

WASHINGTON STATE

POLICE TRAFFIC COLLISION REPORT INSTRUCTION MANUAL



Prepared for

LAW ENFORCEMENT OFFICERS

CONTRIBUTING AGENCIES

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Police Traffic Collision Report Manual (10th Edition)

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Chapter 1 – Introduction**

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CHAPTER 1 INTRODUCTION

Procedure #: 01.01.000	Effective Date: January 2020
Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014	See Also: American National Standard (ANSI) 7th Edition; RCW 46.52.030
Applies To: All Law Enforcement Officers	

I. PURPOSE

- A. The manual is designed to assist police officers in completing Police Traffic Collision Report (PTCR) forms on vehicle collisions required by Washington State laws. The PTCR was developed for use by all police officers investigating vehicle collisions.
 - 1. If your agency uses Statewide Electronic Collision and Ticket Online Records (SECTOR) to report vehicle collisions, some of the information in this manual may not apply. For further information on how to fill out collision reports via SECTOR, reference the *Sector User Manual* available in SECTOR Client.
- B. The information made available by accurate collision investigation and reporting is invaluable in developing programs to reduce the number and/or severity of vehicle collisions. It provides a basis for developing proper traffic laws and ordinances, traffic safety programs, and other collision prevention programs. This information is also essential when litigation arises from collisions.
- C. The vehicle laws require any law enforcement officer to report each vehicle collision resulting in injury or death of any person, or damage to the property of any one person to an apparent extent of \$1,000 or more. Reports shall be submitted to the Washington State Patrol Collision Records Section within 4 days after any accident per Revised Code of Washington (RCW) [46.52.030](#).
- D. If the collision does not meet the reporting requirements and/or occurs on private property, it is at the discretion of the responding agency whether or not a PTCR is completed and filed. If the collision meets the reporting requirements and occurs on private property or an officer does not respond, the involved parties should be advised to complete a Motor Vehicle Collision Report (VCR). The VCR can be obtained from any local law enforcement agency or on the Washington State Patrol (WSP) web site under **Collision Records & Reports** at www.wsp.wa.gov.

II. GENERAL INSTRUCTIONS

- A. Enter all information requested on the PTCR form to the best of your knowledge. If the requested information is unknown, not available, or not applicable, leave those fields of the report blank or use the appropriate codes for none, unknown, or other. Applicable codes are available on the PTCR Overlay Sheet ([click here for collisions prior to 12/31/19](#) or [here for collisions after 1/1/20](#)). Do not enter dashes or lines.
- B. If there is more information available to enter than space provided on the PTCR form, abbreviate information such as charges, nature of injuries, address, etc.

- C. If the original PTCR form is unavailable, stamp or write the word “ORIGINAL” in color on the copy at the top of the report to the right of the barcode. If stamping is necessary, make sure the stamp does not obscure data on the PTCR form.
- D. The Collision Records Section only retains PTCR forms.
 - 1. Do not attach citations, impound forms, Driving Under the Influence (DUI) forms, photographs, public web maps, or witness statements to the PTCR form.
- E. To ensure accuracy of data when filling out the PTCR form:
 - 1. Clearly print letters and numbers.
 - 2. Use a black ball-point pen with a medium tip and press firmly.
 - 3. Include spaces between multiple last or first names. Use commas to separate last and first names of registered owner, passenger, and witness names.
 - 4. Asterisks can only be used in the driver's license number field.
- F. When approving PTCRs, approving officers should not mark the reports with large check marks, dark highlighters, or anything that will obstruct the data.

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(10th Edition)
Chapter 2 – Report Identifiers**

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CHAPTER 2 REPORT IDENTIFIERS

Procedure #: 02.01.000	Effective Date: January 2020
Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014	See Also: American National Standard (ANSI) D16 1-2007: Manual on Classification of Motor Vehicle Traffic Accidents, 7th Edition
Applies To: All Law Enforcement Officers	

I. GENERAL INSTRUCTIONS

- A. The collision report contains administrative information that, when completed accurately and entirely, significantly reduces the need for report revisions.
- B. Part A of the PTCR form is required for every collision report and can only be used once for a single collision.
- C. To record more than 2 units involved in a collision, a Supplemental PTCR form must be completed. Refer to *Chapter 13 Supplemental Information* for specific instructions on how to fill out a Supplemental PTCR form.

II. REPORT NUMBER

- A. The collision report number on Part A is a pre-printed number assigned by the State of Washington and appears in the top right corner of the PTCR form. The officer must write the pre-printed report number in the upper right corner of all subsequent pages.

III. CASE NUMBER

- A. The case number is an optional field for entry.
- B. The case number is a local agency originating case number. If applicable to your jurisdiction, enter the originating case number in the field provided.

IV. LOCAL AGENCY CODING

- A. The local agency coding is an optional field for entry.
- B. Local agencies can use this field to include other designations on the collision report, such as special location coding.

V. PAGE ORDER

- A. Page numbers must be recorded on the bottom right corner of all pages, including additional attachments submitted to the Collision Records Section.
 - 1. PTCR forms must be submitted in the following order:

- a. **Part A**
- b. **Part B**
 - (1) If you are submitting more than one Part B form, the form with the narrative section filled out must come first.
- c. **Supplemental**
 - (1) When submitting a Supplemental or a correction at a later date, the page(s) should be numbered independently from the original report.
 - (2) The page order of a Supplemental/correction should follow the same order as the original report.
 - (a) For example, when submitting 2 Supplemental pages, if there is a Part B and a Supplemental, Part B should be numbered as page 1 and the Supplemental as page 2.
 - (3) **NOTE:** You cannot use Part A as a Supplemental or correction.
- d. **Additional Narratives**
 - (1) Pages such as a Microsoft Word document or a typed narrative that is not included on Part B.
- e. **Diagram**
 - (1) Pages either hand-drawn on a sheet of paper or copied from a diagram tool not included on Part B.

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Chapter 3 – Location, Date, and Time**

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CHAPTER 3 LOCATION, DATE, AND TIME

Procedure #: 03.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. Not applicable to this chapter.

II. TOTAL NUMBER OF UNITS

- A. Enter the total number of units involved, to include all property owners, regardless of the appearance of the damage.

III. OBJECT STRUCK

- A. This field is used to identify any object(s) struck during the collision other than vehicles listed on the PTCR form.
- Objects include, but are not limited to, guardrails, power poles, and buildings.
- B. If there is an identifiable property owner, such as “Mr. John Doe” or “Pacific Telephone Company,” mark the “Property Owner” box for that unit. Enter the property owner’s name and address that corresponds to that unit.
- C. If no identifiable owners can be located, complete the address portion and list “UNKNOWN” in the last name field.

IV. DATE AND TIME INFORMATION

A. Date

- This is a mandatory field.
- Enter the date of the collision using a two-digit month, two-digit day, and four-digit year. For example, enter 04-29-2013 for April 29, 2013.
 - If an exact collision date is unknown, use the beginning date of the estimated date range.

B. Time

- Enter the time of the collision in 24-hour military time format. For example, enter 1545 for a collision that occurred at 3:45 p.m.

2. The time entered must be before the dispatched and arrival times.
 - a. If time is unknown, but it is known that the collision occurred during daylight hours, use 13:00 for daylight.
 - b. If it is known that the collision occurred during night time hours, use 00:01 for night time.
 - c. If it is unknown whether the collision occurred during daylight or night time hours, leave the time blank and enter the appropriate dispatched and arrival times.

V. LOCATION INFORMATION

A. Roadway Type

1. Check the appropriate box for the roadway category in which the collision occurred.
2. If the location of the collision involved more than one roadway type, mark all roadway types that apply.
3. The category of roadway selected must correspond with the primary trafficway indicated in the location information of the collision report form and in the narrative and diagram.

a. Definitions

- (1) **Interstate:** An Interstate System is a network of freeways that forms a part of the National Highway System of the United States.
- (2) **State Route:** A state route is a trafficway within a state trafficway system, but not an Interstate highway or other U.S. route numbered highway.
- (3) **County Road:** A county road is a trafficway within a county trafficway system that is not an Interstate highway, other U.S. route numbered highway, or other state route numbered highway.
- (4) **City Street:** A city street is a trafficway within a city trafficway system that is not an Interstate highway, other U.S. route numbered highway, other state route numbered highway, or county road.
- (5) **Other:** Check this box when no other categories of roadway options apply.
- (6) **Private Way:** A private way is any land way other than a trafficway, such as a parking lot. The space within a crossing of a private way and a trafficway shall be considered to be a trafficway.

B. Collision Incident Types

1. Check the box(es) that best describes the incident. If more than one collision incident applies, check all that apply. Collision incident types are as follows:

a. Fire Resulted

- (1) If the damage threshold is met, a collision report should be completed if a vehicle catches fire while in transport or within ten minutes of pulling off the road. These reports are used for statistical purposes to detect vehicle defects for makes and models that frequently catch fire due to a common cause.

b. Stolen Vehicle.

c. Hit & Run Involved.

C. Tribal Reservations

1. If the collision occurred on a roadway within a tribal reservation's boundaries, enter the tribal reservation's name in the space provided. Refer to *Chapter 17 Appendix* for a list of tribal reservations in Washington State.

D. County Number

1. Enter the two-digit county number in which the collision occurred. Refer to *Chapter 17 Appendix* for a list of county numbers in Washington State.

E. Miles and Direction

1. Miles and directions only need to be included if the collision occurs outside the city limits. If the collision occurs outside the city limits, record the following:
 - a. The distance from the city limits of the nearest city in miles and tenths of a mile. For example, 5.3 miles.
 - b. Check the appropriate box indicating whether the collision occurred north, south, east, or west of the nearest city or town. If more than one direction applies, check both. For example, select north and west for northwest.
 - c. Enter the four-digit city number for the nearest city. Refer to *Chapter 17 Appendix* for a list of city numbers in Washington State.

F. Outside and Inside City Limits

1. Check the "IN" box if the collision occurred within city limits.
2. Check the "OF" box if the collision occurred outside city limits.

G. City Number

1. Enter the four-digit city number in which the collision occurred. When recording the city number, ensure the number corresponds with a city within the county that

the collision occurred in. Refer to *Chapter 17 Appendix* for a list of city numbers in Washington State.

H. Intersection

1. Definition

- a. An area that contains a crossing or connection of two or more roadways not classified as driveway access.
2. If the collision occurred within 20 feet of/or in an intersection, only the primary trafficway and cross-street are mandatory.

I. Non-Intersection

1. If the collision occurred at a non-intersection location, besides the primary trafficway, the distance in miles or feet, and the direction (north, south, east, west), to the nearest cross street must also be recorded.
 - a. If available, provide the block number or milepost.

J. Primary Trafficway

1. The highway, road, or street on which the collision occurred is the primary trafficway. For state routes (SR), use the SR number. For example, use SR 527 instead of Bothell/Everett Highway. To ensure consistency in data, include a space after SR (State Route) and I (Interstate).
2. If the collision occurred in the following primary trafficways, list the following information:
 - a. **Private Ways**
 - (1) List the exact address as the primary trafficway
 - b. **Parking Lot**
 - (1) List the closest street name in the primary trafficway box and the exact address number of the closest business in the block number box. List "Parking Lot" as the cross street.
 - c. **Alleys**
 - (1) List "alley" as the primary trafficway and the distance (in miles or feet) and direction (north, south, east, west) to the nearest cross street
 - d. **Rest Area**
 - (1) List the name of the rest area, if known, as the primary trafficway and record the name of the highway and corresponding milepost

K. Block Number and Mile Post

1. If the collision occurred on a street or county road with block numbers and the number is known, check the “block no” box and record the block or address number.
2. If the collision occurred on an interstate or state highway and the milepost is known, check the “mile post” box and record the mile post to the nearest hundredth. An approximate mile post can be used.

L. Distance and Direction

1. Record the distance to the nearest cross street or reference point in miles or feet by checking the appropriate box. Check the box(es) to indicate in which direction the collision occurred from the cross street or reference point. If more than one direction applies, check them both. For example, check north and west for northwest.

M. Reference or Cross Street

1. Enter the name of the cross street or reference point.
2. Examples of reference points include, but are not limited to, the following:
 - a. Business driveway
 - b. Railroad crossing
 - c. Bridge
 - d. Overpass

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Chapter 4 – Unit Information**

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CHAPTER 4 UNIT INFORMATION

Procedure #: 04.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. Unit 01 can only be a motor vehicle or pedalcycle, regardless of which unit is at fault. The side coding, diagram, and narrative will differentiate the at-fault unit.
- B. If a unit has a vehicle attached either on a trailer or in a tow, the trailered or towed vehicle is considered part of the unit. If the trailered vehicle or towed vehicle separates from the unit and collides with another vehicle or property, it is still part of the unit. The trailered or towed vehicle should not be listed as a separate unit. The information for the trailered or towed vehicle should be listed in the narrative section.

II. UNIT INFORMATION

A. Unit 01

- 1. Check the box to identify the type of unit involved in a collision. The types of units are as follows:
 - a. **Motor Vehicle**
 - (1) This applies when the unit is a motorized (mechanically or electronically powered) road vehicle not operated on rails.
 - b. **Pedalcycle**
 - (1) This applies when the unit is a non-motorized road vehicle propelled by pedaling. When recording pedalcycle information, complete side coding in boxes 19-22 and 25-26.

B. Unit 02

- 1. Check the box to identify the type of unit involved in the collision. The "Unit 02" Section includes 2 additional types of units not available in the "Unit 01" section, which are as follows:
 - a. **Pedestrian**
 - (1) This applies to any person who is not an occupant. When recording pedestrian information, complete side coding in boxes 19-24.

- (2) Train occupants who sustain injuries should be recorded as pedestrians.
- (3) Injured occupants in a building struck during the collision should be recorded as pedestrians.
- (4) Train and building occupants who are not injured should be recorded as witnesses. Refer to *Chapter 9 Passenger and Witness Information* for additional information.

b. Property Owner

- (1) This applies when there is a property owner that sustained damages as a result of the collision. Property includes, but is not limited to, structures, guardrails, signs, power poles, barriers, fences, bushes, landscapes, etc.
- (2) All trains should be recorded as property owners, not motor vehicles. Trains do not travel on roadways by definition.

III. FURTHER UNIT INFORMATION

A. Damage Threshold

1. Check yes, if the total damage to any one vehicle or to any person's property involved in the collision is estimated to exceed a cost of \$1,000 or more. Refer to *Chapter 17 Appendix* for RCW (Revised Code of Washington) and WAC (Washington Administrative Code) reference information.

a. Definitions

- (1) **Damage:** Harm to property that reduces the monetary value of that property.

B. Phone Number

1. Enter the phone number of the corresponding operator for that unit.

C. Last Name, First Name, and Middle Initial

1. Enter the last name, first name, and middle initial for the corresponding unit. For licensed operators, the information must be entered exactly how it appears on their driver's license. If the driver is unknown, enter "Unknown" in the last name field.

D. Street (New Address)

1. Enter the street address of the operator of the corresponding unit.
2. Check the "new address" box if the operator's address is different than what is listed on their driver's license. Enter the new address information in the space provided.

E. City, State, and Zip Code

1. Enter the complete spelled-out city name for the corresponding unit.
2. Enter the two-letter abbreviation for the residing state of the corresponding unit. For example, enter WA if the corresponding unit resides in Washington. Refer to *Chapter 17 Appendix* for a list of state abbreviations.
3. Enter the nine-digit zip code for the corresponding unit.

F. Commercial Driver's License (CDL)

1. Enter the CDL class and endorsements in the space provided. This information is listed on the driver's license.
 - a. Information must be entered exactly how it is listed on the operator's driver's license.

G. Ignition Interlock Required

1. Enter "YES" if the driver is required by the Department of Licensing (DOL) to have ignition interlock present. Enter "NO" if no restriction indicated by DOL.

H. Ignition Interlock Present

1. Enter "YES" if vehicle is equipped with operational ignition interlock device. Enter "NO" if vehicle does not have operational ignition interlock device.

I. Medically Transported

1. Enter "YES" if the unit was medically transported by a licensed transport to a medical facility due to injuries sustained in collision. Enter "NO" if the unit was not medically transported by a licensed transport to a medical facility.

J. Driver's License and State

1. Enter the driver's license number exactly how it is listed on the driver's license for that corresponding unit. If the operator does not possess a driver's license or the driver's license is expired at the time of the collision, record the No Valid Operator's License (NVOL) reason in the narrative or the charges field.

K. Sex

1. Enter the sex of that corresponding unit.
 - a. Enter "F" for female.
 - b. Enter "M" for male.
 - c. Enter "O" for Other or "X."
 - d. **NOTE: For SECTOR, when the DOL Returns an X Gender code, your choice will be displayed as "Not Specified." By selecting Not Specified, SECTOR will store the "X" designation and display it on the report.**

L. Date of Birth

1. Enter the date of birth for that corresponding unit.
2. The date must be entered as a two-digit month, two-digit day, and four-digit year. For example, enter 04-29-1987 for April 29, 1987.

M. On Duty

1. Check the box if the operator was an on-duty law enforcement officer, fire fighter, or ambulance operator at the time of the collision.
 - a. Marking the “on duty” box will exempt the collision from appearing on the operator’s Drivers Abstract for insurance and commercial driving purposes.
 - (1) The collision will appear on the operator’s Drivers Abstract for employment and law enforcement purposes.

N. Collision Status

1. This data is vital for traffic safety programs, grants, and manufactured product recalls.
2. Enter the applicable numeric status code for the corresponding unit.
 - a. Unit 01 can only include codes 0, 1, and 2.
 - b. Unit 02 and all subsequent units can include any of the available codes. The status codes are as follows:
 - (1) Bicyclist
 - (2) Tricyclist
 - (3) Person on Foot
 - (4) Roller Skater or Skateboarder
 - (5) Non-Motorized Wheelchair
 - (6) Motorized Wheelchair
 - (7) Flagger
 - (8) Roadway Worker
 - (9) Emergency Response Personnel
 - (0) Other
 - (a) If this code is selected, details must be included in the narrative section on Part B.

3. **Airbag**

- a. Enter the numeric airbag code that best describes the vehicle's airbag system for the corresponding unit. The numeric airbag codes are as follows:

- (1) Not Airbag Equipped
- (2) Not Deployed
- (3) Deployed – Front
- (4) Deployed – Side
- (5) Deployed – Other
- (6) Deployed – Combination
- (9) Deployed – Unknown

4. **Restraint Systems**

- a. Enter the numeric restraint system code that best describes the restraint system used for that corresponding unit. The numeric restraint systems are as follows:

- (1) No Restraints Used
- (2) Lap Belt Used
- (3) Shoulder Belt Used
- (4) Lap and Shoulder Belt Used
- (9) Unknown
- (10) Child Restraint Forward Facing
- (11) Child Restraint Rear Facing
- (12) Child Restraint Type Unknown

5. **Ejection**

- a. Enter the numeric ejection code that best describes the position of the operator in relation to the vehicle. The numeric ejection codes are as follows:

- (1) Not Ejected
- (2) Totally Ejected
- (3) Partially Ejected
 - (a) Applies when the operator is not completely outside the vehicle. Partial penetration may be through windshield, doors, roof, etc.

(9) Unknown

(a) Use when it is not reasonably known whether the operator was ejected.

6. Helmet Use

a. Enter only if the unit is a motorcyclist, pedalcyclist, skater, or skateboarder.

b. Enter the numeric code that best describes the helmet use status. The numeric codes are as follows:

(2) Helmet Not Used

(5) DOT Compliant Motorcycle Helmet

(6) Non-DOT Compliant Motorcycle Helmet

(7) Unknown if DOT Compliant Motorcycle Helmet

(9) Other

**Police Traffic Collision Report Manual
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Chapter 5 – Injury Coding**

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CHAPTER 5 INJURY CODING

Procedure #: 05.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. It is important to record the injury code and nature of injuries as a result of the collision as accurately as possible to the extent of knowledge of the officer.
- B. The following injury codes apply to the Statewide Electronic Collision and Ticket Online Records (SECTOR) reports only and should not be used on paper Police Traffic Collision Report (PTCR) forms:
 - (0) Unknown – this code only applies to SECTOR reports. On paper PTCRs, if the injury is unknown, leave the field blank and write “unknown” in the nature of injury field.
 - (8) Non-Traffic Injury – this code only applies to SECTOR reports and is not used on paper PTCRs.
 - (9) Non-Traffic Fatality – this code only applies to SECTOR reports and is not used on paper PTCRs.

II. INJURY CLASS

- A. Enter the numeric code for the category that best describes the injury. The injury class codes are as follows:
 - (1) No Apparent Injury – applies when the officer at the scene has no reason to believe that at the time of the collision the person received any bodily harm due to the collision.
 - (2) Dead at Scene – applies when a unit is pronounced dead at the scene.
 - (3) Dead on Arrival – applies when a unit is pronounced dead upon arrival to the hospital or medical facility, not upon the officer’s arrival at the scene.
 - (4) Died at Hospital – applies when a unit dies in a hospital or medical facility after arrival.
 - (5) Suspected Serious Injury (Serious Injury) – applies to any injury other than fatal that results in one or more of the following: Severe lacerations resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood, broken or distorted extremity, crush injuries, suspected skull, chest, or abdominal injury other than bruises or minor lacerations, significant burns, unconsciousness when taken from the scene, paralysis.

- (6) Suspected Minor Injury (Non-Disabling Evident Injury) – applies to any injury that is evident at the collision scene, other than fatal or serious injuries. Examples include lump on head, abrasions, bruises, or minor lacerations.
- (7) Possible Injury – applies to any injury reported or claimed that is not a fatal, suspected serious or suspected minor injury. Examples include momentary unconsciousness, claim of injury, limping, complaint of pain, or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.

III. NATURE OF INJURY

- A. Nature of the injury must be included in this field if codes 2 through 7 are used. Details of which part of the human body has the injury and type of injury such as cuts, scrapes, burns, bruises, etc.

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Chapter 6 – Vehicle Information**

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CHAPTER 6 VEHICLE INFORMATION

Procedure #: 06.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. For collision reports recorded in Statewide Electronic Collision and Ticket Online Records (SECTOR), most of the following information can be scanned from the vehicle registration certificate or entered manually by the officer.

II. LICENSE PLATE

- A. Enter the exact license plate number. Compare the license plate number with the provided registration certificate.
- B. For commercial vehicles, when multiple license plates are displayed, enter the Washington State license number, if available. If a Washington State license plate number is not available, use the license plate that is clearly identifiable.

III. STATE

- A. Enter the two-letter abbreviation for the state that issued the license plate. Refer to *Chapter 17 Appendix* for a list of state abbreviations.

IV. VEHICLE IDENTIFICATION NUMBER (VIN)

- A. Enter the VIN exactly as it appears on the vehicle.
1. The VIN is most commonly located on top of the dashboard on the driver's side of the vehicle and is visible through the windshield.
- B. When a vehicle is completely demolished, the VIN may not be obtainable at the scene. Every reasonable effort must be made to locate the VIN.
1. If after reasonable effort, the VIN cannot be obtained, enter the VIN listed on the vehicle registration card.
- C. VIN numbers are commonly 17 alpha numeric characters in length, for vehicles manufactured after 1980.

V. TRAILER INFORMATION

- A. Trailer information must be entered in the space provided for the corresponding unit(s).

1. **Definition**

a. Trailer: A trailer is a road vehicle designed to be drawn by another road vehicle.

B. If more than one trailer is being pulled by a single vehicle, enter the information for both trailers. There is a maximum space provided to record two trailers per unit. Any additional trailers must be recorded in the narrative.

1. **Trailer Plate Number**

a. If applicable, enter the trailer license plate number

2. **State**

a. Enter the two-letter abbreviation for the state that issued the trailer license plate. Refer to *Chapter 17 Appendix* for a list of state abbreviations.

3. **Trailer VIN**

a. Enter the 16-digit trailer VIN in the corresponding Trailer VIN boxes provided. Enter up to two VIN number per Unit.

VI. VEHICLE YEAR

A. Enter the four-digit vehicle year.

VII. VEHICLE MAKE

A. Enter the complete vehicle make.

1. For example, enter Ford, Toyota, BMW, Dodge, Honda, etc.

VIII. MODEL

A. Enter the complete vehicle model.

1. For example, enter Taurus, Camry, Ram, Civic, etc.

B. For buses, write in the model name. If the model name is not available, enter "commercial" or "school bus."

IX. STYLE

A. Enter the complete vehicle style.

1. For example, enter 2 door, 4 door, pickup, cab over, etc.

B. If the vehicle is greater than 10,000 pounds, record the vehicle tonnage as indicated on the registration.

X. VEHICLE TOWED DUE TO DISABLING DAMAGE

A. Check the appropriate box to identify if the vehicle was towed from the collision scene due to damage suffered in the collision.

XI. TOWED BY

A. If the vehicle was towed, enter the name of the tow company.

XII. GOVERNMENT VEHICLE

- A. Check the appropriate box to identify if the vehicle is a marked government vehicle or has a government exempt license plate.

XIII. REGISTERED OWNER INFORMATION

- A. If the operator is also the registered owner, enter “same.”
- B. If the operator is not the registered owner, enter the registered owner’s information as listed on the registration certificate as follows:
 - 1. Last Name
 - 2. First Name
 - 3. Middle Initial
 - 4. Street Name and Number
 - 5. City
 - 6. State
 - 7. Zip Code (if known)
- C. If the vehicle is parked unoccupied, registered owner information must be entered.

XIV. DAMAGE DIAGRAM

- A. Indicate the damaged area of the vehicle by shading the sections of the damage diagram that correspond with the actual vehicle damage.
- B. If the vehicle involved is a motorcycle, truck, bus, tractor, or trailer, assume the vehicle diagram represents that type of vehicle as close as possible.
- C. If the vehicle was demolished, print “demolished” across the diagram. You can also shade in all sections of the damage diagram to indicate demolished.

XV. INSURANCE INFORMATION

- A. Check the “liability insurance in effect” box, if at the time of the collision liability insurance was in effect.
- B. If the “liability insurance in effect” box was checked, enter the name of the insurance company and the policy number as listed on the insurance card.

XVI. VEHICLE LEGALLY STANDING

- A. Check the box to indicate if the vehicle was legally standing at the time of the collision.
 - 1. Vehicles legally standing include, but are not limited to, a vehicle stopped at a stop sign, yield sign, traffic signal, stopped due to traffic backup, or stopped due to granting the right of way to another vehicle or pedestrian.

XVII. CITATION NUMBER

- A. If a notice of infraction (citation) is issued, enter the citation number for each of the corresponding units.

XVIII. CHARGE

- A. If a notice of infraction (citation) is issued, enter the specific violation or Revised Code of Washington (RCW) for each of the corresponding units.
- B. If there is not enough room in the field to record multiple charges, abbreviate or list additional charges in the narrative along with the unit number.
 - 1. **NOTE:** If enforcement data is not available at the time the collision report is submitted, submit the enforcement action on a Supplemental PTCR form. You must include which unit number the enforcement action applies to. Refer to *Chapter 13 Supplemental Information* for specific instructions on how to fill out the Supplemental PTCR form.

**Police Traffic Collision Report Manual
(10th Edition)
Chapter 7 – Side Coding**

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CHAPTER 7 SIDE CODING

Procedure #: 07.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. The Collision Report Overlay Sheet contains specific numeric codes that are used to further describe the details of the collision. These codes are placed in the corresponding boxes found in the side margins of Part A and the Supplemental pages. The codes placed in boxes 1 through 6 apply to the collision scene. The codes placed in boxes 7 through 42 are specific to each unit.
- B. Codes for odd-numbered units—such as 1, 3, and 5—would be in the odd-numbered boxes 27, 29, 31, etc. Codes for even-numbered units—such as 2, 4, and 6—would be in the even-numbered boxes 28, 30, 32, etc.

II. LEFT SIDE CODING

A. Collision Scene

1. Box 1 – Roadway Surface Condition

- a. In box 1, enter the numeric code that best describes the surface condition of the roadway at the scene and at the time of the collision. Roadway surface conditions are as follows:
 - (1) Dry
 - (2) Wet
 - (3) Snow/Slush
 - (4) Ice
 - (5) Sand/Mud/Dirt
 - (6) Oil
 - (7) Standing Water
 - (8) Other
 - (a) If this code is used, details must be entered in the narrative. Other roadway surface conditions may include hazardous material, diesel fuel, etc.
 - (9) Unknown

2. **Box 2 – Weather**

a. In box 2, enter the numeric code that best describes the weather conditions at the scene and time of the collision. Weather conditions are as follows:

- (1) Clear
- (2) Overcast
- (3) Raining
- (4) Snowing
- (5) Fog/Smog/Smoke
- (6) Sleet/Hail/Freezing Rain
- (7) Severe Cross Wind
- (8) Blowing Sand/Dirt
- (10) Partly Cloudy
- (11) Blowing Snow

(a) If this code is used, details must be entered in the narrative. Other weather conditions may include volcanic ash, etc.

3. **Box 3 – Light Conditions**

a. In box 3, the numeric code that best describes the light conditions at the scene and time of the collision. Light conditions are as follows:

- (1) Day Light
- (2) Dawn
- (3) Dusk
- (4) Dark – Street Lights On
- (5) Dark – Street Lights Off
- (6) Dark – No Street Lights

(a) This means there are no street lights installed in the area.

- (7) Other
- (8) Dark – Unknown Lighting

(a) If this code is used, details must be included in the narrative.

- (9) Unknown

1. **Box 4 – Work Zone Location**

a. In box 4, enter the numeric code that best describes the work zone location, if applicable. If none of the work zone locations below apply, leave the field blank. Work zone locations are as follows:

(4) Within Work Zone

(5) In External Traffic Backup Caused from Work Zone

b. A collision should be considered as occurring in a work zone if there is evidence of work activity in the immediate vicinity of the collision site. In the case of a divided roadway, the immediate vicinity also includes the opposing lanes of traffic. The work activity does not have to have contributed to the collision and may include, but not limited to, any of the following:

(1) Construction Activity – such as roadway paving or resurfacing; building new roads, bridges, undercrossings, overcrossings, or tunnels; temporary detours; or any change in the width or direction of travel lanes.

(2) Maintenance Activity – such as cleaning shoulders; clearing brush along roadside; excavating roadside ditches; removal of debris slides; repairing or installing guardrails, signals, signs, storm drains, or curbs; or survey crews.

(3) Utility Activity – such as repairing or installing utility poles or lines, water lines, or sewers.

(a) These activities may or may not be accompanied by a flagger. Activities may be performed by private contractors, utility companies, Washington State Department of Transportation (WSDOT) maintenance personnel, or county/city public works departments. In addition, a collision may also be considered as related to work zone activity if it occurs as a result of slowing or stoppage of traffic caused by work zone activity ahead of the immediate collision site. In order to correctly classify these collisions, any of the above items should be noted in the narrative along with the use of appropriate numeric codes in box 4 of the PTCR form.

4. **Box 4A – Work Zone Type**

a. In box 4A, enter the numeric code that best describes the work zone type, if applicable. If none of the work zone types below apply, leave the field blank. Work zone types are as follows:

(1) Construction

(2) Maintenance

(3) Utility

(9) Work Zone Type Unknown

5. Box 5 – Location Character

- a. In box 5, enter the numeric code that best describes the location character at the collision scene. If none of the location characters below apply, leave the field blank. Location characters are as follows:

- (1) Parking Lot
- (2) Bridge/Overpass
- (3) Underpass/Tunnel
- (4) Rest Area/Turnout
- (5) Shopping Mall/Plaza
- (6) Park & Ride Lot
- (7) Ferry Dock
- (8) School Zone
- (9) Playground Zone
- (0) Rail Road Crossing
- (A) Other

(a) If this code is used, details must be included in the narrative.

6. Box 6 – Roadway Character

- a. In box 6, enter the numeric code that best describes the roadway character at the collision scene. The entry should describe, as closely as possible, the roadway at the exact location of the collision and should correspond to the diagram of the collision. Roadway characters are as follows:

- (1) Straight & Level
- (2) Straight & Grade
- (3) Straight at Hillcrest
- (4) Straight in Sag
- (5) Curve & Level
- (6) Curve & Grade
- (7) Curve at Hill Crest
- (8) Curve in Sag

- (9) Unknown

NOTE: The engineering term “sag” is the transition area where a downgrade meets either an upgrade or level section of a roadway.

B. Hazardous Materials

1. Box 7 (Unit 1) & Box 8 (Unit 2)

- a. In boxes 7 and 8, enter the numeric code that best describes the hazardous materials at the collision scene, if applicable. If hazardous materials were being transported at the time of the collision, indicate whether or not the material was released by entering the appropriate numeric code. Indicate in the narrative the specific type of material that was being hauled and by which vehicle. Hazardous materials numeric codes are as follows:

- (1) Hazmat Transported – Not Released
- (2) Hazmat Transported – Released

NOTE: Fuel spilled from the vehicle’s own fuel tank should not be considered a release of hazardous material.

C. Traffic Control

1. Box 9 (Unit 1) & Box 10 (Unit 2)

- a. In boxes 9 and 10, enter the numeric code that best describes the type of traffic control that each vehicle was subject to at the collision scene. Traffic control codes are as follows:

- (1) Signals
- (2) Stop Sign
- (3) Yield Sign
- (4) Flashing Red
- (5) Flashing Amber
- (6) Rail Road Signal
- (7) Officer/Flagger
- (8) Other Traffic Control

(a) If this code is entered, describe details in the narrative.

- (9) No Traffic Control
- (10) Ramp Meter Signal
- (11) Pavement Marking – Bicycle

- (12) Pavement Marking – Pedestrian
- (13) Pavement Marking – Railroad
- (14) Pavement Marking – School Zone
- (15) Pavement Marking – Other (excluding edge line)
- (0) Unknown

D. Posted Speed

1. Box 11 (Unit 1) & Box 12 (Unit 2)

- a. In boxes 11 and 12, enter the posted speed limit in miles per hour that best describes the posted speed limit for each vehicle for the roadway(s) they were traveling at the time of the collision.

E. Type of Roadway

1. Box 13 (Unit 1) & Box 14 (Unit 2)

- a. In boxes 13 and 14, enter the numeric code that best describes the type of roadway for each vehicle. A divided trafficway is a trafficway in which the opposite lanes are divided by a median at least 4 feet wide. It may also have a physical barrier such as a guardrail or jersey barrier. Types of roadways are as follows:

- (1) One Way
- (2) Two Way – Undivided
- (3) Two Way – Divided, with Barrier
- (4) Two Way – Divided, No Barrier
- (5) Reversible Road
- (6) Interchange Ramp
- (7) Alley
- (8) Center – Two Way Left Turn Lane
- (9) Driveway
- (0) Unknown
- (A) Other

- (a) If this code is entered, describe details in the narrative.

F. Roadway Surface Type

1. Box 15 (Unit 1) & Box 16 (Unit 2)

- a. In boxes 15 and 16, enter the numeric code that best describes the roadway surface type on which each vehicle was traveling prior to impact. Roadway surface types are as follows:

- (1) Concrete
- (2) Blacktop
- (3) Brick or Wood Block
- (4) Gravel
- (5) Dirt
- (6) Other

- (a) If this code is entered, describe details in the narrative. Other roadway surface types may include sand, sawdust, stone, blocks, etc.

G. Commercial Vehicle Classification

1. Box 17 (Unit 1) & Box 18 (Unit 2)

- a. In boxes 17 and 18, enter the numeric code that best describes the commercial vehicle classification. Leave blank if not applicable. Commercial vehicle classifications are as follows:

- (1) Trailer w/GVWR of 10,001 pounds or more, if GVWR of combined vehicle(s) is 26,001 pounds or more – CDL required.
- (2) Single vehicle w/GVWR of 26,001 pounds or more; or any school bus regardless of size – CDL required.
- (3) Single vehicle of 26,000 pounds or less designed to carry 16 passengers or more; or any vehicle regardless of size that requires a HAZMAT placard – CDL required.
- (4) Commercial vehicle transporting 16 passengers or less – no CDL endorsement required.

H. Pedestrian or Pedalcyclist

1. Box 19 (Unit 1) & Box 20 (Unit 2)

- a. In boxes 19 and 20, enter the numeric code that best describes what the pedestrian or pedalcyclist was using at the time of the collision.

- (1) Sidewalk
- (2) Walkway

- (3) Shoulder
- (4) Marked "X" Walk
- (5) Unmarked "X" Walk
- (6) Other
 - (a) If this code is entered, describe details in the narrative.
- (7) Designated Bike Route
- (8) Roadway

I. Pedestrian or Pedalcyclist Clothing Visibility

1. Box 21 (Unit 1) & Box 22 (Unit 2)

- a. In boxes 21 and 22, enter the numeric code that best describes the visibility of the clothing that the pedestrian or pedalcyclist was wearing at the time of the collision.
 - (1) Dark
 - (2) Light
 - (3) Mixed
 - (4) Retro – Reflective
 - (5) Other Reflective Apparel (example of other reflective apparel could be shoes and patches).
 - (a) If this code is used, describe details in the narrative.

J. Pedestrian Action

1. Box 23 (Unit 1) & Box 24 (Unit 2)

- a. In boxes 23 and 24, enter the numeric code that best describes the action of the pedestrian at the time of the collision. Pedestrian actions are as follows:
 - (1) Crossing at Intersection with Signal
 - (2) Crossing at Intersection Against Signal
 - (3) Crossing at Intersection – No Signal
 - (4) Crossing at Intersection – Diagonally
 - (5) From Behind Parked Vehicle

- (6) Crossing – Non Intersection – No Crosswalk
- (7) Crossing – Non Intersection – In Crosswalk
- (8) Walking in Roadway with Traffic
- (9) Walking in Roadway Opposite of Traffic
- (10) Walking on Roadway Shoulder with Traffic
- (11) Walking on Roadway Shoulder Opposite of Traffic
- (12) Standing or Working in Roadway
- (13) Pushing or Working on Vehicle
- (14) Playing in Roadway
- (15) Lying in Roadway
- (16) Not in Roadway
- (17) All Other Actions
 - (a) If this code is used, describe details in the narrative.
- (18) Fell or Pushed into Path of Vehicle
- (19) At Intersection Not Using Cross Walk

K. Pedalcyclist Action

1. Box 25 (Unit 1) & Box 26 (Unit 2)

- a. In boxes 25 and 26, enter the numeric code that best describes the action of the pedalcyclist at the time of the collision. Pedalcyclist actions are as follows:

- (43) Crossing Diagonally
- (44) Riding with Traffic
- (45) Riding Against Traffic
- (46) Fell or Pushed into Path of Vehicle
- (47) Cyclist Turned into Path of Vehicle – Same Direction
- (48) Cyclist Turned into Path of Vehicle – Opposite Direction
- (49) All Other Actions
 - (a) If this code is used, describe details in the narrative.
- (50) Crossing or Entering Trafficway

II. RIGHT SIDE CODING

A. Contributing Circumstances

1. Box 27 (Unit 1) & Box 28 (Unit 2)

- a. In boxes 27 and 28, enter the numeric code that best describes the circumstance that contributed to the collision.
- b. List contributing circumstances in order of severity. As much as possible, use specific codes instead of defaulting to generic codes such as “other” or “inattention.” These codes apply to drivers of motor vehicles as well as pedalcyclists and pedestrians. Contributing circumstances are as follows:
 - (1) Under Influence of Alcohol
 - (a) If this code is used, it is required to complete boxes 37-42.
 - (2) Under the Influence of Drugs
 - (a) If this code is used, it is required to complete boxes 37-42.
 - (3) Exceeding Stated Speed Limit
 - (4) Exceeding Reasonable Safe Speed
 - (5) Did Not Grant Right of Way to Vehicle
 - (6) Improper Passing
 - (7) Following Too Closely
 - (9) Failing to Signal
 - (10) Improper Turn
 - (14) Apparently Asleep or Fatigued
 - (15) Improper Parking Location
 - (16) Operating Defective Equipment
 - (17) Other
 - (a) If this code is used, describe details in the narrative.
 - (18) None
 - (19) Improper Signal
 - (20) Improper U-Turn
 - (21) Light Violation (No Lights/ Fail to Dim)

- (22) Did Not Grant Right of Way to Non Motorist
- (24) Improper Backing
- (30) Disregard Flagger/Officer
- (31) Apparently Ill
- (33) Had Taken Medication
- (34) Non Motorist On Wrong Side of Road
- (35) Hitchhiking
- (36) Failure to Use Crosswalk
- (40) Operating Handheld Cell Phone
- (41) Operating Hands-free Wireless Cell Phone
- (42) Operating Other Electronic Devices--computers, navigational devices, etc.
- (44) Smoking
- (45) Eating or Drinking
- (46) Driver Reading or Writing
- (47) Grooming
- (50) Distraction Outside Vehicle
- (51) Unknown Distraction
- (53) Lost in Thought, Daydreaming
- (54) Distracted by Other Occupant
- (55) Distracted by Adjusting Vehicle Controls
- (56) Other Distractions
- (60) Disregard Traffic Sign or Signals
- (62) Apparently Emotional--Depressed, Angry, Disturbed, etc.
- (63) Physically Impaired
- (64) Racing
- (65) Operating Reckless or Aggressively
- (66) Overcorrecting/Oversteering

B. Vehicle Actions

1. Box 29 (Unit 1) & Box 30 (Unit 2)

- a. In boxes 29 and 30, enter the numeric code that best describes each vehicle action at the time of the collision. Only enter one code per vehicle.
- b. These codes apply to motorized and non-motorized vehicles. Vehicle actions and conditions are as follows:
 - (1) Going Straight Ahead
 - (2) Overtaking and Passing
 - (3) Making Right Turn
 - (4) Making Left Turn
 - (5) Making U-Turn
 - (6) Slowing
 - (7) Stopped for Traffic
 - (8) Stopped at Signal or Stop Sign
 - (9) Stopped in Roadway
 - (10) Starting in Traffic Lane
 - (11) Starting From Parked Position
 - (12) Merging (Entering Traffic)
 - (13) Legally Parked, Occupied
 - (14) Legally Parked, Unoccupied
 - (15) Backing
 - (16) Going Wrong Way on Divided Highway
 - (17) Going Wrong Way on Ramp
 - (18) Going Wrong Way on One-Way Street or Road
 - (19) Other
 - (a) If this code is used, describe details in narrative.
 - (20) Changing Lanes
 - (21) Illegally Parked, Occupied
 - (22) Illegally Parked, Unoccupied
 - (23) Negotiating a Curve

C. Vehicle Condition

1. Box 31 (Unit 1) & Box 32 (Unit 2)

- a. In boxes 31 and 32, enter the numeric code that best describes the condition of each vehicle involved in the collision. These codes apply to motorized and non-motorized vehicles. Use only vehicle defects that may have contributed to the collision. For example, defective lights would not be checked for a collision that occurred in the daylight. Also, when a truck or trailer is involved that has a valid truck/trailer safety inspection sticker, use code 16.
- b. No more than three codes may be used for each vehicle. Vehicle conditions are as follows:
 - (1) Defective Brakes
 - (2) Defective Headlights
 - (3) Defective Rear Lights
 - (4) Tires Worn or Smooth
 - (5) Tires Punctured or Blown
 - (6) Lost a Wheel
 - (7) Defective Steering Mechanism
 - (8) Power Failure
 - (9) Headlights Glaring
 - (10) Other Lights/ Reflectors Insufficient
 - (11) Other Defects
 - (a) If this code is used, describe details in the narrative.
 - (12) No Defects
 - (13) Motorcycle – Lights Off
 - (14) Equipped with Studded Tires
 - (15) Motorcycle Windshield Installed
 - (16) Truck/Trailer Safety Inspection

D. Direction of Movement

1. Box 33 (Unit 1) & Box 34 (Unit 2)

- a. In boxes 33 and 34, enter the numeric code that best describes the direction of movement "from and to." See below examples for further clarification:
 - (1) If a unit was traveling north and turning west, the numeric code would be "from 5 to 7."
 - (2) If unit 1 was traveling south and unit 2 was traveling east, the codes for unit 1 would be "from 1 to 5" and the codes for unit 2 would be "from 7 to 3."
 - (3) If a unit was traveling from a northern direction and makes a U-turn, the code for the unit would be "from 5 to 5."

- b. Direction of movement codes are as follows:
 - (1) North
 - (2) Northeast
 - (3) East
 - (4) Southeast
 - (5) South
 - (6) Southwest
 - (7) West
 - (8) Northwest
 - (9) Vehicle Stopped
 - (a) To code a vehicle that is stopped in the roadway, the "from" number would be the number to the rear of the vehicle and the "to" number would be a "9," the vehicle stopped code. For example, a vehicle struck while stopped in the roadway and facing north would be coded "from 5 to 9."
 - (0) Vehicle Backing
 - (a) To code a vehicle that is involved in a collision while backing, the "from" number would be the direction number to the rear of the vehicle and the "to" number would be "0," the vehicle backing code. For example, a vehicle facing north but backing south would be coded "from 5 to 0." Likewise, a vehicle facing east but backing west would be coded "from 7 to 0."

E. Emergency Vehicle Use

1. Box 35 (Unit 1) & Box 36 (Unit 2)

- a. In boxes 35 and 36, enter the numeric code that best describes the situation if an emergency vehicle was involved in a collision:
- (1) Non-Emergency, Non-Transport
 - (a) Use this code if the emergency vehicle was involved in the collision under non-call situations, traveling with no lights, and no transport.
 - (2) Non-Emergency, Transport
 - (a) Use this code when an emergency vehicle was involved in a collision under non-call situations, traveling with no lights, but with a transport.
 - (3) Emergency Operation, Warning Equipment Not Used
 - (a) Use this code when an emergency vehicle was involved in collision under emergency operation situation, with no lights or sirens visibly or audibly activated.
 - (4) Emergency Operation, Warning Equipment Used
 - (a) Use this code when an emergency vehicle was involved in a collision, and it was evident that the vehicle was operating with lights or sirens activated.
 - (6) Unknown
 - (b) Use this code when it is unknown if the vehicle involved in the collision is considered an official emergency vehicle.

F. Unit Impairment

1. Box 37 (Unit 1) & Box 38 (Unit 2)

- a. In boxes 37 and 38, enter the numeric code for driver impairment as observed by a sworn police officer in the performance of their official duties. Mandatory field.
- (1) Impaired by Alcohol
 - (2) Impaired by Drugs
 - (3) Impaired by Alcohol and Drugs
 - (4) Not Impaired
 - (5) Unknown

G. DRE Requested

1. Box 39 (Unit 1) & Box 40 (Unit 2)

a. In boxes 39 and 40, enter the numeric code, if applicable, that best describes if a certified Drug Recognition Expert (DRE) was contacted to evaluate the presence of alcohol or drugs. This field is mandatory if 1-3 are selected in box 37 or 38.

- (1) DRE Requested and Assisted
- (2) DRE Requested, Not Available
- (3) DRE Not Requested

H. Alcohol Result

1. Box 41 (Unit 1) & Box 42 (Unit 2)

a. In boxes 41 and 42, enter the numeric code that best describes, if applicable, the outcome of the alcohol test offered by the officer.

- (1) Test Not Given
- (2) Test Result Pending
- (3) Test Refused
- (4) Unknown

I. Actual Alcohol Results in 100's

1. Box 43 (Unit 1) & Box 44 (Unit 2)

a. In boxes 43 and 44, record the actual Blood Alcohol Content (BAC) reading in hundredths. If multiple BAC readings are present, list one in the box provided for the unit and the other(s) in the narrative section. Example: A reading of "0.08" would be entered as "008." A reading of "0.21" would be entered as "021."

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(10th Edition)
Chapter 8 – Officer Information**

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CHAPTER 8 OFFICER INFORMATION

Procedure #: 08.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. The officer information discussed in this chapter is located at the bottom of Part A of the Police Traffic Collision Report (PTCR) form. The information in this section must be printed clearly.

II. OFFICER INFORMATION

A. Officer's Name

1. The officer who completed the collision report must include their first and last name or first initial and last name.
 - a. Example: John Smith or J Smith

B. Badge or Identification Number

1. The officer who completed the collision report must include their badge or identification number (assigned by their law enforcement agency).

C. Agency Name

1. The officer who completed the collision report must provide the name of the law enforcement agency where they are employed.
 - a. The ORI (Originating Agency Identifier) number should not be used as the agency name.

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Chapter 9 – Passenger and Witness Information**

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CHAPTER 9 PASSENGER AND WITNESS INFORMATION

Procedure #: 09.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. This chapter provides instructions and guidance for recording passenger and witness information as it relates to the collision. Including complete status coding is important for consumer recalls and safety statistics.
- B. Statewide Electronic Collision and Ticket Online Records (SECTOR) reports cannot have extended passenger lists added in the narrative or as an attachment. All passengers must be recorded in the designated passenger section.

II. PASSENGER DEFINITION

- A. A passenger is any occupant of the vehicle other than the operator. If a person is outside and touching the vehicle, they are a passenger, as explained below:
 - 1. Exiting or entering with any body part touching the vehicle.
 - 2. A person leaning into a vehicle.
 - 3. A person working on a vehicle.

III. WITNESS

- A. If a person is a witness, mark the witness box and record the name and address. Occupants of the vehicle(s) involved in the collision are not considered witnesses. Exception: A driver who may have contributed to the collision, but who did not come in contact with other vehicles.
 - 1. **Additional Witnesses**
 - a. A person who was not an occupant of the vehicle involved in the collision.
 - b. Occupants of a train who do not sustain injuries.
 - c. Occupants of a building struck during the collision who do not sustain injuries.

IV. PERSON INFORMATION

- A. The following person information must be recorded for passengers and/or witnesses:
 - 1. Last name, first name, and middle initial. For example, Smith John Q.
 - 2. Complete address and phone number.

3. Sex (male or female or Other).
4. DOB (date of birth) recorded as a two-digit month, two-digit day, and four-digit year. For example, 04/29/1987.
5. Indicate whether the person is a passenger or a witness by marking the appropriate box.
 - a. If the person is a witness, no additional information is required.
 - b. If the person is a passenger, indicate their appropriate unit number by recording the two-digit number in the "UNIT" field provided.

V. BUS PASSENGERS

- A. For collisions that involve buses with multiple passengers, a list can be used in lieu of submitting multiple Part B Police Traffic Collision Report (PTCR) forms. In the event of a multiple bus collision, a passenger list must be submitted for each bus.
 1. A passenger list should include the following information:
 - a. At the top of the list, record the unit number that corresponds to the passenger list.
 - b. Regardless if a passenger was injured or not, record their full name, date of birth, and injury code.
 - c. Only record the passengers who were on the bus at the time of the collision.

VI. STATUS CODING

- A. Refer to the status coding chart, which can be found on the back of the Collision Report Overlay Sheet.
 1. **Status Pedestrian/Pedalcyclist**
 - a. Enter the numeric code that best describes the status for the pedestrian/pedalcyclist.
 - (1) Bicyclist
 - (2) Tricyclist
 - (3) Person on Foot
 - (4) Roller Skater/Skateboarder
 - (5) Non-Motorized Wheelchair
 - (6) Motorized Wheelchair
 - (7) Flagger

- (8) Roadway Worker
- (9) Emergency Response Personnel
- (0) Other
 - (a) If this status code is selected, details must be included in the narrative section.

2. **Seat Position**

- a. Enter the numeric seat position code that best describes the passenger's position in the vehicle before the collision.
- b. If more than one person is occupying a seat position (e.g., child on the lap of a passenger), use the same code twice or as required. Seat positions are as follows:
 - (1) Front Row Left (common operator position)
 - (2) Front Row Center
 - (3) Front Row Right
 - (4) Second Row Left
 - (5) Second Row Center
 - (6) Second Row Right
 - (7) Third Row Left
 - (8) Third Row Center
 - (9) Third Row Right
 - (10) Other Position
 - (a) If this seat position is selected, details must be included in the narrative section. Additionally, if available codes cannot be used for identifying the seat position of passengers of vehicles such as commercial and school buses, station wagons (side or rear-facing seats only), etc., use this code.
 - (11) Position Unknown
 - (12) Motorcycle
 - (13) Outside of Vehicle

3. **Airbag**

- a. Enter the numeric code that best describes the vehicle's airbag system. Airbag systems are as follows:

- (1) Not Airbag Equipped
- (2) Not Deployed
- (3) Deployed – Front
- (4) Deployed – Side
- (5) Deployed – Other
- (6) Deployed – Combination
- (9) Deployment Unknown

4. **Restraint Systems**

- a. Enter the numeric code that best describes the restraint system used. Restraint systems are as follows:

- (1) No Restraints Used
- (2) Lap Belt Used
- (3) Shoulder Belt Used
- (4) Lap and Shoulder Belt Used
- (9) Unknown
- (10) Child Restraint – Forward Facing
- (11) Child Restraint – Rear Facing
- (12) Child Restraint – Type Unknown

5. **Ejection**

- a. Enter the numeric code that best describes the position of each passenger in relation to the vehicle. Ejection codes are as follows:

- (1) Not Ejected
- (2) Totally Ejected
- (3) Partially Ejected
 - (a) Passenger is not completely outside the vehicle. Partial ejection may be through the windshield, doors (open or closed), roof, etc.

(9) Unknown

(a) Use if it is not reasonably known whether occupant was ejected.

6. Helmet Use

a. Enter the numeric code that best describes the helmet use.

b. To be used only for motorcyclists, pedalcyclists, skaters, or skateboarders. Helmet use codes are as follows:

(2) Helmet Not Used

(5) DOT Compliant Motorcycle Helmet

(6) Non-DOT Compliant Motorcycle Helmet

(7) Unknown if DOT Compliant Motorcycle Helmet

(9) Other

7. For information on injury class, refer to *Chapter 5 Injury Coding*.

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Chapter 10 – Diagram**

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CHAPTER 10 DIAGRAM

Procedure #: 10.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

A. Not applicable to this chapter.

II. DIAGRAM

A. Draw the collision on the diagram section of the Police Traffic Collision Report (PTCR) form exactly as you observed it at the collision scene. If events that led up to the collision can be substantiated with observable facts, indicate these on the diagram. Only one diagram is needed.

B. The following must be included and identified on the diagram:

1. A north arrow in the circle at the upper right.
2. Roadway layout.
3. Vehicles.
4. Pedestrians.
5. Objects on or off roadway.
6. Traffic controls.
7. Skid marks and debris.
8. Unusual or temporary conditions (ice patch, stones, gravel, construction, etc.).
9. Measurements and reference points.
10. Probable point(s) of impact and positions of vehicles, pedestrians, or objects at point(s) of impact.
11. Probable vehicle and pedestrian paths, before and after the collision. Use broken lines to indicate the probable paths followed before the collision or point of impact. Use solid lines to indicate paths followed after the collision or point of impact.

- C. If the diagram section is not being utilized, write “see attached” and attach the separate diagram.
 - 1. Diagrams should not be photos or copies of public web maps, such as Google, Bing, and MapQuest, due to copyright issues and image quality.

III. SCENE NOT OBSERVED

- A. “SCENE NOT OBSERVED” should only be used when the officer cannot or does not go to the scene where the collision occurred and/or does not have enough information to cite, code, or narrate.
- B. The scene is the setting where the event occurred. If the officer goes to the scene, he/she should provide a diagram.
 - 1. If the officer is able to identify the collision scene, can substantiate the events well enough to cite a driver, complete the side coding, and write a narrative, the officer should provide a diagram of the scene and also the event.
- C. If the collision meets the reporting requirements and occurs on private property to which an officer does not respond, the involved parties should be advised to complete a Vehicle Collision Report (VCR). The VCR can be obtained from any local law enforcement agency or refer to the online reporting web page on the WSP’s web site www.wsp.wa.gov under “Driver,” “Collision Reports,” then “OMVCR.”

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Chapter 11 – Narrative Information**

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CHAPTER 11 NARRATIVE INFORMATION

Procedure #: 11.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. Narratives should record the events of the collision. Photographs or case files should not be included.
- B. For Statewide Electronic Collision and Ticket Online Records (SECTOR) collisions, the narrative can be cut and pasted from other sources or hand-typed, as computer edits do not allow for attachments.

II. NARRATIVE INFORMATION

- A. The narrative should be a description of the events of the collision and should also describe, as concisely as possible, the facts that were observed at the scene. Describe special conditions or events associated with the collision, such as:
 - 1. Vehicle(s) on fire, immersed, or submerged.
 - 2. Information on a driver who may have contributed to the collision, but did not contact other vehicles involved in the collision.
 - 3. Driver, occupant, and witness accounts of the events.
 - 4. Other information deemed pertinent and of value to the collision AND not captured on the side coding or any other areas of the form.
- B. The narrative should also be used to describe any information about the collision that could not be entered or coded in other sections of the report form. For example, if you entered an "other" code, details must be described in the narrative.
- C. Units should be referred to by unit number or last name. Do not include name, dates of birth, or social security numbers for any parties involved. ONLY refer to parties by unit numbers and/or witness number.
- D. Any additional information that cannot be added to the Police Traffic Collision Report (PTCR) Part A form or Supplemental will need to be added to the narrative portion, such as a unit towing a trailer with a vehicle on the trailer. The information for the trailered vehicle would be listed in the narrative as it is attached to the towing vehicle and is all one unit.

III. EXPANDED NARRATIVES

- A. If the narrative exceeds the allotted space provided on the PTCR Part B, an additional PTCR Part B or attachment(s) may be used.

IV. CASE FILE ATTACHMENTS

- A. Case files often contain sensitive subject matter that cannot be disclosed that may or may not directly pertain to the events of the collision. Refer to *Chapter 16 Prohibited Information*.

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Chapter 12 – Affidavit Information**

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CHAPTER 12 AFFIDAVIT INFORMATION

Procedure #: 12.01.000	Effective Date: January 2020
Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014	See Also: American National Standard (ANSI), 7th Edition
Applies To: All Law Enforcement Officers	

I. GENERAL INSTRUCTIONS

- A. Attention should be given to the signature dates at the beginning of new years. All dates on the report need to be consistent. The signature date should be the same as or after the collision date. The dispatch and arrival times need to coincide with the collision time.

II. AFFIDAVIT INFORMATION

- A. By signing the collision report, the officer is certifying that under penalty of perjury, the information recorded on the Police Traffic Collision Report (PTCR) form is true and correct. This statement may eliminate the need for that officer to appear in a Department of Licensing (DOL) administrative hearing. Refer to *Chapter 17 Appendix* for RCW (Revised Code of Washington) reference information.
- B. The affidavit information must be completely filled out to include:
1. Investigating officer's signature.
 2. Unit or district detachment.
 3. Date.
 4. Place signed.
 5. Approving authority signature and date.
 6. Badge or identification number.
 7. Time of officer dispatch and arrival.
 - a. Time must be entered in military format.

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**Police Traffic Collision Report Manual
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Chapter 13 – Supplemental Information**

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CHAPTER 13 SUPPLEMENTAL INFORMATION

Procedure #: 13.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. The Supplemental form is used to record corrections, commercial motor carriers, and additional units.
- B. If the Supplemental form is sent in separately from the original report, the report number and officer signature are required fields. This will ensure that Supplemental forms are attached to the original report.
- C. Statewide Electronic Collision and Ticket Online Records (SECTOR) collision reports cannot have paper Supplemental forms. To complete a Supplemental form, perform a send/receive to recall the report and record updated or additional information. Do not submit attachments. For further information on how to fill out collision reports via SECTOR, reference the Sector User Manual available in SECTOR Client.

II. CORRECTION

- A. If the Supplemental PTCR form you are submitting is to correct a previously submitted report, refer to *Chapter 15 Corrections*.

III. COMMERCIAL MOTOR CARRIER

- A. If the collision meets the criteria for commercial motor carrier, refer to *Chapter 14 Commercial Motor Carrier*.

IV. SUPPLEMENTAL

- A. The Supplemental Police Traffic Collision Report (PTCR) form must be used to record all additional units and correct or add side coding for units.
 - 1. The unit number must be entered in the space provided and the type of unit must be indicated by marking the appropriate box. The instructions for recording the remaining information are the same as for "unit 01." Refer to *Chapter 4 Unit Information* for specific instructions.
 - 2. Investigating officer's information at the bottom of the Supplemental PTCR form is an affidavit and must be completed. Refer to *Chapter 12 Affidavit Information* for specific instructions.

3. Page numbers must be recorded on the bottom right corner and be in sequential order after the PTCR Part A form.
 - a. When submitting a Supplemental PTCR form at a later date, the page(s) should be numbered as if they were a separate document from the original report. The page order of Supplementals should follow the same order as the original report excluding the PTCR Part A form. Refer to *Chapter 2 Report Identifiers* for specific instructions.

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Chapter 14 – Commercial Motor Carrier**

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CHAPTER 14 COMMERCIAL MOTOR CARRIER

Procedure #: 14.01.000

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See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. The upper portion of the Supplemental Police Traffic Collision Report (PTCR) form is used for the recording of Commercial Motor Carrier information.

II. CRITERIA FOR COMMERCIAL MOTOR CARRIER

- A. Answers to the following questions determine whether or not this section of the report should be completed. This information can also be found on the back of the Collision Report Overlay Sheet.

Did the collision involve:

1. A commercial motor vehicle with a Gross Vehicle Weight Rating (GVWR) or Gross Combination Weight Rating (GCWR) of more than 10,000 pounds?
2. A commercial motor vehicle designed or used to transport 9 or more people, including a driver?
3. Any vehicle requiring a hazardous material placard, regardless of weight?
 - a. If you answered **no** to the questions above, do not complete the Commercial Motor Carrier section of the report.
 - b. If you answered **yes** to one or more of the above questions, continue to the Commercial Motor Carrier section of the Supplemental PTCR form.

III. INTERSTATE AND INTRASTATE

- A. Interstate is a motor carrier that can operate in commerce within their home state and in other states as well.
- B. Intrastate is a motor carrier that only operates in commerce within their home state of where the business is located.
- C. Mark the appropriate box to indicate if the carrier is interstate or intrastate.
1. Interstate can be determined as yes if the following apply:

- a. Carrier vehicle displays a United States Department of Transportation (USDOT) number or Interstate Commerce Commission Motor Carrier (ICC MC) number.
- b. Carrier vehicle has out-of-state license plates.
- c. In the case of a Washington-based carrier, the carrier has vehicles that travel across state lines.

IV. UNIT NUMBER

- A. Indicate the two-digit unit number. The information recorded in the Commercial Motor Carrier portion is in addition to the unit information recorded on Part A of the PTCR form (or on the Supplemental PTCR form) and must be linked by the unit number. For example:
 1. If “unit 01” on Part A of the PTCR form is a 2003 Peterbilt tractor/semi-trailer and meets the criteria for a commercial vehicle carrier collision, “01” would be recorded as the unit number in the Commercial Motor Carrier section.
 2. If “unit 03” on the Supplemental PTCR form is a 2003 Peterbilt tractor/semi-trailer and meets the criteria for a commercial motor carrier collision, “03” would be recorded as the unit number in the Commercial Motor Carrier section.
- B. If the criteria are met to complete the Commercial Motor Carrier section, use as many Supplemental PTCR forms as necessary to record all the commercial motor carriers involved in a collision.

V. USDOT AND ICC NUMBER

- A. Vehicles that are in commerce across state lines and have a GVWR over 10,000 pounds OR seat 9 or more people including the driver OR are required to display a hazardous materials placard must have an *interstate* USDOT number. Some will also have an ICC MC.
- B. Vehicles that are in commerce in Washington only and have a GVWR or GCWR over 16,000 pounds OR seat 9 or more people including the driver OR are required to display a hazardous materials placard must have an *intrastate* USDOT number.
- C. Vehicles that haul exempt commodities, such as unprocessed agricultural products, are not required to have either an ICC or USDOT number. Federal regulations require that almost all trucks operating across state lines (interstate) have identification numbers. These numbers should be displayed on the power unit and can usually be found on the doors.

VI. VEHICLE TYPE

- A. Enter the numeric code that indicates the vehicle type of the commercial motor carrier. Vehicle types are as follows:
 - (1) Bus
 - (2) Single Unit Truck (2 axles, 6 tires)

- (3) Single Unit Truck (3 or more axles)
- (4) Truck/Trailer
- (5) Truck Tractor (Bob-tail)
- (6) Tractor/Semi-trailer
- (7) Tractor/Doubles
- (8) Tractor/Triples
- (9) Other/Cannot Classify

(a) Refer to *Chapter 17 Appendix* for other cargo body types.

VII. CARGO BODY TYPE

A. Enter the numeric code that indicates the cargo body type of the commercial motor carrier. Cargo body types are as follows:

- (1) Bus
- (2) Van/Enclosed Box
- (3) Cargo Tank
- (4) Flatbed
- (5) Dump
- (6) Concrete Mixer
- (7) Auto Transporter
- (8) Garbage/Refuse
- (9) Other

(a) Refer to *Chapter 17 Appendix* for other cargo body types.

VIII. CARRIER NAME AND ADDRESS

A. Enter the carrier name and address in the spaces provided. Sources for information include:

- 1. Shipping Papers – the most reliable means of identifying the carrier and the carrier address. The carrier is the party responsible for the movement of the goods, property, or people. In the case of a bus, the driver must carry a “trip manifest” or “charter order.”
- 2. Driver – interview with the driver.

3. Vehicle Side – the name displayed on the side of the vehicle may or may not be correct carrier information.
4. Logbook – may be pre-printed with carrier name and address; however, this is a less reliable source.
5. Vehicle Registration – typically a less reliable source. The carrier's address should be the principle place of business used by the carrier.

IX. CARRIER NAME SOURCE

- A. Enter the numeric code that indicates which source was used to determine the carrier's name:
 1. Side of Vehicle
 2. Shipping Papers
 3. Driver
 4. Logbook

X. NUMBER OF AXLES

- A. Indicate the number of axles, including lift axles (auxiliary axles) and trailer axles, under the vehicle or vehicle combination. All axles are to be counted, even if lift axles are not being used.

XI. GROSS VEHICLE WEIGHT RATING (GVWR)

- A. The GVWR is the manufacturer's specified loaded weight capacity of a single vehicle. The Gross Combination Weight Rating (GCWR) is the sum of all the individual manufacturer's ratings on the power unit and any trailers *not* the licensed gross weight. The GVWR for most four-tire and some six-tire vehicles is located on a metal plate on the driver's door edge, or door latch post (B-pillar). The GVWR for larger trucks is usually found on the driver's side of the vehicle by opening the door and looking at the hinge pillar (A-pillar), the door latch post (B-pillar), or the door edge.

XII. PLACARD

- A. Mark this box if the vehicle displayed a hazardous materials placard and enter the four-digit number found in the middle of the diamond-shaped placard. If a one-digit number also appears at the bottom tip of the placard, enter the one-digit number in the box following the plus (+) sign.
- B. If the vehicle was transporting a hazardous material in an amount that required a placard but did not display a placard, record the name of the hazardous material as identified on the shipping papers.

**Police Traffic Collision Report Manual
(10th Edition)
Chapter 15 – Corrections**

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CHAPTER 15 CORRECTIONS

Procedure #: 15.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. GENERAL INSTRUCTIONS

- A. Corrections can be recorded on Part B or the Supplemental Police Traffic Collision Report (PTCR) form or on additional pages. The report number must be recorded in the upper right corner of each page. If submitting a correction to a previously submitted report, mark the "CORRECTION" field located next to the report number field.
- B. Only list the items that need to be corrected. If making corrections to the passenger and unit information, record the corresponding unit number.
- C. For Statewide Electronic Collision and Ticket Online Records (SECTOR) corrections, Supplementals must be submitted electronically. If the original report was submitted more than 12 months prior to the correction, a paper Supplemental will be accepted.

II. PART B CORRECTIONS

- A. There can only be one Part A per collision report.
- B. Part B of the PTCR form should be used and submitted for the following corrections:
 1. Passenger/Witness
 2. Narrative
 3. Date and Time
 4. Location
 5. Diagram
 6. Officer Signature (if missing from original)

III. SUPPLEMENTAL CORRECTIONS

- A. The Supplemental form of the PTCR form can only be used and submitted for the following corrections:
 1. Commercial Motor Carrier Information
 2. Unit Information
 3. Side Coding

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**Police Traffic Collision Report Manual
(10th Edition)
Chapter 16 – Prohibited Information**

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CHAPTER 16 PROHIBITED INFORMATION

Procedure #: 16.01.000	Effective Date: January 2020
Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014	See Also: American National Standard (ANSI), 7th Edition
Applies To: All Law Enforcement Officers	

I. GENERAL INSTRUCTIONS

- A. The main objective of the Police Traffic Collision Report (PTCR) form is to create a complete and accurate collision report that directly relates to the collision investigation. The collision report should be used to describe the circumstances and events that occurred during the collision. Irrelevant information should not be recorded within the report.

II. PROHIBITED INFORMATION

- A. The following information should not be included in an attachment or to the narrative portion of the PTCR form:
1. Department of Licensing Driver Returns
 2. Abstract of Driving Record (ADR)
 3. Registration Returns
 4. Washington Crime Information Center (WACIC) or National Crime Information Center (NCIC) Returns
 - a. All returns—such as warrants, protection orders, etc.—received from the A Central Computerized Enforcement Service System (ACCESS) terminals are confidential and for criminal justice purposes only. Therefore, all information received from the ACCESS terminals may not be included within the collision report.
 5. Criminal History Record Information (adult and juvenile)
 6. Social Security Numbers
 7. Dates of Birth (should be recorded in the designated fields, but NOT in the narrative)
 8. Photographs
 9. Toxicology Reports
 10. Vehicle Towing Forms

11. Witness Statements (refer to *Chapter 11 Narrative Information*)
12. Driving Under the Influence (DUI) Arrest Reports
13. Theft Reports
14. Incident Reports or Internal Office Forms
15. NAMES should be recorded in the designated fields, but NOT in the narrative.

**Police Traffic Collision Report Manual
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Chapter 17 – Appendix**

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CHAPTER 17 APPENDIX

Procedure #: 17.01.000

Effective Date: January 2020

Supersedes: Police Traffic Collision Report Manual (9th Edition), August 2014

See Also: American National Standard (ANSI), 7th Edition

Applies To: All Law Enforcement Officers

I. ABBREVIATIONS

A. Countries

1. See below table for country abbreviations:

Country	Abbreviation
Mexico	MX

B. Provinces

1. See below table for Canadian Province abbreviations:

Canadian Province	Abbreviation
Alberta	AB
British Columbia	BC
Manitoba	MB
New Brunswick	NK
Newfoundland (includes Labrador)	NF
Northwest Territories	NT
Nova Scotia	NS
Ontario	ON
Prince Edward Island	PE
Quebec	QC
Saskatchewan	SN
Yukon (Territory)	YT

C. States

State	Abbreviation
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL

State	Abbreviation
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME

State	Abbreviation
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NB
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH

State	Abbreviation
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

D. Territories

1. See below table for United States Territories:

Territorial Possession	Abbreviation
American Samoa	AM
Guam	GM
Marshall Islands	MH
Northern Mariana Islands	MK
Puerto Rico	PR
Virgin Islands	VI

II. CITY NUMBERS

- A. Below is a list of city numbers in Washington State:

City Name	City Number
Aberdeen	0005
Airway Heights	0010
Albion	0015
Algona	0020
Almira	0025
Anacortes	0030
Arlington	0045
Asotin	0050
Auburn	0055
Bainbridge Island	0058
Battleground	0060
Beaux Arts	0070
Bellevue	0075
Bellingham	0080
Benton City	0085
Bingen	0090
Black Diamond	0095
Blaine	0100
Bonney Lake	0105

City Name	City Number
Bothell	0110
Bremerton	0115
Brewster	0120
Bridgeport	0125
Brier	0127
Buckley	0130
Bucoda	0135
Burien	0139
Burlington	0140
Camas	0145
Carbonado	0150
Carnation	0155
Cashmere	0165
Castle Rock	0170
Cathlamet	0175
Centralia	0180
Chehalis	0190
Chelan	0195
Cheney	0200

City Name	City Number
Chewelah	0205
Clarkston	0215
Cle Elum	0220
Clyde Hill	0225
Colfax	0230
College Place	0235
Colton	0240
Colville	0250
Conconully	0255
Concrete	0260
Connell	0265
Cosmopolis	0270
Coulee City	0275
Coulee Dam	0280
Coupeville	0290
Covington	0293
Creston	0295
Cusick	0300
Darrington	0305
Davenport	0310
Dayton	0315
Deer Park	0320
Des Moines	0325
DuPont	0330
Duvall	0335
East Wenatchee	0350
Eatonville	0360
Edgewood	0362
Edmonds	0365
Electric City	0375
Ellensburg	0380
Elma	0385
Elmer City	0390
Endicott	0395
Entiat	0405
Enumclaw	0410
Ephrata	0415
Everett	0420
Everson	0425
Fairfield	0430
Farmington	0440
Federal Way	0443
Ferndale	0445
Fife	0450
Fircrest	0455
Forks	0465
Friday Harbor	0470
Garfield	0480
George	0489
Gig Harbor	0490
Gold Bar	0495
Goldendale	0500

City Name	City Number
Grand Coulee	0510
Grandview	0515
Granger	0520
Granite Falls	0525
Hamilton	0535
Harrah	0540
Harrington	0545
Hartline	0550
Hatton	0555
Hoquiam	0560
Hunts Point	0570
Ilwaco	0575
Index	0580
Ione	0585
Issaquah	0590
Kahlotus	0595
Kalama	0600
Kelso	0605
Kenmore	0609
Kennewick	0610
Kent	0615
Kettle Falls	0620
Kirkland	0625
Kittitas	0630
Krupp	0635
La Center	0640
Lacey	0643
La Conner	0650
La Crosse	0655
Lake Forest Park	0657
Lake Stevens	0664
Lakewood	0665
Lamont	0668
Langley	0670
Latah	0675
Leavenworth	0680
Liberty Lake	0684
Lind	0685
Long Beach	0690
Longview	0695
Lyman	0705
Lynden	0710
Lynnwood	0715
Mabton	0725
McCleary	0728
Malden	0730
Mansfield	0735
Maple Valley	0739
Marcus	0740
Marysville	0745
Mattawa	0750
Medical Lake	0755

City Name	City Number
Medina	0760
Mercer Island	0763
Mesa	0765
Metaline	0770
Metaline Falls	0775
Mill Creek	0778
Millwood	0780
Milton	0785
Monroe	0790
Montesano	0795
Morton	0800
Moses Lake	0805
Mossyrock	0810
Mountlake Terrace	0815
Mount Vernon	0820
Moxee	0825
Mukilteo	0830
Naches	0835
Napavine	0840
Nespelem	0855
Newcastle	0858
Newport	0860
Nooksack	0865
Normandy Park	0870
North Bend	0875
North Bonneville	0877
Northport	0885
Oakesdale	0890
Oak Harbor	0895
Oakville	0900
Ocean Shores	0907
Odessa	0910
Okanogan	0915
Olympia	0920
Omak	0925
Oroville	0935
Orting	0940
Othello	0945
Pacific	0950
Palouse	0955
Pasco	0960
Pateros	0970
Pe Ell	0975
Pomeroy	0985
Port Angeles	0990
Port Orchard	1000
Port Townsend	1005
Poulsbo	1010
Prescott	1015
Prosser	1020
Pullman	1025
Puyallup	1030

City Name	City Number
Quincy	1040
Rainier	1050
Raymond	1055
Reardan	1060
Redmond	1065
Renton	1070
Republic	1075
Richland	1080
Ridgefield	1085
Ritzville	1090
Riverside	1095
Rockford	1100
Rock Island	1105
Rosalia	1115
Roslyn	1120
Roy	1125
Royal City	1127
Ruston	1130
St. John	1135
Sammamish	1136
Seatac	1139
Seattle	1140
Sedro Woolley	1150
Selah	1155
Sequim	1160
Shelton	1165
Shoreline	1169
Skykomish	1175
Snohomish	1180
Snoqualmie	1185
Soap Lake	1190
South Bend	1195
South Cle Elum	1205
South Prairie	1210
Spangle	1215
Spokane	1220
Spokane Valley	1221
Sprague	1225
Springdale	1230
Stanwood	1235
Starbuck	1240
Steilacoom	1245
Stevenson	1250
Sultan	1255
Sumas	1265
Sumner	1270
Sunnyside	1275
Tacoma	1280
Tekoa	1285
Tenino	1290
Tieton	1295
Toledo	1300

City Name	City Number
Tonasket	1305
Toppenish	1310
Tukwila	1320
Tumwater	1325
Twisp	1330
Union Gap	1335
Uniontown	1340
University Place	1343
Vader	1345
Vancouver	1350
Waitsburg	1360
Walla Walla	1365
Wapato	1375
Warden	1380
Washougal	1385
Washtucna	1390
Waterville	1395
Waverly	1400

City Name	City Number
Wenatchee	1405
Westport	1420
West Richland	1425
White Salmon	1435
Wilbur	1440
Wilkeson	1445
Wilson Creek	1450
Winlock	1455
Winthrop	1465
Woodinville	1469
Woodland	1470
Woodway	1475
Yacolt	1480
Yakima	1485
Yarrow Point	1490
Yelm	1495
Zillah	1500

III. COUNTY NUMBERS

A. Below is a list of county numbers in Washington State:

County Name	County Number
Adams	01
Asotin	02
Benton	03
Chelan	04
Clallam	05
Clark	06
Columbia	07
Cowlitz	08
Douglas	09
Ferry	10
Franklin	11
Garfield	12
Grant	13
Grays Harbor	14
Island	15
Jefferson	16
King	17
Kitsap	18
Kittitas	19
Klickitat	20
Lewis	21
Lincoln	22
Mason	23
Okanogan	24
Pacific	25
Pend Oreille	26
Pierce	27
San Juan	28

County Name	County Number
Skagit	29
Skamania	30
Snohomish	31
Spokane	32
Stevens	33
Thurston	34
Wahkiakum	35
Walla Walla	36
Whatcom	37
Whitman	38
Yakima	39

IV. REVISED CODE OF WASHINGTON (RCW)

- A. Refer to <http://apps.leg.wa.gov/rcw/> for a list of most updated State of Washington RCW's.

V. ROADWAY TYPES

- A. See below table that includes diagrams for types of roadways:

Type of Roadway	Diagram
One Way	<p style="text-align: center;">(1) One Way</p>
One Way Couplet	<p style="text-align: center;">(1) One Way Couplet</p> <p style="text-align: center;">Refer to Interchange Drawing SR 101 Junction SR 12/SR 101 CO ABERDN</p>

Two Way
Undivided

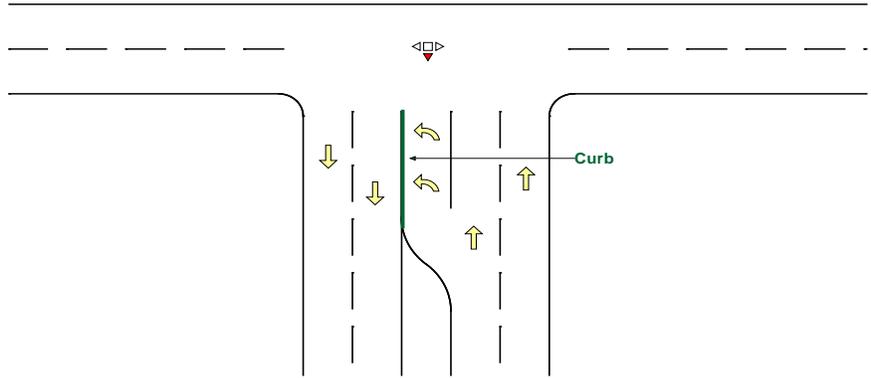
(2) Two Way-Undivided

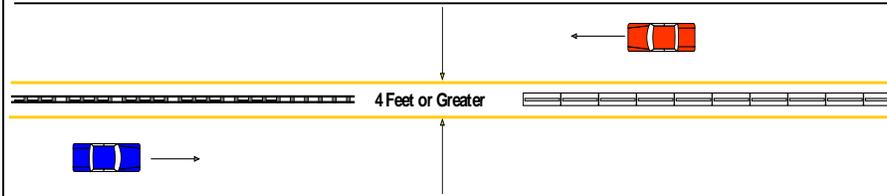
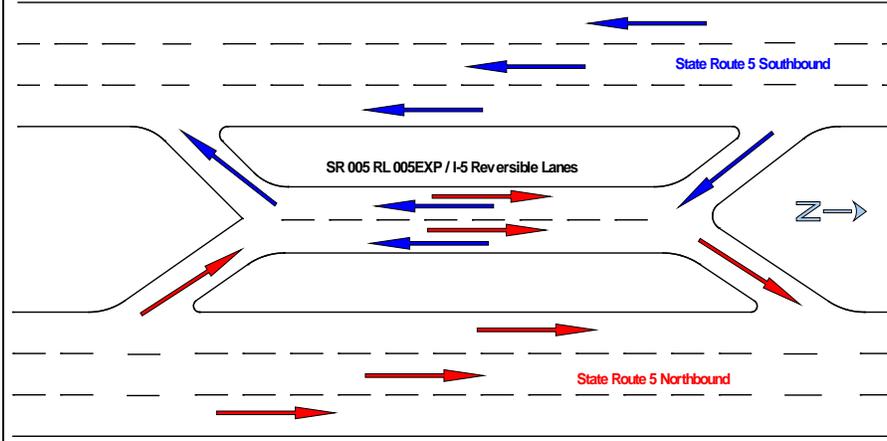
Centerline Examples

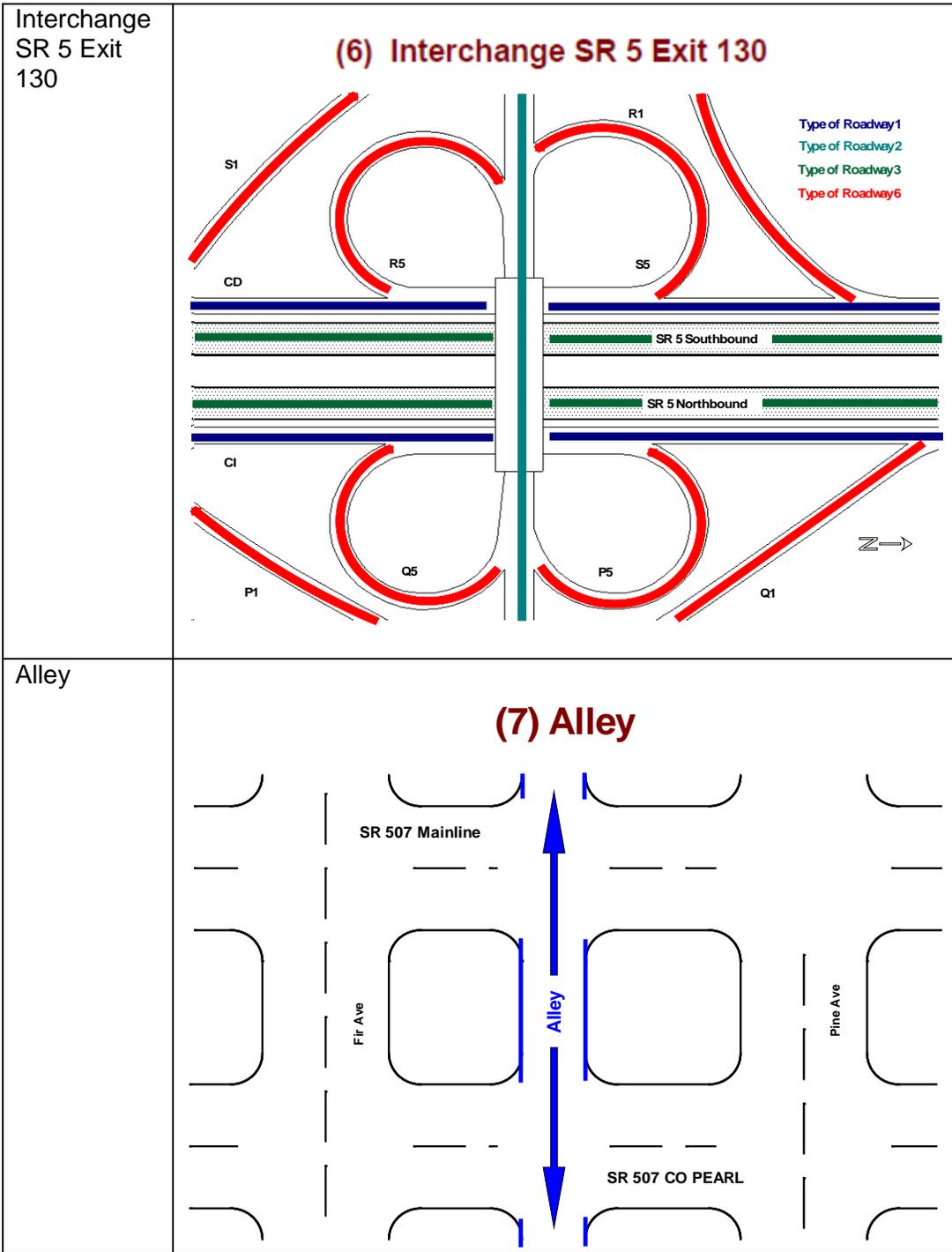
The space between the solid double lines must be three feet or less to fit the criteria for an undivided roadway. If the space is four feet or greater, the type of roadway would be either (3) Two Way-Divided, with Barrier, or (4) Two Way-Divided, No Barrier.

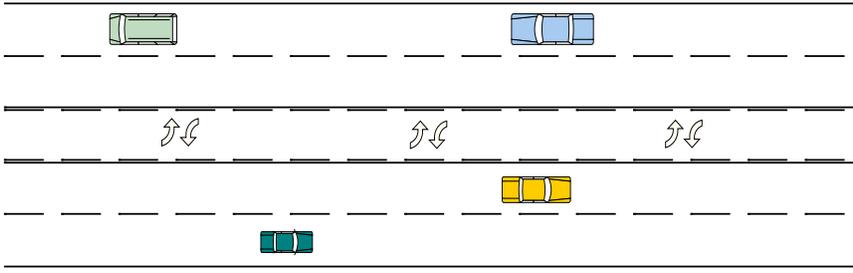
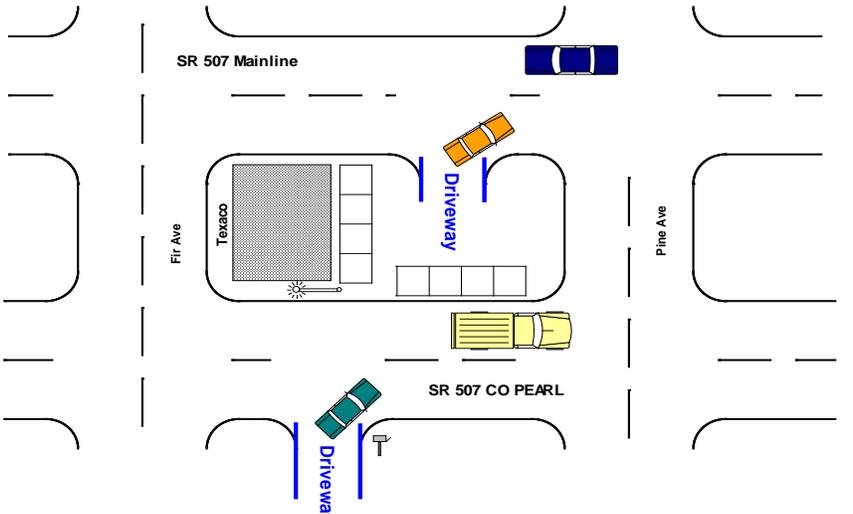
Refer to the State Highway Log (Median/Barrier).

(2) Two Way-Undivided



<p>Two Way Divided with Barrier & Two Way Divided without Barrier</p>	<p style="text-align: center;">(3) Two Way-Divided, With Barrier</p> <p style="text-align: center;">(4) Two Way-Divided without</p> <p>4 feet or more between the solid double yellow lines constitutes a divided highway.</p> <p>"With Barrier" means there is protection between the directions of travel, such as guardrail, jersey, cable, depressed, or curb.</p>  <p style="text-align: center;">Refer to: State Highway Log SR View SR 5 - Milepost range 39.90 to 40.70 and 109.17 to 114.09 SR 99 - Milepost range 17.46 to 19.53</p>
<p>Reversible Road</p>	<p style="text-align: center;">(5) Reversible Road</p> <p>The familiar imbalance in directional distribution of traffic during peak hours often results in congestion in the direction of heavier flow and excess capacity for opposing traffic. Capacity during peak hours is increased by using these reversible lanes for the peak direction of travel.</p> 

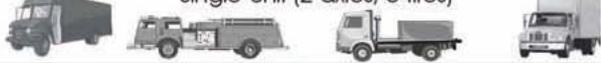


<p>Center Two Way Left Turn Lane</p>	<p style="text-align: center;">(8) Center-Two Way Left Turn Lane</p>  <p>The Officer may have entered as (3) Two Way Divided, with Barrier. If so, change to Type of Roadway (8) Center-Two Way Left Turn Lane.</p> <p style="text-align: right;"><i>(Reference State Highway Log and SRView SR 507 milepost range 49.03 to 52.30)</i></p>
<p>Driveway</p>	<p style="text-align: center;">(9) Driveway</p> 

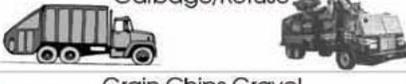
VI. TRUCK TYPES

A. See below diagram of vehicle configuration and cargo body types:

Vehicle Configuration

<p>Bus - (9-15 Seats Including Driver)</p> 	<p>Truck Tractor (Bobtail)</p> 
<p>Bus - (16 or More Seats Including Driver)</p> 	<p>Tractor/Semi Trailer (one trailer)</p> 
<p>Single-Unit (2 axles, 6 tires)</p> 	<p>Truck Tractor/Double (two trailers)</p> 
<p>Single-Unit (3 or more axles)</p> 	<p>Truck Tractor/Triples (three trailers)</p> 
<p>Truck/Trailer (Single-Unit Truck pulling a trailer)</p> 	

Cargo Body

<p>Bus - (9-15 Seats Including Driver)</p> 	<p>Dump</p> 	<p>Pole</p> 
<p>Bus - (16 or More Seats Including Driver)</p> 	<p>Concrete Mixer</p> 	<p>Log</p> 
<p>Van/Enclosed Box</p> 	<p>Auto Transporter</p> 	<p>Intermodal Chassis</p> 
<p>Cargo Tank</p> 	<p>Garbage/Refuse</p> 	<p>Vehicle Towing Vehicle</p> 
<p>Flat Bed</p> 	<p>Grain, Chips, Gravel</p> 	<p>No Cargo Body</p> 

VII. WASHINGTON STATE TRIBES

A. Federally Recognized Tribes

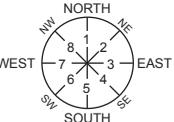
See below list of federally recognized tribes in Washington State:

1. Chehalis Confederated Tribes
2. Colville Confederated Tribes
3. Cowlitz Tribe
4. Hoh Tribe
5. Jamestown S'Klallam Tribe
6. Kalispel Tribe
7. Lower Elwha Klallam Tribe
8. Lummi Nation
9. Makah Tribe
10. Muckleshoot Tribe
11. Nisqually Tribe
12. Nooksack Tribe
13. Port Gamble S'Klallam Tribe
14. Puyallup Tribe
15. Quileute Tribe
16. Quinault Nation
17. Samish Nation
18. Sauk-Suiattle Tribe
19. Shoalwater Bay Tribe
20. Skokomish Tribe
21. Snoqualmie Tribe
22. Spokane Tribe
23. Squaxin Island Tribe
24. Stillaguamish Tribe
25. Suquamish Tribe
26. Swinomish Tribe
27. Tulalip Tribe
28. Upper Skagit Tribe
29. Yakama Nation

B. Non-Federally Recognized Tribes

See below list of non-federally recognized Tribes in Washington State:

1. *Chinook Tribe
 2. *Duwamish Tribe
 3. Kikiallus Indian Nation
 4. Marietta Band of Nooksack Tribe
 5. Snohomish Tribe
 6. Snoqualmoo Tribe
 7. Steilacoom Tribe
- *Pending Federal Recognition

1	ROADWAY SURFACE CONDITION 1 Dry 2 Wet 3 Snow / Slush 4 Ice 5 Sand / Mud / Dirt	6 Oil 7 Standing Water 8 Other* 9 Unknown	CONTRIBUTING CIRCUMSTANCES - DRIVERS, PEDALCYCLISTS OR PEDESTRIANS (NO MORE THAN THREE PER UNIT) 1 Under Influence of Alcohol 2 Under Influence of Drugs 3 Exceeding Stated Speed Limit 4 Exceeding Reas. Safe Speed 5 Did Not Grant R/W to Vehicle 6 Improper Passing 7 Following Too Closely 9 Failing to Signal 10 Improper Turn/Merge 14 Apparently Asleep or Fatigued 15 Improper Parking Location 16 Operating Defective Equipment 17 Other Contributing Circ Not Listed 18 None 19 Improper Signal 20 Improper U-Turn 21 Light Violation: No Lights/Fail to Dim 22 Did Not Grant R/W to Non Motorist 24 Improper Backing 30 Disregard Flagger / Officer 31 Apparently Ill 33 Had Taken Medication 34 Non Motorist on Wrong Side of Road	35 Hitchhiking 36 Failure to Use Xwalk 40 Operating Handheld Cell Phone 41 Operating Hands-Free Cell Phone 42 Operating Other Electronic Devices (Computer, Navigation, etc.) 44 Smoking 45 Eating or Drinking 46 Reading or Writing 47 Grooming 50 Distractions Outside Vehicle 51 Unknown Distraction 53 Lost in Thought / Day Dreaming 54 Distracted by Other Occupant 55 Distracted by Adjusting Vehicle Cntrls 56 Other Distractions 60 Disregard Traffic Sign and Signals 62 Apparently Emotional (Depressed, Angry, Disturbed, etc.) 63 Physically Impaired 64 Racing 65 Operating Reckless or Aggressively 66 Overcorrecting / Oversteering	27 ①
2	WEATHER 1 Clear 2 Overcast 3 Raining 4 Snowing 5 Fog / Smog / Smoke	6 Sleet / Hail / Freezing Rain 7 Severe Crosswind 8 Blowing Sand / Dirt 9 Other 10 Partly Cloudy 11 Blowing Snow			28 ②
3	LIGHT CONDITIONS 1 Daylight 2 Dawn 3 Dusk 4 Dark - Street Lights On	5 Dark - Street Lights Off 6 Dark - No Street Lights 7 Other* 8 Dark - Unknown Lighting 9 Unknown			
4	WORK ZONE LOCATION 4 Within Work Zone	5 In External Traffic Backup Caused from Work Zone			
4a	WORK ZONE TYPE 1 Construction 2 Maintenance	3 Utility 9 Work Zone Type Unknown			
5	LOCATION CHARACTER (ONLY IF APPLICABLE) 1 Parking Lot 2 Bridge / Overpass 3 Underpass / Tunnel 4 Rest Area / Turn Out 5 Shopping Mall / Plaza 6 Park & Ride Lot	7 Ferry Dock 8 School Zone 9 Playground Zone 0 RR Crossing A Other*	VEHICLE ACTIONS (ONE PER VEHICLE) 1 Going Straight Ahead 2 Overtaking and Passing 3 Making Right Turn 4 Making Left Turn 5 Making U-Turn 6 Slowing 7 Stopped for Traffic 8 Stopped at Signal or Stop Sign 9 Stopped in Roadway 10 Starting in Traffic Lane 11 Starting From Parked Position 12 Merging (Entering Traffic)	13 Legally Parked, Occupied 14 Legally Parked, Unoccupied 15 Backing 16 Going Wrong Way on Divided Highway 17 Going Wrong Way on Ramp 18 Going Wrong Way on One-Way Street or Road 19 Other* 20 Changing Lanes 21 Illegally Parked, Occupied 22 Illegally Parked, Unoccupied 23 Negotiating a Curve	29 ① 30 ② 31 ①
6	ROADWAY CHARACTER 1 Straight & Level 2 Straight & Grade 3 Straight at Hill Crest 4 Straight in Sag 5 Curve & Level	6 Curve & Grade 7 Curve at Hill Crest 8 Curve in Sag 9 Unknown			
7	HAZARDOUS MATERIALS (IDENTIFY IN NARRATIVE) 1 Hazmat Transported - Not Released 2 Hazmat Transported - Released				
8			VEHICLE CONDITION (NO MORE THAN THREE PER VEHICLE) 1 Defective Brakes 2 Defective Headlights 3 Defective Rear Lights 4 Tires Worn or Smooth 5 Tires Punctured or Blown 6 Lost a Wheel 7 Defective Steering Mechanism 8 Power Failure	9 Headlights Glaring 10 Other Lights / Reflectors Insufficient 11 Other Defects* 12 No Defects 13 Motorcycle - Lights Off 14 Equipped with Studded Tires 15 Motorcycle Windshield Installed 16 Truck / Trailer Safety Inspection	32 ②
9	TRAFFIC CONTROL 1 Signals 2 Stop Sign 3 Yield Sign 4 Flashing Red 5 Flashing Amber	6 RR Signal 7 Officer / Flagger 8 Other Traffic Control* 9 No Traffic Control 0 Unknown	10 Ramp Meter Signal 11 Pvmr Mrkg - Bicycle 12 Pvmr Mrkg - Pedestrian 13 Pvmr Mrkg - Railroad 14 Pvmr Mrkg - School Zone 15 Pvmr Mrkg - Other (excluding edge line)		
10					
11					
12	POSTED SPEED MILES PER HOUR FOR EACH VEHICLE INVOLVED		DIRECTION OF MOVEMENT (INDICATE BY NUMBER THE "FROM" AND "TO" MOVEMENT) 9 Vehicle Stopped 0 Vehicle Backing		33 ① 34 ②
13	TYPE OF ROADWAY 1 One Way 2 Two Way - Undivided 3 Two Way - Divided, with Barrier 4 Two Way - Divided, no Barrier 5 Reversible Road 6 Interchange Ramp	7 Alley 8 Center-Two Way Left Turn Lane 9 Driveway 0 Unknown A Other*			
14					
15	ROADWAY SURFACE TYPE 1 Concrete 2 Blacktop 3 Brick or Wood Block 4 Gravel	5 Dirt 6 Other* 9 Unknown		EMERGENCY VEHICLE USE 1 Non-Emergency, Non-Transport 2 Non-Emergency Transport 3 Emergency Operation, Warning Equipment Not Used 4 Emergency Operation, Warning Equipment Used 5 Not Applicable 6 Unknown	35 ① 36 ②
16					
17	VEHICLE CLASSIFICATION (ONLY IF APPLICABLE) 1 Trailer w/GVWR of 10,001 lbs. or more, if GVWR of combined vehicle(s) is 26,001 lbs. or more - CDL required. 2 Single vehicle w/GVWR of 26,001 lbs. or more; or any school bus regardless of size - CDL required. 3 Single vehicle of 26,000 lbs. or less, designed to carry 16 passengers or more; or any vehicle regardless of size which requires a HAZ MAT Placard - CDL required. 4 Commercial vehicle transporting 16 passengers or less - No CDL endorsement required.			UNIT IMPAIRMENT 1 - Impaired by alcohol 2 - Impaired by drugs 3 - Impaired by alcohol and drugs 4 - Not Impaired 5 - Unknown	37 ① 38 ②
18					
19	PEDESTRIAN / PEDALCYCLIST WAS USING: 1 Sidewalk 2 Walkway 3 Shoulder 4 Marked X Walk	5 Unmarked X Walk 6 Other* 7 Designated Bike Route 8 Roadway		DRE REQUESTED 1 - DRE Requested and Assisted 2 - DRE Requested, Not Available 3 - DRE Not Requested	39 ① 40 ②
20					
21	PEDESTRIAN / PEDALCYCLIST CLOTHING VISIBILITY 1 Dark 2 Light 3 Mixed	4 Retro - Reflective 5 Other Reflective Apparel* - Shoes, Patches		ALCOHOL RESULT 1 - Test Not Given 2 - Test Result Pending 3 - Test Refused 4 - Unknown	41 ① 42 ②
22					
23	PEDESTRIAN ACTION (ONE PER UNIT) 1 Xing at Intersection with Signal 2 Xing at Intersection Against Signal 3 Xing at Intersection - No Signal 4 Xing at Intersection - Diagonally 5 From Behind Parked Vehicle 6 Xing - Non Intersection - No X Walk 7 Xing - Non Intersection - In X Walk 8 Walk'g in Roadway with Traffic 9 Walk'g in Roadway Opposite Traffic 10 Walk'g on Roadway Shoulder with Traffic	11 Walking on Rdwy Shldr Opposite Traffic 12 Standing or Working in Roadway 13 Pushing or Working on Vehicle 14 Playing in Roadway 15 Lying in Roadway 16 Not in Roadway 17 All Other Actions* 18 Fell or Pushed Into Path of Vehicle 19 At Intersection Not Using Crosswalk		ACTUAL ALCOHOL RESULT IN 100's	43 ① 44 ②
24					
25	PEDALCYCLIST ACTION (ONE PER UNIT) 43 Xing Diagonally 44 Riding with Traffic 45 Riding Against Traffic 46 Fell or Pushed Into Path of Vehicle	47 Cyclist Turned Into Path of Vehicle - Same Direction 48 Cyclist Turned Into Path of Vehicle - Opposite Direction 49 All Other Actions* 50 Xing or Entering Trafficway			
26					

PART A

INSTRUCTIONS

This Police Traffic Collision Report is designed to use computer technology to read and record your printed responses. To ensure accuracy, please follow these instructions when completing the report.

When the information requested is not available or not applicable, leave that portion of the report blank.

Print in block capital letters using a black ball-point pen with a medium tip; do not use a pencil or felt-tip pen. Please follow the examples below:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0

Note: sevens and zeros should not be crossed

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

RIGHT WRONG

When the information requested is not available or not applicable, leave that portion of the form blank.
Enter the pre-printed REPORT NO. found at the top right of Part A, on all subsequent pages.
Include the REPORT NO. if you are providing exchange of information to individuals involved.

If applicable to your jurisdiction, enter the Case # on all pages.

Use the Unit #1 section of Part A to capture information on motor vehicle drivers or pedalcyclists.

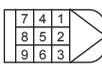
Use the Unit #2 section of Part A to capture information on motor vehicle drivers, pedalcyclists, pedestrians or property owners.

Use the applicable Status codes to further describe pedestrians or pedalcyclists involved.

Use the Additional Persons Involved section of Part B to capture information on vehicle passengers or witnesses only.

Use the Supplemental Police Traffic Collision Report to capture information on additional units.

USE THE FOLLOWING CODES ON THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT.		
VEHICLE TYPE 1 Bus 2 Single-unit Truck; 2 axle, 6 tires 3 Single-unit Truck; 3 or more axles 4 Truck/Trailer 5 Truck Tractor (Bob-tail) 6 Tractor/Semi-Trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Other/Cannot Classify	CARGO BODY TYPE 1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other	NAME SOURCE (CARRIER) 1 Side of Vehicle 2 Shipping Papers 3 Driver 4 Log Book

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS					
STATUS OF PEDESTRIAN/ PEDALCYCLIST 1 Bicyclist 2 Tricyclist 3 Person on Foot 4 Roller Skater / Skateboarder 5 Non-Motorized Wheelchair 6 Motorized Wheelchair 7 Flagger 8 Roadway Worker 9 Emergency Response Personnel 0 Other*	SEAT POSITION  10 Other Position* 11 Position Unknown 12 Motorcycle 13 Outside of Vehicle	AIRBAG 1 Not Airbag Equipped 2 Not Deployed 3 Deployed - Front 4 Deployed - Side 5 Deployed - Other 6 Deployed - Combination 9 Deployment Unknown	RESTRAINT SYSTEMS 1 No Restraints Used 2 Lap Belt Used 3 Shoulder Belt Used 4 Lap & Shoulder Belt Used 9 Unknown 10 Child Restraint Forward Facing 11 Child Restraint Rear Facing 12 Child Restraint Type Unknown	EJECTION 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 9 Unknown	HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS 2 Helmet Not Used 5 DOT Compliant Motorcycle Helmet 6 Non DOT Compliant Motorcycle Helmet 7 Unknown if DOT Compliant Motorcycle Helmet 9 Other

* DESCRIBE IN THE NARRATIVE.

INJURY CLASS 1 No Apparent Injury 2 Dead at Scene 3 Dead on Arrival 4 Died at Hospital 5 Suspected Serious Injury 6 Suspected Minor Injury 7 Possible Injury	GENDER CODES M MALE F FEMALE O OTHER
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STATE OF WASHINGTON
 POLICE TRAFFIC COLLISION REPORT OVERLAY
 3000-345-359 (R11/18)

① UNIT #1 ② UNIT #2
 *DESCRIBE IN THE NARRATIVE