



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1691971

REPORT NO. E308147

1 1 2 1 3 1 4 4a 5 6 6 7 8 9 9 10 9 11 6 0 12 6 0 13 3 14 3 15 2 16 2 17 18 19 20 21 22 23 24 25 26

1 2 3 27 2 0 6 3 1 2 3 28 2 3 3 0 2 29 0 1 30 1 1 2 31 2 3 1 1 2 32 3 5 1 33 5 1 34 4 35 4 36 37 38 39 40 1 41 1 42

INTERSTATE CITY STREET FIRE RESULTED SYOLEN VEHICLE HIT & RUN INVOLVED STATE ROUTE OTHER COUNTY RD PRIVATE WAY

CASE # LOCAL AGENCY CODING 006481 TOTAL # OF UNITS 3 OBJECT STRUCK Guardrail

TRIBAL RESERVATION DATE OF COLLISION 2-4-2014 TIME (2400) 1242 COUNTY # 17 MILES CITY # 1320

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION NB SR 599 BLOCK NO. 0 MILE POST 10

DISTANCE 500.00 MILES FEET INTERURBAN AVE

UNIT 01 MOTOR VEHICLE DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY SEATTLE ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

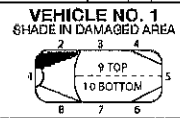
LICENSE PLATE # UNKNOWN STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE UNKN MODEL UNKNOWN STYLE 4D VEHICLE TOWED TOWED BY GOVT. VEHICLE

REGISTERED OWNER INFO LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING CITATION # 420216056 CHARGE OP MOT VEH W/OUT INS



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE (206) 856-6109

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY RENTON ST WA ZIP 980555663

CDL RESTRICTIONS ENDORSEMENTS

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

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

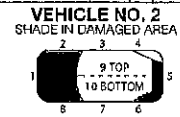
LICENSE PLATE # 300XEI STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2008 MAKE TOYT MODEL COA4D STYLE 4D VEHICLE TOWED TOWED BY CALLING PRIVATE TOW GOVT. VEHICLE

REGISTERED OWNER INFO LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING CITATION # CHARGE



OFFICER'S NAME (PRINT) BAGDE OR ID # AGENCY 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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E308147**

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 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 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)

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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)

M KELLY	2/18/2014		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Judson, Sgt. J. 161	DATE		
BADGE OR ID # 1240	ORI # WAWSP0205	TIME POLICE DISPATCHED 12:43 PM	TIME POLICE ARRIVED 12:49 PM



**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**



013197

**REPORT NO. E308147**

**CASE #** \_\_\_\_\_

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**COMMERCIAL MOTOR CARRIER** INTERSTATE  INTRASTATE

**UNIT #** \_\_\_\_\_ **USDOT** \_\_\_\_\_ **ICG #** \_\_\_\_\_ **VEHICLE TYPE** \_\_\_\_\_ **CARGO BODY TYPE** \_\_\_\_\_

**CARRIER NAME** \_\_\_\_\_

**CARRIER ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**NAME SOURCE** \_\_\_\_\_ **# AXLES** \_\_\_\_\_ **GWWR** \_\_\_\_\_ **PLACARD**  **+** \_\_\_\_\_ **NAME IF NO NUMBER** \_\_\_\_\_

**ADDITIONAL UNITS**

**UNIT #** 3 **MOTOR VEHICLE**  **PEDAL-CYCLE**  **PEDESTRIAN**  **PROPERTY OWNER**  **DAMAGE THRESHOLD MET** YES  NO  **PHONE** (206) 440-4491

**LAST NAME** WSDOT **FIRST NAME** \_\_\_\_\_ **MIDDLE INITIAL** \_\_\_\_\_

**STREET NEW ADDRESS** 15700 DAYTON AVE N

**CITY** SEATTLE **ST** WA **ZIP** 98133

**CDL** \_\_\_\_\_ **RESTRICTIONS** \_\_\_\_\_ **ENDORSEMENTS** \_\_\_\_\_

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

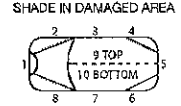
**ON DUTY**  **STATUS** \_\_\_\_\_ **AIRBAG** \_\_\_\_\_ **RESTR.** \_\_\_\_\_ **EJECT** \_\_\_\_\_ **HELMET USE** \_\_\_\_\_ **INJURY CLASS** \_\_\_\_\_ **NATURE OF INJURIES** \_\_\_\_\_

**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 - - -

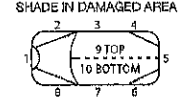
**ON DUTY**  **STATUS** \_\_\_\_\_ **AIRBAG** \_\_\_\_\_ **RESTR.** \_\_\_\_\_ **EJECT** \_\_\_\_\_ **HELMET USE** \_\_\_\_\_ **INJURY CLASS** \_\_\_\_\_ **NATURE OF INJURIES** \_\_\_\_\_

**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** \_\_\_\_\_



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**M KELLY** **2/18/2014**

**INVESTIGATING OFFICER'S SIGNATURE** \_\_\_\_\_ **UNIT OR DIST DET** \_\_\_\_\_ **DATED:** \_\_\_\_\_ **PLACE SIGNED** \_\_\_\_\_

**BADGE OR ID #** 1240 **ORI #** WAWSP0205 **APPROVED BY** Judson **DATE** \_\_\_\_\_ **PAGE** 3 **OF** 5

## Narrative

Vehicle 1 was traveling northbound on State Route 599 approaching Interurban Ave in lane 2 of 2. Vehicle 2 was traveling northbound on State Route 599 in lane 1 of 2 approaching Interurban Ave. Vehicle 1 went to make a lane change from lane 2 of 2 to lane 1 of 2 preparing to exit to Interurban Ave. In the process vehicle 1 made light contact with the left rear of vehicle 2, with the right front of vehicle 1. Vehicle continued down the ramp to Interurban Ave and did not realize any contact was made. Vehicle 2 over corrected to her left. This caused Vehicle 2 to spin eventually colliding into the guardrail on the right side of State Route 599.

Property #006481 was used to document the damage to the guardrail.

