

Understanding Your Washington Accident Report

RICHARD E. LEWIS LAW, P.S.

PART A

STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT		3000345159 197 1		1 REPORT NO. 0021431	
<div>2</div> <div>INTERSTATE <input type="checkbox"/> CITY STREET <input type="checkbox"/></div> <div>STATE ROUTE <input type="checkbox"/> OTHER <input type="checkbox"/></div> <div>COUNTY RD <input type="checkbox"/> PRIVATE WAY <input type="checkbox"/></div>		<div>4</div> <div>FIRE RESULTED <input type="checkbox"/></div> <div>STOLEN VEHICLE <input type="checkbox"/></div> <div>HIT & RUN <input type="checkbox"/></div>		<div>1</div> <div>CASE #</div> <div>LOCAL AGENCY CODING</div> <div>TOTAL # OF UNITS</div> <div>OBJECT STRUCK</div>	
DATE OF COLLISION		TIME (2400)		COUNTY #	
M M D D Y Y Y Y		MILES		CITY #	
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		BLOCK NO. <input type="checkbox"/>	
DISTANCE		OF (REFERENCE OR CROSS STREET)		MILE POST <input type="checkbox"/>	
MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/>		FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>			
5		6		TOP SECTION	
UN 5		MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/>		DAMAGE THRESHOLD MET <input type="checkbox"/> PHONE	
LAST NAME		FIRST NAME		MIDDLE INITIAL	
7		STREET NEW ADDRESS <input type="checkbox"/>		CITY	
8		CITY		ST ZIP	
9		DRIVER'S LICENSE #		STATE SEX D.O.B. MMDDYYYY	
10		ON DUTY <input type="checkbox"/> STATUS		AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES	
11		LICENSE PLATE #		STATE VIN#	
12		TRAILER PLATE #		STATE TRAILER PLATE # STATE	
13		VEH. YEAR MAKE MODEL STYLE TOWED BY		VEHICLE NO. 1 SHADE IN DAMAGED AREA	
14		REGISTERED OWNER INFO.		14	
15		LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>		INSURANCE CO & POLICY #	
16		VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>		CITATION # CHARGE	
17		UNIT 02		MOTOR VEHICLE <input type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> DAMAGE THRESHOLD MET <input type="checkbox"/> PHONE	
18		LAST NAME		FIRST NAME	
19		STREET NEW ADDRESS <input type="checkbox"/>		CITY	
20		CITY		ST ZIP	
21		DRIVER'S LICENSE #		STATE SEX D.O.B. MMDDYYYY	
22		ON DUTY <input type="checkbox"/> STATUS		AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES	
23		LICENSE PLATE #		STATE VIN#	
24		TRAILER PLATE #		STATE TRAILER PLATE # STATE	
25		VEH. YEAR MAKE MODEL STYLE TOWED BY		VEHICLE NO. 2 SHADE IN DAMAGED AREA	
26		REGISTERED OWNER INFO.		17	
27		LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>		INSURANCE CO & POLICY #	
28		VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>		CITATION # CHARGE	
29		OFFICER'S NAME (PRINT)		BADGE OR ID # AGENCY	
30		PART A 3000-345-159 R (1/97)		PAGE 01 OF	

PART B



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



3000345159 197 2

19

CORRECTION ☐

CASE #

REPORT NO.

18

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

DIAGRAM

INDICATE NORTH
BY ARROW



22

NARRATIVE

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

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INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BADGE OR ID #

LEA #

TIME POLICE DISPATCHED

TIME POLICE ARRIVED

PART B 3000-345-159 R (1/97)

PAGE

OF

Part A

Note that only one Part A is used for each accident.

TOP SECTION

1. Pre-printed report number should match all other pages.
2. Describes type of roadway and type of accident. Multiple incident types can be checked.
3. Time, date and location of accident. Washington uses assigned numbers for counties and cities instead of names. IN/OF describes whether accident was inside or outside city limits.
4. Total number of units includes vehicles, pedestrians and owners of property damaged in the accident.

UNIT 01

5. Describes the first vehicle (unit) involved in the accident. Unit 01 MUST be a motor vehicle or pedalcycle. It is not necessarily the vehicle at fault. **Type of unit is motor vehicle (car, truck, motorcycle) or pedalcycle (e.g., bicycle)*
6. Damage threshold is checked if damage is over \$1,000.
7. Name, address and contact information for the operator of the vehicle. If unknown (e.g., hit and run) "Unknown" should be written in the last name field.

8. License information. If a commercial vehicle is involved, CDL information is included as well.

9. "On Duty" checkbox is used if accident involved an on-duty law enforcement officer or firefighter.

10. Restraint code indicates whether seatbelts were used – critical information for a personal injury case.

11. Likewise, Helmet Use code is used for motorcycles, bicycles, etc. To see whether helmets were used.

12. Injury Coding section: Injury Class describes severity of injury. Nature of Injury describes the injury itself.

13. Vehicle Information: Includes license plate and other registration information, plus contact information for the registered owner. If insurance is in effect, insurance information is here as well.

14. Diagram shows where the vehicle was damaged.

UNIT 02

15. Describes the second unit involved in the accident. Unit 02 may be another vehicle, but it could also be a pedestrian or owner of property damaged in the accident.

16. Information is identical to Unit 01, though not all

information may be relevant depending on the type of unit. For instance, if Unit 02 is a pedestrian, the license plate number will be left blank.

17. Officer prints his/her name and badge number at the bottom.

Part B

All accidents will use at least one Part B. Some may use more than one.

18. Report number should match pre-printed number on Part A.

19. The officer may use a Part B to correct a previous page. If so, the Correction box is checked.

20. Passengers and witnesses involved in the accident are listed here, including contact and demographic information, seating position, airbag use, restraint use (seat belts or child seats), helmet use, injury coding and helmet use.

21. Diagram visually indicates what happened in the accident.

22. Narrative section describes what happened in the accident. Additional pages may be used for a longer narrative.

23. Investigating officer signs and dates the bottom. Bottom also describes when police were dispatched and when they arrived at the scene.