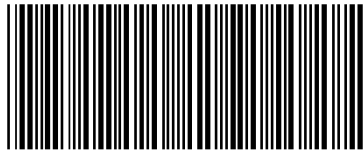


Request for Copy of Collision Report



Tracking Number

Instructions

- Complete a separate request form for each collision report requested. For best results, print neatly and provide accurate information.
- A \$9.50 check or money order made payable to the Washington State Patrol must accompany each request. Do not send cash. This fee is to pay the cost of searching for the report and is not refundable, regardless of whether or not the copy of the report can be provided.
- Include a self-addressed envelope for **each report** requested. Mail to: **Washington State Patrol, Collision Records Section, PO Box 47382, Olympia WA 98504-7382** - Phone (360) 570-2355.

Type of Report Requested *(Check one box)*

<input type="checkbox"/> Police Traffic Collision Report (Officer's Report)	<input type="checkbox"/> Motor Vehicle Collision Report (Non-Police Response)
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Washington State Law provides for the release of collision reports only to certain persons (RCW 46.52.080 and 083). Parties not entitled to the complete report will be given information as permitted by RCW 11.02.005, 11.88.010, 13.40.020, 13.50.050, 13.50.100, 42.56, 43.52.070, 46.12.380, 46.52.030, 46.52.080, 46.52.083, 46.52.085, and 46.52.130.

Collision Information *(If necessary, use a separate page for additional information.)*

Collision Report No. (optional)	Date of Collision	County Where Collision Occurred	
Fatality <input type="checkbox"/> Yes <input type="checkbox"/> No	City Where Collision Occurred	Name of Roadway Where Collision Occurred	
Name of Driver or Involved Party Last Name		First Name	MI
Name of Second Driver or Involved Party Last Name		First Name	MI
			WA State Driver's Lic. No.
			WA State Driver's Lic. No.

Requestor Information

Print Name or Firm's Name	E-Mail Address	Date
Street or PO Box	Phone No.	FAX No.
City/Town	State	ZIP Code
File, Policy, or Claim No.		

How Were You Involved in This Collision? **(Check One Box)**

<input type="checkbox"/> Driver Involved <input type="checkbox"/> Parent of a Minor Driver (Under the age of 18) <input type="checkbox"/> Injured Passenger <input type="checkbox"/> Parent of Injured Minor Passenger <input type="checkbox"/> Other Person Injured in Collision (Specify how you were involved) _____	<input type="checkbox"/> Owner of Vehicle Damaged <input type="checkbox"/> Owner of Property Damaged <input type="checkbox"/> Insurer of Party Involved* <input type="checkbox"/> Attorney of Driver or Injured Passenger* <input type="checkbox"/> Other Authorized Representative (Authorization Letter Required) *Client's Name _____
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Official Use Only

For Office Use Only
<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> NRL