## **Collision Fatality Reporting**



## WASHINGTON STATE PATROL PRESS MEMO

DATE:	TIME:	INV UNIT:		AC	GENCY:	
LOCATION:		<u> </u>		_		
COUNTY:	C	OLLISION REPORT NU	IMBER:	CASE	NO.:	
	_	DEDCOM(C)	NINOL VED	<u> </u>		
		PERSON(S)	) INVOLVED		051/	
NAME:	DED		AG	it:	SEX: _	
CITY:	PERSON(S) I  AME:  TY:PERSON TYPE:			BELT/USDOT	HELME I:	
INJ/DISP:						
NEXT OF KIN I	NOTIFIED:	NOTIFIED BY:				
VEHICLE DESC	CRIPTION:					
*				_		
NAME:			AG	BE:	SEX: _	
CITY:	PERS	SON TYPE:	VEH	BELT/USDOT	HELMET:	∐YES ∐NO
INJ/DISP:						
NEXT OF KIN I	NOTIFIED:	NOTIFIED BY:				
VEHICLE DESC	CRIPTION:					
*						
NAME:			AG	SE:	SEX: _	<u> </u>
CITY:	PERSON TYPE:		VEH	BELT/USDOT	HELMET:	☐YES ☐NO
IN I/DISD:						
NEXT OF KIN I	NOTIFIED:	NOTIFIED BY:				
VEHICLE DESC	CRIPTION:					
*						
NAME:			AG	SE:	SEX:	
CITY:	ME:PERSON TYPE: /DISP:			BELT/UDOT H	HELMET:	YES NO
INJ/DISP:						
NEXT OF KIN N	NOTIFIED:	NOTIFIED BY:				
VEHICLE DESC	CRIPTION:					
*						
DESCRIPTION						

If you have questions, contact the Fatal Desk at (360) 570-2355.

Please e-mail fatal notices to Collision Records at fatalitymemo@wsp.wa.gov.