

# STATE OF WASHINGTON NEW VEHICLE COLLISION REPORT FORM



# STATE OF WASHINGTON NEW VEHICLE COLLISION REPORT FORM

---

**This Presentation will:**

- ❖ **Assist you in understanding who should be completing the Vehicle Collision Report.**
- ❖ **Show you all the required fields on the form that must be completed.**
- ❖ **Provide you a step by step instruction on what should go into the specific fields of the form.**
- ❖ **Assist you in providing the most accurate information possible.**
- ❖ **Provide you contact information and a mailing address.**



# WHO MUST COMPLETE THIS VEHICLE COLLISION FORM?



STATE OF WASHINGTON  
VEHICLE  
COLLISION  
REPORT

REPORT NO.

<b>DATE OF COLLISION</b> M M D D Y Y Y Y <input type="text"/> <input type="text"/>			<b>DAY OF COLLISION</b> 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"/>			<b>TIME OF COLLISION</b> HOUR MINUTES <input type="text"/> <input type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM		<b>INVESTIGATED BY:</b> <input type="checkbox"/> STATE PATROL <input type="checkbox"/> CITY POLICE <input type="checkbox"/> SHERIFF <input type="checkbox"/> OTHER POLICE <input type="checkbox"/> NO INVESTIGATION		<b>COLLISION INVOLVED</b> <input type="checkbox"/> VEHICLE FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> STOLEN VEHICLE <table border="1"> <tr> <td>TOTAL # UNITS</td> <td>TOTAL # INJURIES</td> <td>TOTAL # DEATHS</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <small>UNITS = MOTOR VEHICLE, PEDESTRIANS, PEDALCYCLE AND/OR PROPERTY OWNER</small>			TOTAL # UNITS	TOTAL # INJURIES	TOTAL # DEATHS	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL # UNITS	TOTAL # INJURIES	TOTAL # DEATHS																
<input type="text"/>	<input type="text"/>	<input type="text"/>																
<b>PLACE WHERE COLLISION OCCURRED</b>																		
<b>COUNTY</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					<b>ROAD SURFACE</b> <input type="checkbox"/> DRY <input type="checkbox"/> SAND/MUD <input type="checkbox"/> WET <input type="checkbox"/> OIL <input type="checkbox"/> SNOW <input type="checkbox"/> STANDING WATER <input type="checkbox"/> ICE <input type="checkbox"/> OTHER		<b>WEATHER</b> <input type="checkbox"/> CLEAR/PTLY CLOUDY <input type="checkbox"/> FOG <input type="checkbox"/> OVERCAST <input type="checkbox"/> SLEET <input type="checkbox"/> RAINING <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> SNOWING <input type="checkbox"/> OTHER		<b>LIGHT CONDITIONS</b> <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK-STREET LIGHTS ON <input type="checkbox"/> DAWN <input type="checkbox"/> DARK-STREET LIGHTS OFF <input type="checkbox"/> DUSK <input type="checkbox"/> DARK-NO STREET LIGHTS <input type="checkbox"/> OTHER									
<b>CITY OR TOWN</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		

Any driver involved in a collision with \$1000.00 or more in damages to any one unit (vehicle) and or an Injury. However, if a police officer is present and indicates he/she will submit a police traffic collision report, you are not required to submit a vehicle collision report.



# VEHICLE COLLISION FORM



- ❖ When the information requested on the form is not available or not applicable, leave that portion of the form blank.
- ❖ Always print in block letters using a black ball-point pen with medium tip; do not use a pencil or a felt tip pen. Please follow the examples below:

A	B	C	D	E	F	G	H	I	J	K	L		1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

- ❖ Items requiring a box to be marked should be filled in as follows:  or

# VEHICLE COLLISION FORM

**DATE OF COLLISION:** Place the date of the collision in the space provided. If the date is unknown enter the date damage was discovered.

Example:   -   -

**DAY OF COLLISION:** Mark the day of the week the collision occurred that corresponds to the date of the collision.

**TIME OF COLLISION:**

Enter the time of the collision and mark the box for AM or PM.

Example: HOUR  MINUTE   AM  PM

 <b>STATE OF WASHINGTON VEHICLE COLLISION REPORT</b>				<b>REPORT NO.</b>	
<b>DATE OF COLLISION</b> M M D D Y Y Y Y <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>			<b>DAY OF COLLISION</b> SUN MON TUE WED THU FRI SAT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>TIME OF COLLISION</b> HOUR MINUTES <input type="text" value="9"/> <input type="text" value="23"/> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			<b>INVESTIGATED BY:</b> <input type="checkbox"/> STATE PATROL <input type="checkbox"/> CITY POLICE <input type="checkbox"/> SHERIFF <input type="checkbox"/> OTHER POLICE <input type="checkbox"/> NO INVESTIGATION		<b>COLLISION INVOLVED</b> <input type="checkbox"/> VEHICLE FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> STOLEN VEHICLE TOTAL # UNITS <input type="text"/> TOTAL # INJURIES <input type="text"/> TOTAL # DEATHS <input type="text"/> <small>UNITS = MOTOR VEHICLE, PEDESTRIANS, PEDALCYCLE AND/OR PROPERTY OWNER</small>
<b>PLACE WHERE COLLISION OCCURRED</b>					
COUNTY <input type="text"/>		<b>ROAD SURFACE</b> <input type="checkbox"/> DRY <input type="checkbox"/> SAND/MUD <input type="checkbox"/> WET <input type="checkbox"/> OIL <input type="checkbox"/> SNOW <input type="checkbox"/> STANDING WATER <input type="checkbox"/> ICE <input type="checkbox"/> OTHER		<b>WEATHER</b> <input type="checkbox"/> CLEAR/PTLY CLOUDY <input type="checkbox"/> FOG <input type="checkbox"/> OVERCAST <input type="checkbox"/> SLEET <input type="checkbox"/> RAINING <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> SNOWING <input type="checkbox"/> OTHER	
CITY OR TOWN <input type="text"/>		<b>LIGHT CONDITIONS</b> <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK-STREET LIGHTS ON <input type="checkbox"/> DAWN <input type="checkbox"/> DARK-STREET LIGHTS OFF <input type="checkbox"/> DUSK <input type="checkbox"/> DARK-NO STREET LIGHTS <input type="checkbox"/> OTHER			

# VEHICLE COLLISION FORM



## INVESTIGATED BY:

If an officer was present at your collision, mark which police agency was at the scene. If State Patrol, City or Sheriff did not respond to your collision, and it was another police agency, mark the “Other Police” box. If there was no officer present mark the “No Investigation” box.

 <b>STATE OF WASHINGTON VEHICLE COLLISION REPORT</b>										<b>REPORT NO.</b>																										
<b>DATE OF COLLISION</b>					<b>DAY OF COLLISION</b>					<b>TIME OF COLLISION</b>			<b>INVESTIGATED BY:</b>			<b>COLLISION INVOLVED</b>																				
M	M	D	D	Y	Y	Y	SUN	MON	TUE	WED	THU	FRI	SAT	HOUR	MINUTES	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> STATE PATROL	<input type="checkbox"/> CITY POLICE	<input type="checkbox"/> SHERIFF	<input type="checkbox"/> OTHER POLICE	<input checked="" type="checkbox"/> NO INVESTIGATION	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> STOLEN VEHICLE											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL # UNITS	TOTAL # INJURIES	TOTAL # DEATHS											
UNITS = MOTOR VEHICLE, PEDESTRIANS, PEDALCYCLE AND/OR PROPERTY OWNER																																				
<b>PLACE WHERE COLLISION OCCURRED</b>																																				
<b>COUNTY</b>										<b>ROAD SURFACE</b>					<b>WEATHER</b>					<b>LIGHT CONDITIONS</b>																
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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	<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				
<b>CITY OR TOWN</b>																																				

# VEHICLE COLLISION FORM

**COLLISION INVOLVED:** Check the appropriate box if any of the following apply: Vehicle Fire, Hit & Run or Stolen Vehicle.

**TOTAL UNITS:** Provide the number of vehicles, pedestrian, bicycles or property owners have been listed on the involvement form.

**TOTAL INJURIES:** Provide how many people we injured due to the collision.

**TOTAL DEATHS:** How many people died due to the collision.



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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIME OF COLLISION

HOUR	MINUTES

INVESTIGATED BY:

STATE PATROL  
 CITY POLICE  
 SHERIFF  
 OTHER POLICE  
 NO INVESTIGATION

COLLISION INVOLVED

VEHICLE FIRE
  HIT & RUN
  STOLEN VEHICLE

TOTAL # UNITS	2	TOTAL # INJURIES	0	TOTAL # DEATHS	0
---------------	---	------------------	---	----------------	---

UNITS = MOTOR VEHICLE, PEDESTRIANS, PEDALCYCLE AND/OR PROPERTY OWNER

PLACE WHERE COLLISION OCCURRED

COUNTY																				
CITY OR TOWN																				

ROAD SURFACE

DRY
  SAND/MUD  
 WET
  OIL  
 SNOW
  STANDING WATER  
 ICE
  OTHER

WEATHER

CLEAR/PTLY CLOUDY
  FOG  
 OVERCAST
  SLEET  
 RAINING
  SEVERE CROSSWIND  
 SNOWING
  OTHER

LIGHT CONDITIONS

DAYLIGHT
  DARK-STREET LIGHTS ON  
 DAWN
  DARK-STREET LIGHTS OFF  
 DUSK
  DARK-NO STREET LIGHTS  
 OTHER

# VEHICLE COLLISION FORM

## PLACE WHERE COLLISION OCCURRED:

**COUNTY:** Enter the county in which the collision occurred (if unsure or unknown use the county where the damage was discovered). This is a mandatory field.

Example: THURSTON

**CITY OR TOWN:** Write in the city or town where the collision occurred.

 <b>STATE OF WASHINGTON VEHICLE COLLISION REPORT</b>										<b>REPORT NO.</b>																			
<b>DATE OF COLLISION</b>						<b>DAY OF COLLISION</b>						<b>TIME OF COLLISION</b>				<b>INVESTIGATED BY:</b>				<b>COLLISION INVOLVED</b>									
M	M	D	D	Y	Y	Y	Y	SUN	MON	TUE	WED	THU	FRI	SAT	HOUR	MINUTES	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> STATE PATROL	<input checked="" type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> STOLEN VEHICLE	TOTAL # UNITS	2	TOTAL # INJURIES	0	TOTAL # DEATHS	0	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> CITY POLICE	<input type="checkbox"/> SHERIFF	<input type="checkbox"/> OTHER POLICE	<input checked="" type="checkbox"/> NO INVESTIGATION	UNITS = MOTOR VEHICLE, PEDESTRIANS, PEDALCYCLE AND/OR PROPERTY OWNER						
<b>PLACE WHERE COLLISION OCCURRED</b>																													
<b>COUNTY</b>		P A C I F I C										<b>ROAD SURFACE</b>						<b>WEATHER</b>						<b>LIGHT CONDITIONS</b>					
<b>CITY OR TOWN</b>		S O U T H B E N D										<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												
												<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"/>	<input type="checkbox"/> OTHER												

# VEHICLE COLLISION FORM

The below fields are mandatory fields and must be completed.

- ❖ **ROAD SURFACE:** Check the appropriate box(es) that best indicates the surface of the road at the time of the collision. Example: It was raining at the time (recommend you select) “wet”.
- ❖ **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 lighting conditions at the time of the collision.

 <b>STATE OF WASHINGTON VEHICLE COLLISION REPORT</b>		<b>REPORT NO.</b>																
<b>DATE OF COLLISION</b> M M D D Y Y Y Y <input type="text"/> <input type="text"/>			<b>DAY OF COLLISION</b> SUN MON TUE WED THU FRI SAT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>TIME OF COLLISION</b> HOUR MINUTES <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<b>INVESTIGATED BY:</b> <input type="checkbox"/> STATE PATROL <input type="checkbox"/> CITY POLICE <input type="checkbox"/> SHERIFF <input type="checkbox"/> OTHER POLICE <input checked="" type="checkbox"/> NO INVESTIGATION			<b>COLLISION INVOLVED</b> <input checked="" type="checkbox"/> VEHICLE FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> STOLEN VEHICLE <table border="1"> <tr> <td>TOTAL # UNITS</td> <td>2</td> <td>TOTAL # INJURIES</td> <td>0</td> <td>TOTAL # DEATHS</td> <td>0</td> </tr> </table> <small>UNITS = MOTOR VEHICLE, PEDESTRIANS, PEDALCYCLE AND/OR PROPERTY OWNER</small>			TOTAL # UNITS	2	TOTAL # INJURIES	0	TOTAL # DEATHS	0
TOTAL # UNITS	2	TOTAL # INJURIES	0	TOTAL # DEATHS	0													
<b>PLACE WHERE COLLISION OCCURRED</b>																		
<b>COUNTY</b> P A C I F I C																		
<b>CITY OR TOWN</b> S O U T H B E N D																		
<b>ROAD SURFACE</b> <input checked="" type="checkbox"/> DRY <input type="checkbox"/> SAND/MUD <input checked="" type="checkbox"/> WET <input type="checkbox"/> OIL <input type="checkbox"/> SNOW <input type="checkbox"/> STANDING WATER <input type="checkbox"/> ICE <input type="checkbox"/> OTHER		<b>WEATHER</b> <input type="checkbox"/> CLEAR/PTLY CLOUDY <input type="checkbox"/> FOG <input checked="" type="checkbox"/> OVERCAST <input type="checkbox"/> SLEET <input type="checkbox"/> RAINING <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> SNOWING <input type="checkbox"/> OTHER		<b>LIGHT CONDITIONS</b> <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK-STREET LIGHTS ON <input type="checkbox"/> DAWN <input type="checkbox"/> DARK-STREET LIGHTS OFF <input checked="" type="checkbox"/> DUSK <input type="checkbox"/> DARK-NO STREET LIGHTS <input type="checkbox"/> OTHER														

# VEHICLE COLLISION FORM

The below fields are mandatory fields and must be completed.

## LOCATION OF WHERE THE COLLISION OCCURRED:

Identify the name of the street/highway you were on when the collision occurred or the address/name of the parking lot.

### Some examples:

**Interstate** – I-5, I-82, I 205, or I-405.

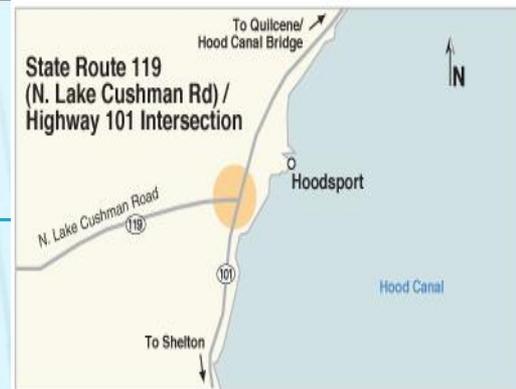
**City Street** – A street or road with in a city (main street etc.)

Other- parks, Campus (UW), forest service road, military base.

**State Route** – SR-20, Highway 99, SR-534.

**County Road**- A street or road outside the city limits.

**Private Way** – Private road, shopping mail, parking lot, driveway.



### LOCATION OF WHERE COLLISION OCCURRED:

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

**State Route 119**

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: \_\_\_\_\_

# VEHICLE COLLISION FORM

**LOCATION WHERE THE COLLISION OCCURRED:**



**DISTANCE FROM:**

Indicate the distance from the street or location indicated under “location of where collision occurred” and check the appropriate boxes for the feet/miles and direction.

Example: 3.1 in MILES, W, OR 21 in FEET, E

LOCATION OF WHERE COLLISION OCCURRED:

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

State Route 119

DISTANCE FROM 3 . 1 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: \_\_\_\_\_



# VEHICLE COLLISION FORM



## WAS DRIVER DISTRACTED:

Check the appropriate box and indicate which unit was distracted and what the distraction was (if more room is needed, attached additional pages or use additional “was driver distracted pages”).

### WAS DRIVER DISTRACTED

UNIT # 2  YES  NO

UNIT # 1  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:

Texting on their cell phone

# VEHICLE COLLISION FORM

## DESCRIBE BELOW WHAT HAPPENED:

Explain to the best of your knowledge what occurred (if you need more room, attach additional pages as needed). When writing the narrative describe the parties as units the first Unit 1 as you and the other units should be described as Unit 2, Unit 3 etc...

**Example:** Unit 1 stopped at red stoplight, unit 2 struck Unit 1 from behind. Unit 2 failed to stop.

DESCRIBE BELOW WHAT HAPPENED (REFER TO UNITS BY NUMBER)

Unit 1 stopped at red stoplight, Unit 2 struck Unit 1 from behind. Unit 2 failed to stop.

# VEHICLE COLLISION FORM

## AT MOMENT OF COLLISION:

Identify each unit and check the appropriate box to indicate if the unit was parked with the occupied vehicle or Unoccupied/stopped/moving.

AT MOMENT OF COLLISION: UNIT # 1

- PARKED UNOCCUPIED
- PARKED OCCUPIED
- STOPPED
- MOVING

AT MOMENT OF COLLISION: UNIT # 2

- PARKED UNOCCUPIED
- PARKED OCCUPIED
- STOPPED
- MOVING



# VEHICLE COLLISION FORM

## DIAGRAM:

Draw a picture of the roadway/intersection/parking lot etc...showing your unit (vehicle) and the other vehicles involved.

**DIAGRAM**

INDICATE ON THIS DIAGRAM WHAT HAPPENED

1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAMES.
2. NUMBER EACH UNIT AND SHOW DIRECTION OF TRAVEL BY ARROW

→ 1      2 ←

SHOW NORTH BY ARROW IN CIRCLE

STREET OR HIGHWAY SR 119

STOP

2

1

1

STOP

Broadway Blvd

STREET OR HIGHWAY

# VEHICLE COLLISION FORM



## WITNESS NAME:

List names, address and phone numbers of any witness(s) (if more room is needed, attach additional page(s) or use additional witness pages).

WITNESS NAME	ADDRESS	PHONE NUMBER
1 John Doe	152 Driveway Pl	(360) 200- 9000
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

MAIL TO: WASHINGTON STATE PATROL, RECORDS SECTION, PO BOX 42628, OLYMPIA, WA 98504-2628

PAGE OF

# VEHICLE COLLISION FORM

## SIGNATURE:

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**).

## DATE OF REPORT:

Provide the date you have signed this report and the report is complete.

## PAGE NUMBERS:

Fill in the page numbers, if you have 3 pages the first page would be Page "1 of 3" then "2 of 3" to "3 of 3".

WITNESS NAME	ADDRESS	PHONE NUMBER
1 John Doe	152 Driveway Pl	(360) 200- 9000
WITNESS NAME	ADDRESS	PHONE NUMBER
2		
SIGNATURE OF PERSON COMPLETING REPORT		ADDRESS
X 		569 New St. Camas, WA 98003
MAIL TO: WASHINGTON STATE PATROL, RECORDS SECTION, PO BOX 42628, OLYMPIA, WA 98504-2628		

### (OFFICIAL USE ONLY)

UNIT # \_\_\_ WAS ON-DUTY LAW

ENFORCEMENT OR FIREFIGHTER  
(RCW 41.26.030)

### DATE OF REPORT

MO.	DAY	YEAR
03	22	2013

PAGE 1 OF 3

# VEHICLE COLLISION FORM

## UNITS INVOLVED PAGE:

This page is the second page to your report. On this page you will be listing all the parties (persons) involved and how they were involved. If your collision involves more than two parties you will need two or more of these pages:

**Example:** You are Unit 1 and you are hit by another Vehicle (Unit 2) and this forced your vehicle through a fence and into a person yard. You will now have three Units to report on: Unit 1 “You” , Unit 2 (other driver) and Unit 3 (The property owner). You will need two UNIT INVOLVED pages, as each page only has two units to report on. The second page will be used for the property owner (Unit 3).

UNITS INVOLVED															REPORT NO.						
UNIT # _____			(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER												WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO						
LAST NAME													MIDDLE INITIAL		SEX <input type="checkbox"/> M <input type="checkbox"/> F		NATURE OF INJURIES				
FIRST NAME																					
ADDRESS NEW <input type="checkbox"/>																					
CITY			ST			ZIP															
DRIVER'S LICENSE #			STATE			D.O.B. MM-DD-YYYY			M M		D D		Y Y Y Y								
LICENSE PLATE #			STATE			VIN								<input type="checkbox"/> MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE							
TRAILER PLATE #			STATE			ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK			\$		.00			<b>VEHICLE</b> SHADE IN DAMAGED AREA 							
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? <input type="checkbox"/> YES <input type="checkbox"/> NO						INSURANCE COMPANY AND POLICY NUMBER															

# VEHICAL COLLISION FORM

## UNIT:

The person completing the report should be unit 1. Unit 2 is the other party involved. If more units are involved used a second involvement page and continue entering other units (3 & 4). A unit may be a motor vehicle (motorcycle etc.), Pedalcycle (bicycle, tricycle, unicycle), Pedestrian (wheelchair, skateboards and roller skates), or property owner (fence, yard, tree, ditch etc..) that had damage. If you are a any of the above, 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.

UNIT # <u>1</u>		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER		WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME				NATURE OF INJURIES	
FIRST NAME			MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS <input type="checkbox"/> NEW					
CITY				ST	ZIP
DRIVER'S LICENSE #		STATE	D.O.B. MM-DD-YYYY		M M D D Y Y Y Y
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			INSURANCE COMPANY AND POLICY NUMBER		

**VEHICLE**  
SHADE IN DAMAGED AREA

# VEHICLE COLLISION FORM



## WAS HELMET USED:

Check the Appropriate box to indicate if a helmet was used if one of the units was a motorcyclist, pedalcyclist, skater, or skateboarder. If not sure leave blank.

UNIT # <u>1</u>		(MARK ONLY ONE)		<input type="checkbox"/> MOTOR VEHICLE	<input checked="" type="checkbox"/> PEDAL-CYCLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> PROPERTY OWNER	WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO				
LAST NAME										NATURE OF INJURIES					
FIRST NAME							MIDDLE INITIAL	SEX		<input type="checkbox"/> M	<input type="checkbox"/> F				
ADDRESS															
NEW <input type="checkbox"/>															
CITY								ST	ZIP						
DRIVER'S LICENSE #				STATE		D.O.B. MM-DD-YYYY		M	M	D	D	Y	Y	Y	Y
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?				<input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER									

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

**VEHICLE**  
SHADE IN DAMAGED AREA

▲

# VEHICLE COLLISION FORM

## NAME:

Provide your full last name, full first name, and middle initial.

## SEX:

Check the appropriate box: M = male or F = female.

UNIT # <u>1</u>	(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER	WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME <u>DOE</u>	NATURE OF INJURIES		
FIRST NAME <u>JOHN</u> MIDDLE INITIAL <u>J</u> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			
ADDRESS <input type="checkbox"/> NEW			
CITY	ST	ZIP	
DRIVER'S LICENSE #	STATE	D.O.B. MM-DD-YYYY <u>M M D D Y Y Y Y</u>	
LICENSE PLATE #	STATE	VIN	
TRAILER PLATE #	STATE	ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK \$ <u>.00</u>	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER	

VEHICLE SHADE IN DAMAGED AREA



# VEHICLE COLLISION FORM

## ADDRESS:

Provide your full address and /or a mailing address (check this box if this is a new address not yet on your new drivers license) Fill in the, City, State, and Zip code.

UNIT # <u>1</u>	(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER	WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME <u>DOE</u>	NATURE OF INJURIES		
FIRST NAME <u>JOHN</u>	MIDDLE INITIAL <u>J</u> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		
ADDRESS NEW <input type="checkbox"/> <u>NEW ST SW</u>			
CITY <u>HOME TOWN</u>	ST <u>WA</u> ZIP <u>9 8 5 3 3</u>		
DRIVER'S LICENSE #	STATE	D.O.B. MM-DD-YYYY <u>MM DD YY YY</u>	
LICENSE PLATE #	STATE	VIN	
TRAILER PLATE #	STATE	ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK \$ <u>.00</u>	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER	

**VEHICLE**  
SHADE IN DAMAGED AREA

1 2 3 4 5  
8 7 6  
9 TOP  
10 BOTTOM

# VEHICLE COLLISION FORM

## DRIVERS LICENSE #:

Fill in the drivers licensing number from the driver license.

## STATE:

Enter the state in which your driver license was issued.

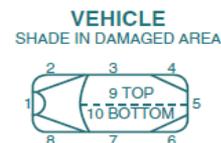
## DATE OF BIRTH (DOB):

Enter your date of birth.



UNIT # _____		(MARK ONLY ONE)		<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> PEDAL-CYCLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> PROPERTY OWNER	WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST NAME										NATURE OF INJURIES		
FIRST NAME										MIDDLE INITIAL		SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS										NEW <input type="checkbox"/>		
CITY										ST		ZIP
DRIVER'S LICENSE #				STATE		D.O.B. MM-DD-YYYY						
R A M I R J M 3 0 2 J A				W A		0 4 0 1 1 9 7 0						
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?				<input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER						

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE



# VEHICLE COLLISION FORM

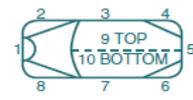
## VEHICLE IDENTIFICATION NUMBER (VIN):

This Number is some times referred to as the Vehicle Identification number on your insurance card or as the VIN. It normally has 10 to 17 characters long, depending on the age of you vehicle and the type or make.

## INSURANCE CARD

Automobile Insurance Company  
123 Main Street, Anytown, CA 90763  
INSURED DOE, JOHN

POLICY NUMBER 123-4567-889-10F  
YR 2000 MAKE TOYOTA  
MODEL 4 RUNNER VIN KU0GN85R3B012814  
AGENT JOE SMITH  
PHONE (714) 555-3285 NMC # 445834

UNIT # _____		(MARK ONLY ONE)		<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> PEDAL-CYCLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> PROPERTY OWNER	WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME								NATURE OF INJURIES	
FIRST NAME				MIDDLE INITIAL		SEX <input type="checkbox"/> M <input type="checkbox"/> F			
ADDRESS NEW <input type="checkbox"/>									
CITY		ST		ZIP					
DRIVER'S LICENSE #		STATE		D.O.B. MM-DD-YYYY		M M D D Y Y Y Y			
LICENSE PLATE #		STATE		VIN		KU0GN05R3B01 20614		<input type="checkbox"/> MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE	
TRAILER PLATE #		STATE		ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK		\$ .00		VEHICLE SHADE IN DAMAGED AREA	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER							

# VEHICLE COLLISION FORM

## TRAILER PLATE #:

If you were pulling a flat bed, camping trailer etc... Provide the license plate number and the state the plate was issued from.



UNIT # _____		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE		<input type="checkbox"/> PEDAL-CYCLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> PROPERTY OWNER	WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST NAME								NATURE OF INJURIES	
FIRST NAME						MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F		
ADDRESS NEW <input type="checkbox"/>									
CITY					ST	ZIP			
DRIVER'S LICENSE #				STATE		D.O.B. MM-DD-YYYY		M M D D Y Y Y Y	
LICENSE PLATE #			STATE		VIN				
TRAILER PLATE #		1 2 3 T D		STATE WA		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? <input type="checkbox"/> YES <input type="checkbox"/> NO			INSURANCE COMPANY AND POLICY NUMBER						

**VEHICLE SHADE IN DAMAGED AREA**

# VEHICLE COLLISION FORM

## ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK:

Provide the estimated cost to fix your vehicle/bicycle, or the object struck, if you are the property owner of the object that was struck. If unknown place a ? for the amount.

UNIT # _____		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER				WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO											
LAST NAME										NATURE OF INJURIES							
FIRST NAME								MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F								
ADDRESS NEW <input type="checkbox"/>																	
CITY						ST	ZIP										
DRIVER'S LICENSE #				STATE		D.O.B. MM-DD-YYYY		M	M			D	D	Y	Y	Y	Y
LICENSE PLATE #				STATE		VIN											
TRAILER PLATE #				STATE		ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK				\$	1,564.00						
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				INSURANCE COMPANY AND POLICY NUMBER													

**VEHICLE**  
SHADE IN DAMAGED AREA

1 2 3 4  
5 6 7 8  
9 TOP  
10 BOTTOM

# VEHICLE COLLISION FORM

**VEHICLE YEAR:** Provide the year of your vehicle.

**MAKE:** Provide the make: (i.e., Ford, Dodge etc.).

**MODEL:** Provide the model: (i.e., Ranger, Cobalt, Charger etc.).

**BODY STYLE:** ( I.E., 2 DOOR, Hatchback, 4 door etc...).

**REGISTRERED OWNER:** who owns the car and address.



UNIT # _____		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER				WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LAST NAME							NATURE OF INJURIES		
FIRST NAME						MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F		
ADDRESS NEW <input type="checkbox"/>									
CITY					ST	ZIP			
DRIVER'S LICENSE #			STATE	D.O.B. MM-DD-YYYY		M	M		
LICENSE PLATE #		STATE	VIN						
TRAILER PLATE #		STATE	ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK					\$	.00
VEH YEAR	1987	MAKE (CHRY, FORD)	Dodge	MODEL (RAM, TAURUS)	RAM 50	BODY STYLE (2 DR)			Truck, pick up
REGISTERED OWNER (LAST - FIRST - MIDDLE INITIAL)				OWNER'S ADDRESS (STREET, CITY, STATE, ZIP CODE)					
John Doe				523 Bad Day Rd, My Town, WA, 98000					
WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF THE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER							

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

**VEHICLE SHADE IN DAMAGED AREA**

# VEHICLE COLLISION FORM

## WAS AUTO LIABILITY INSURANCE IN EFFECT AT THE TIME OF THE COLLISION:

Check the appropriate box if you have insurance or not. Same for the other drivers.

## INSURANCE COMPANY AND POLICY NUMBER:

Write in you insurance companies name and your policy number.

UNIT # _____		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER				WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME						NATURE OF INJURIES	
FIRST NAME					MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS NEW <input type="checkbox"/>							
CITY					ST	ZIP	
DRIVER'S LICENSE #			STATE	D.O.B. MM-DD-YYYY		M M D D Y Y Y Y	
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			INSURANCE COMPANY AND POLICY NUMBER <b>Protectors Ins policy # 1G5662013</b>				

**VEHICLE**  
SHADE IN DAMAGED AREA

# VEHICLE COLLISION FORM

## NATURE OF INJURIES:

Provide your injuries that resulted from this collision. Describe the nature of the injuries as best you can.

Example: Cut on L/H side of Head, Broken R/H arm, Several scraps and bruises to chest L/H leg and arm.

UNIT # _____		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER		WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO							
LAST NAME										NATURE OF INJURIES	
FIRST NAME								MIDDLE INITIAL		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS NEW <input type="checkbox"/>											
CITY					ST		ZIP				
DRIVER'S LICENSE #				STATE		D.O.B. MM-DD-YYYY		M M		D D Y Y Y Y	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO					INSURANCE COMPANY AND POLICY NUMBER						

Cut to forehead,  
Broken right leg

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

**VEHICLE**  
SHADE IN DAMAGED AREA

1 2 3 4  
5 6 7 8 9 TOP  
10 BOTTOM

# VEHICLE COLLISION FORM



## MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE:

Indicate if this was a commercial vehicle. Types of commercial vehicles may include cement truck, semi attached trailer, school bus (vehicle with a gross weight rating (GVWR) of more then 26,000 pounds).

UNIT # _____		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER				WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME						NATURE OF INJURIES	
FIRST NAME					MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS NEW <input type="checkbox"/>							
CITY					ST	ZIP	
DRIVER'S LICENSE #			STATE	D.O.B. MM-DD-YYYY		M	M
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			INSURANCE COMPANY AND POLICY NUMBER				

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

**VEHICLE**  
SHADE IN DAMAGED AREA

# VEHICLE COLLISION FORM

## SHADE IN DAMAGED AREA OF VEHICLE:

Shade in the area where damage occurred on the Units vehicle diagram.

UNIT # _____		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER				WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO							
LAST NAME										NATURE OF INJURIES			
FIRST NAME							MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F					
ADDRESS NEW <input type="checkbox"/>													
CITY					ST	ZIP							
DRIVER'S LICENSE #			STATE		D.O.B. MM-DD-YYYY		M	M	D			D	Y
LICENSE PLATE #		STATE		VIN								<input type="checkbox"/> MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				INSURANCE COMPANY AND POLICY NUMBER									

**VEHICLE**  
SHADE IN DAMAGED AREA

1 2 3 4  
5  
6 7 8 9  
TOP  
BOTTOM



# VEHICLE COLLISION FORM

## COMPLETING THE OTHER UNITS:

Return to **UNITS INVOLVED PAGE** portion of this presentation: and follow the instruction for adding the other units 2, 3 and 4 etc... This process is the same for all additional units.

<b>UNIT #</b> <u>1</u>		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER		WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME		FIRST NAME		MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS NEW <input type="checkbox"/>		CITY		STATE ZIP	
DRIVER'S LICENSE #		STATE	VIN	D.O.B. MM-DD-YYYY M M D D Y Y Y Y	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER			
<b>UNIT #</b> <u>2</u>		(MARK ONLY ONE) <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER		WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME		FIRST NAME		MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS NEW <input type="checkbox"/>		CITY		STATE ZIP	
DRIVER'S LICENSE #		STATE	VIN	D.O.B. MM-DD-YYYY M M D D Y Y Y Y	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY AND POLICY NUMBER			

The person completing this form is Unit 1

Complete the section for the other driver

NATURE OF INJURIES

---



---



---

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

**VEHICLE SHADE IN DAMAGED AREA**

NATURE OF INJURIES

---



---



---

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

**VEHICLE SHADE IN DAMAGED AREA**

# VEHICLE COLLISION FORM

You have completed the online Vehicle Collision Form Training. Please feel free to review the training as many times as needed. This presentation:

- ❖ Provided you information on who must complete the Vehicle Collision form.
- ❖ Informed you which fields are the required fields that must be completed (mandatory).
- ❖ Provided you with step by step instruction on what should go into the specific fields on the form.
- ❖ Assisted you with the type of information needed in the fields that will insure the most accurate report possible.

Call Washington State Patrol Collision Records at:  
360-570-2355 if you need additional assistance.

Completed reports should be mailed to:  
Washington State Patrol, Collision Records  
P.O. Box 42628  
Olympia, Washington 98504-2628

<http://www.wsp.wa.gov/publications/collision.htm>