•	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 REPORT NO. E203493	1 7 2							
1 1 2 1	INTERSTATE CITY STREET FIRSULTED STOLEN / CONTROLLED	2 5 1 3 1							
3 6	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	3							
4a	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION S SR 532 BLOCK NO. MILE POST S BLOCK NO. MILE POST S OF (PREFERENCE OR CROSS STREET)	0 1							
5	OF (REFERENCE OR CROSS STREET) O 14 MILES N E 28TH AVE W DAMAGE THRESHOLD MET PHONE								
	UNIT 01 VEHICLE V CYCLE	•							
6 1	STREET STREET								
	NEW ADDRESS.	40							
7	CITY STANWOOD ST WA ZIP	1 2							
8	CDL RESTRICTIONS ENDORSEMENTS	3							
9	DRIVER'S LICENSE # STATE WA SEX F MADDYYYY								
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY 7 BACK PAIN								
11 5 5	LICENSE PLATE # STATE VVA VIN#								
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	3							
13 4	VEH. YEAR 2004 MAKE HOND MODEL STYLE 4T VEHICLE TOWED BY NORTH COUNTY TOWING SHOULE NO. 1 SHADE IN DAMAGED AREA	7 3							
15 2	LIABLITY INSURANCE								
16		9							
	LAST NAME WA STATE DOT FIRST NAME MIDDLE INITIAL								
17	STREET PO BOX 330310								
18	SEATTLE ST WA ZIP 98133								
19	CDL RESTRICTIONS ENDORSEMENTS								
20	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY -								
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS								
22	LICENSE PLATE # STATE VIN#								
23	TRAILER STATE STATE STATE	1							
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVILVEHICLE VES NO YES NO YES NO	Ħ							
- _	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA								
	LIABILITY INSURANCE INSURANCE CO & POLICY # STORE CO & POLICY # CHARGE INSURANCE INSURANCE O & POLICY # STORE CHARGE INS								
26	OFFICER'S NAME (PRINT) WATKINS, D. BADGE OR ID # AGENCY WASHINGTON STATE PATROL								

PART A PA





CORRECTION

REPORT NO.

E203493

CASE#

		ADDITIONAL PER	SONS INVOLV	ED (PASSEN	BERS AND/OR	WITNESSE	S ONLY)					
NAME (LAST, FIRST, MIDDLE)	nitial)											
ADDRESS & PHONE #						ŞEX	D.O.B. MMPDYYYY		-			
PASSENGER V	VITNESS UNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS		NATURE OF INJUR	NES		
NAME (LAST, FIRST, MIDDLE)	NITIALI											
ADDRESS & PHONE #						SEX	D.O.B. MMODYYYY	7_[
PASSENGER V	VITNESS UNIT#	SEAT POS.	AIRBAG	RESTR.	EJEĆT	HELMET USE	INJURY CLASS	\	NATURE OF INJUR	RIES		
NAME	AUTIAN	1 100.				771	02.00					
ADDRESS & PHONE # SEX D.O.B. MMDDYYYY												
DADOCNIOED	VITNESS UNIT#	SEAT	AIDDAG	RESTR,	EJECT	HELMET USE	INJURY CLASS	 	NATURE OF INJUR	VES		
PASSENGER V	VITNESS UNIT#	SEAT POS.	AIRBAG	JAGRAM	EJECT	USE	CLASS					
-				-JAYITAN				•	IND	ICATE NORTH BY ARROW		
Please se	ee subsequent	diagram page							1	ANNUW '		
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	V-1/2, p-1/2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1											
Diagram		manualis a mass		IARRATIV	E							
Please Se	ee subsequent	narranye page	(5)									
							·					
I CERTIFY (DECLA	RE) UNDER PENALTY OF	PERJURY UNDER THE I	AWS OF THE STA	ATE OF WASHII	NGTON THAT TH	E FOREGO	ING IS TRUE A	VD ÇORF	ECT. (RCW 9A	.72.085)		
D. WATKIN				11/4/:	2012							
	FICER'S SIGNATURE	UNIT OR E	IST. DET	DATED	DATE		CE SIGNED					
Y	M, C. 0259							1				
BADGE OR ID #	310	ORI# WAWSF	0715		TIME POLICE DISPA	TOHED 2:4	45 AM	TIME PO	LICE ARRIVED	3:01 AM		

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Narrative

UNIT 1 WAS TRAVELING EB ON SR 532 AT MP 8. FOR UNKNOWN REASONS UNIT 1 DRIFTED OFF THE RIGHT SHOULDER OF THE ROADWAY AND STRUCK THE GUARDRAIL. UNIT 1 SPUN CLOCKWISE AND CAME TO REST FACING NORTHWEST IN THE WESTBOUND LANE OF THE ROAD. THE DRIVER OF UNIT 1 STATED SHE DID NOT REMEMBER THE COLLISION AND ONLY REMEMBERED WAKING UP POST COLLISION. THERE WAS NO SIGNS OF BRAKING SEEN PRIOR TO IMPACT WITH THE GUARDRAIL.

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STATE ROUTE 532 MP 8.60



