



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E321186

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

23 27
05
28
20 29
30
12 31
32
33
51 33
34
2 35
36
37
38
39
40
1 41
42

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	2
OBJECT STRUCK	Guardrail

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
	4 - 11 - 2014	1818	17		0110
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>					

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
1-405	BLOCK NO.	26 00
	MILE POST	<input checked="" type="checkbox"/>
DISTANCE	OF (REFERENCE OR CROSS STREET)	
0 33 MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/>	N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	MP 26

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE (206) 963-5631
LAST NAME	FIRST NAME	MIDDLE INITIAL	A	

STREET NEW ADDRESS	CITY	EVERETT	ST	WA	ZIP
	CDL	RESTRICTIONS	B	ENDORSEMENTS	

DRIVER'S LICENSE #	STATE	WA	SEX	F	D.O.B. MMDDYYYY	3 - 5 - 1962					
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES

LICENSE PLATE #	STATE	WA	VIN#
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	1998	MAKE	SUBA	MODEL	LEGACY	STYLE	SW	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	MARY'S TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> INSURANCE CO. & POLICY # VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # 4Z0430318 CHARGE UNSAFE LANE CHANGE										

UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE (206) 440-4000
LAST NAME	DOT	FIRST NAME	MIDDLE INITIAL			

STREET NEW ADDRESS	PO BOX 330310				
CITY	SEATTLE	ST	WA	ZIP	98133
CDL	RESTRICTIONS	ENDORSEMENTS			

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY				
ON DUTY <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> INSURANCE CO. & POLICY # VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> CITATION # CHARGE OFFICER'S NAME (PRINT) SHEARER, D. BADGE OR ID # 1141 AGENCY WASHINGTON STATE PATROL					



1591972

CORRECTION

REPORT NO. **E321186**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) [REDACTED]

ADDRESS & PHONE # [REDACTED] SEX **F** D.O.B. MMDDYYYY [REDACTED] - [REDACTED] - [REDACTED]

PASSENGER WITNESS UNIT # [REDACTED] SEAT POS. [REDACTED] AIRBAG [REDACTED] RESTR. [REDACTED] EJECT [REDACTED] HELMET USE [REDACTED] INJURY CLASS [REDACTED] NATURE OF INJURIES [REDACTED]

NAME (LAST, FIRST, MIDDLE INITIAL) [REDACTED]

ADDRESS & PHONE # [REDACTED] SEX **M** D.O.B. MMDDYYYY [REDACTED] - [REDACTED] - [REDACTED]

PASSENGER WITNESS UNIT # [REDACTED] SEAT POS. [REDACTED] AIRBAG [REDACTED] RESTR. [REDACTED] EJECT [REDACTED] HELMET USE [REDACTED] INJURY CLASS [REDACTED] NATURE OF INJURIES [REDACTED]

NAME (LAST, FIRST, MIDDLE INITIAL) [REDACTED] A

ADDRESS & PHONE # [REDACTED] SEX **F** D.O.B. MMDDYYYY [REDACTED] - [REDACTED] - [REDACTED]

PASSENGER WITNESS UNIT # [REDACTED] SEAT POS. [REDACTED] AIRBAG [REDACTED] RESTR. [REDACTED] EJECT [REDACTED] HELMET USE [REDACTED] INJURY CLASS [REDACTED] NATURE OF INJURIES [REDACTED]

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. SHEARER 4/17/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Shearer, D. 1141 DATE

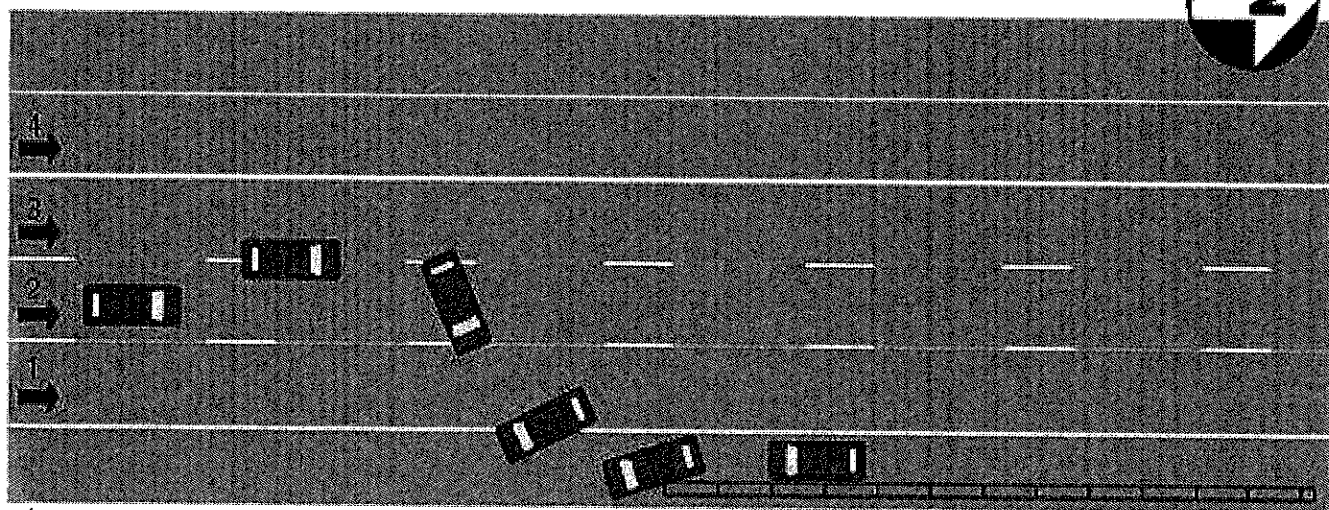
BADGE OR ID # 1141 ORI # WAWSP0701 TIME POLICE DISPATCHED 6:19 PM TIME POLICE ARRIVED 6:26 PM

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

Narrative

Vehicle 1 was northbound I-405 near MP 26 in lane 2 of 4. Another vehicle got in front of vehicle 1 and slowed down. Vehicle 1 went to make a lane change into lane 3 of 4 but then suddenly saw a vehicle already in the lane. Driver of vehicle 1 over corrected and lost control. Vehicle rotated and ended up facing southbound in the northbound lanes. Vehicle 1 left the roadway and struck the guardrail on the right shoulder.

Northbound I-405 milepost 26



Point of Impact