POLICE TRAFFIC COLLISION REPORT ORDER FORM

AGENCY NAME _____

CONTACT NAME _____ NUMBER ( )_____

SHIPPING ADDRESS _____
Street Address

_____
City State ZIP Code

Indicate UNIT by "Pad" or "Case."

- 25 reports per Pad, for all three (3) parts.
- 28 pads per Case for Part A and B.
- 20 pads per Case for Supplemental form.

ITEM #	FORM NUMBER	DESCRIPTION	QTY	UNIT (Pad/Case)	*For Supply Use Only*
Example (1)	*3000-345-159*	*PTCR Part A*	*1*	*Case*	
Example (2)	*3000-345-160*	*PTCR Part B*	*1*	*Pad*	
1.	3000-345-159	**Part A**			
2.	3000-345-160	**Part B**			
3.	3000-345-013	**Supplemental**			
4.	3000-345-161	**Traffic Collision Forms (Civilian)**			

Please send your order form to the Washington State Patrol Supply Section:

- Fax: (360) 596-6076
- Email: Sheila.shaw@wsp.wa.gov
- Mail: Washington State Patrol Supply Section
  PO Box 42625
  Olympia WA 98504-2625

For questions, call (360) 596-6068, Monday thru Friday.