



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E347972

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

CASE # 14-013800

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION 8 - 3 - 2014 0310 17 N S E W IN OF 1140

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
NB I-5 BLOCK NO. 170 MILE POST 80

DISTANCE 0.01 MILES  N  E  S  W OF (REFERENCE OR CROSS STREET) SR 522

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY BOTHELL ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY  STATUS AIRBAG 6 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES SHOULDER / NECK PAIN

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE CHEV MODEL IMPALA STYLE 4T VEHICLE TOWED YES  NO  TOWED BY LANG TOWING GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY #

VEHICLE FROM STANDING YES  NO  CITATION # CHARGE

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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 15700 DAYTON AVE

CITY SHORELINE ST WA ZIP 98155

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. VEHICLE NO. 2 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY #

VEHICLE FROM STANDING YES  NO  CITATION # CHARGE

OFFICER'S NAME (PRINT) HAGADONE, D. BADGE OR ID # 535 AGENCY WASHINGTON STATE PATROL



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POLICE TRAFFIC  
COLLISION REPORT



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CORRECTION

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ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																	
[REDACTED]		SEX	M	D.O.B. MMDDYYYY		[REDACTED]		[REDACTED]		[REDACTED]									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	5	NATURE OF INJURIES	SEVERED ARTERY IN LEFT
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																	
ADDRESS & PHONE #		[REDACTED]																	
[REDACTED]		SEX	F	D.O.B. MMDDYYYY		[REDACTED]		[REDACTED]		[REDACTED]									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	CUTS / BRUISES
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																	
ADDRESS & PHONE #		[REDACTED]																	
[REDACTED]		SEX	M	D.O.B. MMDDYYYY		5		[REDACTED]		[REDACTED]									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	CUTS / BRUISES

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. HAGADONE

8/11/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Yim, Sgt. C. 0259

DATE

BADGE OR ID # 535 ORI # WAWSP0203 TIME POLICE DISPATCHED 3:10 AM TIME POLICE ARRIVED 3:13 AM



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ADDRESS & PHONE #		[REDACTED]															
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	CUTS / BRUISES
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]															
ADDRESS & PHONE #		[REDACTED]															
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	CUTS / BRUISES
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	

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

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DATED

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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]

ADDRESS & PHONE # [REDACTED] SEX [REDACTED] 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]

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TIME POLICE DISPATCHED 3:10 AM

TIME POLICE ARRIVED 3:13 AM

PART B 3000-345-100 R (7/08)

PAGE 5 OF 7

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 01 was travelling NB on I-5 approaching the exit to SR 522 in lane 3, travelling at a high rate of speed. Vehicle 01 attempted to take the exit to SR 522, and lost control causing the vehicle to spin clockwise and strike the guard rail with the front left corner of the vehicle. Vehicle 01 then rolled into the grass shoulder on the right of the roadway coming to rest on its roof.

NB I-5 MP 170.80

