/>	-	<input type="text"/>
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	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	-	<input type="text"/>	-	<input type="text"/>
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	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	-	<input type="text"/>	-	<input type="text"/>
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES						

DIAGRAM

INDICATE NORTH
BY ARROW

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

