

INSTRUCTIONS FOR COMPLETING
STATE OF WASHINGTON
MOTOR VEHICLE COLLISION REPORT

① UNFOLD HERE →

WHEN TO COMPLETE AND SUBMIT

Any driver, pedestrian, pedalcycle, or property owner involved in a collision within this state—with \$1,000.00 or more damage to any one unit and/or injury to any person—must complete a Motor Vehicle Collision Report. **Mail this report to the Washington State Patrol, Collision Records Section, PO Box 42628, Olympia, WA 98504-2628.**

However, if a **police officer is present** and indicates he/she will submit a collision report, you are not required to submit one.

BEFORE YOU BEGIN, THINGS TO KNOW

Completing *online* version: (www.wsp.wa.gov, search for “Collision Reporting,” then scroll down to “Citizen Reports”)

- Print this document single-sided, **not** double-sided, upon completion.
- Retain a copy for your records.

Completing *printed* version:

- Print using a black ball-point pen—do not use a pencil or felt-tip pen.
- Keep the carbon copy for your records.

When information is not applicable or available: Leave that portion of the form blank.

Submitting online or printed version: Mail to address above; neither version can be e-mailed or faxed.

NOTE: A “unit” is a motor vehicle, pedestrian, pedalcycle, and/or a property owner. **You, as the involved party, will always be Unit 1.**

WHAT WE ARE REQUESTING IN SPECIFIC FIELDS

Report Number	This is an auto-generated number. Leave this field blank.
Date of Collision	Date collision occurred. If the date of the collision is unknown, use the date the damage was discovered (mandatory field).
Day of Collision	Check the appropriate box.
Time of Collision	Time collision occurred or time the damage was noticed (check a.m. or p.m. box).
Investigated By	Check the appropriate box for the law enforcement agency that investigated the collision OR indicate “No Investigation” if law enforcement did not investigate.
Collision Involved	Check the appropriate box if any of the following apply: Vehicle Fire/Hit & Run/Stolen Vehicle. Indicate Total # of Units (vehicles/parties involved), Total # Injuries, Total # Deaths.
Place Where Collision Occurred	COUNTY: The county where the collision occurred. If unknown, use the county where the damage was discovered (mandatory field). CITY OR TOWN: The city or town where the collision occurred.
Road Surface	Check the appropriate box(es) for the road surface conditions at the time of the collision.
Weather	Check the appropriate box(es) for the weather conditions at the time of the collision.
Light Conditions	Check the appropriate box(es) for the light conditions at the time of the collision.
Location of Where Collision Occurred	Identify the name of the street/highway you were on or the address or name of the parking lot. Example: Interstate – I-5, I-82, I-205, or I-705 State Route – SR-20, Highway 99, SR-101 City Street – a street or road within the city County Road – a street or road outside the city Other – parks, campus, forest service road, Private Way – private road, shopping mall, military base parking lot, driveway
Distance From	Indicate the distance from the street or location indicated under “Location of Where Collision Occurred” and check the appropriate boxes for feet/miles and direction. Example: 3.0 miles north or 200 feet east
Nearest Street or Land Mark	Indicate the nearest street or land mark to the collision location. Example: Exit 120, Capital Mall, Linderson Way SW, 3.0 miles north of 22nd Avenue, and/or 200 feet east of Capital Mall
Was Driver Distracted	Check the appropriate box and indicate what the distraction was (if more room is needed, attach additional blank pages or use additional Was Driver Distracted pages).
Describe Below What Happened	Refer to the vehicles as units and explain to the best of your knowledge what occurred (if more room is needed, attach additional blank pages or use additional Describe Below pages).
At Moment of Collision	Identify each unit and check the appropriate box to indicate if the unit was parked/stopped/moving.
Diagram	Draw a picture of roadway/intersection/parking lot, etc. Show your unit (vehicle)/others involved.
Witness Name	List names, addresses, and phone numbers of any witnesses (if more room is needed, attach additional blank pages or use additional Witness pages).
Signature/Date of Report	The person completing the form must sign and date the form and provide his or her address. The signature is a legal requirement (mandatory field).

WHAT WE ARE REQUESTING IN SPECIFIC FIELDS (continued)

② REMOVE INSTRUCTION SHEET AT LEFT

Unit	The person completing the report should be Unit 1. Unit 2 is the other party involved. If more parties are involved, attach additional blank pages or use additional Units Involved pages. A <u>unit</u> may be a motor vehicle (motorcycle, etc.), pedalcycle (bicycle, tricycle, unicycle), pedestrian (wheelchairs, skateboards, and roller skates), or property owner (fence, yard, trees, ditch, etc.) that had damage. If you are a property owner, enter in the name, address, and estimated cost for repair. Check the appropriate box to indicate if you are a motor vehicle, pedalcycle, pedestrian, or property owner.	
Was Helmet Used	Check the appropriate box to indicate if a helmet was used if you were a motorcyclist, pedalcyclist, skater, or skateboarder.	
Name	Provide your full last name, full first name, and middle initial.	
Sex	Check the appropriate box.	
Address	Provide your full address and/or a mailing address (check the box if this is a new address), city, state, and ZIP code.	
Driver's License #	Provide your driver's license number.	
State	Indicate the state that issued your driver's license.	
Date of Birth	Provide the month, date, and year you were born.	
License Plate/State	Provide your license plate number and the state where the vehicle is registered.	
VIN	Provide the Vehicle Identification Number. It can be 10 to 17 characters long (found on the vehicle registration or on your insurance card).	
Trailer Plate #	If you were pulling a flatbed, camping trailer, etc., provide the license plate number and state.	
Estimated Cost to Repair Vehicle or Object Struck	Estimate the cost to fix your vehicle or the object struck.	
Vehicle Year	Provide the year of your vehicle.	
Make	Provide the make (i.e., Ford, Chevrolet, Dodge, etc.).	
Model	Provide the model (i.e., Taurus, Lumina, Charger, etc.).	
Body Style	Provide the body style (i.e., 2 door, 4 door, hatchback, etc.).	
Registered Owner	Provide the full name, address, state, and ZIP code of the registered owner.	
Was Auto Liability Insurance in Effect at Time of the Collision	Check the appropriate box.	
Insurance Company and Policy Number	Provide the name of your insurance company and policy number.	
Nature of Injuries	Indicate the type of injuries, if any (head pain, chest pain, legs hurt, etc.).	
Mark if This Unit Was a Commercial Vehicle	Indicate if this was a commercial vehicle. Types of commercial vehicles may include cement truck, semi with attached trailer, school bus (vehicle with a gross vehicle weight rating [GVWR] of more than 26,000 pounds).	
Shade In Damaged Area of Vehicle	Shade in the area where damage occurred on the vehicle.	
Passengers	Identify passengers by the unit number they belong to (i.e., Unit 1, Unit 2, etc.). If there were more than two passengers, use an additional Units Involved page for other passengers. Complete the passenger fields as follows:	
	Name	Provide the full last name, full first name, and middle initial.
	In Unit #	Indicate which unit they were in (i.e., Unit 1, Unit 2, etc.).
	Sex	Check the appropriate box.
	Address	Provide full address and/or mailing address including city, state, and ZIP code.
	Date of Birth	Provide the month, day, and year they were born.
	Nature of Injuries	Indicate the type of injuries incurred.
If Motorcyclist or Pedalcyclist Was Helmet Used	Check the appropriate box.	



STATE OF WASHINGTON
**VEHICLE
COLLISION
REPORT**

REPORT NO.

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

DISTANCE FROM _____ . _____ in FEET MILES N E S W

NEAREST STREET OR LAND MARK (BRIDGE, RR CROSSING, OTHER LAND MARK):

WAS DRIVER DISTRACTED
UNIT # _____ YES NO
UNIT # _____ YES NO

DISTRACTIONS INCLUDE: OPERATING A TELECOMMUNICATION DEVICE, ELECTRONIC DEVICES, PDA, LAPTOP COMPUTER, NAVIGATION DEVICES, ADJUSTING AN AUDIO OR ENTERTAINMENT SYSTEM, SMOKING, INSIDE DISTRACTIONS, OUTSIDE DISTRACTIONS, EATING OR DRINKING, ANIMALS, PASSENGERS, ETC.

DISTRACTED BY: _____

DESCRIBE BELOW WHAT HAPPENED (REFER TO UNITS BY NUMBER)

DIAGRAM

AT MOMENT OF COLLISION: UNIT # _____ <input type="checkbox"/> PARKED UNOCCUPIED <input type="checkbox"/> PARKED OCCUPIED <input type="checkbox"/> STOPPED <input type="checkbox"/> MOVING	INDICATE ON THIS DIAGRAM WHAT HAPPENED 1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAMES. 2. NUMBER EACH UNIT AND SHOW DIRECTION OF TRAVEL BY ARROW 	SHOW NORTH BY ARROW IN CIRCLE STREET OR HIGHWAY _____
AT MOMENT OF COLLISION: UNIT # _____ <input type="checkbox"/> PARKED UNOCCUPIED <input type="checkbox"/> PARKED OCCUPIED <input type="checkbox"/> STOPPED <input type="checkbox"/> MOVING	_____ _____	_____ _____

WITNESS NAME	ADDRESS	PHONE NUMBER
1		
WITNESS NAME	ADDRESS	PHONE NUMBER
2		
SIGNATURE OF PERSON COMPLETING REPORT		ADDRESS
X		

(OFFICIAL USE ONLY)
 UNIT # _____ WAS ON-DUTY LAW ENFORCEMENT OR FIREFIGHTER (RCW 41.26.030)

DATE OF REPORT
 MO. [] [] DAY [] [] YEAR [] [] [] []
 M M D D Y Y Y Y

UNITS INVOLVED

REPORT NO.

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

VEHICLE
SHADE IN DAMAGED AREA

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

VEHICLE
SHADE IN DAMAGED AREA

PASSENGERS

LAST NAME	IN UNIT	
FIRST NAME	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	D.O.B. MM-DD-YYYY	M M D D Y Y Y Y
NATURE OF INJURIES	IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? <input type="checkbox"/> Y <input type="checkbox"/> N	
LAST NAME	IN UNIT	
FIRST NAME	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	D.O.B. MM-DD-YYYY	M M D D Y Y Y Y
NATURE OF INJURIES	IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? <input type="checkbox"/> Y <input type="checkbox"/> N	