

148711

FILED
SKAMANIA COUNTY
Mar 9 3 41 PM '03
J. HICKEY
J. HICKEY

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY CLERK OF THE BOARD
Skamania County Auditor's Office
Skamania County Courthouse
240 North West Vancouver Avenue, Room 27
Stevenson, WA 98648

FOR OFFICE USE ONLY:

CLAIM NO. _____

DATE FILED: _____

COPIES TO: _____

NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

ATTACHMENTS: YES() NO

1. Name (including spouse if married): (Please Print) Kimberly Hassell (Craig Procaio Husband Per Dict defn)
2. 61 Nelson Creek / Po Box 1077 Stevenson WA 98648
Address City State Zip
3. HM Phone: 425-8578 WK Phone: _____ MSSG Phone: _____
4. Date and time of incident: 5-5-03 8:15 Am
5. Location of incident:
corner of School St & Grooper
6. Describe in narrative form and in detail exactly how the incident occurred:
I was stopped at a stop sign behind a County bus which was also stopped on School St at Grooper while I was stopped the bus backed over the hood & right fender of my vehicle.
7. What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): See Attached estimates

8. Please list name and address of any and all witnesses or persons involved:
(Please Print)

Patty Latimer (driver of County bus)
Colleen Garwood (school bus driver)
Laura Hassell (passenger) Kimberly Hassell (Driver)

9. Describe the damages or injuries you sustained as a result of the incident:

See estimates Attached

10. Was incident investigated by a police officer? Sheriff ☒ State Patrol ☐
City ☐

11. If a vehicle was involved in the incident, describe: Make ☐
Model ☐ Year ☐ State ☐ License No. ☐
Insurance Company ☐ Policy Number ☐

12. Describe what you did after the incident occurred: drove to Senior
Center for Patty to Report incident to
her boss

13. Describe the conversations you had, if any, with County personnel during or after the incident occurred. After Patty got out to look at
the damage she said to meet her at the
Senior Center because she had kids to pick
up and deliver

14. How did you identify the County as the party responsible for your damage?
Patty said she was with the County

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this claim is true and correct.

DATED THIS 5th DAY OF May, 2003

Kimberly Hassell
Claimant's Signature

File Name: Commiss/Risk Mang/Claims/Claim For Damages

NOTE: Personal property (car, etc.) damages are to be accompanied by 2 estimates for repair costs. The Skamania County Risk Manager will investigate this claim. The decision to honor this claim will be based upon that investigation. Making a false report or providing false evidence is a crime and punishable by fine and/or imprisonment. Additional pages may be attached if needed to answer the questions.

05/05/2003 at 05:18 PM
18220

Job Number:

KADEL'S AUTO BODY GRESHAM
Federal ID #:911833935
Lifetime Guarantee Since 1954
2132 SE 3rd Street
Gresham, OR 97080-8099
(503)669-1159 Fax: (503)674-8037

PRELIMINARY ESTIMATE

Written by: Daryl Dyer #
Adjuster:

Insured:

Owner: Kim Hassell
Address: PO. Box 1077
Stevenson, WA 98648
Day: (509)427-8578

Claim #

Policy #

Deductible:

Date of Loss: 05/05/2003

Type of Loss: Liability

Point of Impact: 12. Front

Inspect KADEL'S AUTO BODY GRESHAM
Location: 2132 SE 3rd Street
Gresham, OR 97080-8099

Business: (503)669-1159

Insurance

Company:

Days to Repair

1996 HOND ACCORD EX 4-2.2L-FI 4D SED White Int:

VIN: 1HGCD5569TA187914 **Lic:** 302 JTD **WA Prod Date:** 04/1996 **Odometer:** 124463

Air Conditioning

Cruise Control

Tinted Glass

Electric Glass Sunroof

Power Brakes

Power Mirrors

Stereo

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Recline/Lounge Seats

Aluminum/Alloy Wheels

Rear Defogger

Intermittent Wipers

Body Side Moldings

Clear Coat Paint

Power Windows

AM Radio

Cassette

Driver Air Bag

Leather Seats

5 Speed Transmission

Tilt Wheel

Steering Wheel Controls

Dual Mirrors

Power Steering

Power Locks

FM Radio

Search/Seek

Passenger Air Bag

Bucket Seats

Overdrive

05/05/2003 at 05:18 PM
18220

Job Number:

PRELIMINARY ESTIMATE
1996 HOND ACCORD EX 4-2.2L-FI 4D SED White Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1#		**ADDITIONAL DAMAGE OPEN**	1	0.00	0.0	0.0
2#	Repl	Color - NH-538-3	1	0.00	0.0	0.0
3		FRONT BUMPER				
4	R&I	R&I front bumper	0	0.00	1.0	0.0
5		FRONT LAMPS				
6	R&I	RT Marker lamp	0	0.00	0.3	0.0
7	R&I	LT Marker lamp	0	0.00	0.3	0.0
8		HOOD				
9	Repl	Hood	1	357.00	1.3	3.0
10		Add for Clear Coat	0	0.00	0.0	1.2
11		Add for Underside(Complete)	0	0.00	0.0	1.5
12		Add for Clear Coat	0	0.00	0.0	0.3
13	Repl	Lock w/o SE	1	35.67	0.7	0.0
14		INFORMATION LABELS				
15		Rpl information labels	0	0.00	0.3	0.0
16	Repl	Air bag label under hood	1	4.22	Incl.	0.0
17	Repl	Battery label	1	3.06	Incl.	0.0
18	Repl	Info label coolant	1	4.22	Incl.	0.0
19#	Repl	Emmissions label, federal	1	9.25	Incl.	0.0
20		FENDER				
21	Repl	RT Fender	1	175.10	2.2	2.0
22		Overlap Major Adj. Panel	0	0.00	0.0	-0.4
23		Add for Clear Coat	0	0.00	0.0	0.3
24		Add for Edging	0	0.00	0.0	0.5
25		Add for Clear Coat	0	0.00	0.0	0.1
26		Deduct for Overlap	0	0.00	-0.5	0.0
27	Blnd	LT Fender	0	0.00	0.0	1.0
28	R&I	RT Body side mldg EX white	0	0.00	0.1	0.0
29	R&I	LT Body side mldg EX white	0	0.00	0.1	0.0
30*	R&I	RT Mud guard	0	0.00	0.3	0.0
31*	R&I	LT Mud guard	0	0.00	0.3	0.0
32#	Rpr	Wet Sand & Buff	0	0.00	0.5	0.0
33#	Subl	Cover Car From Overspray	1	19.00	0.0	0.0
34#	Subl	Hazardous Waste Disposal	1	5.00	0.0	0.0

05/05/2003 at 05:18 PM
18220

Job Number:

PRELIMINARY ESTIMATE

1996 HOND ACCORD EX 4-2.2L-FI 4D SED White Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
354	Tint		1	0.00	0.0	0.5
Subtotals ==>				612.52	6.9	10.0
Parts						612.52
Paint Labor			6.9 hrs @ \$ 42.00/hr			289.80
Paint Labor			10.0 hrs @ \$ 42.00/hr			420.00
Paint Supplies			10.0 hrs @ \$ 23.75/hr			237.50
Body Supplies			0.5 hrs @ \$ 6.50/hr			3.25
SUBTOTAL						\$ 1563.07
GRAND TOTAL						\$ 1563.07

THIS ESTIMATE IS BEING PREPARED FOR YOU BASED ON A VISUAL INSPECTION OF YOUR VEHICLE. SOMETIMES, ONCE THE WORK HAS BEGUN, ADDITIONAL WORN OR DAMAGED PARTS ARE UNCOVERED. THIS ESTIMATE DOES NOT COVER SUCH CONTINGENCIES. PARTS PRICES ARE BASED ON INVOICE LIST. ALL MONIES MUST BE PAID PRIOR TO VEHICLE RELEASE.

AN INSURER SHALL NOT REQUIRE THAT A PARTICULAR PERSON MAKE THE REPAIRS TO THE INSURED'S MOTOR VEHICLE AS A CONDITION FOR RECOVERY BY THE INSURED UNDER A MOTOR VEHICLE LIABILITY POLICY. ORS 746.280

05/05/2003 at 05:18 PM
18220

Job Number:

PRELIMINARY ESTIMATE

1996 HOND ACCORD EX 4-2.2L-FI 4D SED White Int:

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARG4424 Database Date 3/2003 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AM or Qual Repl Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (\$) items indicate manual entries.

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5/07/2003 at 03:12 PM
3878

Job Number:

HANNAH COLLISION CENTER
Federal ID #:910296290
HANNAH COLLISION CENTER
3517 NE Auto Mall Drive
PO Box 1679
Vancouver, WA 98668
(800)541-3088 Fax: (360)256-2608

PRELIMINARY ESTIMATE

Written by: Magin Black #
Adjuster:

Insured:
Owner: KIMBERLY HASSELL
Address: PO BOX 1077
STEVENSON, WA 98648
Other: (509)427-8578

Claim #
Policy #
Deductible:
Date of Loss:
Type of Loss:
Point of Impact:

Inspect HANNAH COLLISION CENTER
Location: 3517 NE Auto Mall Drive
PO Box 1679
Vancouver, WA 98668

Business: (360)256-5000

Insurance
Company:

Days to Repair

1996 HOND ACCORD EX 4-2.2L-FI 4D SED WHITE Int:

VIN: 1HGCD5569TA187914 Lic:

WA Prod Date: 04/1996 Odometer: 124575

Air Conditioning
Cruise Control
Body Side Moldings
Clear Coat Paint
Power Windows
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Recline/Lounge Seats

Rear Defogger
Intermittent Wipers
Dual Mirrors
Power Steering
Power Locks
Driver Air Bag
Leather Seats
Aluminum/Alloy Wheels

Tilt Wheel
Tinted Glass
Electric Glass Sunroof
Power Brakes
Power Mirrors
Passenger Air Bag
Bucket Seats

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		INFORMATION LABELS					
2		Rpl information labels	0	0.00	0.3	0.0	
3	Repl	Air bag label under hood	1	4.22	Incl.	0.0	
4	Repl	Battery label	1	3.06	Incl.	0.0	
5	Repl	Info label coolant	1	4.22	Incl.	0.0	
6	Repl	AC label	1	1.63	Incl.	0.0	
7		FRONT BUMPER					
8	R&I	R&I front bumper	0	0.00	1.0	0.0	
9	Repl	License frame	1	33.23	0.4	0.0	
10		GRILLE					
11	R&I	Grille	0	0.00	0.5	0.0	
12		FRONT LAMPS					

05/07/2003 at 03:12 PM
23878

Job Number:

PRELIMINARY ESTIMATE
1996 HOND ACCORD EX 4-2.2L-FI 4D SED WHITE Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
13	R&I	R&I headlamp assy one side	0	0.00	0.5	0.0
14	R&I	R&I headlamp assy one side	0	0.00	0.5	0.0
15		HOOD				
16	Repl	Hood	1	357.00	1.3	3.0
17		Add for Clear Coat	0	0.00	0.0	1.2
18		Add for Underside(Complete)	0	0.00	0.0	1.5
19	Repl	Emblem	1	14.73	0.2	0.0
20		FENDER				
21	Repl	RT Fender	1	175.10	2.2	2.0
22		Overlap Major Adj. Panel	0	0.00	0.0	-0.4
23		Add for Clear Coat	0	0.00	0.0	0.3
24		Add for Edging	0	0.00	0.0	0.5
25		Deduct for Overlap	0	0.00	-0.5	0.0
26	R&I	RT Body side mldg EX white	0	0.00	0.1	0.0
27*	R&I	RT Fender liner	0	0.00	Incl.	0.0
28*	Rpr	RT Apron panel	0	0.00	s 2.0	0.5
29		Add for Clear Coat	0	0.00	0.0	0.1
30	Blnd	LT Fender	0	0.00	0.0	1.0
31	R&I	LT Body side mldg EX heather mist	0	0.00	0.1	0.0
32		FRONT DOOR				
33	Blnd	RT Door shell 4 door US built	0	0.00	0.0	1.0
34	R&I	RT Pillar molding	0	0.00	0.3	0.0
35	R&I	RT Belt molding 4 door EX, LE & SE	0	0.00	0.3	0.0
36	R&I	RT Mirror assy US built	0	0.00	0.5	0.0
37	R&I	RT Handle, outside LX, EX & SE	0	0.00	0.4	0.0
38	R&I	R&I trim panel	0	0.00	0.3	0.0
39#	Rpr	Tint Color	0	0.00	0.5	0.0
40#		***** SEE NOTES	1	0.00	0.0	0.0
Subtotals ==>				593.19	10.9	10.7

Estimate Notes:

ESTIMATE IS OPEN UNTIL COMPLETE TEARDOWN. WILL BE MORE DAMAGE ON APRON AND PROBABLE HIDDEN DAMAGES UNDER HOOD. BUS BACKED OVER VEHICLE. CUSTOMER STATES THAT THERE IS NOW A VIBRATION WHEN DRIVING THE VEHICLE.

MAY ALSO BE DAMAGE TO FRT BUMPER

5/07/2003 at 03:12 PM
23878

Job Number:

PRELIMINARY ESTIMATE
1996 HOND ACCORD EX 4-2.2L-FI 4D SED WHITE Int:

Parts		593.19
Body Labor	10.9 hrs @ \$ 45.00/hr	490.50
Paint Labor	10.7 hrs @ \$ 45.00/hr	481.50
Paint Supplies	10.7 hrs @ \$ 25.00/hr	267.50

SUBTOTAL		\$ 1832.69
Sales Tax	\$ 1832.69 @ 7.7000%	141.12

GRAND TOTAL		\$ 1973.81
ADJUSTMENTS:		
Deductible		0.00

CUSTOMER PAY		\$ 0.00
INSURANCE PAY		\$ 1973.81

This is a visual estimate only and not a guaranteed bid. Any additional damage noted after disassembly may result in additional parts and/or labor charges. All parts are subject to invoice.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARG4424 Database Date 3/2003 and the parts selected are OEM-parts manufactured by the Original Equipment Manufacturer. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AN: Qual Repl Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

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SKAMANIA COUNTY ACCIDENT/INCIDENT REPORT

EMPLOYEE/VOLUNTEER STATEMENT

Name: Patty Latimer Job Title: Driver Dept: Senior Sw
 Time of Accident: 8:15 AM Date of Accident: 5-5-03
 Location of Accident: Corner of School St & Kanaka Rd

Name of Person this accident/incident was reported to: Darlene Dickson / Deb VanCamp

Time Reported: 8:30 Name of Witness (es): Colleen Garwood

Check if applicable to accident/incident:

☐ Accidental Injury ☐ Occupational Illness ☐ Property Damage ☐ Motorvehicle ☐ Workplace Violence
 Status: ☐ Employee ☐ Volunteer ☐ Visitor Equipment # 646
 Posted speed 25 Actual speed 0 Damage Amount 0

Complete Description of what the person was doing just before the incident occurred:

Was another vehicle involved? ☒ Yes ☐ No
 Complete description of damage to other vehicle: Smashed her car hard
302 JTD - Kim Hassel

Describe Accident in Detail: (If equipment accident, attach a detailed sketch. If injury describe left, right, back or front - part of body injured.)
Was stopped in corner
When I realized Colleen couldn't make turn so I
checked my mirrors and put in reverse so I
could give Colleen space to turn.

What might be done to prevent this from happening in the future? Leave plenty of
space for school busses

Was a Doctor seen? _____ Date and time you sought medical attention: _____
 Whom did you see? _____ Hospital/Office: _____
 If available, would you be willing to perform light duty work during your recovery? _____

EMPLOYEE SIGNATURE: Patty Latimer DATE: 5/5/03

State of Washington WAC 296-24-025 (6) Employee's Responsibility. "Employee shall make a prompt report to their supervisor, of each industrial accident". Skamania County Personnel Policy 8.2.3(4) requires this form to be returned to Safety Committee Secretary within 24 hours of accident.

For Safety Committee Use only:
 Date Safety Committee received reports: _____

Supervisor's Report on reverse side



STATE OF WASHINGTON
VEHICLE
COLLISION
REPORT



IF INVESTIGATED, ENTER THE REPORT NUMBER PROVIDED BY THE LAW ENFORCEMENT OFFICER → REPORT NO.

FOR OFFICIAL
USE ONLY

DATE OF COLLISION
M M D D Y Y Y Y
05 05 2003

DAY OF COLLISION
SUN MON TUE WED THU FRI SAT
0 0 0 0 0 0 0

TIME OF COLLISION
HOUR MINUTE
8 15 AM

INVESTIGATED BY:

☐ STATE PATROL ☐ CITY POLICE ☒ SHERIFF
☐ OTHER POLICE ☐ NO INVESTIGATION

COLLISION OCCURRED ON:

☐ INTERSTATE ☐ STATE HIGHWAY ☒ CITY STREET
☐ COUNTY ROAD ☐ OTHER ☐ PRIVATE WAY

COLLISION INVOLVED

☐ VEHICLE FIRE ☐ HIT & RUN ☐ STOLEN VEHICLE

TOTAL #
DEATHS

TOTAL #
INJURIES

TOTAL #
DEATHS

PLACE WHERE COLLISION OCCURRED

COUNTY

CITY OR
TOWN

(NAME OF STREET OR HIGHWAY)
ON SCHOOL STREET
INTERSECTING WITH STREET OR ROAD
AT GROOPER

BETWEEN

(STREET NAME)

AND

IF NOT AT INTERSECTION, ENTER DISTANCE IN FEET AND
DIRECTION FROM REFERENCE
REFERENCE (STREET, BRIDGE, RR CROSSING, OTHER LAND MARK)

OF

UNIT 01 OR (IF MORE THAN 2 UNITS)

(MARK ONLY ONE)

☐ MOTOR
VEHICLE

☐ PEDAL
CYCLE

☐ PEDESTRIAN

☐ PROPERTY
OWNER

WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST,
SKATER, SKATEBOARDER? ☐ YES ☐ NO

LAST NAME HASSELL

FIRST NAME KIMBERLY

ADDRESS NEW 61 NELSON CREEK

CITY STEVENSON

ST WA ZIP 98648

DRIVER'S
LICENSE #

STATE WA

D.O.B.
MM DD YYYY

08 02 1960

LICENSE
PLATE # 302JTD

STATE WA VIN#

TRAILER
PLATE #

STATE

ESTIMATED COST TO REPAIR VEHICLE
OR OBJECT STRUCK

\$ 1,974.00

VEH. YEAR

MAKE (CHEV, FORD)

MODEL (CAMARO, TAURUS)

BODY STYLE (2 DR)

OBJECT STRUCK (OTHER THAN VEHICLE)

REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL)

OWNER'S ADDRESS (STREET, CITY AND STATE & ZIP CODE)

DATE OF BIRTH

WAS AUTO LIABILITY INSURANCE
IN EFFECT AT TIME OF COLLISION? ☒ YES ☐ NO

INSURANCE CO. & POLICY #

72 466 012660

UNIT 02 OR (IF MORE THAN 2 UNITS)

(MARK ONLY ONE)

☐ MOTOR
VEHICLE

☐ PEDAL
CYCLE

☐ PEDESTRIAN

☐ PROPERTY
OWNER

WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST,
SKATER, SKATEBOARDER? ☐ YES ☐ NO

LAST NAME

FIRST NAME

ADDRESS
NEW

CITY

ST

ZIP

DRIVER'S
LICENSE #

STATE

D.O.B.
MM DD YYYY

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

ESTIMATED COST TO REPAIR VEHICLE
OR OBJECT STRUCK

\$.00

VEH. YEAR

MAKE (CHEV, FORD)

MODEL (CAMARO, TAURUS)

BODY STYLE (2 DR)

OBJECT STRUCK (OTHER THAN VEHICLE)

REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL)

OWNER'S ADDRESS (STREET, CITY AND STATE & ZIP CODE)

DATE OF BIRTH

WAS AUTO LIABILITY INSURANCE
IN EFFECT AT TIME OF COLLISION? ☐ YES ☐ NO

INSURANCE CO. & POLICY #

3000-345-161 R (2/97)

PAGE 1 OF 2

001115

INJURED PASSENGERS



1812972

IF INVESTIGATED, ENTER THE REPORT NUMBER PROVIDED BY THE LAW ENFORCEMENT OFFICER → REPORT NO.

LAST NAME

FIRST NAME

ADDRESS

NATURE OF INJURIES

MIDDLE INITIAL

SEX ☐ M ☐ F

IN UNIT #

INJURY CLASS

☐ POSSIBLE INJURY ☐ DEATH OR INJURY (SEVERE)
☐ NON-DEATH OR INJURY (MINOR) ☐ KILLED

DOB
MM DD YYYY

DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? ☐ YES ☐ NO

IF MOTORCYCLIST OR PEDALCYCLIST, WAS HELMET USED? ☐ YES ☐ NO

LAST NAME

FIRST NAME

ADDRESS

NATURE OF INJURIES

MIDDLE INITIAL

SEX ☐ M ☐ F

IN UNIT #

INJURY CLASS

☐ POSSIBLE INJURY ☐ DEATH OR INJURY (SEVERE)
☐ NON-DEATH OR INJURY (MINOR) ☐ KILLED

DOB
MM DD YYYY

DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? ☐ YES ☐ NO

IF MOTORCYCLIST OR PEDALCYCLIST, WAS HELMET USED? ☐ YES ☐ NO

INDICATE ON THIS DIAGRAM WHAT HAPPENED
1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAME &
2. NUMBER EACH UNIT AND SHOW DIRECTION OF TRAVEL BY ARROW

SHOW NORTH BY ARROW IN CIRCLE

DESCRIBE BELOW WHAT HAPPENED (REFER TO UNITS BY NUMBER)

Unit 1 was stopped at a stop sign behind a County bus unit. While stopped at the intersection the bus unit backed over unit 1's hood

STREET OR HIGHWAY
School St

Gravel
STREET OR HIGHWAY



REASON FOR NOT SEEING DANGER

NO. OF LANES IN ONE DIRECTION
1

UNIT POSITIONS BEFORE COLLISION

UNIT NO. 1 ☐ N ☐ S ☐ E ☐ W
NO. 2 ☐ N ☐ S ☐ E ☐ W

ON (NAME OF STREET OR HIGHWAY)

School St
School St

DRIVER/VEHICLE ACTIONS

UNIT (MARK ONE OR MORE PER UNIT)
NO. 1 NO. 2
☐ GOING STRAIGHT AHEAD
☐ OVERTAKING AND PASSING
☐ MAKING RIGHT TURN
☐ MAKING LEFT TURN
☐ MAKING U-TURN
☐ SLOWING
☐ STOPPED FOR TRAFFIC
☒ STOPPED AT SIGNAL OR STOP SIGN
☐ STARTING IN ROADWAY
☐ STARTING IN TRAFFIC LANE
☐ STARTING FROM PARKED POSITION
☐ MERGING (ENTERING TRAFFIC)
☐ BACKING
☐ GOING WRONG WAY
☐ CHANGING LANES

TRAFFIC CONTROL

UNIT (MARK ONE PER UNIT)
NO. 1 NO. 2
☐ SIGNALS
☒ STOP SIGN
☐ YIELD SIGN
☐ FLASHING RED
☐ FLASHING AMBER
☐ RR SIGNAL
☐ OFFICER/FLAGGER
☐ OTHER
☐ NO TRAFFIC CONTROL

TYPE OF ROAD

UNIT (MARK ONE PER UNIT)
NO. 1 NO. 2
☐ ONE WAY
☒ TWO WAY UNDIVIDED
☐ TWO WAY DIVIDED, BARRIER
☐ TWO WAY DIVIDED, NO BARRIER
☐ REVERSIBLE ROAD
☐ INTERCHANGE RAMP
☐ ALLEY
☐ TWO WAY LEFT TURN LANES
☐ DRIVEWAY

AT MOMENT OF COLLISION

UNIT NO. 1 NO. 2
VEHICLE LEGALLY STANDING YES NO YES NO
VEHICLE LEGALLY PARKED YES NO YES NO
IF PARKED, WAS VEHICLE OCCUPIED? YES NO YES NO

PEDESTRIAN OR PEDALCYCLIST

WAS USING:
UNIT (MARK ONE PER UNIT)
NO. 1 NO. 2
☐ SIDEWALK
☐ WALKWAY
☐ SHOULDER
☐ MARKED CROSSWALK
☐ UNMARKED CROSSWALK
☐ DESIGNATED BIKE ROUTE
☐ ROADWAY
☐ OTHER
CLOTHING COLOR
UNIT (MARK ONE PER UNIT)
NO. 1 NO. 2
☐ DARK
☐ LIGHT
☐ MIXED
☐ RETRO-REFLECTIVE
☐ OTHER REFLECTIVE APPAREL: SHOES, PATCHES, ETC.

PEDESTRIAN OR PEDALCYCLIST POSITION BEFORE COLLISION

ON _____
OR CROSSING
FROM ☐ N ☐ S ☐ E ☐ W TO ☐ N ☐ S ☐ E ☐ W

(OFFICIAL USE ONLY)
UNIT 1 WAS ON DUTY LAW ENFORCEMENT
☐ OR FIREFIGHTER (RCW 41.26.030)

WITNESS NAME

ADDRESS

PHONE NUMBER

1 WITNESS NAME

ADDRESS

PHONE NUMBER

2 SIGNATURE OF PERSON COMPLETING REPORT

X

ADDRESS

DATE OF REPORT
MO DAY YEAR

MAIL TO: WASHINGTON STATE PATROL, RECORDS SECTION, PO BOX 42628, OLYMPIA, WA 98504-2628

PAGE 2 OF 2