TRAINING ON THE POLICE TRAFFIC COLLISION REPORT

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10	ON DUTY		LIGET RAME REPORT NAME REPORT NAME REPORT NAME	30
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24	VEX. 1960		TO CRAFFE LICENSES STATE BEX D.O.B. MALEOYTY	39
26			ONCUTY STATUS ARRAG RESTIT. GLECT HELDE: NAJBY 20 ULCHHIE STATE STATE ULCHHIE	40
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WHAT WILL THIS TRAINING DO FOR YOU?

- This presentation will assist you in completing the Police Traffic Collision Report form
- Help you with understanding the Police Traffic Collision Report and overlays
- Show you how to utilize the overlays attached to the report
- Show you all the required fields on the form that must be completed and where other information for the form will be place
- Limit the number of corrections notices you receive
- YOUR REPORTS WILL IMPROVE THE SYSTEM'S ACCURACY AND DATA COLLECTION PROVIDING FOR SAFER ROADWAYS





Police Traffic Collision Form

The Police Traffic Collision Report form (PTCR) is designed to be used with computer technology to collect data using text entries, check boxes, and numeric codes. The information is scanned into an electronic format allowing for electronic retention of the image. When you provide as much information available from the traffic collision and complete the traffic collision report, this reported information is then utilized in developing programs to reduce the number and/or severity of vehicle collisions. It also provides a basis for developing proper traffic laws ordinances, traffic safety programs, and other collision prevention programs.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	1 27
1	INTERSTATE CITY STREET FIRE RESULTED STOLEN STOLEN COUNTY RD PRIVATE WAY HIT & RUN CITY STREET COUNTY RD PRIVATE WAY STOLEN COUNTY RD RIVATE WAY STOLEN COUNTY RD RIVATE WAY STOLEN COUNTY RD RIVATE WAY RIVATE WAY STOLEN COUNTY RD RIVATE WAY STOLEN COUNTY RD RIVATE WAY STOLEN RIVATE	3
3	TOTAL # OF UNITS	28 2 3
4 4a 5	ON (PRIMARY TRAFFIC WAY) INTERSECTION	29

TO ENSURE DATA ACCURACY

- A. Print in capital block letters using a black ball-point pen with a medium tip, pressing firmly. Print letters and numbers full height. Include spaces between names. Do not use periods, eg., JOHN Q PUBLIC, or SE MAIN STREET, etc. Do not cross zeros or sevens.
- B. Enter all information to the best of your knowledge. If the requested information is not available or applicable, leave that portion of the report blank. Do not enter DK (for don't know), dashes, lines, and/or dots.
- C. If there are more letters and/or numbers being entered than spaces available, enter the numbers and or letters that you can and leave the rest off the report (truncate).
- D. If three or more vehicles are involved in the collision, use the Supplemental Police Traffic Collision Report form. Number the pages accordingly, using the appropriate space found at the lower right corner of the report form. Also, enter the pre-printed report no., found at the top right of Part A, and on all subsequent pages.
- E. Enter the date and time of the collision. All eight boxes are required to be filled in (Example date 05-09-2008).
- F. If any missing or unusual information is received and there is no space provided for it on the form, place this information in the narrative section of form B.
- G. The Police Traffic Collision Report Instruction Manual (PTCR) is located at: http://www.wsp.wa.gov/publications/collision.htm#other

In this section we will be discussing Part A of the Collision Report. All collision reports can only have one Part A, all additional units must be on a supplemental page(s).





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT		REPORT NO.	
INTERSTATE CITY STREET	RESULTED -	ASE #	
STATE ROUTE OTHER COUNTY PD PRIVATE WAY		AL AGENCY CODING	
TRIBAL	INVOLVED	TAL # OF OBJECT STRUCK	
	Y Y Y TIME (2400)	COUNTY# MILES	CITY#
DATE OF COLLISION -	ТШ ШШ	N E S W	IN
ON (PRIMARY TRAFFIC WAY) INTE	ERSECTION NON-INTERS	BLOCK NO.	
DISTANCE	OF (REFERENCE	MILE POST OR CROSS STREET)	
MILES [N E S W	OR Choos street,	
UNIT 01 MOTOR PEDAL- CYCLE		DAMAGE THRESHOLD MET PHONE	
LAST NAME		FIRST NAME	MIDDLE INITIAL
STREET NEW ADDRESS		VIII. 100 100 100 100 100 100 100 100 100 10	INITIAL
NEW ADDRESS U		ST ZIP	
	ENDORSEMENTS	RESTRICTIONS	
CDL DRIVER'S	ENDORSEMENTS		
DRIVER'S LICENSE #		STATE SEX D.O.B. MMDDYYYY - NATURE OF INJURIES	
ON DUTY STATUS AIRBAG		HELMET USE CLASS NATURE OF INJURIES	
LICENSE PLATE #	STATE VIN#		
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
VEH. YEAR MAKE N REGISTERED OWNER INFO.	MODEL STYLE	VEHICLE TOWED TOWED BY	GOVT. VEHICLE YES NO NO VEHICLE NO. 1 SHADE IN DAMAGED AREA
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STANDING YES NO CITATION #		CHARGE DAMAGE TUBESHOLD MET. PHONE	10 BOTTOM 8 7 6
UNIT 02 MOTOR PEDAL- CYCLE	PEDESTRIAN PR	OPERT VES NO NO	
LAST NAME		FIRST NAME	MIDDLE INITIAL
STREET NEW ADDRESS			
СПУ		ST ZIP	
CDL	ENDORSEMENTS	RESTRICTIONS	
DRIVER'S LICENSE #		STATE SEX D.O.B. MMDDYYYY	-
ON DUTY STATUS AIRBAG	RESTR. EJECT	HELMET INJURY CLASS NATURE OF INJURIES	
LICENSE PLATE #	STATE VIN#		
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
	MODEL STYLE	VEHICLE TOWED TOWED BY	GOVT. VEHICLE
REGISTERED OWNER INFO. INSURANCE CO & POLICY #			SHADE IN DAMAGED AREA
YES NO CITATION #		CHARGE	9 TOP 10 BOTTOM 5
OFFICER'S NAME (PRINT)		BADGE OR ID # AGENCY	
			PAGE 01 OF

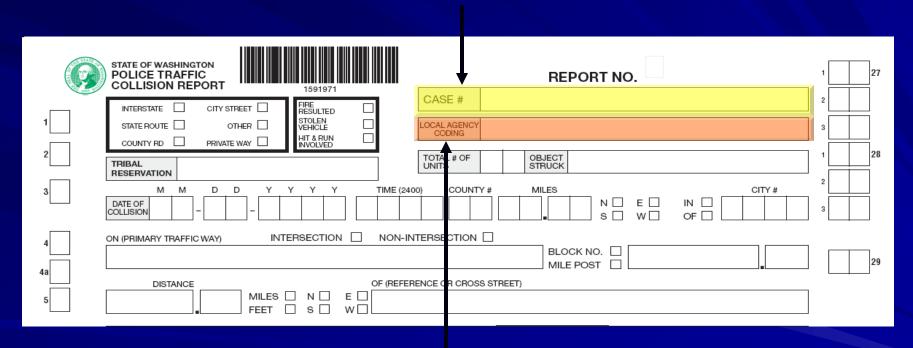
POLICE TRAFFIC COLLISION REPORT PART A REPORT NO.

The report number is a pre-printed number and appears in the top right corner of part A. It is mandatory to write the pre-printed report number (from Part A) in the space provided on Part B, the supplemental pages, and any attachments in the upper right corner.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	1 27
1 2	INTERSTATE CITY STREET STATE ROUTE OTHER OTHER DISTOLEN VEHICLE COUNTY RD PRIVATE WAY DISTOLEN NVOLVED TOTAL # OF UNITS STRUCK COUNTY RD OBJECT STRUCK CASE # CASE # LOCAL AGENCY CODING TOTAL # OF UNITS STRUCK	3 28
3 4	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # DATE OF	3 3
4a 5	MILE POST	29

CASE#

This block is used for entering your agency Case number, if applicable to your agency. Insure you place it on Part B and all other Supplemental pages that are a part of this report.



LOCAL AGENCY CODING

Your agencies can use this code area to include other designations on the collision report, such as special location coding.

CATEGORY OF ROADWAY

It is mandatory to mark the appropriate box for the roadway category on which the collision occurred. If the location of the collision involved more than one category of roadway (e.g. intersection with a state highway and a county road), mark all roadway types that apply. The box you selected must correspond with the written response provided in "On (primary traffic way)" discussed further on in this presentation.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1 27
1 2 3	INTERSTATE CITY STREET STATE ROUTE OTHER OTHER OTHER COUNTY RD PRIVATE WAY DEFINITION TRIBAL RESERVATION M M D D Y Y Y Y TIME (2400) COUNTY # MILES CASE # LOCAL AGENCY CODING TOTAL # OF UNITS OBJECT STRUCK CITY # DATE OF N E IN	3 28 28 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
4 48 5	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. MILE POST OF (REFERENCE OR CROSS STREET) FEET S W	29

COLLISION INCIDENTS

It is mandatory to mark the box or boxes if they apply to the incident (Fire Resulted, Stolen Vehicle, or Hit & Run). For example: If one of the vehicles was stolen and then involved in a hit and run, mark both boxes. If a fire occurred, mark the appropriate box and describe in the narrative which vehicle caught fire and how it caught fire.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1 27
1	INTERSTATE CITY STREET STOLEN STATE ROUTE OTHER	3
3	TRIBAL RESERVATION	28 2 3
4 4a 5	ON (PRIMARY TRAFFIC WAY)	29

TRIBAL RESERVATION

If your collision occurred on a roadway within a tribal reservation's boundaries, enter the tribal reservation's name in the space provided. (Refer to the PTCR Instruction Manual located at: http://www.wsp.wa.gov/publications/collision.htm#other Appendix F for a list of tribal reservations in Washington).

9	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1 27
1 2	INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE CODING TRIBAL RESERVATION STATE ROUTE OTHER DISTOLEN VEHICLE CODING COASE # CASE # LOCAL AGENCY CODING TOTAL # OF UNITS STRUCK	3 28
3	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY# DATE OF COLLISION	3
4 4a	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. MILE POST MILE POST	29
5	DISTANCE OF (REFERENCE OR CROSS STREET) MILES	

COLLISION INFORMATION

TOTAL # OF UNITS

This section is for the total number of unit(s) involved.

Example 01, 03 etc...(pedestrians, property owner, motor vehicle, pedalcycle are units)

OBJECT STRUCK

Here you will provide information on object(s) struck, other than vehicles listed on the report form, e.g. guardrail, power pole, building, etc. If more than one object was struck, indicate which was struck first.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1 27
1 2	INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE COUNTY RD PRIVATE WAY DESCRIPTION OF DESCRIP	3 28
3	N	2 3
4 4a 5	ON (PRIMARY TRAFFIC WAY)	29

DATE OF COLLISION

You must enter the collision date in the space provided.

EXAMPLE: July 8, 2006 would be entered: 0 7 - 0 8 - 2 0 0 8

TIME OF COLLISION

You must enter the time in 24 hour time (military time).

EXAMPLE: 3:45 p.m. would be entered: 1 5 4 5

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 REPORT NO.	1 27
1 2	INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE COUNTY RD PRIVATE WAY PRIVATE WAY TO THER COUNTY RD PRIVATE WAY TO THE ARUN NOUVED TO TOTAL # OF UNITS TRUCK CASE # CASE #	3 28
3	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # DATE OF	3
4 4a 5	ON (PRIMARY TRAFFIC WAY)	29

COUNTY

It is mandatory to enter the 2-digit number of the county in which the collision occurred in (refer to *Appendix A* of the PTCR manual for list of county numbers).

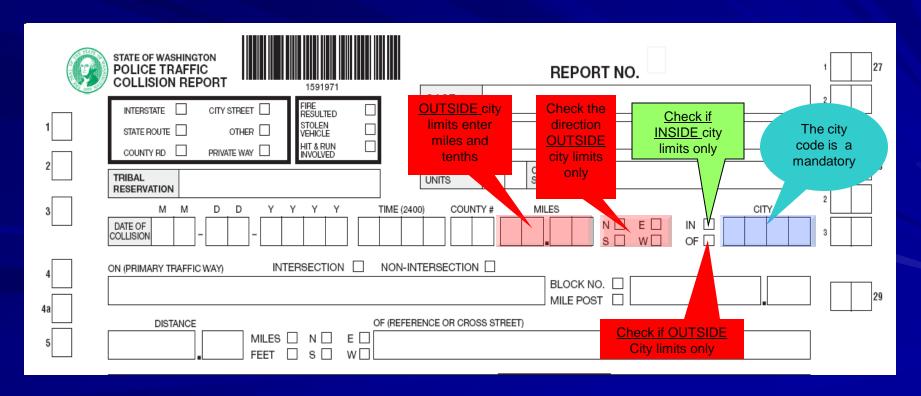


	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	1]] [27
1	INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE COUNTY RD PRIVATE WAY HIX & RUN INVOLVED CODING] 2[
3	TOTAL # OF] 1	28
4 4a 5	ON (PRIMARY TRAFFIC WAY)] [29

POLICE TRAFFIC COLLISION REPORT PART A CITY INFORMATION

If your collision occurred **OUTSIDE** the city limits, you must record the distance from the city limits to the collision in miles and tenths of miles (example: 8.2 miles). Insure you mark the appropriate box indicating whether the collision occurred north, south, east, or west of the city (if it's South-East mark both south and east boxes), and then mark the "OF" box. Record the 4-digit city number in the space provided (refer to *Appendix B of* the PTCR manual for a list of city numbers).

Now if your collision occurred **INSIDE** the city limits Mark the "IN" box, and record the 4-digit city number in the space provided (refer to *Appendix B* of the PTCR manual for a list of city numbers).



The "ON (PRIMARY TRAFFICWAY)" is utilized in conjunction with the INTERSECTION and NON-INTERSECTION check boxes. The highway, road, or street on which the collision occurred is the PRIMARY TRAFFICWAY. Record the name of the highway, county road or city street, etc., in the space provided. Remember this response should correspond with the boxes selected in the roadway category previously discussed.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1 27
1	INTERSTATE	2 3 28 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
4 4a 5	ON (PRIMARY TRAFFIC WAY)	29

If you're indicating the block number or address for the location of the collision check the "BLOCK NO."

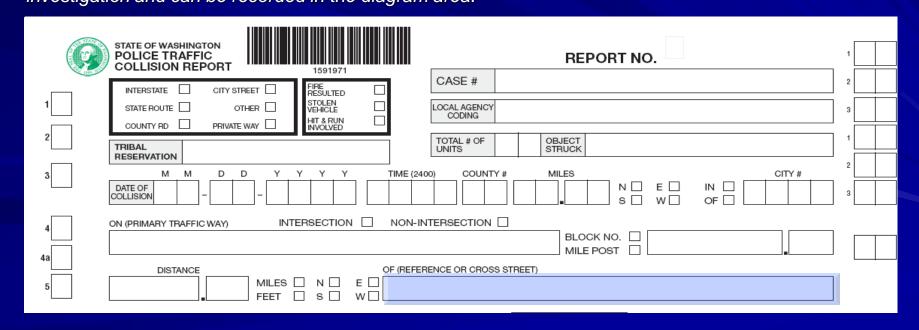
However, if your collision has occurred on an interstate, state highway, or county road, and the milepost is known, or an approximate milepost can be determined, mark the "MILEPOST" box. Record the milepost in the boxes that follow to the nearest hundredth, if known.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1	
1	INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE CODING	3	
2	COUNTY RD PRIVATE WAY DHIT & RUN INVOLVED TRIBAL RESERVATION TOTAL # OF UNITS TOTAL # OF UNITS TOTAL # OF UNITS	1	
3	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY# DATE OF	3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. D		
4a	DISTANCE OF (REFERENCE OR CROSS STREET)		
5	MILES N E FEET S W		

The "OF (REFERENCE OR CROSS STREET)" box is utilized in-conjunction with the INTERSECTION and NON-INTERSECTION check boxes. Record the name of the cross street or reference point in the "OF(REFERENCE OR CROSS STREET)" boxes. Examples of reference points are:

- Business driveway
- Railroad crossing
- Bridge (indicate whether from beginning, middle, or end)
- Overpass (interstates and state routes)

NOTE: DO NOT use utility pole numbers or rural route box numbers as references for where the collision occurred. Utility poles, etc., are best used for detailed reference points during accident investigation and can be recorded in the diagram area.

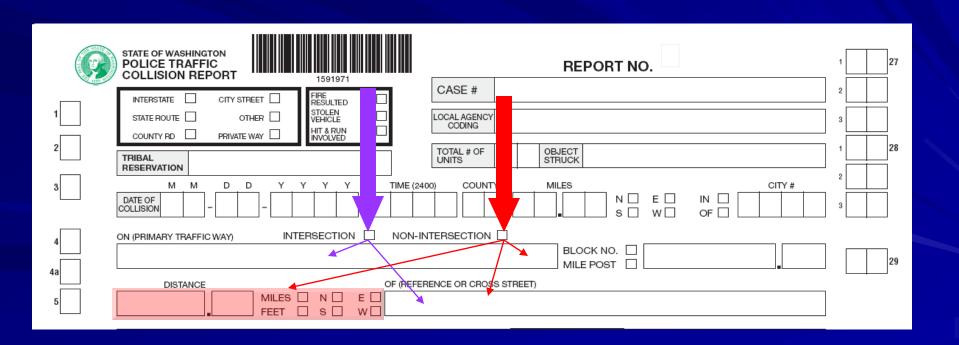


The "DISTANCE" box is utilized in conjunction with the "NON-INTERSECTION" check box, it is utilized to record the distance to the nearest cross street or reference point whether it is in MILES or FEET by marking the appropriate box. Mark the appropriate box or boxes to indicate in which direction (north, south, east, west, northwest, southeast, etc.) the collision occurred from the cross street or reference point.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 REPORT NO.	1 27
2	INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE COUNTY RD PRIVATE WAY DEPTH OF UNITS OF U	3 28
3 4	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # DATE OF	3
4a5	DISTANCE OF (REFERENCE OR CROSS STREET) MILES N E FEET S W	29

If your collision occurred at an intersection. Check the "INTERSECTION" box, record the primary traffic way in the "ON" box, and enter reference or cross street in the "OF" box.

If your collision is at a non-intersection, check the "NON INTERESCATION" box, record the primary traffic way in the "ON" box, and enter the reference or cross street in the "OF" box. Enter DISTANCE in miles or feet and direction from the reference or cross street to the collision.



UNIT 01 can only be a Motor Vehicle or Pedalcycle. Indicate which type of unit by marking the appropriate box. If a Pedestrian or a Property Owner is involved, use the UNIT 02 section of Part A, or the ADDITIONAL UNITS section of the Supplemental pages to capture the information.

You are not required to put the causing driver in unit 01. This is simply a long-standing tradition and not a requirement. The codes for contributing circumstance indicate fault.

If the Unit is unoccupied you are required to only complete the highlighted section. (registered owners full name is mandatory).

		UNIT 01 MOTOR VEHICL	R PEDAL- CYCLE		DAMAGE THRESHOLD MET PHONE YES NO NO		30
6		LAST NAME			FIRST NAME	MIDDLE INITIAL	
		STREET NEW ADDRESS					
7		CITY			ST ZIP		1 31
8		CDL		ENDORSEMENTS	RESTRICTIONS		2
9		DRIVER'S LICENSE #			STATE SEX D.O.B. MMDDYYYY -	-	3
10	Ī	ON DUTY STATE	US AIRBAG F	ESTR. EJECT	HELMET USE INJURY CLASS NATURE OF INJURIES		1 32
11	_ 	LICENSE PLATE #		STATE VIN#	##		2 3
12	$\overline{\Box}$	TRAILER PLATE #		STATE	TRAILER PLATE #	STATE	*
13		VEH. YEAR N	MAKE MODEL	STYLE	VEHICLE TOWED TOWED BY	GOVT. VEHICLE YES NO	FROM TO
14		LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY#			VEHICLE NO. 1 SHADE IN DAMAGED AREA	FROM TO
15		VEHICLE YES NO BTANDING	CITATION #	<u> </u>	CHARGE	10 BOTTOM 5	

DAMAGE THRESHOLD MET

If the total damage to any one vehicle or property is \$700 or more, mark the DAMAGE THRESHOLD MET box for that unit or property as "yes." If this is not the case, mark the box, "No." (A collision is also considered to meet the damage THRESHOLD AND BE REPORTABLE IF THERE IS AN INJURY TO ANYONE INVOLVED. This information is picked up from the injury code field).

PHONE

Record the phone number of the driver/operator of UNIT 01 in the space provided.

	UNIT 01 MOTOR VEHICLE CYCLE DAMAGE THRESHOLD MET PHONE	30
6	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS	
7	CITY ST ZIP	1 31
8	CDL ENDORSEMENTS RESTRICTIONS	2
9	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	1 32
11	LICENSE PLATE # VIN# VIN#	3
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	3
13	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO VEHICLE YES NO VEHICLE YES NO VEHICLE NO. 1 SHADE IN DAMAGED AREA	FROM TO
14	UABILITY INSURANCE INSURANCE CO 8 POLICY # CHARGE INSURANCE CO 8 POLICY # CHARGE CHARGE INSURANCE CO 8 POLICY # 1	FROM TO

LAST NAME, FIRST NAME & MIDDLE INITIAL

The name of the licensed driver should be recorded exactly as it appears on the driver's license. Record the street address, city, state, and zip code in which the driver/operator of UNIT 01 resides.

CDL, ENDORSEMENTS AND RESTRICTIONS

If applicable, record in the spaces provided the commercial driver's license class (CDL), endorsements and restrictions. Enter the numeric or alpha code as it appears on the license.

	UNIT 01 MOTOR PEDAL-CYCLE PHONE PHONE	30
6	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS -	
7	CITY ST ZIP	1 31
8	CDL ENDORSEMENTS RESTRICTIONS	2
9	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES	1 32
11	LICENSE PLATE VIN#	3
12	TRAILER PLATE TRAILER PLATE STATE STATE STATE	°
13	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO	FROM TO 33
14	INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE CO & POLICY # VEHICLE YES NO CITATION # CHARGE CHARGE	34

For your Unit 01 driver or pedalcyclist enter the DRIVER'S LICENSE # AND STATE in the space provided. For state abbreviations (Refer to *Appendix D of the PTCR Manual* for a list of abbreviations), enter the sex (M or F and leave blank if unknown) and date of birth (MM-DD-YYYY).

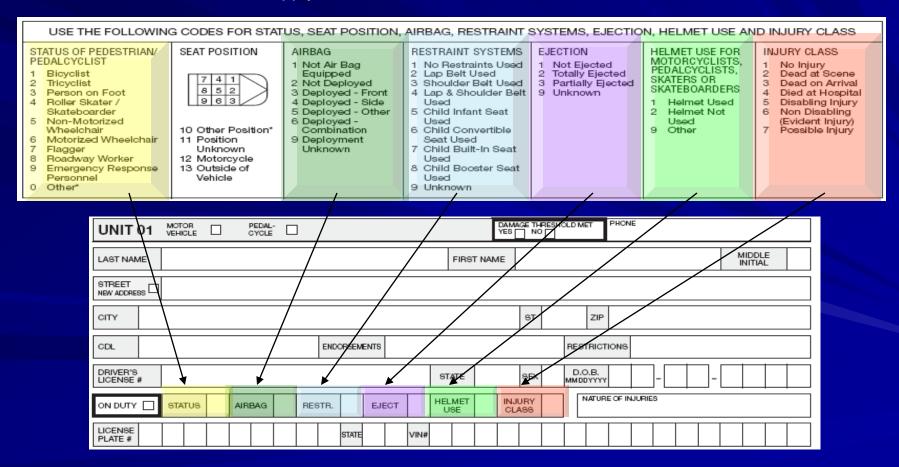
ON DUTY

Mark the box if the driver/operator was an ON DUTY law enforcement officer or firefighter (see RCW 46.52.130 (8)).

	UNIT 01 MOTOR PEDA CYCL	L- E	DAMAGE THRESHOLD MET YES NO PHONE		30
6	LAST NAME		FIRST NAME	MIDDLE INITIAL	
	STREET NEW ADDRESS				
7	CITY		ST ZIP		1 31
8	CDL	ENDORSEMENTS	RESTRICTIONS		2
9	DRIVER'S LICENSE #		STATE SEX D.O.B. MMDDYYYY		3
10	ON DUTY STATUS AIRBAG	RESTR. EJECT	HELMET INJURY CLASS NATURE OF INJURIES		1 32
11	LICENSE PLATE #	STATE VIN#			3
12	TRAILER PLATE #	STATE	TRAILER PLATE #	STATE	3
13	VEH. YEAR MAKE REGISTERED OWNER INFO.	MODEL STYLE	VEHICLE TOWED TOWED BY	GOVT. VEHICLE YES NO VEHICLE NO. 1	FROM TO 33
14	UABILITY INSURANCE ☐ INSURANCE CO & POLICY #			SHADE IN DAMAGED AREA	FROM TO
15	VEHICLE YES NO CITATION #		CHARGE	10 BOTTOM 5	

Enter the appropriate STATUS code in the space provided within the UNIT sections of the collision report. UNIT 01 can include codes 1, 2, and 0 only. UNIT 02 and all subsequent units can include any of the codes. The codes are as follows: STATUS, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE & INJURY CLASS injury class should be compatible w/nature of injuries (The below chart can be found on the back of the Collision Report Overlay Sheet).

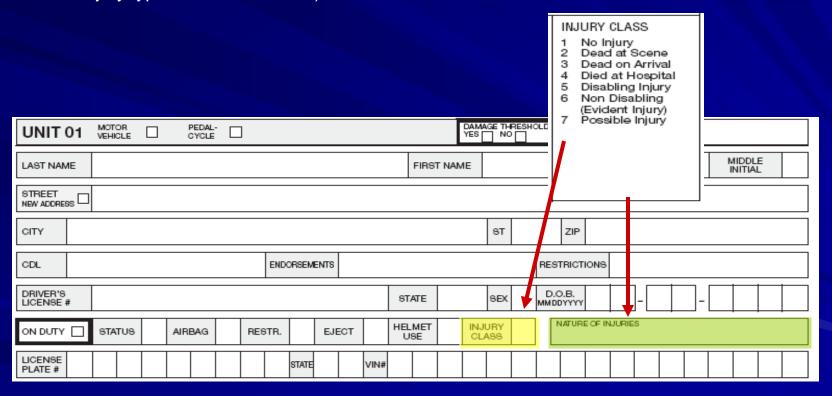
NOTE: Seat Position does not apply to this section.



NATURE OF INJURIES:

Injury class code and nature of injuries must be compatible with each other.

Example: 1= none, 7 = Possible, 5= Non disabling injury (laceration on right-hand arm), if nature of injury is unknown leave the injury class code blank (Refer to the PTCR manual for injury types and class codes)



LICENSE PLATE NO.

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

STATE:

Record the abbreviated name of the STATE which issued the license plate. (Refer to Appendix D of the PTCR Manual for a list of abbreviations).

VIN:

Enter the vehicle identification number "VIN" (AKA - manufacturer's number). If the VIN is not visible on the vehicle, record the number listed on the vehicle registration card, it should also be on the insurance policy.

UNIT 01 MOTOR PEDAL- CYCLE	DAM	AGE THRESHOLD MET PHONE
LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET NEW ADDRESS		
CITY		ST ZIP
CDL	ENDORSEMENTS	RESTRICTIONS
DRIVER'S LICENSE #	STATE	SEX D.O.B. MMDDYYYY
ON DUTY STATUS AIRBAG RES		JURY NATURE OF INJURIES
LICENSE PLATE #	STATE VIN#	

TRAILER INFORMATION

When a trailer is involved record it in the space provided for the unit portions as follows: Enter the trailer license plate number and state in which it was issued. If more than one trailer is being pulled by a single vehicle, record the information for both trailers in the spaces provided (maximum of 2 per unit).

NOTE: Information on a towed vehicle should be entered same as for a trailer (the towing vehicle and the towed vehicle are one unit).

	UNIT 01 MOTOR PEDAL- CYCLE DAMAGE THRESHOLD MET PHONE	30
6	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS	
7	CITY ST ZIP	31
8	CDL ENDORSEMENTS RESTRICTIONS	2
9	DRIVER'S LICENSE # SEX D.O.B.	3
10	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	32
11	LICENSE PLATE # VIN#	2
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	
13	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY REGISTERED OWNER INFO. WEHICLE NO. 1 SHADE IN DAMAGED AREA	FROM TO
14	LIABILITY INSURANCE INSURANCE CO 8 POLICY #	FROM TO
15	VENICLE VES NO CITATION # CHARGE	. \square

VEHICLE YEAR, such as 1975, 1995, 2008, etc.

MAKE of the vehicle

For example: Chevrolet, Toyota, Ford, Kenworth, Kawasaki, Harley Davidson, Huffy, Trek

Vehicle **MODEL** name

For example: Malibu, Camry, Ram, F250, Goldwing, Ninja, Sportster, 10 speed, tandem

Record the vehicle STYLE

For example: 2 door, 4 door, Pickup, Cab over. Trucks greater than 10,000 lbs., record the vehicle tonnage as indicated on the registration. For buses, write in the model name. If not available, write in "commercial" or "school bus."

	UNIT 01 MOTOR CYCLE PEDAL-CYCLE PHONE PHONE	30
6	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS	
7	CITY ST ZIP	1 31
8	CDL ENDORSEMENTS RESTRICTIONS	2
9	DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	1 32
11	LICENSE PLATE # STATE VIN#	2 3
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	<u> </u>
13	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO STATE NO STATE OF TOWED BY STATE OF T	FROM TO 33
14	LIABILITY INSURANCE INSURANCE CO & POLICY # STANDING INSURANCE INSURANCE CO & POLICY # CHARGE INSURANCE CO & POLICY # INSURAN	34





VEHICLE TOWED

If the vehicle was towed from the collision scene, mark the YES box. If this is not the case, mark the NO box.

TOWED BY

If towed, indicate the name of the tow company.

GOVERNMENT VEHICLE

If the vehicle is marked as a government vehicle, or has a government exempt license plate, mark the YES box. If this is not the case, mark the NO box.

	UNIT 01 MOTOR PEDAL- CYCLE PHONE PHONE		30
6	LAST NAME FIRST NAME	MIDDLE INITIAL	
	STREET NEW ADDRESS		
7	CITY ST ZIP		31
8	CDL ENDORSEMENTS RESTRICTIONS		2
9	DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY		3
10	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	ES	32
11	LICENSE PLATE # VIN#		2 3
12	TRAILER PLATE # STATE TRAILER PLATE #	STATE	
13	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY PEGISTERED OWNER INFO.	GOVT. VEHICLE YES NO VEHICLE NO. 1	FROM TO
14	UABILITY INSURANCE INSURANCE CO & POLICY # VEHICLE VES DIAGO CITATION # CHARGE	SHADE IN DAMAGED AREA	FROM TO 34
15	VEHICLE YES NO CITATION # CHARGE	8 7 6	

REGISTERED OWNER INFO

If the operator of unit 01 is also the owner — Write "SAME" in the Registered Owner Info space. If the operator of unit 01 is not the owner — Enter the registered owner information as it appears on the registration certificate. Record the complete residence address, including street name and number, city, state, or country.

	UNIT 01 MOTOR CYCLE PEDAL-CYCLE PHONE PHONE	30
6	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS	
7	CITY ST ZIP	1 31
8	CDL ENDORSEMENTS RESTRICTIONS	2
9	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	1 32
11	LICENSE PLATE # STATE VIN#	3
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	3
13	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED Y REGISTERED OWNER INFO. REGISTERED OWNER INFO. VEHICLE TOWED BY GOVT. VEHICLE YES NO VEHICLE NO. 1 SHADE IN DAMAGED AREA	FROM TO 33
14	UABILITY INSURANCE ☐ \$1/SURANCE CO \$1/SURANCE CO \$1/SURANCE O \$1/SURANCE CO \$1/SURANCE O \$1/SUR	34
15	VEHICLE VES NO CITATION # CHARGE CHARGE CHARGE	

DAMAGE DIAGRAM

In the diagram below indicate the damaged area of the vehicle by shading in the diagram to correspond with the actual vehicle damage. In the event a motorcycle, truck, bus, or tractor/trailer is involved in the collision, assume the vehicle diagram represents that type of vehicle. If the vehicle is completely demolished, print "DEMOLISHED" across the diagram.

	UNIT 01 MOTOR PEDAL- PHONE PHONE PHONE	30
6	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS	
7	CITY ST ZIP	31
8	CDL ENDORSEMENTS RESTRICTIONS	2
9	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES	32
11	LICENSE PLATE # STATE VIN#	2
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	3
13	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO TOWED BY REGISTERED OWNER INFO. VEHICLE TOWED BY GOVT. VEHICLE YES NO TOWED BY VEHICLE NO. 1 SHADE IN DAMAGED AREA	FROM TO
14	UABILITY INSURANCE INSURANCE INSURANCE CO & POLICY # 1	FROM TO

INSURANCE INFORMATION

If unit 01 liability insurance was in effect at time of collision, mark the box. In the adjoining box, indicate the name of the insurance company and policy number.

VEHICLE LEGALLY STANDING

Indicate if the vehicle (Unit 01) was legally standing at the moment of collision by checking the Yes or No box. Examples of a VEHICLE LEGALLY STANDING include: Stopped at a stop sign, yield sign, or traffic signal; stopped due to traffic backup; or granting the right of way to another vehicle or pedestrian, etc.

	UNIT 01 MOTOR PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE	30	0
6	LAST NAME FIRST NAME MIDDLE INITIAL		
	STREET NEW ADDRESS		
7	CITY ST ZIP	1 31	1
8	CDL ENDORSEMENTS RESTRICTIONS	2	
9	DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - - - - - - - - - - - -	3	
10	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	1 32	2
11	LICENSE PLATE # STATE VIN#	2 3	
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	3	
13	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICL YES NO NO	FROM TO	2
	REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREA 2 3 4 2 3 4	FROM TO	,
14	UABILITY INSURANCE INSURANCE CO S. POLICY # STANDING YES NO CITATION # CHARGE	34	4
15	EEGALDY 8 7 6		

POLICE TRAFFIC COLLISION REPORT PART A ENFORCEMENT ACTION

CITATION # & CHARGE

If a Notice of Infraction (citation) is issued, record the citation number in the citation box provided and the specific violation (charge), or RCW in the space provided for each driver, pedestrian, or pedalcyclist who was in violation.

NOTE: If enforcement action data is not available by the time the collision report is forwarded, submit enforcement action on a Supplemental Police Traffic Collision Report. Be sure to enter the Unit # and report # on the supplemental.

	UNIT 01 MOTOR PEDAL-CYCLE PHONE PHONE PHONE	30
6	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS	
7	CITY ST ZIP	1 31
8	CDL ENDORSEMENTS RESTRICTIONS	2
9	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	1 32
11	LICENSE PLATE # VIN#	3
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	3
13	VEH. YEAR MAKE N DDEL STYLE VEHICLE TOWEL YES NO TOWED BY GOVT. VEHICLE YES NO TOWED BY REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAWAGED AREA	FROM TO
14	UABILITY INSURANCE ☐ INSURANCE CO 8 POLICY #	FROM TO
15	VEHICLE VES NO CHARGE CHARGE CHARGE CHARGE	

Use UNIT 02 or subsequent units (on supplemental reports) to record information on additional Motor Vehicles, Pedalcyclists, Pedestrians, or Property Owners. Indicate which type of unit by marking the appropriate box. Unit 02 is completed in the same manner as Unit 01 previously discussed. To record more than a total of two units, a Supplemental Police Traffic Collision report form must be used.

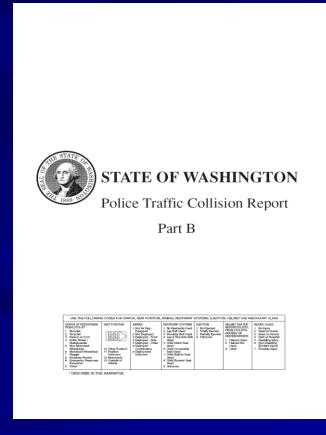
15	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY DAMAGE THRESHOLD MET PHONE VEHICLE POWNER PHONE	35
16	LAST NAME FIRST NAME MIDDLE INITIAL	36
17	STREET NEW ADDRESS	37
18	CITY ST ZIP	38
		39
19	CDL ENDORSEMENTS RESTRICTIONS	40
20	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO YES NO YES NO	42
24	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA	
	UABILITY INSURANCE ☐ INSURANCE CO 8 POLICY #	
25	VEHICLE YES NO CITATION # CHARGE	

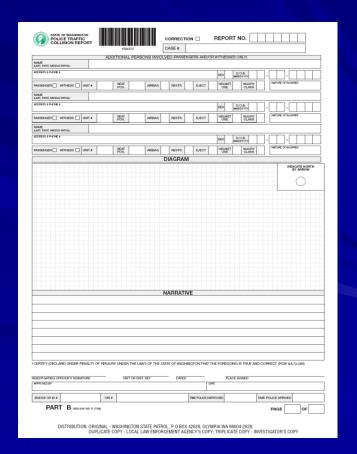
POLICE TRAFFIC COLLISION REPORT PART A REPORTING OFFICER'S INFORMATION

This is a mandatory field, at the bottom of Part A, the officer who completed the collision report must enter his/her full name, Badge or ID #, and the name of his/her law enforcement agency. Then enter the total number of pages for the traffic collision report.

26	OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY		
	PART A 3000-345-159 R (7/06)		PAGE 01	OF	
DISTRIBUTION: ORIGINAL - WASHINGTON STATE PATROL, P O BOX 42628, OLYMPIA WA 98504-2628; DUPLICATE COPY - LOCAL LAW ENFORCEMENT AGENCY'S COPY; TRIPLICATE COPY - INVESTIGATOR'S COPY					

Part B is required for every report and may be used more than once for a single collision. For example, if there were 6 passengers involved in a collision, information on 3 of the passengers would be captured using a second Part B form. Part B can also be used to correct or make additions to the TYPE OF ROADWAY, COLLISION INCIDENTS, COLLISION INFORMATION, DATE, TIME, COUNTY, CITY INFORMATION, and LOCATION INFORMATION sections of a previously submitted Part A, as well as any section within previously submitted Part B.





POLICE TRAFFIC COLLISION REPORT PART B

CORRECTION

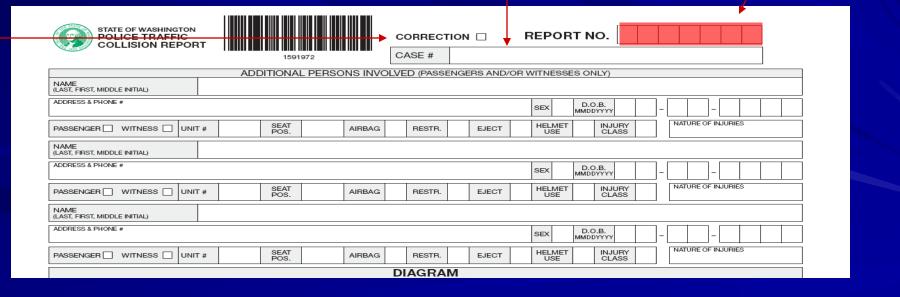
If the Part B you are submitting is to correct a previously submitted report, mark the "CORRECTION" box located next to the REPORT NO. box. If it is an addition to a previously submitted report, do not mark the box.

REPORT NO.

It is mandatory to write in the pre-printed report number from Part A on all part B reports submitted.

CASE#

If applicable to your agency.



POLICE TRAFFIC COLLISION REPORT PART B

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

Record the passenger or witness's last name, first name, and middle initial (e.g., PUBLIC JOHN Q), address, phone number, sex (M or F) and DOB (mmddyyyy).

Next, indicate whether the person is a passenger or a witness by marking the appropriate box.

- If a witness, no additional information is required.
- If a passenger, indicate in which unit by recording the 2-digit number in the space provided (UNIT #) and continue recording the remaining information as described below. Utilize the overlay chart: SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE & INJURY CLASS.

NOTE: Status of Pedestrian/Pedalcyclist does not apply to the Additional Persons Involved section of the report.

STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT		CORRECTION	REPORT NO.
	1591972	CASE #	
	ADDITIONAL PERSONS INVO	LVED (PASSENGERS AND/O	R WITNESSES ONLY)
NAME (LAST, FIRST, MIDDLE INITIAL)			
ADDRESS & PHONE #			SEX D.O.B. — — — —
PASSENGER WITNESS UNIT #	SEAT POS. AIRBAG	RESTR. EJECT	HELMET INJURY USE CLASS NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)			
ADDRESS & PHONE #			SEX D.O.B
PASSENGER WITNESS UNIT #	SEAT POS. AIRBAG	RESTR. EJECT	HELMET 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 INJURY USE CLASS NATURE OF INJURIES
		DIAGRAM	

POLICE TRAFFIC COLLISION REPORT PART B

DIAGRAM

The scene can be defiend as the setting where the event occurred. If the officer goes to the scene, he/she should be able to draw it. If he/she can substantiate the events well enough to cite a driver, complete the side coding, and write a narrative, he/she should be able to draw a diagram of the events. "SCENE NOT OBSERVED", should only be used when the officer cannot or does not go to the scene where the collision occurred or does not have enough information to cite, code, and narrate.

NARRATIVE

Describe, as concisely as possible, the facts that you observed at the scene. Record what happened before, during, and after the collision. Describe special conditions or events associated with the collision such as vehicle(s) on fire, immersed, or submerged; roadway lights not operating etc. The narrative should also be used to describe any information about the collision which could not be entered or coded in other sections of the report form, such as "other" codes. If there is not sufficient space to record everything with the proper amount of detail, utilize additional Part B forms.

DIAGRAM	
	INDICATE NORTH BY ARROW
NARRATIVE	
NOUNCITY	

POLICE TRAFFIC COLLISION REPORT PART B

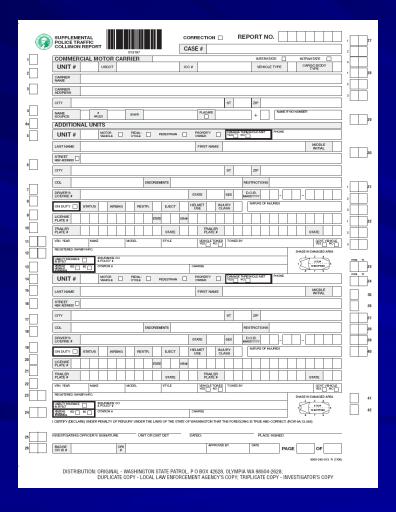
This field is mandatory. The officer must declare by signature, date, and place signed the conditions set forth in RCW 9A.072.085, which are stated in the following form: "I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT." By signing the above declaration, the report will act as a sworn statement and may eliminate the need for officers to appear in Department of Licensing administrative hearings. The officer must enter their Unit or District Detachment, Badge or ID # an Law Enforcement Agency Originating Agency Identifier (ORI), the Time of Dispatch to the scene (use military time), and the Time of Arrival at the scene (use military time). If the collision was not discovered by or reported to the investigating officer, obtain notification time from dispatch or communications center. The Approving Authority, or individual responsible for checking and verifying this report, must initial or sign and date the report on all Part B and Supplemental Reports submitted.

The page number is mandatory to complete on each part B submitted (3 of 6 etc..).

ESTIGATING OFFICER'S SIGN	ATURE	UNIT OR DIST. DET	DATED		PLACE SIGNED		
PPROVED BY				DATE			
ADGE OR ID#	ORI#		TIME PO	LICE DISPATCHED		TIME POLICE ARRIVED	
PART B 3000-5	345-160 R (7/06)					PAGE	OF

Attention: failure to complete the above action will result in your report being returned to you for completion.

The supplemental form is used when there are more than two units involved in a collision or when one or more of the units is a commercial motor carrier. It can also be used to correct information on a previously submitted supplemental form, or unit information and/or code box information on a previously submitted Part A.



The REPORT NO is a mandatory field taken from part A. If you're submitting a correction, check the correction box. Add the CASE # if your agency utilizes this number on the report from part A.

	SUPPLEME POLICE TR COLLISION	AFFIC	т	013197	CASE	E#	REP	ORT NO.			1 2	<u>_</u>	27
1	COMMER	CIAL M	OTOR					INTERSTAT	re 🗌	INTRASTATE	3	+	\dashv
	UNIT #		USDOT		ICC#			VEHICLE 1	TYPE	CARGO BODY TYPE	ا " آ ر	+	
2	CARRIER NAME										' -	+	28
3	CARRIER ADDRESS										2 3	+	$\frac{1}{2}$
	CITY					8	т	ZIP			٦		
4	NAME SOURCE	# AXL	ES	GWR		PLACARD		+	NAME IF N	IO NUMBER		\top	29
4a	ADDITION	IAL UNI	TS								l		

CRITERIA FOR USING THE COMMERCIAL MOTOR CARRIER SECTION OF THE REPORT

You can find this information on the back of the Supplemental Collision Report Overlay Sheet.

If you are not sure you need to complete the Commercial Motor Carrier section, utilize the WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION (attached to this portion of the Supplemental form) and answer the questionnaire, this will determine whether or not you need to complete the Commercial Motor Carrier Section on the supplemental report.

	ental Police Traffic Collision Report). tions below determine use.		
Did this collision		Yes	No
1 2 3	A truck with at least 2 axles and 6 tires? A commercial vehicle designed or used to transport 9 or more people, including driver? Any vehicle requiring a hazardous material placard?	<u> </u>	<u> </u>
STOP - If resp	onse to all above questions is "No", do not complete the Commercial N	Motor Carrie	r portion of report.
4 5	A fatal injury? An injured person who was transported for immediate medical attention?	_	
6 7	A vehicle which was towed because of disabling damage? A vehicle requiring intervening assistance before proceeding under its own power? (e.g., towed from ditch, etc.)	_	_
STOP - If resp	onse to the last four items is "No", do not complete the Commercial Me	otor Carrier	portion of report.

Commercial Motor Carrier - INTERSTATE/INTRASTATE: Mark the appropriate box to indicate if the carrier is INTERSTATE or INTRASTATE.

Interstate carriers operate vehicles that are authorized to operate in multiple state jurisdictions, which includes U.S. and Mexican states and Canadian provinces. Intrastate carriers operate entirely within a single state jurisdiction.

(SUPPLEME POLICE TR COLLISION	AFFIC	т	013197	CASE #		REP	ORT NO	-] 1		27
1	-	COMMER	CIAL M	OTOR (CARRIER				INTERSTA	TE 🗍	INTRASTATE	7		_
]	UNIT #		USDOT		ICC#			VEHICLE :	TYPE	CARGO BODY TYPE] 3	\square	28
2]	CARRIER NAME]	H	
3		CARRIER ADDRESS]	H	\dashv
	7	CITY					9	эт	ZIP]	Ш	
4]	NAME SOURCE	# AXL	ES	GVWR	PL	ACARD		+	NAME IF NO	NUMBER			29

UNIT#

If you have a vehicle entered on a supplemental form or in Part A and it is a commercial vehicle, you must enter that vehicle into the commercial vehicle section by entering the Unit # from the Unit # on Part A or the supplemental form. INDICATE THE TWO-DIGIT Unit number (01,02,03 etc..).

The information recorded in the Commercial Motor Carrier portion is in addition to the unit information recorded on Part A, or on the Supplemental PTCR form and must be linked by unit number.

If the criteria is met 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.

	SUPPLEMEN POLICE TRA COLLISION I	FFIC	013197	CASE #		REPOR	RT NO.] ₁ [27
1		CIAL MOTOR	CARRIER				NTERSTATE	INTRAST.] 3	一
2	UNIT #	USDOT		ICC#			VEHICLE TYPE	CARGO TY	ا, ا	28
٤	CARRIER NAME] . , r	
3	CARRIER ADDRESS								j 'L 	
	CITY				вт	ZIF			اً ا	
4	NAME SOURCE	# AXLES	GVWR	PL	ACARD	+		IF NO NUMBER] [29

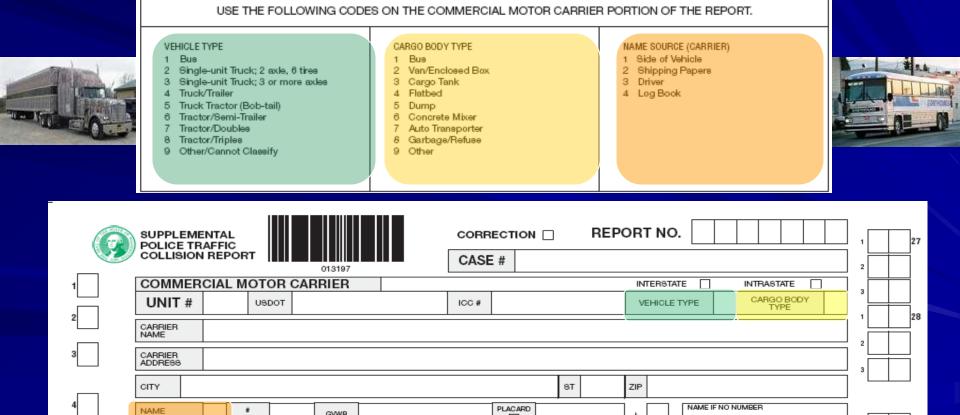
USDOT and ICC

Private fleet and for-hire vehicles involved in interstate commerce must have either a United States Department of Transportation (USDOT) or an Interstate Commerce Commission Motor Carrier number (ICC MC). Vehicles which haul "exempt" commodities such as unprocessed agricultural products are not required to have either an ICC or USDOT identification number.

_			7
	SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT	CORRECTION REPORT NO.	1 27
	013197	CASE #	2
1	COMMERCIAL MOTOR CARRIER	INTERSTATE INTRASTATE	3
,	UNIT # USDOT	ICC # VEHICLE TYPE CARGO BODY TYPE	1 28
2	CARRIER NAME		
3	CARRIER ADDRESS		
	CITY	ST ZIP	
4	NAME SOURCE # AXLES GWR	PLACARD + NAME IF NO NUMBER	29

Utilize the below chart to enter the numeric code that indicates the Commercial Motor Carrier VEHICLE TYPE, CARGO BODY TYPE, and NAME SOURCE (Enter the numeric code that indicates which source was used to determine the carrier's name) Additional information can be found in Appendix C of the PTCR Manual:

This chart can be found on the back of the Supplemental Collision Report.



GVWR

AXLES

Provide the CARRIER NAME and ADDRESS from the Shipping Papers, Driver statement, Vehicle Side, Logbook, or Vehicle Registration.

	SUPPLEMENTAL POLICE TRAFFIC		CORRECTION [REPORT NO.		27
	COLLISION REPORT	013197	CASE #		2	\neg
1	COMMERCIAL MOTOR			INTERSTATE INTRAST	TATE	\dashv
	UNIT # USDOT		ICC#	VEHICLE TYPE CARGO	O BODY	_
2	CARRIER NAME	'	<u>'</u>			28
3	CARRIER ADDRESS				3	\dashv
	СІТУ		81	ZIP		
4	NAME # AXLES	GWR	PLACARD	+ NAME IF NO NUMBER		29



OF AXLES

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.

GVWR

The Gross Vehicle Weight Rating (GVWR) is the sum of all the individual manufacturer's ratings on the power unit and any trailers, NOT the licensed gross weight.

PLACARD

Mark this box if the vehicle displays a hazardous materials placard, and enter the 4-digit number found in the middle of the diamond-shaped placard. If a 1-digit number also appears at the bottom tip of the placard, enter the 1-digit number in the box following the "+" sign. If there is no placard or number use the name of the material on the shipping papers.

			1003
	SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT	CORRECTION REPORT	1990
1	COMMERCIAL MOTOR CARRIER	CASE #	3
2	UNIT # USDOT	ICC # VEHICLE TYPE CARGO BODY TYPE	3 28
	CARRIER NAME		2
3	CARRIER ADDRESS		3
	CITY	ST ZIP	
4	NAME SOURCE # AXLES GWR	PLACARD +	29

ADDITIONAL UNITS

The Supplemental Police Traffic Collision Report form is mandatory when ADDITIONAL UNITS are involved. The UNIT # 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, Part A.

4a	ADDITIONAL UNI	ITS					
5	UNIT #	MOTOR PEDA	L- PEDESTRIAN	PROPERTY OWNER	DAMAGE THRESHOLD MET PHONE YES NO		
	LAST NAME			FIRST NAME		MIDDLE INITIAL	
	STREET NEW ADDRESS						30
ь	CITY				ST ZIP		
	CDL		ENDORSEMENTS		RESTRICTIONS		31
7	DRIVER'S LICENSE #			STATE	SEX D.O.B.	_	2
8	ON DUTY STATUS	AIRBAG	RESTR. EJECT		URY NATURE OF INJURIES		3
9	LICENSE PLATE #		STATE	IN#			1 32
10	TRAILER PLATE #		STATE	TRAILER PLATE #		STATE	2
11	VEH. YEAR MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE YES NO	3
12	REGISTERED OWNER INFO.					SHADE IN DAMAGED AREA	
13	IN BFFECT	INSURANCE CO & POLICY # CITATION #		CHARGE		1 0 TOP 5	FROM TO
				I	PLIONE	8 7 6	FROM TO

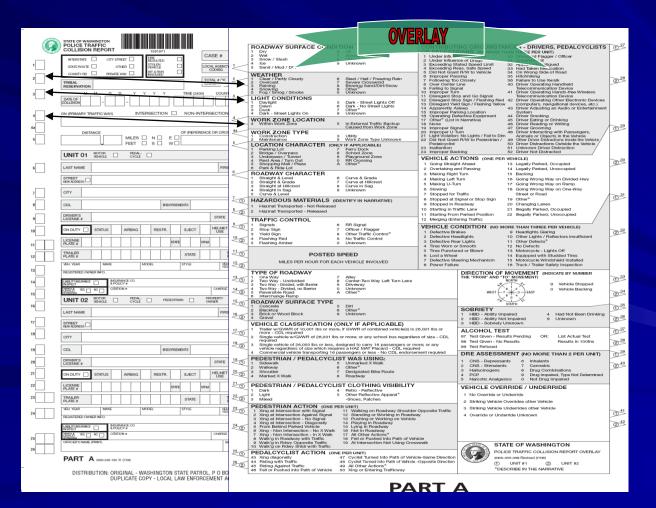
This field is mandatory at the bottom of all Part B and Supplemental PTCRs that are submitted, the officer must declare by signature, date, and place signed the conditions set forth in RCW 9A.072.085. The officer must enter their Unit or District Detachment, Badge or ID # and Law Enforcement Agency Originating Agency Identifier (ORI).

The Approving Authority, or individual responsible for checking and verifying this report, must initial or sign and date the report on all Part B and Supplemental PTCRs that are submitted. The Officer must write in the page number and the total number of pages (e.g. Page 01 of 03, etc..).

INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:		PLACE 9	BIGNED	
BADGE OR ID # #			APPROVED BY	DATE	PAGE	OF
						3000-345-013 R (7/06)

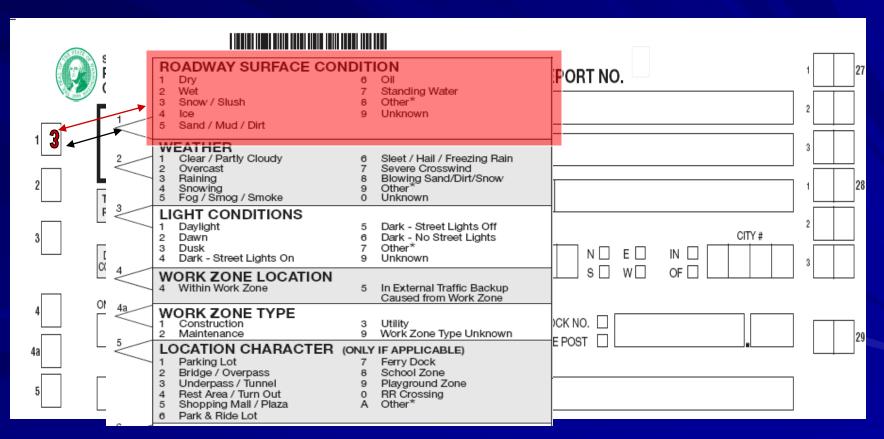
Attention: failure to complete the above action will result in your report being returned to you for completion.

The Collision Report Overlay Sheet for PART A and the Supplemental 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 of the Police Traffic Collision Report, as well as the Supplemental Police Traffic Collision Report. 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.



In box 1, enter the numeric code that best describes the roadway surface condition at the scene and time of the collision. If the code for "Other" is entered, describe in the narrative. "Other" may include hazardous material, diesel fuel, etc.

Example: Snow/Slush, number 3 selected as the roadway surface condition



Enter in box 2 the numeric code that best describes weather conditions at the scene and time of the collision. If the code for "Other" is entered, describe in the narrative. "Other" may include volcanic ash, Etc.

Enter in box 3 the numeric code that best describes the light conditions at the scene and time of the collision. If the code for "Other" is entered, describe it in the narrative.

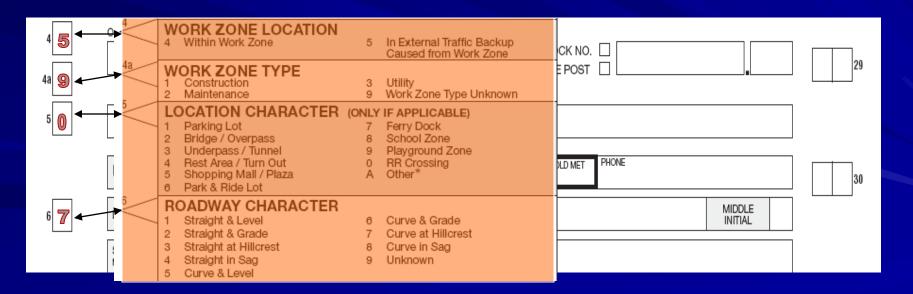
	ROADWAY SURFACE CONDITION 1 Dry 6 Oil 2 Wet 7 Standing Water 3 Snow / Slush 8 Other * 4 Ice 9 Unknown 5 Sand / Mud / Dirt	REPORT NO.	
2 2	WEATHER 1 Clear / Partly Cloudy 2 Overcast 3 Raining 4 Snowing 5 Fog / Smog / Smoke 6 Sleet / Hail / Freezing Rain 7 Severe Crosswind 8 Blowing Sand/Dirt/Snow 9 Other* 0 Unknown	OBJECT STRUCK	
3 4	LIGHT CONDITIONS 1 Daylight 5 Dark - Street Lights Off 2 Dawn 6 Dark - No Street Lights 3 Dusk 7 Other* 4 Dark - Street Lights On 9 Unknown	MILES CITY# 2	
4 4	WORK ZONE LOCATION 4 Within Work Zone 5 In External Traffic Backup Caused from Work Zone		
4a 5	WORK ZONE TYPE 1 Construction 3 Utility 2 Maintenance 9 Work Zone Type Unknown LOCATION CHARACTER (ONLY IF APPLICABLE)	BLOCK NO.	
5	1 Parking Lot 7 Ferry Dock 2 Bridge / Overpass 8 School Zone 3 Underpass / Tunnel 9 Playground Zone 4 Rest Area / Turn Out 0 RR Crossing 5 Shopping Mall / Plaza A Other*		

Enter in box 4 the numeric code that best describes the work zone location. Leave blank if not applicable.

Box 4A the numeric code that best describes the work zone type. Leave blank if not applicable.

Box 5 enter the numeric code that best describes the location character at the collision scene. Leave blank if not applicable.

Box 6 enter the numeric code that best describes the character of the roadway 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. The engineering term "sag" is the transition area where a downgrade meets either an upgrade or level section of roadway.



Proceed by filling in the corresponding tabs on part A as they relate to the overlay sheet

If code for "Other*" or "Unknown" is used (* marked on the Overlay Sheet with asterisks), it is helpful if you explain it in the narrative when the reason is not obvious. Information left out off the report may cause the report to be sent back. An example would be a blank space for a driver's license, but no citation for driving without a valid operator's license. It would be impossible to know whether the operator didn't have a license or the license number was left out. Information left out of the report may cause the report to be sent back.

Boxes 13 and 14 - If you have difficulty determining the Type of Roadway, please see the illustrations in the Appendix of the Police Traffic Collision Report Manual.

Boxes 19 thru 26 - If one of the involved parties is a Pedestrian or Pedalcyclist, please complete the designated boxes for these units.

Boxes 27 and 28 for Contributing Circumstances should be completed for all units, except property owners.

Boxes 30 and 31 for Vehicle Actions should contain the correct one of the four codes if a vehicle is parked.

Boxes 37 and/or 38 for Alcohol Test should be completed as a follow-up on a Supplemental Report if unknown at the time the original report was completed.

Boxes 39 and 40 for DRE Assessment should be completed with results from tests administered by a certified DRE. Other information can be included in the narrative.

Boxes 7 through 42 are used for the units and are numbered as in each arrow pointing away from the boxes as (1) for Unit 01 and (2) for Unit 02. The odd numbers are for odd-numbered Units, and the even numbers for even-numbered Units. All units must have their own specific codes – do not copy Unit 01's codes for Unit 03 or Unit 02's codes for Unit 04.

Police Traffic Collision Form

You have completed the online Police Traffic Collision Form Training. Please feel free to review the training as many times as you need.

- Hopefully the presentation assisted you in completing the Police Traffic Collision Report form.
- You should now have a better understanding of the Police Traffic Collision Report and overlays.
- With the information presented you should be able to utilize the overlays that are attached to the report.
- You should have an understanding of which fields are mandatory.
- ✓ If the forms are complete with the information that has been presented this should limit your correction notices.
- Note: Washington State Patrol Collision Records staff cannot make corrections to your report and must return them to you for correction/completion.

YOUR REPORTS WILL IMPROVE THE SYSTEM'S ACCURACY AND DATA COLLECTIONS PROVIDING FOR SAFER ROADWAYS