

A yellow shield-shaped graphic with a blue border and a subtle shadow. Inside the shield, the words "POLICE", "TRAFFIC COLLISION", and "REPORT" are stacked vertically in a bold, blue, sans-serif font.

**POLICE
TRAFFIC COLLISION
REPORT**

INSTRUCTION MANUAL

Prepared for

CITY, COUNTY, AND STATE LAW ENFORCEMENT OFFICERS

3000-345-221
EIGHTH EDITION
REVISED 3/11



State of Washington

POLICE TRAFFIC COLLISION REPORT INSTRUCTION MANUAL

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POLICE REPORTING OF VEHICLE COLLISIONS

This manual is designed to assist police officers in completing reports on vehicle collisions required by the laws of Washington. The Police Traffic Collision Report (3000-345-159, Rev. 7/06) was developed with the input of local and state officials and approved by the Chief of the Washington State Patrol for use by all police officers investigating vehicle collisions.

The vehicle laws require any law enforcement officer of the state, county, city, town, or other political subdivision 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 \$700 or more. The written report shall be on forms approved by the Chief of the Washington State Patrol.

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.

CONTRIBUTING AGENCIES

Washington State Patrol
Washington State Department of Transportation
Washington State Department of Licensing
Washington State Traffic Safety Commission

STATUTORY REQUIREMENTS

RCW 46.52.030 Accident reports. (Effective January 1, 2006)

(1) Unless a report is to be made by a law enforcement officer under subsection (3) of this section, the driver of any vehicle involved in an accident resulting in injury to or death of any person or damage to the property of any one person to an apparent extent equal to or greater than the minimum amount established by rule adopted by the chief of the Washington state patrol in accordance with subsection (5) of this section, shall, within four days after such accident, make a written report of such accident to the chief of police of the city or town if such accident occurred within an incorporated city or town or the county sheriff or state patrol if such accident occurred outside incorporated cities and towns. Nothing in this subsection prohibits accident reports from being filed by drivers where damage to property is less than the minimum amount or where a law enforcement officer has submitted a report.

(2) The original of the report shall be immediately forwarded by the authority receiving the report to the chief of the Washington state patrol at Olympia, Washington. The Washington state patrol shall give the department of licensing full access to the report.

(3) Any law enforcement officer who investigates an accident for which a report is required under subsection (1) of this section shall submit an investigator's report as required by RCW [46.52.070](#).

(4) The chief of the Washington state patrol may require any driver of any vehicle involved in an accident, of which report must be made as provided in this section, to file supplemental reports whenever the original report in the chief's opinion is insufficient, and may likewise require witnesses of any such accident to render reports. For this purpose, the chief of the Washington state patrol shall prepare and, upon request, supply to any police department, coroner, sheriff, and any other suitable agency or individual, sample forms of accident reports required hereunder, which reports shall be upon a form devised by the chief of the Washington state patrol and shall call for sufficiently detailed information to disclose all material facts with reference to the accident to be reported thereon, including the location, the circumstances, the conditions then existing, the persons and vehicles involved, the insurance information required under RCW [46.30.030](#), personal injury or death, if any, the amounts of property damage claimed, the total number of vehicles involved, whether the vehicles were legally parked, legally standing, or moving, whether such vehicles were occupied at the time of the accident, and whether any driver involved in the accident was distracted at the time of the accident. Distractions contributing to an accident must be reported on the accident form and include at least the following minimum reporting options: Not distracted; operating a handheld electronic telecommunication device; operating a hands-free wireless telecommunication device; other electronic devices (including, but not limited to, PDA's, laptop computers, navigational devices, etc.); adjusting an audio or entertainment system; smoking; eating or drinking; reading or writing; grooming; interacting with children, passengers, animals, or objects in the vehicle; other inside distractions; outside distractions; and distraction unknown. Every required accident report shall be made on a form prescribed by the chief of the Washington state patrol and each authority charged with the duty of receiving such reports shall provide sufficient report forms in compliance with the form devised. The report forms

shall be designated so as to provide that a copy may be retained by the reporting person.

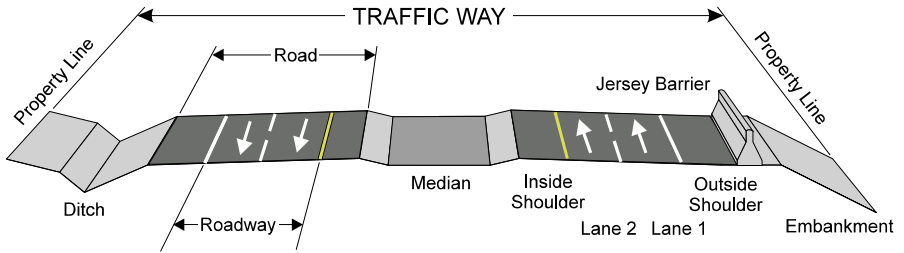
(5) The chief of the Washington state patrol shall adopt rules establishing the accident-reporting threshold for property damage accidents. Beginning October 1, 1987, the accident-reporting threshold for property damage accidents shall be five hundred dollars. The accident-reporting threshold for property damage accidents shall be revised when necessary, but not more frequently than every two years. The revisions shall only be for the purpose of recognizing economic changes as reflected by an inflationary index recommended by the office of financial management. The revisions shall be guided by the change in the index for the time period since the last revision.

RCW 46.52.070 Police officer's report. (1) Any police officer of the state of Washington or of any county, city, town or other political subdivision, present at the scene of any accident or in possession of any facts concerning any accident whether by way of official investigation or otherwise shall make report thereof in the same manner as required of the parties to such accident and as fully as the facts in his possession concerning such accident will permit.

(2) The police officer shall report to the department, on a form prescribed by the director: (a) When a collision has occurred that results in a fatality; and (b) the identity of the operator of a vehicle involved in the collision when the officer has reasonable grounds to believe the operator caused the collision.

(3) The police officer shall report to the department, on a form prescribed by the director: (a) When a collision has occurred that results in a serious injury; (b) the identity of the operator of a vehicle involved in the collision when the officer has reasonable grounds to believe the operator who caused the serious injury may not be competent to operate a motor vehicle; and (c) the reason or reasons for the officer's belief.

TRAFFICWAY



ANSI D16.1-1996

TRAFFIC WAY	2.2.1
ROADWAY	2.2.28
ROAD	2.2.33
SHOULDER	2.2.32

TRAFFIC WAY — Any land way open to the public as a matter of right or custom for moving persons or property from one place to another.

Source: Manual on Classification of Motor Vehicle Traffic Accidents Sixth Edition (ANSI D16.1-1996)
National Safety Council.

POLICE TRAFFIC COLLISION REPORT

GENERAL INSTRUCTIONS

USE OF REPORT FORMS

The Police Traffic Collision Report (PTCR) form is two standard 8 1/2" x 11" size pages, Parts A and B. The Supplemental Police Traffic Collision Report form is one standard 8 1/2" x 11" size page. Each report set consists of an original and two carbonless copies. The original copy is for the Washington State Patrol's Collision Records Section in Olympia; the duplicate copy is for the local law enforcement agency; and the triplicate is the investigator's copy. Report sets are packaged in pads of 25. The pads are bound in cardboard and have a "bleed through" sheet that prevents writing through to subsequent sets of forms.

The use and content of the Police Traffic Collision Report and Supplemental Police Traffic Collision Report forms are detailed below.

Part A

Use:

Part A is required for every report and can be used only once for a single collision.

Content:

- COLLISION LOCATION INFORMATION
- UNIT 01 INFORMATION
- UNIT 02 INFORMATION
- CODE BOX INFORMATION

Part B

Use:

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 AND COLLISION INCIDENTS, COLLISION INFORMATION, DATE AND TIME, COUNTY AND CITY INFORMATION, and LOCATION INFORMATION sections of a previously submitted Part A, as well as any section within a previously submitted Part B.

Content:

- ADDITIONAL PERSONS INVOLVED
- DIAGRAM
- NARRATIVE

Supplemental

Use:

The Supplemental form is used when there are more than 2 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.

Content:

- COMMERCIAL MOTOR CARRIER
- ADDITIONAL UNITS
- CODE BOX INFORMATION

DISTRIBUTION

Original: Washington State Patrol
PO Box 42628
Olympia WA 98504-2628

Duplicate: Local law enforcement agency.

Triplicate: Investigator.

ENTERING INFORMATION

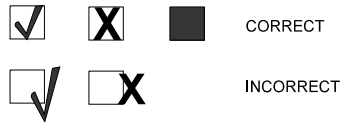
The Police Traffic Collision Report form (PTCR) is designed to use computer technology to collect data using text entries, check boxes, and numeric codes. The body of the report consists of printed entries, check boxes, and numeric codes. The numeric codes for the body of the report are obtained from the chart on the reverse side of the Overlay Sheet. Numeric codes are also entered in the boxes on the sides of the report (boxes 1 - 26 on the left side and boxes 27 - 42 on the right side). The appropriate numeric codes are chosen from the front of the Overlay Sheet for these entries.

TO ENSURE DATA ACCURACY, PLEASE FOLLOW THESE INSTRUCTIONS WHEN COMPLETING THE REPORT FORM.

- 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, e.g., JOHN Q PUBLIC, or SE MAIN STREET, etc. Do not cross zeros or sevens. Follow the example below.

ABCDEFGHIJ
1234567890

Categories requiring a marked box should be filled in as follows.



- 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 space available, truncate the information.
- D. **If 3 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, on all subsequent pages.
- E. **Enter the date and time** of the collision.
- F. **If the non-intersection box is marked**, enter the distance and direction from reference point, cross street, or nearest milepost.
- G. **Use the Unit #1 section** of Part A to capture information on motor vehicles or pedalcycles.

- H. **Use the Unit # 2 section** of Part A to capture information on motor vehicles, pedalcycles, pedestrians, or property owners.
- I. **Refer to driver's license** when entering all names and personal information.
- J. **Use the applicable Status codes** to further describe pedestrians or pedalcyclists involved.
- K. **Enter the license plate number** and **Vehicle Identification Number**.
- L. **Officer's Name and Badge Number:**
 - 1. Print full name.
 - 2. Record Badge number.
- M. **Occupants and Witnesses:**
 - 1. Mark appropriate box to indicate whether person is an occupant or witness.
 - 2. Use additional Part B forms, if necessary.
- N. **Diagram of Collision:**
 - 1. Identify: roadway, all units (motorized vehicles, pedestrians, pedalcyclists, property owners), objects off roadway, skid marks, construction areas, debris patterns, etc.
 - 2. Locate point(s) of impact.
 - 3. Show motorized vehicles, pedestrians, pedalcyclists, property owners, or object positions at impact.
 - 4. Show vehicle, pedestrian, or pedalcyclist paths before and after collision.
 - 5. Show positions and locations of motorized vehicles, pedestrians, property owners, and/or pedalcyclists at point of rest.
 - 6. Record measurements.
- O. **Narrative:**
 - 1. Indicate what happened before, during, and after the collision.
 - 2. Describe what is meant when "other" is indicated in the coded boxes of the report.
 - 3. Describe driver disability and/or impairment; reduced visibility; construction, repair, or utility work; and/or any driving conditions that may have contributed to the collision.
 - 4. Record statements made by persons involved and witnesses.
- P. **Affidavit Information:**

By signing Part B of the report, the officer is giving a sworn statement which may eliminate the need for the officer to appear in Department of Licensing administrative hearings.
- Q. **Page Numbers:**

The" Page ___ of ___" notation at the bottom right of the report should be completed on Part A, Part B, and the Supplemental form. Fasten all pages pertaining to the same collision together with a single staple.

POLICE TRAFFIC COLLISION REPORT

PART A

SPECIFIC INSTRUCTIONS

REPORT NO.

The collision Report No. on Part A is a pre-printed number and appears in the top right corner. The officer **must** write the pre-printed report number (from Part A) in the space provided on Part B and on all subsequent pages.

IMPORTANT: The officer must provide the report number to the individuals involved as a part of the exchange of information. Individuals who submit a Vehicle Collision Report (VCR) are required to enter the same report number used on the PTCR. The report number is used to link all reports submitted for a given collision.

CASE # AND LOCAL AGENCY CODING

CASE #	
LOCAL AGENCY CODING	

CASE

The CASE # is used by local agencies. If applicable to your jurisdiction, enter the Case # in the space provided on all pages of the report.

LOCAL AGENCY CODING

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

CATEGORY OF ROADWAY AND COLLISION INCIDENTS

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CATEGORY OF ROADWAY

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 selected must correspond with the primary trafficway indicated in the section titled - LOCATION INFORMATION.

COLLISION INCIDENTS

Mark the box or boxes which best describe 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.

TRIBAL RESERVATION

TRIBAL RESERVATION	
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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 **Appendix F** for a list of Tribal reservations in Washington.)

COLLISION INFORMATION

TOTAL # OF UNITS			OBJECT STRUCK	
------------------	--	--	---------------	--

TOTAL # OF UNITS

Enter the total number of units involved.

OBJECT STRUCK

Record the 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. If there is an identifiable property owner (such as Mr. John Q. Public or Pacific Telephone Co.), mark the "PROPERTY OWNER" box for one of the units and enter the property owner's name and address with that unit.

DATE AND TIME

M M D D Y Y Y Y

TIME (2400)

DATE OF COLLISION			-			-						
-------------------	--	--	---	--	--	---	--	--	--	--	--	--

DATE OF COLLISION

Enter the date in the space provided.

EXAMPLE: July 8, 2006 would be entered: 0 7 0 8 2 0 0 6

TIME OF COLLISION

Enter the time in 24 hr. time (military time).

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

COUNTY AND CITY INFORMATION

COUNTY #		MILES				N	E	IN	CITY #					
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
						S	W	OF						

COUNTY

Enter the 2-digit number of the county in which collision occurred (refer to **Appendix A** for list of county numbers).

COLLISION OCCURRED OUTSIDE THE CITY LIMITS

- Record the distance from the city limits of the nearest city in miles and tenths (e.g., 5.3 miles).
- Mark the appropriate box indicating whether collision occurred north, south, east, or west of a city or town (if northwest, mark both north and west).
- Mark the "OF" box
- Record the 4-digit city number in the space provided (refer to **Appendix B** for list of city numbers).

COLLISION OCCURRED INSIDE THE CITY LIMITS

- Mark the "IN" box.
- Record the 4-digit city number in the space provided (refer to **Appendix B** for list of city numbers).

LOCATION INFORMATION

ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>	BLOCK NO. <input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>		MILE POST <input type="checkbox"/>	<input type="checkbox"/>
DISTANCE		OF (REFERENCE OR CROSS STREET)			
<input type="text"/>	<input type="text"/>	MILES <input type="checkbox"/>	N <input type="checkbox"/>	E <input type="checkbox"/>	<input type="text"/>
		FEET <input type="checkbox"/>	S <input type="checkbox"/>	W <input type="checkbox"/>	

INTERSECTION OR NON-INTERSECTION

Mark the box to indicate whether the collision occurred at an INTERSECTION or a NON-INTERSECTION.

If at an **intersection**, the PRIMARY TRAFFICWAY and CROSS STREET must be recorded, and the "INTERSECTION" box must be marked.

If at a **non-intersection**, the PRIMARY TRAFFICWAY, the DISTANCE in MILES or FEET, and the direction, N, S, E, W, etc., to the nearest reference or cross street must be recorded, the name of the REFERENCE OR CROSS STREET must be entered, and the "NON-INTERSECTION" box must be marked.

ON (PRIMARY TRAFFICWAY)

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. For state routes, use the SR number (e.g., use SR 527 instead of Bothell/Everett Highway).

BLOCK NO./MILEPOST

If the collision occurred on a **city street** and the block number or address number is known, mark the "BLOCK NO." box and record the block or address number in the boxes that follow.

If the collision 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.

DISTANCE

Record the distance to the nearest cross street or reference point in the "DISTANCE" boxes and whether 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.

OF (REFERENCE OR CROSS STREET)

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 (include identification number from back of sawbuck, if available)
- Bridge (indicate whether from beginning, middle, or end)
- Overpass (interstates and state routes)
- Milepost marker (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.

UNIT INFORMATION

UNIT 01

UNIT 01		MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE	
LAST NAME				FIRST NAME		MIDDLE INITIAL	
STREET NEW ADDRESS <input type="checkbox"/>							
CITY				ST	ZIP		
CDL			ENDORSEMENTS		RESTRICTIONS		
DRIVER'S LICENSE #				STATE	SEX	D.O.B. MM/DD/YYYY	
<input type="checkbox"/> ON DUTY	<input type="checkbox"/> STATUS	<input type="checkbox"/> AIRBAG	<input type="checkbox"/> RESTR.	<input type="checkbox"/> EJECT	<input type="checkbox"/> HELMET USE	<input type="checkbox"/> INJURY CLASS	NATURE OF INJURES
LICENSE PLATE #		STATE		VIN#			
TRAILER PLATE #			STATE	TRAILER PLATE #		STATE	
VEH YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
REGISTERED OWNER INFO.							
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>		INSURANCE CO. & POLICY #					
VEHICLE EQUIP. RECORDING YES <input type="checkbox"/> NO <input type="checkbox"/>		CITATION #		CHARGE			

VEHICLE NO. 1
SHADE IN DAMAGED AREA

1 2 3 4
STOP
10 BOTTOM
5
6 7 6

UNIT 01 can be either 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 PTCR to capture the information.

DAMAGE THRESHOLD MET

If the total damage to any **one vehicle** or to **any one person's property** that is involved in the collision is estimated to cost **\$700 or more**, mark the YES box for that unit. If this is not the case, mark the NO box for that unit.

PHONE

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

LAST NAME, FIRST NAME & MIDDLE INITIAL

Record the last name, first name, and the middle initial of the driver/operator of UNIT 01 in the space provided. The name of the licensed driver should be recorded exactly as it appears on the driver's license.

STREET

Record the street address of the driver/operator of UNIT 01 in the space provided. Confirm that the driver's address is current. If the driver/operator's address is different than what is on the driver's license or ID card, record the new address and mark the "NEW ADDRESS" box.

CITY, STATE & ZIP CODE

Record the city, state, and 9-digit zip code (5 + 4) 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.

DRIVER'S LICENSE # AND STATE

Record, in the space provided, the exact driver's license number and the abbreviated name of the state in which the license was issued. (Refer to **Appendix D** for a list of abbreviations.)


SEX & DOB (MM-DD-YYYY)

Record the sex (M or F) and date of birth (DOB) of the driver or pedalcyclist.

ON DUTY

Mark the box if the driver/operator was an ON DUTY law enforcement officer or firefighter.

STATUS, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE & INJURY CLASS

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 5 Child Infant Seat Used 6 Child Convertible Seat Used 7 Child Built-In Seat Used 8 Child Booster Seat Used 9 Unknown	EJECTION 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 9 Unknown	HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS 1 Helmet Used 2 Helmet Not Used 9 Other	INJURY CLASS 1 No Injury 2 Dead at Scene 3 Dead on Arrival 4 Died at Hospital 5 Serious Injury 6 Non Disabling (Evident Injury) 7 Possible Injury

* DESCRIBE IN THE NARRATIVE.

The above chart can be found on the back of the Collision Report Overlay Sheet. *NOTE: Seat Position does not apply to the Unit sections on the form.*

The following is a breakdown of the sections within the chart:

STATUS OF PEDESTRIAN/PEDALCYCLIST

Enter the applicable numeric 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:

- 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***

If "Other" is selected, describe in the narrative.

AIRBAG

Enter the numeric AIRBAG code which best describes the vehicle's airbag system:

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

RESTRAINT SYSTEMS

Enter the numeric RESTRAINT SYSTEMS code which best describes the restraint system used:

- 1 No restraints used**
- 2 Lap belt used**
- 3 Shoulder belt used**
- 4 Lap and Shoulder belt used**
- 5 Child Infant Seat Used (typically rear facing)**
- 6 Child Convertible Seat Used (typically forward facing)**
- 7 Child Built-in Seat Used**
- 8 Child Booster Seat Used**
- 9 Unknown**

EJECTION

Enter the numeric EJECTION code which best describes the position of the operator in relation to the vehicle:

- 1 Not ejected**
- 2 Totally ejected**
- 3 Partially ejected:** Operator is not completely outside the vehicle. Partial penetration may be through windshield, doors (open or closed), roof, etc.
- 9 Unknown:** Use if it is not reasonably known whether operator was ejected or not.

HELMET USE

To be used **only for motorcyclists, pedalcyclists, skaters, or skateboarders**. Enter the numeric code which best describes the HELMET USE status:

- 1 **Helmet used**
- 2 **Helmet not used**
- 9 **Unknown**

INJURY CLASS

Enter the numeric code corresponding to the category which best describes the INJURY CLASS. The following is a description of the injury classes:

- 1 **No 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:** Pronounced dead at the collision scene.
- 3 **Dead on Arrival:** Pronounced dead upon arrival at hospital or medical facility (DOA).
- 4 **Died at Hospital:** Died in hospital after arrival.
- 5 **Serious injury:** Any injury which prevents the injured person from walking, driving, or continuing normal activities at the time of the collision.

Includes: severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, etc.

Excludes: momentary unconsciousness, etc.

- 6 **Non-Disabling (evident) injury:** Any injury other than fatal or serious at the scene.

Includes: broken fingers or toes, abrasions, etc.

Excludes: limping, complaint of pain, nausea, momentary unconsciousness, etc.

- 7 **Possible injury:** Any injury reported to the officer or claimed by the individual such as momentary unconsciousness, claim of injuries not evident, limping, complaint of pain, nausea, hysteria, etc.

NATURE OF INJURIES

Enter the injuries, possible or sustained (e.g., neck pain, broken wrist, head trauma, etc.). Injury class 2-7 requires entry in NATURE OF INJURIES.

LICENSE PLATE NO.

Enter **the exact license plate number**. Compare this with 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.

VIN

Enter the vehicle identification number "VIN" (AKA - manufacturer's number). On most vehicles, the vehicle identification number is located **on top of the dashboard on the driver's side**, and is visible through the windshield. When the vehicle is totally demolished, this item may not be obtainable, especially at the scene; however, every reasonable effort should be made to locate the VIN. If not visible on vehicle, record number listed below the "Identification, Motor, or Serial Number" line on the vehicle registration card.

TRAILER INFORMATION

All trailer information is to be recorded in the space provided in the UNIT portions of the collision report, 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). If no trailer was involved, leave this section blank.

VEH. YEAR, MAKE, MODEL & STYLE

Enter VEHICLE YEAR, such as '75, '88, '95, etc.

Enter the MAKE of the vehicle. For example:

Passenger Vehicles - Chevrolet, Toyota, Mercury
Trucks - Dodge, Ford, Kenworth
Motorcycles - Honda, Kawasaki, Harley Davidson
Bicycles - Huff, Trek

Enter the vehicle MODEL name. For example:

Passenger Vehicles - Malibu, Camry, Montego
Trucks - Ram, F250
Motorcycles - Goldwing, Ninja, Sportster
Bicycles - 10 speed, tandem

Record the vehicle STYLE. For example:

2 door, 4 door, Pickup, Cab over

For 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."

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 in the space provided.

GOVERNMENT VEHICLE

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

REGISTERED OWNER INFO

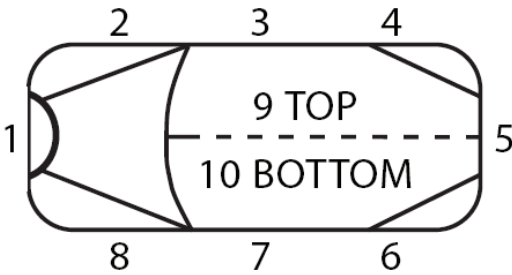
If the operator **is not** the owner —

Enter the full name (last, first, middle initial) of the owner of the unit as it appears on the registration certificate. Record the complete residence address, including street name and number, city, state, or country. Also, record the date of birth (DOB) if known.

If the operator **is also** the owner —

Write "SAME" in the Registered Owner Info. space.

DAMAGE DIAGRAM



As shown above, 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.

INSURANCE INFORMATION

If 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 was legally standing at the moment of collision. 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.

ENFORCEMENT ACTION

CITATION # & CHARGE

If a Notice of Infraction (citation) is issued, record the number 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 indicate to which Unit # the action applies.

REPORTING OFFICER'S INFORMATION

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
		PAGE 01 OF <input type="text"/>

Part A, the officer who completed the collision report must enter his/her full name, Badge or ID #, and the name of their law enforcement agency.

UNIT 02

UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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Use UNIT 02 or subsequent units to record information on **Motor Vehicles, Pedalcyclists, Pedestrians, or Property Owners**. Indicate which type of unit by marking the appropriate box. See the UNIT 01 section of this manual for instructions on completing the remaining fields.

To record more than 2 units, a Supplemental Police Traffic Collision Report form **must** be used.

PAGE NUMBERS

On Part A, enter the total number of pages for the report.

POLICE TRAFFIC COLLISION REPORT

PART B

SPECIFIC INSTRUCTIONS

ADMINISTRATIVE INFORMATION

CORRECTION REPORT NO.

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CASE #	
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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.

The officer **must** write the pre-printed report no. (from Part A of the PTCR) in the space provided.

CASE

If applicable to your jurisdiction, enter the Case # in the space provided.

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES)


ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)											
NAME <small>(LAST, FIRST, MIDDLE INITIAL)</small>											
ADDRESS & PHONE #						SEX	D.O.B. <small>MMDDYYYY</small>				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

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

SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS EJECTION, HELMET USE & INJURY CLASS

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 5 Child Infant Seat Used 6 Child Convertible Seat Used 7 Child Built-In Seat Used 8 Child Booster Seat Used 9 Unknown	EJECTION 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 9 Unknown	HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS 1 Helmet Used 2 Helmet Not Used 9 Other	INJURY CLASS 1 No Injury 2 Dead at Scene 3 Dead on Arrival 4 Died at Hospital 5 Serious Injury 6 Non Disabling (Evident Injury) 7 Possible Injury

* DESCRIBE IN THE NARRATIVE.

The above chart can be found on the back of the Collision Report Overlay Sheet. *NOTE: Status of Pedestrian/Pedalcyclist does not apply to the Additional Persons Involved section of the report.*

The following is a breakdown of the sections within the chart:

SEAT POSITION

Enter the numeric SEAT POSITION code which best describes the passenger's position in the vehicle before the collision:

- 1 Front row left seat** (normally operator's position)
- 2 Front row center seat**
- 3 Front row right seat**
- 4 Second row left seat**
- 5 Second row center seat**
- 6 Second row right seat**
- 7 Third row left seat**
- 8 Third row center seat**
- 9 Third row right seat**
- 10 Other Position***
- 11 Position Unknown**
- 12 Motorcycle**
- 13 Outside of Vehicle**

*If "Other Position" is selected, describe in the narrative.

If the above codes cannot be used for identifying the seat position of passengers of such vehicles as commercial and school buses, station wagons (side or rear-facing seats only), etc., enter a 10 for "Other Position." If more than one person is occupying a seat position (e.g., child on lap of passenger), use the same code twice or as required.

AIRBAG

Enter the numeric AIRBAG code which best describes the vehicle's airbag system:

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

RESTRAINT SYSTEMS

Enter the numeric RESTRAINT SYSTEMS code which best describes the restraint system used:

- 1 **No restraints used**
- 2 **Lap belt used**
- 3 **Shoulder belt used**
- 4 **Lap and shoulder belt used**
- 5 **Child Infant Seat Used (typically rear facing)**
- 6 **Child Convertible Seat Used (typically forward facing)**
- 7 **Child Built-in Seat Used**
- 8 **Child Booster Seat Used**
- 9 **Unknown**

EJECTION

Enter the numeric EJECTION code which best describes the position of each passenger in relation to the vehicle:

- 1 **Not ejected**
- 2 **Totally ejected**
- 3 **Partially ejected:** Passenger is not completely outside the vehicle. Partial penetration may be through windshield, doors (open or closed), roof, etc.
- 9 **Unknown:** Use if it is not reasonably known whether occupant was ejected or not.

HELMET USE

To be used **only for motorcyclists, pedalcyclists, skaters, or skateboarders**. Enter the numeric code which best describes the HELMET USE status:

- 1 **Helmet used**
- 2 **Helmet not used**
- 9 **Unknown**

INJURY CLASS

Enter the numeric code corresponding to the category which best describes the INJURY CLASS. The following is a description of the injury classes:

- 1 **No 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:** Pronounced dead at the collision scene.
- 3 **Dead on Arrival:** Pronounced dead upon arrival at hospital or medical facility (DCA).
- 4 **Died at Hospital:** Died in hospital after arrival.
- 5 **Serious injury:** Any injury which prevents the injured person from walking, driving, or continuing normal activities at the time of the collision.

Includes: severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, etc.

Excludes: momentary unconsciousness, etc.

- 6 **Non-disabling (evident) injury:** Any injury other than fatal or serious at the scene.

Includes: broken fingers or toes, abrasions, etc.

Excludes: limping, complaint of pain, nausea, momentary unconsciousness, etc.

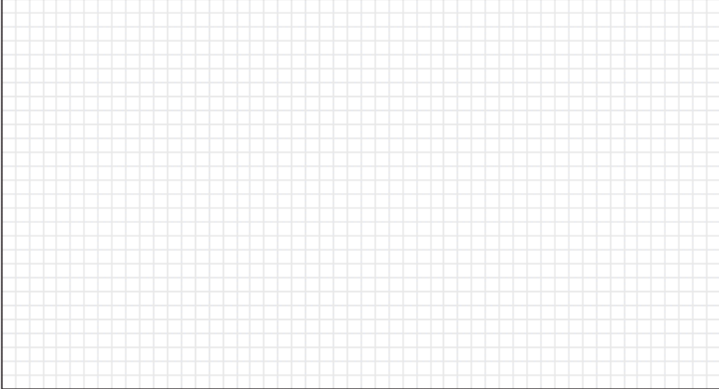

- 7 **Possible injury:** Any injury reported to the officer or claimed by the individual such as momentary unconsciousness, claim of injuries not evident, limping, complaint of pain, nausea, hysteria, etc.

NATURE OF INJURIES

Enter the injuries, possible or sustained (e.g., neck pain, broken wrist, head trauma, etc.).

Injury Class 2-7 requires entry in "Nature of Injuries" box.

DIAGRAM OF COLLISION

DIAGRAM	
	<p>INDICATE NORTH BY ARROW</p> 

Draw the collision scene exactly as you observed it. If events that led up to the collision can be substantiated with observable facts, indicate these on the diagram.

Include and identify:

- A north arrow in the circle at upper right
- Roadway layout
- Vehicles
- Pedestrians
- Objects on or off roadway
- Traffic controls
- Skidmarks and debris
- Unusual or temporary conditions (ice patch, stones, gravel, construction area, etc.)
- Measurements and reference points
- Probable point(s) of impact
- Positions of vehicles, pedestrians, or objects at point(s) of impact
- Probable vehicle and pedestrian paths before and after the collision. Use broken lines to indicate probable paths followed before the collision or point of impact. Use solid lines to indicate paths followed after the collision or point of impact.

SCENE NOT OBSERVED

The scene is 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 picture of the scene and also the event. "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, and narrate.

NARRATIVE

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; road construction or repair work; operator restrictions; information on a driver who may have contributed to the collision, but who did not come in contact with other vehicles; pedestrian/pedalcyclist actions; driver, occupant, and witness statements, and other information deemed pertinent and of value. 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.

INVESTIGATOR'S INFORMATION

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)

<small>INVESTIGATING OFFICER'S SIGNATURE</small>	<small>UNIT OR DIST. DET</small>	<small>DATED</small>	<small>PLACE SIGNED</small>
<small>APPROVED BY</small>		<small>DATE</small>	
<small>BADGE OR ID #</small>	<small>ORI #</small>	<small>TIME POLICE DISPATCHED</small>	<small>TIME POLICE ARRIVED</small>
		<small>PAGE</small> <input style="width: 30px; height: 15px;" type="text"/> <small>OF</small> <input style="width: 30px; height: 15px;" type="text"/>	

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, 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 also enter their **Unit or District Detachment, Badge or ID #, Law Enforcement Agency # (LEA #)**, 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 PTCRs which are submitted.

PAGE NUMBERS

On all subsequent pages to Part A, the officer must write in the page number and the total number of pages, e.g., Page 02 of 03, etc.

All additional pages sent in after the initial report should be numbered beginning with "01" and must utilize the same pre-printed report number as the initial report.

**SUPPLEMENTAL
POLICE TRAFFIC COLLISION REPORT**

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

ADMINISTRATIVE INFORMATION

CORRECTION

REPORT NO.

--	--	--	--	--	--	--	--

CASE #

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CORRECTION

If the Supplemental PTCR 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.

The officer **must** write the pre-printed report no. (from Part A of the PTCR) in the space provided.

CASE

If applicable to your jurisdiction, enter the Case # in the space provided.

CRITERIA FOR USING THE COMMERCIAL MOTOR CARRIER SECTION OF THE REPORT

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 this collision involve —

1. A truck with at least 2 axles and 6 tires?
2. A commercial vehicle designed or used to transport 9 or more people, including driver?
3. Any vehicle requiring a hazardous material placard?

If the response to all of the above is "No," **do not** complete the Commercial Motor Carrier section of the report. If any one of the responses is "Yes," **continue on** with the next set of questions.

Did this collision involve —

4. A fatal injury?
5. An injured person who was transported for immediate medical attention?
6. A vehicle which was towed because of disabling damage?
7. A vehicle requiring intervening assistance before proceeding under its own power?

Disabling Damage - damage other than a flat tire which is sufficient to prevent the vehicle from being driven away without repair.

Intervening Assistance - an event which requires that the vehicle be moved, uprighted, or otherwise assisted by emergency equipment.

If the response to all of the last 4 items is “No,” **do not** complete the Commercial Motor Carrier section of the report. If any one of the responses is “Yes,” **complete** the Commercial Motor Carrier section of the Supplemental Police Traffic Collision Report.

COMMERCIAL MOTOR CARRIER

COMMERCIAL MOTOR CARRIER				INTERSTATE <input type="checkbox"/>		INTRASTATE <input type="checkbox"/>		
UNIT #		USDOT		ICC #		VEHICLE TYPE	CARGO BODY TYPE	
CARRIER NAME								
CARRIER ADDRESS								
CITY					ST		ZIP	
NAME SOURCE	# AXLES		SWR		PLACARD <input type="checkbox"/>		+	NAME # NO NUMBER

INTERSTATE/INTRASTATE

Mark the appropriate box to indicate if the carrier is INTERSTATE or INTRASTATE. Interstate can be determined “yes” if:

1. Carrier vehicle displays a DOT number or ICC number.
2. Carrier vehicle has out-of-state license plates.
3. In the case of a Washington-based carrier, the carrier has vehicles which travel across state lines.

UNIT

Indicate the 2-digit Unit # (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. For example:

1. If Unit 01 on Part A of the collision report form is a 2003 Peterbilt tractor/semi-trailer and meets the criteria for a commercial carrier collision, "01" would be recorded as the Unit # in the Commercial Motor Carrier portion.
2. Likewise, if Unit 03 on the Supplemental PTCR is a 2003 Peterbilt tractor/semi-trailer and meets the criteria for a commercial carrier collision, "03" would be recorded as the Unit # in the Commercial Motor Carrier portion.

If the criteria is 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.

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. Federal regulations require that almost all trucks operating across state lines (i.e., interstate) have ID numbers. These numbers should be displayed on the power unit, and can usually be found on the doors.

VEHICLE TYPE

Enter the numeric code that indicates the Commercial Motor Carrier VEHICLE TYPE:

- 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**

See **Appendix C** for Vehicle Type examples.

CARGO BODY TYPE

Enter the numeric code that indicates the Commercial Motor Carrier 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**

See **Appendix C** for Cargo Body Type examples.

CARRIER NAME and ADDRESS

Enter Carrier Name and Address in the spaces provided. Sources for information include:

- **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.”
- **Driver:** Interview with the driver.
- **Vehicle Side:** The name displayed on the side of the vehicle may or may not be correct carrier information.
- **Logbook:** May be pre-printed with the carrier name and address; however, this is a less reliable source.
- **Vehicle Registration:** Typically a less reliable source.

The carrier's address should be the principle place of business used by the carrier.

CARRIER NAME SOURCE

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**

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. The GVWR for most 4 tire and some 6 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.

PLACARD

Mark this box if the vehicle displayed 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.

NAME IF NO NUMBER

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.

ADDITIONAL UNITS

The Supplemental Police Traffic Collision Report form **must** be used to record all ADDITIONAL UNITS. 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.

INVESTIGATOR'S INFORMATION

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)

INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET.	DATED	PLACE SIGNED
APPROVED BY:			DATE	
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED	

PAGE OF

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, 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 also enter their **Unit or District Detachment, Badge or ID # and Law Enforcement Agency # (LEA #)**.

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.

PAGE NUMBERS

On all subsequent pages to Part A, the officer must write in the page number and the total number of pages (e.g., Page 02 of 03, etc.).

All additional pages sent in after the initial report should be numbered beginning with "01" and must utilize the same pre-printed report number as the initial report.

**POLICE TRAFFIC COLLISION REPORT
OVERLAY SHEET**

COLLISION REPORT OVERLAY SHEET

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 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.

For example:

If Unit 01 was at a “Flashing Red” signal, the “4” code would be entered in the “9” box on Part A of the PTCR. If Unit 02 was at a “Flashing Amber” signal, the “5” code would be entered in the “10” box.

General instructions for completing the Police Traffic Collision Report form are on the reverse side of the Collision Report Overlay Sheet along with information on commercial motor carriers and a chart showing the codes for Status of Pedestrian/Pedalcyclist, Seat Position, Airbag, Restraint Systems, Ejection, Helmet Use, and Injury Class.

BOX 1

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	

In box 1, enter the numeric code that best describes the **surface condition of the roadway** 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.

BOX 2

WEATHER

1	Clear / Partly Cloudy	6	Sleet / Hail / Freezing Rain
2	Overcast	7	Severe Crosswind
3	Raining	8	Blowing Sand/Dirt/Snow
4	Snowing	9	Other*
5	Fog / Smog / Smoke	0	Unknown

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.

BOX 3

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

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 in the narrative.

BOX 4

WORK ZONE LOCATION

4	Within Work Zone	5	In External Traffic Backup Caused from Work Zone
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If applicable, enter in box 4 the numeric code that best describes the **work zone location**. Leave blank if not applicable.

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 includes the opposing lanes of traffic as well. This work activity need not necessarily have contributed to the collision and may include, but not be limited to, any of the following:

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.

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.

Utility activity, such as repairing or installing utility poles or lines, water lines or sewers. Note that all of these activities may or may not be accompanied by a flagger.

These activities may be performed by private contractors, utility companies, 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 the appropriate numeric code in box 4 of the collision report.

BOX 4A

WORK ZONE TYPE	
1 Construction	3 Utility
2 Maintenance	9 Work Zone Type Unknown

If applicable, enter in box 4A the numeric code that best describes the **work zone type**. Leave blank if not applicable. (Refer to Box 4 for instructions for examples of each work zone type.)

BOX 5

LOCATION CHARACTER (ONLY IF APPLICABLE)	
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*
6 Park & Ride Lot	

If applicable, enter in box 5 the numeric code that best describes the location character at the collision scene. Leave blank if not applicable.

BOX 6

ROADWAY CHARACTER	
1 Straight & Level	6 Curve & Grade
2 Straight & Grade	7 Curve at Hillcrest
3 Straight at Hillcrest	8 Curve in Sag
4 Straight in Sag	9 Unknown
5 Curve & Level	

Enter in box 6 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.

BOXES 7 (Unit 1) & 8 (Unit 2)

HAZARDOUS MATERIALS (IDENTIFY IN NARRATIVE)	
1	Hazmat Transported - Not Released
2	Hazmat Transported - Released

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.

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

BOXES 9 (Unit 1) & 10 (Unit 2)

TRAFFIC CONTROL			
1	Signals	6	RR Signal
2	Stop Sign	7	Officer / Flagger
3	Yield Sign	8	Other Traffic Control*
4	Flashing Red	9	No Traffic Control
5	Flashing Amber	0	Unknown

Enter in boxes 9 and 10 the numeric code that best describes the type of **traffic control** that each vehicle was subject to. If the code for "Other Traffic Control" is entered, describe in the narrative.

BOXES 11 (Unit 1) & 12 (Unit 2)

POSTED SPEED	
MILES PER HOUR FOR EACH VEHICLE INVOLVED	

Enter in boxes 11 and 12 the **posted speed limit** for each vehicle for the roadway(s) they were traveling on at the time of the collision.

BOXES 13 (Unit 1) & 14 (Unit 2)

TYPE OF ROADWAY

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

Enter in boxes 13 and 14 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.

BOXES 15 (Unit 1) & 16 (Unit 2)

ROADWAY SURFACE TYPE

1 Concrete	5 Dirt
2 Blacktop	6 Other*
3 Brick or Wood Block	9 Unknown
4 Gravel	

Enter in boxes 15 and 16 the numeric code that best describes the **roadway surface type** on which each vehicle was traveling prior to impact. If the code for "Other" is entered, describe in the narrative. "Other" may include sand, sawdust, stone blocks, etc.

BOXES 17 (Unit 1) & 18 (Unit 2)

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

If applicable, enter in boxes 17 and 18 the numeric code that best describes the **commercial vehicle classification**. Leave blank if it does not apply.

BOXES 19 (Unit 1) & 20 (Unit 2)

PEDESTRIAN / PEDALCYCLIST WAS USING:

- | | |
|-----------------|-------------------------|
| 1 Sidewalk | 5 Unmarked X Walk |
| 2 Walkway | 6 Other* |
| 3 Shoulder | 7 Designated Bike Route |
| 4 Marked X Walk | 8 Roadway |

Enter in boxes 19 and 20 the numeric code that best describes **what the pedestrian/pedalcyclist was using** at the time of the collision (sidewalk, marked crosswalk, etc.). If the code for "Other" is entered, describe in the narrative.

BOXES 21 (Unit 1) & 22 (Unit 2)

PEDESTRIAN / PEDALCYCLIST CLOTHING VISIBILITY

- | | |
|---------|-----------------------------|
| 1 Dark | 4 Retro - Reflective |
| 2 Light | 5 Other Reflective Apparel* |
| 3 Mixed | -Shoes, Patches |

Enter in boxes 21 and 22 the numeric code that best describes the **visibility of the clothing** that the pedestrian/pedalcyclist was wearing at the time of the collision. If the code for "Other Reflective Apparel" is entered, describe in the narrative.

BOXES 23 (Unit 1) & 24 (Unit 2)

PEDESTRIAN ACTION (ONE PER UNIT)

- | | |
|---------------------------------------|---|
| 1 Xing at Intersection with Signal | 11 Walking on Roadway Shoulder Opposite Traffic |
| 2 Xing at Intersection Against Signal | 12 Standing or Working in Roadway |
| 3 Xing at Intersection - No Signal | 13 Pushing or Working on Vehicle |
| 4 Xing at Intersection - Diagonally | 14 Playing in Roadway |
| 5 From Behind Parked Vehicle | 15 Lying in Roadway |
| 6 Xing - Non Intersection - No X Walk | 16 Not in Roadway |
| 7 Xing - Non Intersection - In X Walk | 17 All Other Actions* |
| 8 Walk'g in Roadway with Traffic | 18 Fell or Pushed Into Path of Vehicle |
| 9 Walk'g in Rdwy Opposite Traffic | 19 At Intersection Not Using Crosswalk |
| 10 Walk'g on Rdwy Shldr with Traffic | |

Enter in boxes 23 and 24 the numeric code that best describes the **action of the pedestrian** at the time of the collision. If the code for "All Other Actions" is entered, describe in the narrative.

BOXES 25 (Unit 1) & 26 (Unit 2)

PEDALCYCLIST ACTION (ONE PER UNIT)

43 Xing diagonally	47 Cyclist Turned Into Path of Vehicle-Same Direction
44 Riding with Traffic	48 Cyclist Turned Into Path of Vehicle -Opposite Direction
45 Riding Against Traffic	49 All Other Actions*
46 Fell or Pushed into Path of Vehicle	50 Xing or Entering Trafficway

Enter in boxes 25 and 26 the numeric code that best describes the **action of the pedalcyclist** at the time of the collision. If the code for "All Other Actions" is entered, describe in the narrative.

BOXES 27 (Unit 1) & 28 (Unit 2)

CONTRIBUTING CIRCUMSTANCES - DRIVERS, PEDALCYCLISTS OR PEDESTRIANS (NO MORE THAN THREE PER UNIT)

1 Under Influence of Alcohol	30 Disregard Flagger / Officer
2 Under Influence of Drugs	31 Apparently Ill
3 Exceeding Stated Speed Limit	32 Apparently Fatigued
4 Exceeding Reas. Safe Speed	33 Had Taken Medication
5 Did Not Grant R/W to Vehicle	34 On Wrong Side of Road
6 Improper Passing	35 Hitchhiking
7 Following Too Closely	36 Failure to Use Xwalk
8 Over Center Line	40 Driver Operating Handheld Telecommunication Device
9 Failing to Signal	41 Driver Operating Hands-free Wireless Telecommunication Device
10 Improper Turn	42 Driver Operating Other Electronic Devices (computers, navigational devices, etc.)
11 Disregard Stop and Go Signal	43 Driver Adjusting an Audio or Entertainment System
12 Disregard Stop Sign / Flashing Red	44 Driver Smoking
13 Disregard Yield Sign / Flashing Yellow	45 Driver Eating or Drinking
14 Apparently Asleep	46 Driver Reading or Writing
15 Improper Parking Location	47 Driver Grooming
16 Operating Defective Equipment	48 Driver Interacting with Passengers, Animals or Objects in the Vehicle
17 Other* (List in Narrative)	49 Other Driver Distractions Inside the Vehicle
18 None	50 Driver Distractions Outside the Vehicle
19 Improper Signal	51 Unknown Driver Distraction
20 Improper U Turn	52 Driver Not Distracted
21 Light Violation: No Lights / Fail to Dim	
22 Did Not Grant R/W to Pedestrian / Pedalcyclist	
23 Inattention	
24 Improper Backing	

Enter in boxes 27 and 28 the numeric code(s) (no more than 3 per unit) for each **circumstance which contributed to the collision**. If the code for "Other" is entered, describe in the narrative.

NOTE: These codes apply to drivers of motor vehicles as well as pedalcyclists and pedestrians.

BOXES 29 (Unit 1) & 30 (Unit 2)

VEHICLE ACTIONS (ONE PER VEHICLE)

- | | |
|----------------------------------|---|
| 1 Going Straight Ahead | 13 Legally Parked, Occupied |
| 2 Overtaking and Passing | 14 Legally Parked, Unoccupied |
| 3 Making Right Turn | 15 Backing |
| 4 Making Left Turn | 16 Going Wrong Way on Divided Hwy |
| 5 Making U-Turn | 17 Going Wrong Way on Ramp |
| 6 Slowing | 18 Going Wrong Way on One-Way
Street or Road |
| 7 Stopped for Traffic | 19 Other* |
| 8 Stopped at Signal or Stop Sign | 20 Changing Lanes |
| 9 Stopped in Roadway | 21 Illegally Parked, Occupied |
| 10 Starting in Traffic Lane | 22 Illegally Parked, Unoccupied |
| 11 Starting From Parked Position | |
| 12 Merging (Entering Traffic) | |

Enter in boxes 29 and 30 the numeric code (only 1 per vehicle) for each **vehicle action** at the time of the collision. If the code for “Other” is entered, describe in the narrative.

NOTE: These codes apply to motorized and non-motorized vehicles.

BOXES 31 (Unit 1) & 32 (Unit 2)

VEHICLE CONDITION (NO MORE THAN THREE PER VEHICLE)

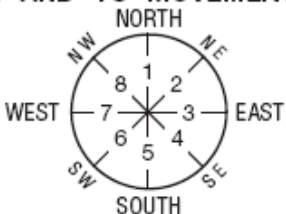
- | | |
|--------------------------------|---|
| 1 Defective Brakes | 9 Headlights Glaring |
| 2 Defective Headlights | 10 Other Lights / Reflectors Insufficient |
| 3 Defective Rear Lights | 11 Other Defects* |
| 4 Tires Worn or Smooth | 12 No Defects |
| 5 Tires Punctured or Blown | 13 Motorcycle - Lights Off |
| 6 Lost a Wheel | 14 Equipped with Studded Tires |
| 7 Defective Steering Mechanism | 15 Motorcycle Windshield Installed |
| 8 Power Failure | 16 Truck / Trailer Safety Inspection |

Enter in boxes 31 and 32 the numeric code(s) (no more than 3 per vehicle) that best describes the **condition of each vehicle** involved in the collision. **Use only those vehicle defects which may have contributed to the collision.** For example: Defective lights would not be checked for a collision which occurred in daylight. Also, when a truck or trailer is involved that has a valid truck/trailer safety inspection sticker, enter “16.” If the code for “Other Defects” is entered, describe in the narrative.

NOTE: These codes apply to motorized and non-motorized vehicles.

BOXES 33 (Unit 1) & 34 (Unit 2)

DIRECTION OF MOVEMENT (INDICATE BY NUMBER
THE "FROM" AND "TO" MOVEMENT)



9 Vehicle Stopped
0 Vehicle Backing

Enter in boxes 33 and 34 the numeric codes that best describe the **direction of movement** ("From" and "To") of each unit involved. The following are some examples:

- If a unit was traveling North and turning West, the numeric code would be From 5 To 7.
- 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.
- If a unit was making a U-turn from a southerly direction to a southerly direction, the code for that unit would be From 5 To 5.

Vehicle stopped: To code a vehicle which 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. Example: A vehicle struck while stopped in the roadway and facing north would be coded From 5 To 9.

Vehicle backing: To code a vehicle which 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 a "0", the backing code. 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.

BOXES 35 (Unit 1) & 36 (Unit 2)

SOBRIETY

- | | | | |
|---|----------------------------|---|-----------------------|
| 1 | HBD - Ability Impaired | 4 | Had Not Been Drinking |
| 2 | HBD - Ability Not Impaired | 9 | Unknown |
| 3 | HBD - Sobriety Unknown | | |

Enter in boxes 35 and 36 the appropriate numeric code that best describes **the individual's level of sobriety or intoxication**.

Had Been Drinking - Ability Impaired: Enter "1" if the individual's condition and behavior at the time of the collision was influenced by drinking intoxicating liquor

Had Been Drinking - Ability Not Impaired: Enter "2" when individual has been drinking, but not to the extent that their ability is impaired.

Had Been Drinking - Sobriety Unknown: Enter "3" when it is evident that the individual has been drinking, but it is not known whether their ability was impaired or not impaired.

Had Not Been Drinking: Enter "4" when it is evident that the individual had not been drinking.

Unknown: Enter "9" if unable to determine whether the individual had been drinking.

BOXES 37 (Unit 1) & 38 (Unit 2)

ALCOHOL TEST

- | | | | |
|----|------------------------------|-----|-------------------|
| 97 | Test Given - Results Pending | OR: | List Actual Test |
| 98 | Test Given - No Results | | Results in 100ths |
| 99 | Test Refused | | |

Enter in boxes 37 and 38 the applicable numeric code for **alcohol test(s)** that are either pending, no results, or refused. If an alcohol test is given and results are available, record the actual Blood Alcohol Content (BAC) test results in hundredths.

BOXES 39 (Unit 1) & 40 (Unit 2)

DRE ASSESSMENT (NO MORE THAN 2 PER UNIT)

1	CNS - Depressants	6	Inhalants
2	CNS - Stimulants	7	Cannabis
3	Hallucinogens	8	Drug Combinations
4	PCP	9	Drug Impaired, Type Not Determined
5	Narcotic Analgesics	0	Not Drug Impaired

Enter in boxes 39 and 40 the applicable numeric code(s) (no more than 2 per unit) that best describes the **individual's drug impairment**, as determined by a DRE assessment.

BOXES 41 (Unit 1) & 42 (Unit 2)

VEHICLE OVERRIDE / UNDERRIDE

- 1 No Override or Underride
- 2 Striking Vehicle Overrides other Vehicle
- 3 Striking Vehicle Underrides other Vehicle
- 4 Override or Underride Unknown

Enter in boxes 41 and 42 the appropriate numeric code that best describes if there was a **vehicle override or underride** by the striking vehicle.

APPENDIX A

COUNTY NUMBERS

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
SKAGIT	29
SKAMANIA	30
SNOHOMISH	31
SPOKANE	32
STEVENS	33
THURSTON	34
WAHKIAKUM	35
WALLA WALLA	36
WHATCOM	37
WHITMAN	38
YAKIMA	39

APPENDIX B

CITY NUMBERS

Aberdeen	0005	Chelan	0195
Airway Heights	0010	Cheney	0200
Albion	0015	Chewelah	0205
Algona	0020	Clarkston	0215
Almira	0025	Cle Elum	0220
Anacortes	0030	Clyde Hill	0225
Arlington	0045	Colfax	0230
Asotin	0050	College Place	0235
Auburn	0055	Colton	0240
Bainbridge Island	0058	Colville	0250
Battle Ground	0060	Concrete	0260
Beaux Arts	0070	Connell	0265
Bellevue	0075	Cosmopolis	0270
Bellingham	0080	Coulee City	0275
Benton City	0085	Coulee Dam	0280
Bingen	0090	Coupeville	0290
Black Diamond	0095	Covington	0293
Blaine	0100	Creston	0295
Bonney Lake	0105	Cusick	0300
Bothell	0110	Darrington	0305
Bremerton	0115	Davenport	0310
Brewster	0120	Dayton	0315
Bridgeport	0125	Deer Park	0320
Brier	0127	Des Moines	0325
Buckley	0130	DuPont	0330
Bucoda	0135	Duvall	0335
Burien	0139	East Wenatchee	0350
Burlington	0140	Eatonville	0360
Camas	0145	Edgewood	0362
Carbonado	0150	Edmonds	0365
Carnation	0155	Electric City	0375
Cashmere	0165	Ellensburg	0380
Castle Rock	0170	Elma	0385
Cathlamet	0175	Elmer City	0390
Centralia	0180	Endicott	0395
Chehalis	0190	Entiat	0405










Enumclaw	0410	Kirkland	0625
Ephrata	0415	Kittitas	0630
Everett	0420	Krupp	0635
Everson	0425	La Center	0640
Fairfield	0430	La Conner	0650
Farmington	0440	Lacey	0643
Federal Way	0443	LaCrosse	0655
Ferndale	0445	Lake Forest Park	0657
Fife	0450	Lake Stevens	0664
Fircrest	0455	Lakewood	0665
Forks	0465	Lamont	0668
Friday Harbor	0470	Langley	0670
Garfield	0480	Latah	0675
George	0489	Leavenworth	0680
Gig Harbor	0490	Liberty Lake	0684
Gold Bar	0495	Lind	0685
Goldendale	0500	Long Beach	0690
Grand Coulee	0510	Longview	0695
Grandview	0515	Lyman	0705
Granger	0520	Lynden	0710
Granite Falls	0525	Lynnwood	0715
Hamilton	0535	Mabton	0725
Harrah	0540	Malden	0730
Harrington	0545	Mansfield	0735
Hartline	0550	Maple Valley	0739
Hatton	0555	Marcus	0740
Hoquiam	0560	Marysville	0745
Hunts Point	0570	Mattawa	0750
Ilwaco	0575	McCleary	0728
Index	0580	Medical Lake	0755
Ione	0585	Medina	0760
Issaquah	0590	Mercer Island	0763
Kahlotus	0595	Mesa	0765
Kalama	0600	Metaline	0770
Kelso	0605	Metaline Falls	0775
Kenmore	0609	Mill Creek	0778
Kennewick	0610	Millwood	0780
Kent	0615	Milton	0785
Kettle Falls	0620	Monroe	0790

Montesano	0795	Prescott	1015
Morton	0800	Prosser	1020
Moses Lake	0805	Pullman	1025
Mossyrock	0810	Puyallup	1030
Mount Vernon	0820	Quincy	1040
Mountlake Terrace	0815	Rainier	1050
Moxee	0825	Raymond	1055
Mukilteo	0830	Reardan	1060
Naches	0835	Redmond	1065
Napavine	0840	Renton	1070
Nespelem	0855	Republic	1075
Newcastle	0858	Richland	1080
Newport	0860	Ridgefield	1085
Nooksack	0865	Ritzville	1090
Normandy Park	0870	Riverside	1095
North Bend	0875	Rock Island	1105
North Bonneville	0877	Rockford	1100
Northport	0885	Rosalia	1115
Oak Harbor	0895	Roslyn	1120
Oakesdale	0890	Roy	1125
Oakville	0900	Royal City	1127
Ocean Shores	0907	Ruston	1130
Odessa	0910	Sammamish	1136
Okanogan	0915	SeaTac	1139
Olympia	0920	Seattle	1140
Omak	0925	Sedro-Woolley	1150
Oroville	0935	Selah	1155
Orting	0940	Sequim	1160
Othello	0945	Shelton	1165
Pacific	0950	Shoreline	1169
Palouse	0955	Skykomish	1175
Pasco	0960	Snohomish	1180
Pateros	0970	Snoqualmie	1185
Pe Ell	0975	Soap Lake	1190
Pomeroy	0985	South Bend	1195
Port Angeles	0990	South Cle Elum	1205
Port Orchard	1000	South Prairie	1210
Port Townsend	1005	Spangle	1215
Poulsbo	1010	Spokane	1220
















Spokane Valley	1221	White Salmon	1435
Sprague	1225	Wilbur	1440
Springdale	1230	Wilkeson	1445
St. John	1135	Wilson Creek	1450
Stanwood	1235	Winlock	1455
Starbuck	1240	Winthrop	1465
Steilacoom	1245	Woodinville	1469
Stevenson	1250	Woodland	1470
Sultan	1255	Woodway	1475
Sumas	1265	Yacolt	1480
Sumner	1270	Yakima	1485
Sunnyside	1275	Yarrow Point	1490
Tacoma	1280	Yelm	1495
Tekoa	1285	Zillah	1500
Tenino	1290		
Tieton	1295		
Toledo	1300		
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		
Wenatchee	1405		
West Richland	1425		
Westport	1420		

APPENDIX C – TRUCK 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 Type

<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> 

APPENDIX D

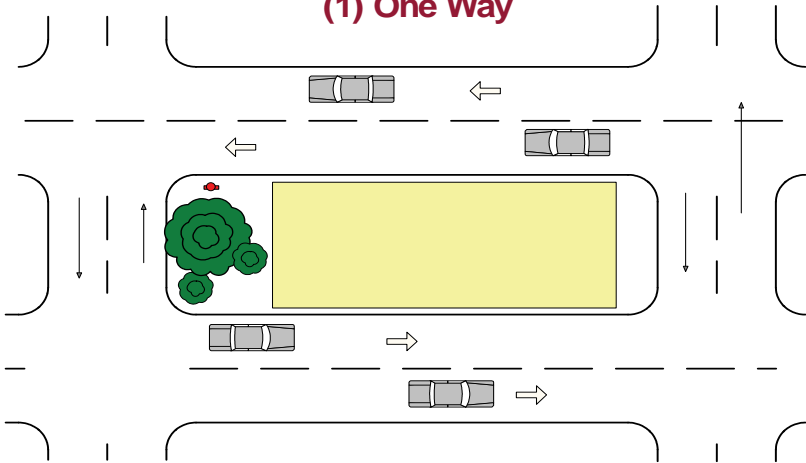
STATE, TERRITORIAL POSSESSION, CANADIAN PROVINCE, AND COUNTRY ABBREVIATION CODES

<u>State</u>	<u>Code</u>	<u>State</u>	<u>Code</u>
Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NB
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		
<u>Territorial Possession</u>	<u>Code</u>	<u>Territorial Possession</u>	<u>Code</u>
American Samoa	AM	Northern Mariana Islands	MK
Guam	GM	Puerto Rico	PR
Marshall Islands	MH	Virgin Islands	VI
<u>Canadian Province</u>	<u>Code</u>	<u>Canadian Province</u>	<u>Code</u>
Alberta	AB	Nova Scotia	NS
British Columbia	BC	Ontario	ON
Manitoba	MB	Prince Edward Island	PE
New Brunswick	NK	Quebec	PQ
Newfoundland (includes Labrador)	NF		
Saskatchewan	SN		
Northwest Territories	NT	Yukon (Territory)	YT
<u>Country</u>	<u>Code</u>	<u>Code</u>	
Mexico		MX	

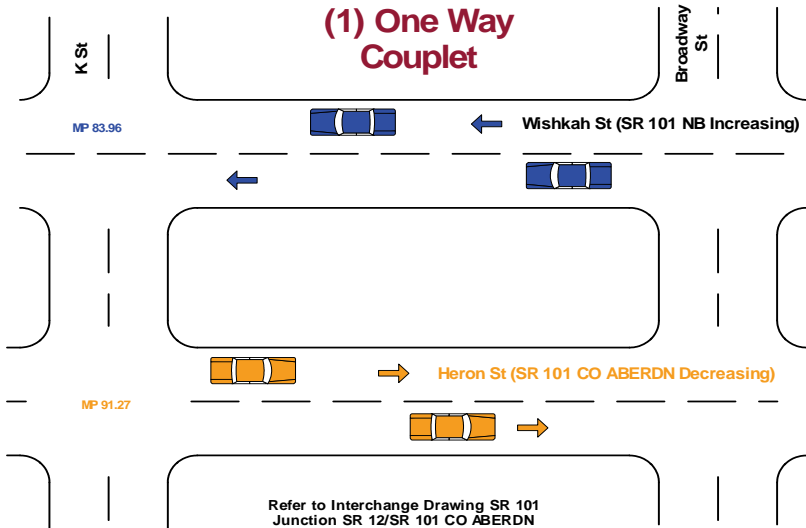
APPENDIX E

ROADWAY TYPES

(1) One Way



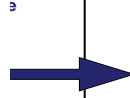
(1) One Way Couplet



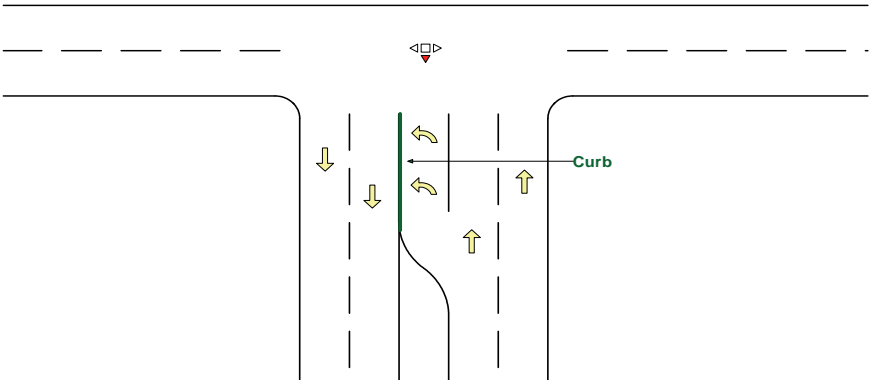
(2) Two Way-Undivided

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.



(2) Two Way-Undivided



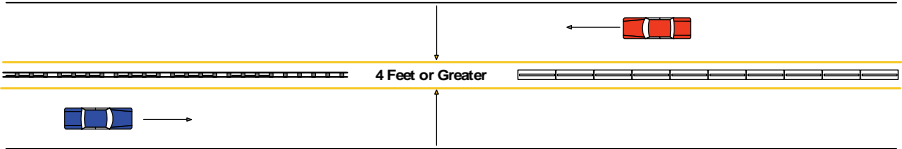
(3) Two Way-Divided, With Barrier

(4) Two Way-Divided without Barrier

4 feet or more between the solid double yellow lines constitutes a divided highway.

“With Barrier” means there is protection between the directions of travel, such as guardrail, jersey, cable, depressed, or curb.

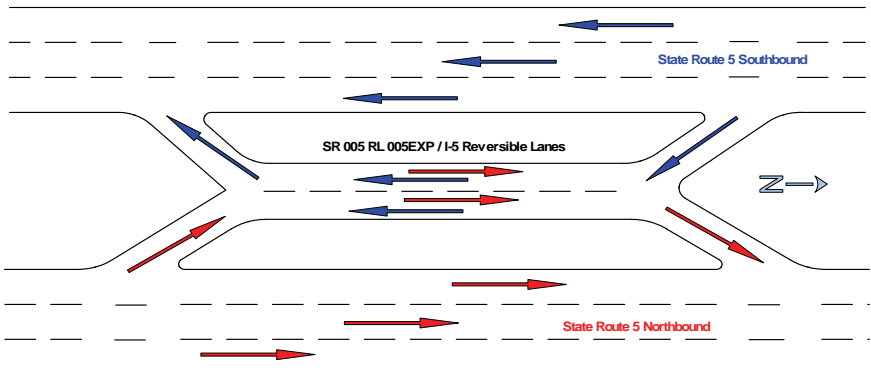
The median surface type will state soil, other (separated increasing/decreasing bridges), earth berm (natural barrier), bituminous, gravel, asphalt, or portland cement.



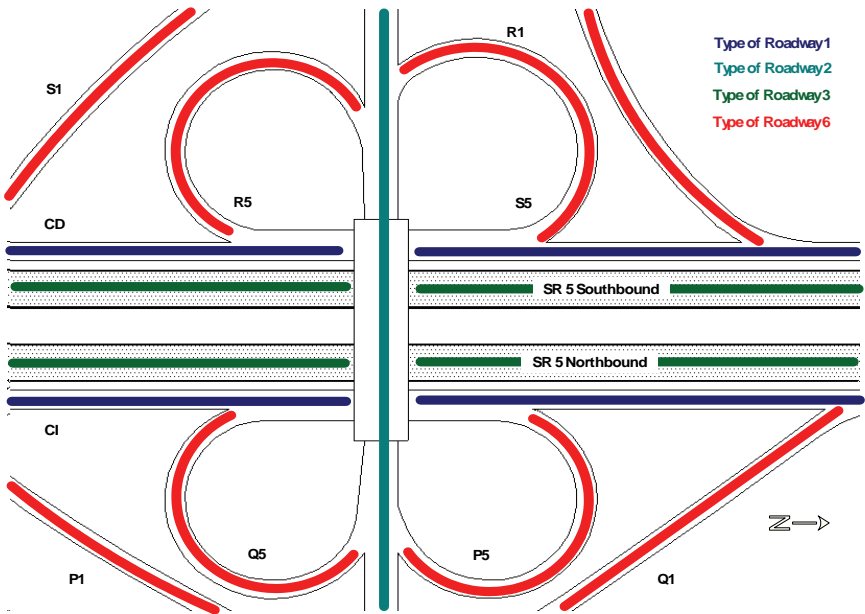
Refer to:
 State Highway Log
 SR View
 SR 5 - Milepost range 39.90 to 40.70 and 109.17 to 114.09
 SR 99 - Milepost range 17.46 to 19.53

(5) Reversible Road

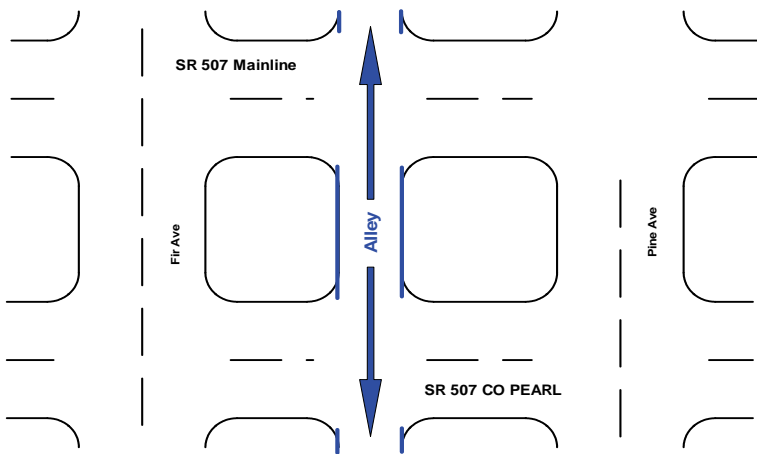
The familiar imbalance in directional distribution of traffic during peak hours often results in congestion in the direction of heavier flow and excess capacity for opposing traffic. Capacity during peak hours is increased by using these reversible lanes for the peak direction of travel.



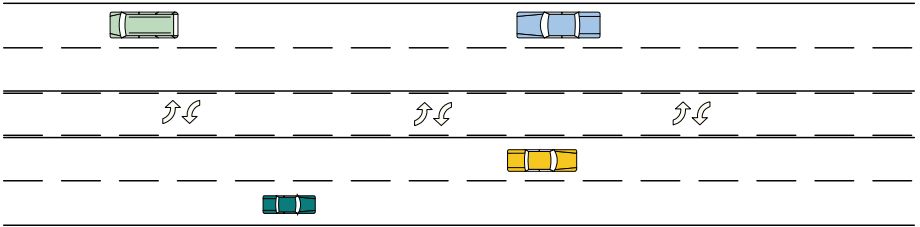
Interchange - SR 5 Exit 130



(7) Alley



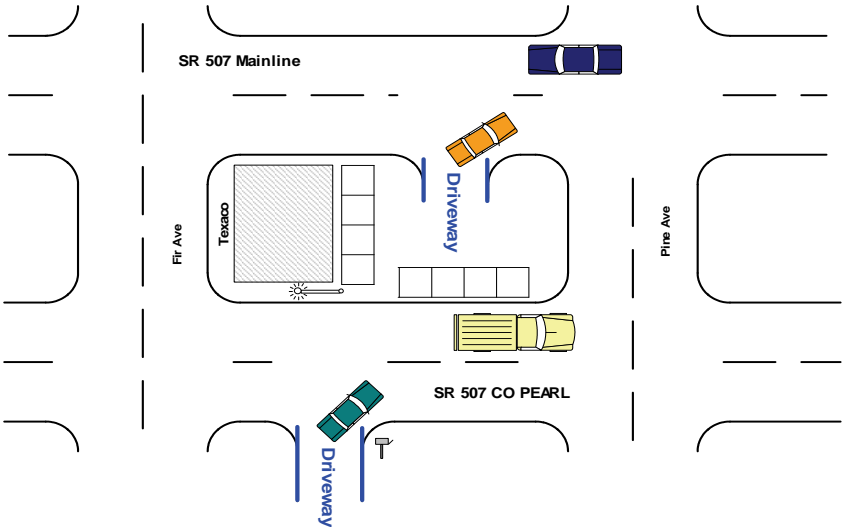
(8) Center-Two Way Left Turn Lane



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.

(Reference State Highway Log and SRView SR 507 milepost range 49.03 to 52.30)

(9) Driveway



APPENDIX F

WASHINGTON STATE TRIBAL RESERVATIONS

Federally Recognized Tribes

Chehalis Confederated Tribes
Colville Confederated Tribes
Cowlitz Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Lower Elwha Klallam Tribe
Lummi Nation
Makah Tribe
Muckleshoot Tribe
Nisqually Tribe
Nooksack Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinalt Nation
Samish Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribes
Upper Skagit Tribe
Yakama Nation

Non-Federally Recognized Tribes

Chinook Tribe*
Duwamish Tribe*
Kikiallus Indian Nation
Marietta Band of Nooksack Tribe
Snohomish Tribe
Snoqualmoo Tribe
Steilacoom Tribe

*Pending Federal Recognition