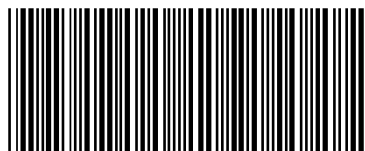


Request for Copy of Collision Report



Internal Reference # Only

Instructions:

- A \$10.50 check or money order is to be made payable to the Washington State Patrol and is to be accompanied with each request. (Please do not send cash.)
- Mail to: WSP, Collision Records Section, PO Box 42628, Olympia WA 98504-2628.
- Please take into consideration it may take up to 2-4 weeks for a report to be available for disclosure online or in office.
- If you have any questions, please contact WSP Collision Records at (360) 570-2355 or via e-mail at collisionrecords@wsp.wa.gov.

Type of Report Requested (Check one box)

Police Traffic Collision Report (**Officer Investigated**)
 Motor Vehicle Collision Report (**Non Officer-Investigated**)

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 Number (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	
*Last Name		*First Name	MI	
Last Name (Second Driver or Involved Party)		First Name	MI	

Requester Information

*Name or Business 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 (List name below)* <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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