

Collision Fatality Reporting



WASHINGTON STATE PATROL PRESS MEMO

DATE: _____ TIME: _____ INV UNIT: _____ AGENCY: _____
LOCATION: _____
COUNTY: _____ COLLISION REPORT NUMBER: _____ CASE NO.: _____

-----PERSON(S) INVOLVED-----

NAME: _____ AGE: _____ SEX: _____
CITY: _____ PERSON TYPE: _____ VEH BELT/USDOT HELMET: YES NO
INJ/DISP: _____
NEXT OF KIN NOTIFIED: _____ NOTIFIED BY: _____
VEHICLE DESCRIPTION: _____
*

NAME: _____ AGE: _____ SEX: _____
CITY: _____ PERSON TYPE: _____ VEH BELT/USDOT HELMET: YES NO
INJ/DISP: _____
NEXT OF KIN NOTIFIED: _____ NOTIFIED BY: _____
VEHICLE DESCRIPTION: _____
*

NAME: _____ AGE: _____ SEX: _____
CITY: _____ PERSON TYPE: _____ VEH BELT/USDOT HELMET: YES NO
INJ/DISP: _____
NEXT OF KIN NOTIFIED: _____ NOTIFIED BY: _____
VEHICLE DESCRIPTION: _____
*

NAME: _____ AGE: _____ SEX: _____
CITY: _____ PERSON TYPE: _____ VEH BELT/UDOT HELMET: YES NO
INJ/DISP: _____
NEXT OF KIN NOTIFIED: _____ NOTIFIED BY: _____
VEHICLE DESCRIPTION: _____
*

-----DESCRIPTION-----

If you have questions, contact the Fatal Desk at (360) 570-2355.

Please e-mail fatal notices to Collision Records at fatalitymemo@wsp.wa.gov.