



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 3646894

1 27

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 **G2** OBJECT STRUCK

TRIBAL RESERVATION

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

DATE OF COLLISION **05-11-2013** **212431** **0715**

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

NS IS MP 181 BLOCK NO. MILE POST **181.53**

DISTANCE **1.00** MILES N E OF (REFERENCE OR CROSS STREET) **INTERSTATE 405**

FEET S W

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE **[REDACTED]**

LAST NAME **[REDACTED]** FIRST NAME **[REDACTED]** MIDDLE INITIAL **G**

STREET NEW ADDRESS **[REDACTED]**

CITY **RENTON** ST **WA** ZIP **[REDACTED]**

CDL ENDORSEMENTS RESTRICTIONS **C**

DRIVER'S LICENSE # **[REDACTED]** STATE **WA** SEX **M** D.O.B. **[REDACTED]**

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

LICENSE PLATE # **[REDACTED]** STATE **WA** VIN# **[REDACTED]**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH YEAR **2004** MAKE **GMC** MODEL **K1** STYLE **DU** VEHICLE TOWED YES NO TOWED BY **PERSONS** GOVT. VEHICLE YES NO

REGISTERED OWNER INFO **SUNN AS DRIVER** VEHICLE NO. 1 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **[REDACTED]** CHARGE **REAR 46-61-658 REBELT**

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **425-248-7839**

LAST NAME **[REDACTED]** FIRST NAME **[REDACTED]** MIDDLE INITIAL **[REDACTED]**

STREET NEW ADDRESS **[REDACTED]**

CITY **BONNELL** ST **WA** ZIP **[REDACTED]**

CDL ENDORSEMENTS RESTRICTIONS **C**

DRIVER'S LICENSE # **[REDACTED]** STATE **WA** SEX **F** D.O.B. **[REDACTED]**

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

LICENSE PLATE # **9942WVA** STATE **WA**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH YEAR **2003** MAKE **SUB** MODEL **LEBAN** STYLE **WDR** VEHICLE TOWED YES NO TOWED BY **[REDACTED]** GOVT. VEHICLE YES NO

REGISTERED OWNER INFO **[REDACTED]** VEHICLE NO. 2 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **[REDACTED]** CHARGE **46-61-140 WARE CHANGE?**

OFFICER'S NAME (PRINT) **M. RINKOH** BADGE OR ID # **422** AGENCY **WSP**

PART A

UNDER 23 UNITED 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



1591972

CORRECTION

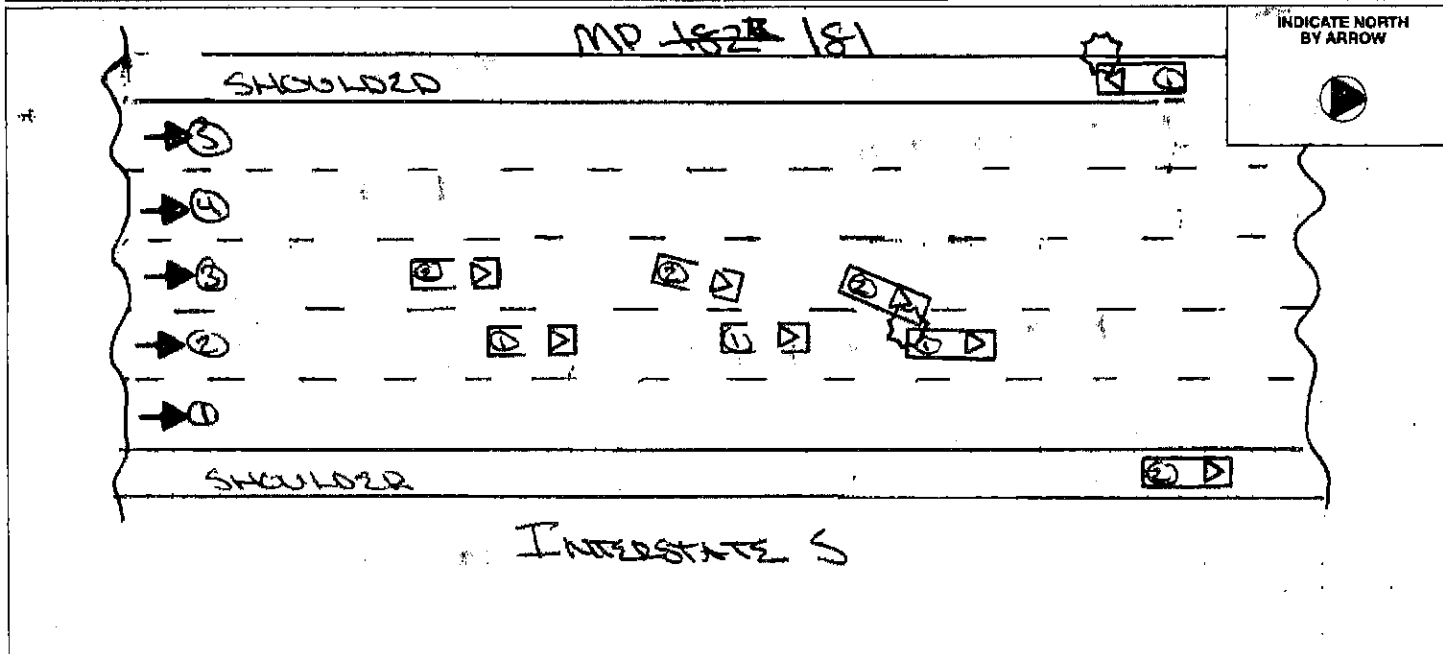
REPORT NO. 3646894

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL): [REDACTED]									
ADDRESS & PHONE # [REDACTED]									
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL): [REDACTED]									
ADDRESS & PHONE # [REDACTED]									
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL): [REDACTED]									
ADDRESS & PHONE # [REDACTED]									
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT # 2	SEAT POS. 3	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE -	INJURY CLASS 1	NATURE OF INJURIES NONE

DIAGRAM



NARRATIVE

UNIT #2 WAS TRAVELING ^{AS} I-5 IN LANE 3 OF 5.
 UNIT #2 CHANGED FROM LANE 3 TO 2 AND LOST CONTROL
 STRIKING UNIT 1 WHO WAS IN LANE 2
 UNIT #1 THEN STRUCK THE WEST SIDE GUARD RAIL.

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: [Signature] #422 UNIT OR DIST. DET: 0702 DATED: 5/12/13 PLACE SIGNED: EVERETT/SNOHOMOCH
 APPROVED BY: [Signature] 157 DATE: 5-18-13
 BADGE OR ID #: 422 ORI #: WMAUSD0702 TIME POLICE DISPATCHED: 2124 TIME POLICE ARRIVED: 2246

UNDER 23 UNITED 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



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

CORRECTION

REPORT NO. 3 6 4 6 8 9 4

CASE #

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COMMERCIAL MOTOR CARRIER
UNIT #
USDOT
ICC #
VEHICLE TYPE
CARGO BODY TYPE
INTERSTATE
INTRASTATE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE AXLES GVWR PLACARD NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # 03 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE 206-440-4400

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. MMDDYYYY

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. SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE

UNIT # MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL ENDORSEMENTS RESTRICTIONS

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

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. SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE

I CERTIFY 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 196 UNIT OR DIST DET 07/15 DATED: 09/25/2013 PLACE SIGNED MARKSVILLE/SNOHOMISH/WA

BADGE OR ID # ORI # APPROVED BY DATE PAGE 1 OF 1