



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E279913

1 0 4 27

1

| | | |
|---|--------------------------------------|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input checked="" 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"/> |

2

TRIBAL RESERVATION

3

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

DATE OF COLLISION 10 - 23 - 2013 0931 17 1185

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

W/B SR 18 BLOCK NO. 27 82

4a

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W FEET I-90

5

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

6

LAST NAME FIRST NAME MIDDLE INITIAL

7

STREET NEW ADDRESS

8

CITY BLACK DIAMOND ST WA ZIP

9

CDL RESTRICTIONS B ENDORSEMENTS T

10

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

11

ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

12

LICENSE PLATE # STATE WA VIN#

13

TRAILER PLATE # STATE WA TRAILER PLATE # STATE

14

VEH. YEAR 2008 MAKE PETE MODEL TRACTOR STYLE SE VEHICLE TOWED YES NO TOWED BY QUALITY GOVT. VEHICLE YES NO

15

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 3Z0788981 CHARGE SPEED TOO FAST

16

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

17

LAST NAME DOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS PO BOX 330310

19

CITY SHORELINE ST WA ZIP 98133

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

22

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

23

LICENSE PLATE # STATE VIN#

24

TRAILER PLATE # STATE TRAILER PLATE # STATE

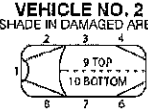
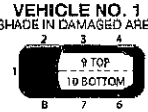
25

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

26

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE

OFFICER'S NAME (PRINT) PORTER, D. BADGE OR ID # 1086 AGENCY WASHINGTON STATE PATROL



1 1 2 31

1 1 2 32

FROM 10 3 7 33

FROM 10 4 34

4 35

36

37

38

39

40

1 41

42

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E279913**

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 type="checkbox"/> | WITNESS <input checked="" type="checkbox"/> | UNIT # | SEAT POS. | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES | | |

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH
BY ARROW

NARRATIVE

Please see subsequent narrative page(s)

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)

| | | | |
|--------------------------------------|--------------------|-----------------------------------|--------------------------------|
| D. PORTER | 10/25/2013 | | |
| INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST. DET | DATED | PLACE SIGNED |
| APPROVED BY DUCOMMUN, SGT. B. 246 | DATE | | |
| BADGE OR ID # 1086 | ORI # WAWSP0215 | TIME POLICE DISPATCHED 9:31 AM | TIME POLICE ARRIVED 9:39 AM |



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E279913**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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)

D. PORTER

10/25/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DUCOMMUN, SGT. B. 246

DATE

| | | | | | | | |
|---------------|------|-------|-----------|------------------------|---------|---------------------|---------|
| BADGE OR ID # | 1086 | ORI # | WAWSP0215 | TIME POLICE DISPATCHED | 9:31 AM | TIME POLICE ARRIVED | 9:39 AM |
|---------------|------|-------|-----------|------------------------|---------|---------------------|---------|

PART B 3000-345-160 R (7/08)

PAGE 3 OF 6

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

REPORT NO. E279913

CASE #

1
2
3
4
4a
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

1
2
3
1
2
3
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE
UNIT # 1 **USDOT** 0134474 **ICC #** **VEHICLE TYPE** 6 **CARGO BODY TYPE** 9

CARRIER NAME [REDACTED]

CARRIER ADDRESS [REDACTED]

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

NAME SOURCE 1 **# AXLES** 8 **GWR** 98000 **PLACARD** **NAME IF NO NUMBER**

ADDITIONAL UNITS

UNIT # **MOTOR VEHICLE** **PEDAL-CYCLE** **PEDESTRIAN** **PROPERTY OWNER** **DAMAGE THRESHOLD MET** YES NO **PHONE**

LAST NAME **FIRST NAME** **MIDDLE INITIAL**

STREET NEW ADDRESS

CITY **ST** **ZIP**

CDL **RESTRICTIONS** **ENDORSEMENTS**

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

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

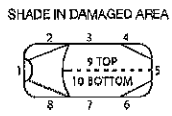
LICENSE PLATE # **STATE** **VIN#**

TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**

VEH. YEAR **MAKE** **MODEL** **STYLE** **VEHICLE TOWED** YES NO **TOWED BY** **GOVT. VEHICLE** YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT **INSURANCE CO & POLICY #** **VEHICLE LEGALLY STANDING** YES NO **CITATION #** **CHARGE**



UNIT # **MOTOR VEHICLE** **PEDAL-CYCLE** **PEDESTRIAN** **PROPERTY OWNER** **DAMAGE THRESHOLD MET** YES NO **PHONE**

LAST NAME **FIRST NAME** **MIDDLE INITIAL**

STREET NEW ADDRESS

CITY **ST** **ZIP**

CDL **RESTRICTIONS** **ENDORSEMENTS**

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

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

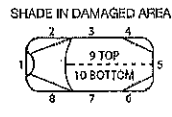
LICENSE PLATE # **STATE** **VIN#**

TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**

VEH. YEAR **MAKE** **MODEL** **STYLE** **VEHICLE TOWED** YES NO **TOWED BY** **GOVT. VEHICLE** YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT **INSURANCE CO & POLICY #** **VEHICLE LEGALLY STANDING** YES NO **CITATION #** **CHARGE**



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)

D. PORTER **10/25/2013**
 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 1086 **ORI #** WAWSP0215 **APPROVED BY** DUCOMMUN **DATE** **PAGE** 4 **OF** 6

Narrative

Unit 1 was traveling from W/B I-90 to W/B SR 18 in lane 1 of 2. According to witnesses unit 1 had a red light and was traveling too fast while making the left turn onto SR 18. During the left turn unit 1 rolled over onto the right side and came to rest blocking lane 1 of 2 W/B SR 18 at I-90

