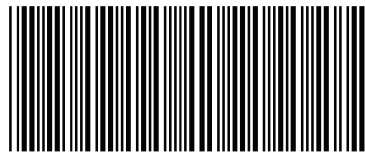


Request for Copy of Collision Report



Instructions

- Complete a separate request form for each collision report requested. For best results, print neatly and provide accurate information.
- A \$5.00 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.

Type of Report Requested (Check one box)

- Police Traffic Collision Report (Officer's Report)
 Vehicle Collision Report (Driver's Report)

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.		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	WA State Driver's Lic. No.
Name of Second Driver or Involved Party Last Name		First Name	MI	WA State Driver's Lic. No.

Requestor Information

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Print Name or Firm's Name			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"/> Legal Guardian of Driver <input type="checkbox"/> Parent of a Minor Driver (Under the age of 18) <input type="checkbox"/> Injured 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		
_____			*Client's Name _____	

Please consider this your 5-day response as required by RCW 42.56.520. It may take up to 75 days following acceptance of your completed request for you to receive a Collision Report or response.

Mail completed request form to: **→** Washington State Patrol
 Collision Records Request Section
 PO Box 47382
 Olympia WA 98504-7382
 Phone: (360) 570-2355

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