



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1691971

REPORT NO. E328825

1 1 6 27

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

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"/>

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

DATE OF COLLISION M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

5 - 17 - 2014 0843 17 N S E W IN OF 1185

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

WB SR-18 BLOCK NO. 27 MILE POST 89

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W 1-90

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY QUINCY ST WA ZIP

CDL A RESTRICTIONS K ENDORSEMENTS T

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

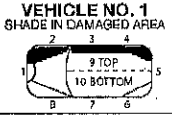
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE WA TRAILER PLATE # STATE

VEH. YEAR 1995 MAKE MACK MODEL TRACTOR STYLE DS VEHICLE TOWED YES NO TOWED BY TODD'S TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0497611 CHARGE DEFECTIVE TIRES



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (360) 705-7000

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 310 MAPLE PARK AVENUE SE P.O. BOX 47300

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

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

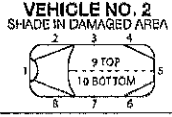
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 # CITATION # CHARGE



OFFICER'S NAME (PRINT) STORTON, C. BADGE OR ID # 1095 AGENCY WASHINGTON STATE PATROL

PART A 3000-345-159 R (7/06)

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. **E328825**

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 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)

C. STORTON

5/20/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY	Storton, C. 1095	DATE	
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BADGE OR ID #	1095	ORI #	WAWSP0216	TIME POLICE DISPATCHED	8:48 AM	TIME POLICE ARRIVED	8:57 AM
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PART B 3000-345-160 R (7/09)

PAGE 2 OF 5

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. E328825

CASE #

1 1

COMMERCIAL MOTOR CARRIER				INTERSTATE <input type="checkbox"/>	INTRASTATE <input checked="" type="checkbox"/>	
UNIT #	1	USDOT	0030687	ICC #	VEHICLE TYPE 6	CARGO BODY TYPE 2

2 1

CARRIER NAME	[REDACTED]
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3 1

CARRIER ADDRESS	[REDACTED]
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4

CITY	EPHRATA	ST	WA	ZIP	[REDACTED]
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4a

NAME SOURCE	3	# AXLES	8	GVWR	105000	PLACARD <input type="checkbox"/>	+	NAME IF NO NUMBER
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5

ADDITIONAL UNITS

UNIT #	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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6 2

LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	<input type="checkbox"/>
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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7

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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8

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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9

LICENSE PLATE #	STATE	VIN#
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10

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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11

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"/>
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12

REGISTERED OWNER INFO.		SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	

14

UNIT #	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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15

LAST NAME	FIRST NAME	MIDDLE INITIAL
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15

STREET NEW ADDRESS	<input type="checkbox"/>
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17

CITY	ST	ZIP
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18

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

19

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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19

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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20

LICENSE PLATE #	STATE	VIN#
-----------------	-------	------

21

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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22

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"/>
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23

REGISTERED OWNER INFO.		SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	

24

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)

C. STORTON 5/20/2014
 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

25

BADGE OR ID #	1095	ORI #	WAWSP0216	APPROVED BY	Storton	DATE	PAGE 3 OF 5
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Narrative

V-1 was traveling on the ramp from WB I-90 to WB SR-18. The truck had a tire blow on the passengers side. This caused the truck and trailer to roll onto it's passenger's side and strike the guardrail.

