

**INSTRUCTIONS FOR COMPLETING
STATE OF WASHINGTON
MOTOR VEHICLE COLLISION REPORT**

① UNFOLD HERE ➔

WHEN TO COMPLETE AND SUBMIT

Any driver, pedestrian, pedalcycle, or property owner involved in a collision within this state—with \$1,000.00 or more damage to any one unit and/or injury to any person—must complete a Motor Vehicle Collision Report. **Mail this report to the Washington State Patrol, Collision Records Section, PO Box 42628, Olympia, WA 98504-2628.**

However, if a **police officer is present** and indicates he/she will submit a collision report, you are not required to submit one.

BEFORE YOU BEGIN, THINGS TO KNOW

Completing *online* version: (www.wsp.wa.gov, search for “Collision Reporting,” then scroll down to “Citizen Reports”)

- Print this document single-sided, **not** double-sided, upon completion.
- Retain a copy for your records.

Completing *printed* version:

- Print using a black ball-point pen—do not use a pencil or felt-tip pen.
- Keep the carbon copy for your records.

When information is not applicable or available: Leave that portion of the form blank.

Submitting online or printed version: Mail to address above; neither version can be e-mailed or faxed.

NOTE: A “unit” is a motor vehicle, pedestrian, pedalcycle, and/or a property owner. **You, as the involved party, will always be Unit 1.**

WHAT WE ARE REQUESTING IN SPECIFIC FIELDS

| | |
|---|--|
| Report Number | This is an auto-generated number. Leave this field blank. |
| Date of Collision | Date collision occurred. If the date of the collision is unknown, use the date the damage was discovered (mandatory field). |
| Day of Collision | Check the appropriate box. |
| Time of Collision | Time collision occurred or time the damage was noticed (check a.m. or p.m. box). |
| Investigated By | Check the appropriate box for the law enforcement agency that investigated the collision OR indicate “No Investigation” if law enforcement did not investigate. |
| Collision Involved | Check the appropriate box if any of the following apply: Vehicle Fire/Hit & Run/Stolen Vehicle. Indicate Total # of Units (vehicles/parties involved), Total # Injuries, Total # Deaths. |
| Place Where Collision Occurred | COUNTY: The county where the collision occurred. If unknown, use the county where the damage was discovered (mandatory field). CITY OR TOWN: The city or town where the collision occurred. |
| Road Surface | Check the appropriate box(es) for the road surface conditions at the time of the collision. |
| Weather | Check the appropriate box(es) for the weather conditions at the time of the collision. |
| Light Conditions | Check the appropriate box(es) for the light conditions at the time of the collision. |
| Location of Where Collision Occurred | Identify the name of the street/highway you were on or the address or name of the parking lot. Example: Interstate – I-5, I-82, I-205, or I-705 State Route – SR-20, Highway 99, SR-101 City Street – a street or road within the city County Road – a street or road outside the city Other – parks, campus, forest service road, Private Way – private road, shopping mall, military base parking lot, driveway |
| Distance From | Indicate the distance from the street or location indicated under “Location of Where Collision Occurred” and check the appropriate boxes for feet/miles and direction. Example: 3.0 miles north or 200 feet east |
| Nearest Street or Land Mark | Indicate the nearest street or land mark to the collision location. Example: Exit 120, Capital Mall, Linderson Way SW, 3.0 miles north of 22nd Avenue, and/or 200 feet east of Capital Mall |
| Was Driver Distracted | Check the appropriate box and indicate what the distraction was (if more room is needed, attach additional blank pages or use additional Was Driver Distracted pages). |
| Describe Below What Happened | Refer to the vehicles as units and explain to the best of your knowledge what occurred (if more room is needed, attach additional blank pages or use additional Describe Below pages). |
| At Moment of Collision | Identify each unit and check the appropriate box to indicate if the unit was parked/stopped/moving. |
| Diagram | Draw a picture of roadway/intersection/parking lot, etc. Show your unit (vehicle)/others involved. |
| Witness Name | List names, addresses, and phone numbers of any witnesses (if more room is needed, attach additional blank pages or use additional Witness pages). |
| Signature/Date of Report | The person completing the form must sign and date the form and provide his or her address. The signature is a legal requirement (mandatory field). |

WHAT WE ARE REQUESTING IN SPECIFIC FIELDS (continued)

② REMOVE INSTRUCTION SHEET AT LEFT

| | | |
|--|--|--|
| Unit | The person completing the report should be Unit 1. Unit 2 is the other party involved. If more parties are involved, attach additional blank pages or use additional Units Involved pages. A <u>unit</u> may be a motor vehicle (motorcycle, etc.), pedalcycle (bicycle, tricycle, unicycle), pedestrian (wheelchairs, skateboards, and roller skates), or property owner (fence, yard, trees, ditch, etc.) that had damage. If you are a property owner, enter in the name, address, and estimated cost for repair. Check the appropriate box to indicate if you are a motor vehicle, pedalcycle, pedestrian, or property owner. | |
| Was Helmet Used | Check the appropriate box to indicate if a helmet was used if you were a motorcyclist, pedalcyclist, skater, or skateboarder. | |
| Name | Provide your full last name, full first name, and middle initial. | |
| Sex | Check the appropriate box. | |
| Address | Provide your full address and/or a mailing address (check the box if this is a new address), city, state, and ZIP code. | |
| Driver's License # | Provide your driver's license number. | |
| State | Indicate the state that issued your driver's license. | |
| Date of Birth | Provide the month, date, and year you were born. | |
| License Plate/State | Provide your license plate number and the state where the vehicle is registered. | |
| VIN | Provide the Vehicle Identification Number. It can be 10 to 17 characters long (found on the vehicle registration or on your insurance card). | |
| Trailer Plate # | If you were pulling a flatbed, camping trailer, etc., provide the license plate number and state. | |
| Estimated Cost to Repair Vehicle or Object Struck | Estimate the cost to fix your vehicle or the object struck. | |
| Vehicle Year | Provide the year of your vehicle. | |
| Make | Provide the make (i.e., Ford, Chevrolet, Dodge, etc.). | |
| Model | Provide the model (i.e., Taurus, Lumina, Charger, etc.). | |
| Body Style | Provide the body style (i.e., 2 door, 4 door, hatchback, etc.). | |
| Registered Owner | Provide the full name, address, state, and ZIP code of the registered owner. | |
| Was Auto Liability Insurance in Effect at Time of the Collision | Check the appropriate box. | |
| Insurance Company and Policy Number | Provide the name of your insurance company and policy number. | |
| Nature of Injuries | Indicate the type of injuries, if any (head pain, chest pain, legs hurt, etc.). | |
| Mark if This Unit Was a Commercial Vehicle | Indicate if this was a commercial vehicle. Types of commercial vehicles may include cement truck, semi with attached trailer, school bus (vehicle with a gross vehicle weight rating [GVWR] of more than 26,000 pounds). | |
| Shade In Damaged Area of Vehicle | Shade in the area where damage occurred on the vehicle. | |
| Passengers | Identify passengers by the unit number they belong to (i.e., Unit 1, Unit 2, etc.). If there were more than two passengers, use an additional Units Involved page for other passengers. Complete the passenger fields as follows: | |
| | Name | Provide the full last name, full first name, and middle initial. |
| | In Unit # | Indicate which unit they were in (i.e., Unit 1, Unit 2, etc.). |
| | Sex | Check the appropriate box. |
| | Address | Provide full address and/or mailing address including city, state, and ZIP code. |
| | Date of Birth | Provide the month, day, and year they were born. |
| | Nature of Injuries | Indicate the type of injuries incurred. |
| If Motorcyclist or Pedalcyclist Was Helmet Used | Check the appropriate box. | |



STATE OF WASHINGTON
VEHICLE
COLLISION
REPORT

REPORT NO. _____

| | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|---|--|--|
| DATE OF COLLISION M M D D Y Y Y Y [] [] [] [] [] [] [] [] | | | DAY OF COLLISION SUN MON TUE WED THU FRI SAT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | TIME OF COLLISION HOUR MINUTES [] [] <input type="checkbox"/> AM <input type="checkbox"/> PM | | INVESTIGATED BY: <input type="checkbox"/> STATE PATROL <input type="checkbox"/> CITY POLICE <input type="checkbox"/> SHERIFF <input type="checkbox"/> OTHER POLICE <input type="checkbox"/> NO INVESTIGATION | | COLLISION INVOLVED <input type="checkbox"/> VEHICLE FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> STOLEN VEHICLE TOTAL # UNITS [] TOTAL # INJURIES [] TOTAL # DEATHS [] <small>UNITS = MOTOR VEHICLE, PEDESTRIANS, PEDALCYCLE AND/OR PROPERTY OWNER</small> | | |
|--|--|--|--|--|--|---|--|--|--|---|--|--|

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|--|--|--|
| PLACE WHERE COLLISION OCCURRED | | | | ROAD SURFACE | | WEATHER | | LIGHT CONDITIONS | |
| COUNTY _____ | | | | <input type="checkbox"/> DRY <input type="checkbox"/> SAND/MUD | | <input type="checkbox"/> CLEAR/PTLY CLOUDY <input type="checkbox"/> FOG | | <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK-STREET LIGHTS ON | |
| CITY OR TOWN _____ | | | | <input type="checkbox"/> WET <input type="checkbox"/> OIL | | <input type="checkbox"/> OVERCAST <input type="checkbox"/> SLEET | | <input type="checkbox"/> DAWN <input type="checkbox"/> DARK-STREET LIGHTS OFF | |
| | | | | <input type="checkbox"/> SNOW <input type="checkbox"/> STANDING WATER | | <input type="checkbox"/> RAINING <input type="checkbox"/> SEVERE CROSSWIND | | <input type="checkbox"/> DUSK <input type="checkbox"/> DARK-NO STREET LIGHTS | |
| | | | | <input type="checkbox"/> ICE <input type="checkbox"/> OTHER | | <input type="checkbox"/> SNOWING <input type="checkbox"/> OTHER | | <input type="checkbox"/> OTHER | |

LOCATION OF WHERE COLLISION OCCURRED:

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

DISTANCE FROM _____ . _____ in FEET MILES N E S W

NEAREST STREET OR LAND MARK (BRIDGE, RR CROSSING, OTHER LAND MARK):

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

| | | |
|--|---|---|
| <p>AT MOMENT OF COLLISION: UNIT # _____</p> <input type="checkbox"/> PARKED UNOCCUPIED <input type="checkbox"/> PARKED OCCUPIED <input type="checkbox"/> STOPPED <input type="checkbox"/> MOVING | <p>INDICATE ON THIS DIAGRAM WHAT HAPPENED</p> <p>1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAMES.</p> <p>2. NUMBER EACH UNIT AND SHOW DIRECTION OF TRAVEL BY ARROW</p> <p>→ [1] [2] ←</p> | <p>SHOW NORTH BY ARROW IN CIRCLE</p>  <p>STREET OR HIGHWAY _____</p> |
| | <p>AT MOMENT OF COLLISION: UNIT # _____</p> <input type="checkbox"/> PARKED UNOCCUPIED <input type="checkbox"/> PARKED OCCUPIED <input type="checkbox"/> STOPPED <input type="checkbox"/> MOVING | |

| | | |
|--|---------|----------------|
| 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

PAGE _____ OF _____

UNITS INVOLVED

REPORT NO.

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 _____

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 _____

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

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

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) _____

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 _____

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

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