



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 3539785

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FROM TO 15 33
FROM TO 34
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INTERSTATE <input checked="" 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"/>

CASE # _____

LOCAL AGENCY CODING _____

TOTAL # OF UNITS 02 OBJECT STRUCK GUARD RAIL

TRIBAL RESERVATION _____

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION 12-09-2012 1613 31 N E IN S W OF 0045

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

IS SB BLOCK NO. 206 MILE POST 24

DISTANCE 24 MILES N E OF (REFERENCE OR CROSS STREET) MP MARKER 206

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL -

STREET NEW ADDRESS _____

CITY ARLINGTON ST WA ZIP _____

CDL _____ ENDORSEMENTS _____ RESTRICTIONS _____

DRIVER'S LICENSE # _____ STATE WA SEX _____ D.O.B. MDDDDYY

ON DUTY STATUS - AIRBAG 2 RESTR. 4 EJECT + HELMET USE - INJURY CLASS 1 NATURE OF INJURIES NONE

LICENSE PLATE # _____ STATE WA VIN# _____

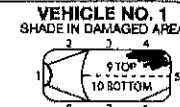
TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

VEH. YEAR 1996 MAKE FORD MODEL TAURUS STYLE 4D VEHICLE TOWED YES NO TOWED BY FOUR SEASONS GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. _____ L

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # _____

VEHICLE LEGALLY STANDING YES NO CITATION # 16720959 CHARGE SPEED TOO FAST



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (206) 440-4497

LAST NAME WSDOT FIRST NAME _____ MIDDLE INITIAL _____

STREET NEW ADDRESS PO Box 330310

CITY SEATTLE ST WA ZIP 98133

CDL _____ ENDORSEMENTS _____ RESTRICTIONS _____

DRIVER'S LICENSE # _____ STATE _____ SEX _____ D.O.B. MDDDDYY

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 YES NO TOWED BY _____ GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. _____

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # _____

VEHICLE LEGALLY STANDING YES NO CITATION # _____ CHARGE _____



OFFICER'S NAME (PRINT) E GERBER BADGE OR ID # 509 AGENCY WSP



1591972

CORRECTION

REPORT NO. **3539785**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **[REDACTED]**

ADDRESS & PHONE # **SAME AS #1** SEX **F** D.O.B. **MMDDYYYY [REDACTED]**

PASSENGER WITNESS UNIT # **01** SEAT POS. **4** AIRBAG **1** RESTR. **4** EJECT **1** HELMET USE **-** INJURY CLASS **1** NATURE OF INJURIES **NONE**

NAME (LAST, FIRST, MIDDLE INITIAL) **[REDACTED]**

ADDRESS & PHONE # **SAME AS #1** SEX **M** D.O.B. **MMDDYYYY [REDACTED]**

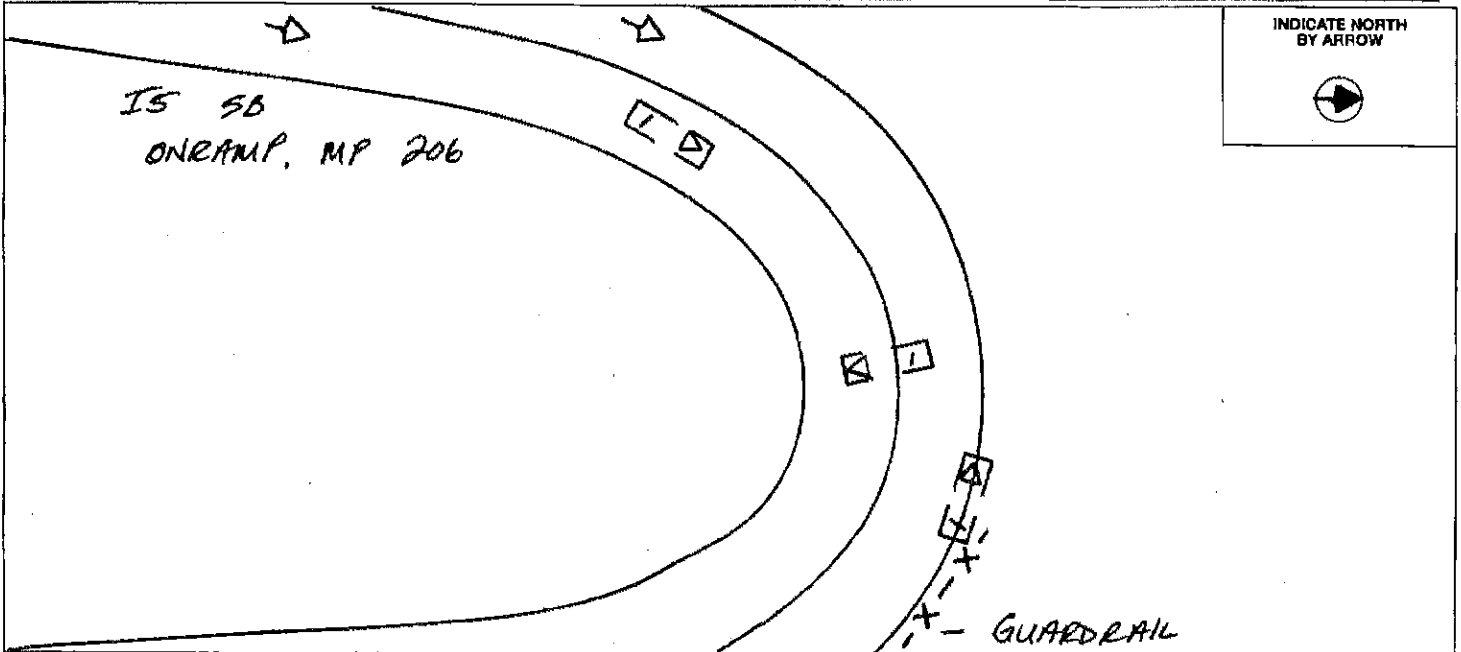
PASSENGER WITNESS UNIT # **01** SEAT POS. **6** AIRBAG **1** RESTR. **8** EJECT **1** HELMET USE **-** INJURY CLASS **1** NATURE OF INJURIES **NONE**

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B.

PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

DIAGRAM



NARRATIVE

Vehicle #1 was attempting to merge onto IS southbound from mile post 206. Vehicle #1 lost control and collided with the guardrail on the onramp, coming to rest facing the wrong direction. Driver of Vehicle #1 stated, "I must have been going too fast, and I just lost control."

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

INVESTIGATING OFFICER'S SIGNATURE **[Signature]** 07/01 UNIT OR DIST. DET DATED **12/9/12** WSP MARYSVILLE PLACE SIGNED

APPROVED BY **[Signature]** 126 DATE **12/9/12**

BADGE OR ID # **509** ORI # **WAWSP 0701** TIME POLICE DISPATCHED **1613** TIME POLICE ARRIVED **1629**