<b>(2)</b>	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	4 5 27
1 1 2 2	INTERSTATE  CITY STREET	3 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY # MILES N E IN  0140  OCITY #  OATE OF OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OTHER OF OTHER O	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION INTERS	0 1 29
5	MILES N E SR-11 ONRAMP  SR-11 ONRAMP  DAMAGE THRESHOLD MET PHONE	[ <del></del> ]
6	UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE DAMAGE THRESHOLD MET VES NO PHONE  LAST NAME JONES  FIRST NAME  MIDDLE INITIAL	30
*[0]	STREET NEW ADDRESS	
7	CITY BOW ST WA ZIP	1 2 31
8	CDL RESTRICTIONS B ENDORSEMENTS	2
9	DRIVER'S LICENSE # STATE V/A SEX M D.O.B. MMODYYYY	3
10	ON DUTY STATUS AIRBAG 1 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES	32
11	LICENSE PLATE # STATE V/A VIN#	3
12	TRAILER PLATE # STATE STATE	
13 6	VEH. YEAR 1987 FORD RANGER PK VEHICLE TOWED BY BUDGET TOWING VEHICLE NO. 1	3 1 33
15 1	LIABILITY INSURANCE IN INSURANCE OR & POLICY # STANDING WITH WHEELS OFF IO BOTTOM BY THE PROPERTY OWNER OWNER OWNER PHONE	34 4 35
16	LAST NAME WA ST. DEPT. OF TRANS. FIRST NAME MIDDLE INITIAL	36
17	STREET NEW AUDDRESS 4100 CEDARDALE RD	37
18	OITY MOUNT VERNON ST WA ZIP 98273	38
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LIGENSE # SEX D.O.B. MMDDYYYY	<u> </u>
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY CLASS NATURE OF INJURIES	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO TOWED BY  REGISTERED OWNER INFO.  VEHICLE TOWED BY  VEHICLE TOWED BY  VEHICLE NO. 2	42
25	LIABILITY INSURANCE INSURANCE CO INSURANCE C	
26	GUSTAFSON, S.  BADGE OR ID #  790  WASHINGTON STATE PATROL	

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





CORRECTION

REPORT NO.

E301554

CASE	į

	ADDITIONAL PERS	SONS INVOLV	ED (PASSENC	ERS AND/OF	R WITNESSI	ES ONLY)			
NAME LAST, FIRST, MIDDLE INITIAL)					- ·				
ADDRESS & PHONE #					SEX	D.O.B. MMDDYYYY	_		
PASSENGER WITNESS UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS		NATURE OF INJUR	RIES
NAME LAST, FIRST, MIDDLE INITIAL)						-,			
ADDRESS & PHONE #					- ALPSA	D.O.B.			
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Passenger Witness Unit#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET UŞE	INJURY OLASS		NATURE OF INJUI	RIES
IAME AST, FIRST, MIDDLE INITIAL)									
DDRESS & PHONE #					SEX	D.O.B. MMDDYYYY			
ASSENGER WITNESS UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET	INJURY		NATURE OF INJU	RIES
			DIAGRAM						
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DERTIFY (DECLARE) UNDER PENALTY OF	PERJURY UNDER THE L	AWS OF THE ST	ATE OF WASHI	IGTON THAT T	HE FOREGO	DING IS TRUE AN	ND COR	RECT. (RCW 9A	.72.085)
B. GUSTAFSON			1/21/2	2014	_				
VESTIGATING OFFICER'S SIGNATURE	UNIT OR D	IST. DET	DATED	1 = -		ACE SIGNED		,	
Betts, Sgt. S. 216				DA	ATE				
BADGE OR ID # 790	ORI# WAWSP	 0711		TIME POLICE DIS	PATCHED 3:	42 PM	TIME P	OLICE ARRIVED	3:44 PM

Report Number: E301554

## **Narrative**

This collision occurred as vehicle #1 was taking the northbound on ramp from SR-11 to I-5 in Skagit County. Vehicle #1 drove off the left side of the on ramp into soft gravel and then struck the guard rail.

Driver #1 declined any injury at the scene. Driver #1 said he had been distracted when his coffee spilled as he was taking the on ramp. When he drove into the soft gravel he wasn't able to correct back on to the road.

Report Number: E301554

