

POLICE TRAFFIC COLLISION REPORT ORDER FORM



AGENCY NAME _____

CONTACT NAME _____ NUMBER () _____

SHIPPING ADDRESS _____

Street Address

City

State

ZIP Code

Indicate UNIT by "Pad" or "Case."

- 25 reports per Pad, for all three (3) parts.
- 28 pads per Case for Part A and B.
- 20 pads per Case for Supplemental form.

ITEM #	FORM NUMBER	DESCRIPTION	QTY	UNIT (Pad/Case)	For Supply Use Only
<i>Example (1)</i>	<i>3000-345-159</i>	<i>PTCR Part A</i>	<i>1</i>	<i>Case</i>	
<i>Example (2)</i>	<i>3000-345-160</i>	<i>PTCR Part B</i>	<i>1</i>	<i>Pad</i>	
1.	3000-345-159	Part A			
2.	3000-345-160	Part B			
3.	3000-345-013	Supplemental			
4.	3000-345-161	Traffic Collision Forms (Civilian)			
5.	3000-345-221	Police Traffic Collision Report Instruction Manual			

Please send your order form to the Washington State Patrol Supply Section:

- Fax: (360) 596-6076
- Mail: Washington State Patrol Supply Section
PO Box 42625
Olympia WA 98504-2625

For questions, call (360) 596-6068, Monday thru Friday.