



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. 3176720

INTERSTATE, STATE ROUTE, COUNTY RD, CITY STREET, OTHER, PRIVATE WAY, FIRE RESULTED, STOLEN VEHICLE, HIT & RUN INVOLVED

CASE #, LOCAL AGENCY CODING, TOTAL # OF UNITS, OBJECT STRUCK

TRIBAL RESERVATION

DATE OF COLLISION, TIME (2400), COUNTY #, MILES, CITY #

ON (PRIMARY TRAFFIC WAY) INTERSECTION, NON-INTERSECTION, BLOCK NO., MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET), MILES, FEET

UNIT 01 MOTOR VEHICLE, PEDAL-CYCLE, DAMAGE THRESHOLD MET

LAST NAME, FIRST NAME, MIDDLE INITIAL

STREET NEW ADDRESS

CITY, ST, ZIP

CDL, ENDORSEMENTS, RESTRICTIONS

DRIVER'S LICENSE #, STATE, SEX, D.O.B.

ON DUTY, STATUS, AIRBAG, RESTR., EJECT, HELMET USE, INJURY CLASS, NATURE OF INJURIES

LICENSE PLATE #, STATE, VIN#

TRAILER PLATE #, STATE, TRAILER PLATE #, STATE

VEH. YEAR, MAKE, MODEL, STYLE, VEHICLE TOWED, TOWED BY, GOVT. VEHICLE

LIABILITY INSURANCE IN EFFECT, INSURANCE CO & POLICY #, VEHICLE NO. 1 SHADE IN DAMAGED AREA

VEHICLE LEGALLY STANDING, CITATION #, CHARGE, VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE, PEDAL-CYCLE, PEDESTRIAN, PROPERTY OWNER, DAMAGE THRESHOLD MET

LAST NAME, FIRST NAME, MIDDLE INITIAL

STREET NEW ADDRESS

CITY, ST, ZIP

CDL, ENDORSEMENTS, RESTRICTIONS

DRIVER'S LICENSE #, STATE, SEX, D.O.B.

ON DUTY, STATUS, AIRBAG, RESTR., EJECT, HELMET USE, INJURY CLASS, NATURE OF INJURIES

LICENSE PLATE #, STATE, VIN#

TRAILER PLATE #, STATE, TRAILER PLATE #, STATE

VEH. YEAR, MAKE, MODEL, STYLE, VEHICLE TOWED, TOWED BY, GOVT. VEHICLE

REGISTERED OWNER INFO, LIABILITY INSURANCE IN EFFECT, INSURANCE CO & POLICY #, VEHICLE NO. 2 SHADE IN DAMAGED AREA

VEHICLE LEGALLY STANDING, CITATION #, CHARGE, VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT), BADGE OR ID #, AGENCY

UNDER 23 PART A STATES CODE - SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA



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CORRECTION

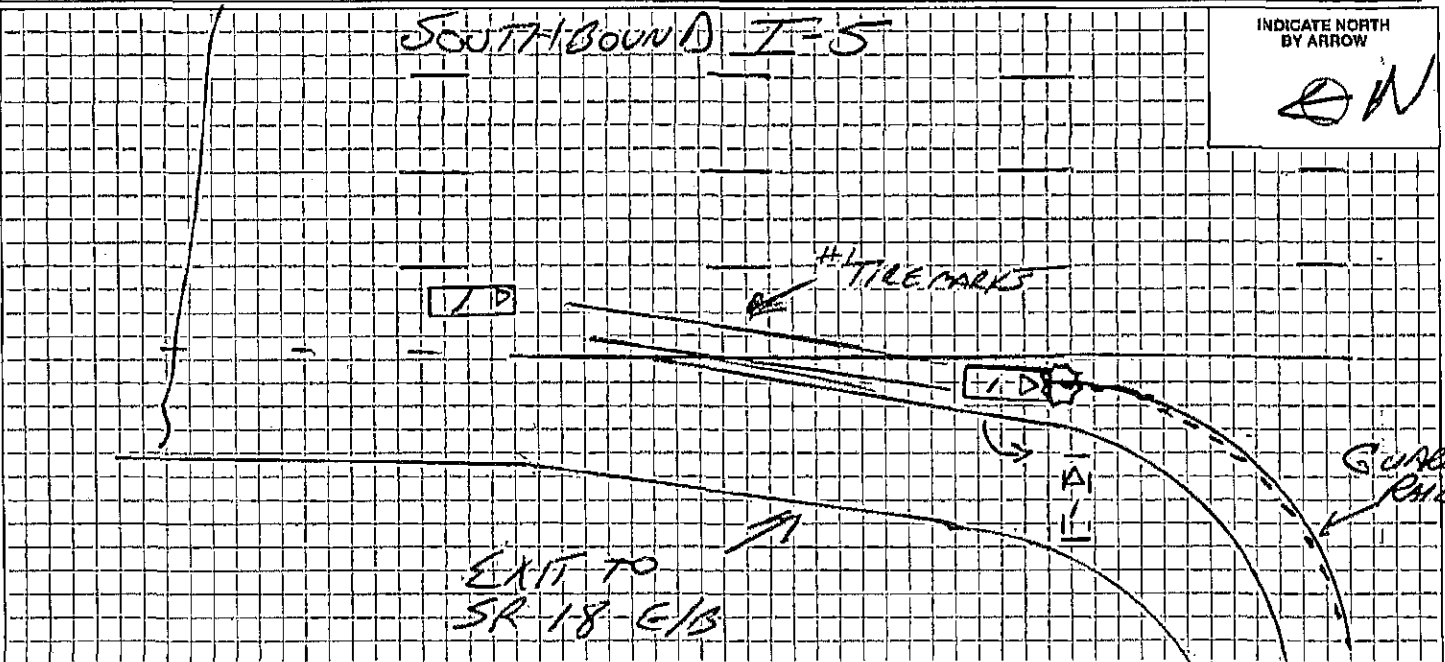
REPORT NO. 3176720

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM



NARRATIVE

UNIT 1 WAS SIB I-5 LANE 10F4. UNIT 1 LOCKED UP BRAKES AS IT EXITED THE FREEWAY LANE UNIT 1 SKIDDED THRU THE SHOULDER / GORE POINT. UNIT 1 THEN STRUCK THE END SECTION OF GUARD RAIL CAME TO AN ABRUPT STOP THE CONTINUING MOMENTUM THEN ROTATED #1 COUNTER CLOCKWISE AND THE VEHICLE CAME TO REST ACROSS THE RMP

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		2-12 103013		KING COUNTY WA	
APPROVED BY		UNIT OR DIST. DET		DATED	
				PLACE SIGNED	
				DATE	

BADGE OR ID #	1060	ORI #	WAWSP0212	TIME POLICE DISPATCHED	1017	TIME POLICE ARRIVED	1017
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