



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1581971

REPORT NO. **E348817**

1

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"/>

2

TRIBAL RESERVATION

3

CASE # 14-014085

LOCAL AGENCY CODING

TOTAL # OF UNITS 1 OBJECT STRUCK Guardrail

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

8 - 8 - 2014 1036 31 3 66 N S E W IN OF 0420

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

STATE ROUTE 2 BLOCK NO. 3 66

MILE POST

4B

5

DISTANCE 0.71 MILES  N  E  S  W  OF (REFERENCE OR CROSS STREET) BICKFORD AVE

6

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE (360) 316-9575

LAST NAME FIRST NAME MIDDLE INITIAL

7

STREET NEW ADDRESS

CITY ARLINGTON ST WA ZIP

8

CDL RESTRICTIONS C ENDORSEMENTS

9

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

10

ON DUTY  STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

11

LICENSE PLATE # STATE WA VIN#

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR 2008 MAKE CHEV MODEL HHRVAN STYLE UT VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

14

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

15

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # CITATION # 4Z0791392 CHARGE NEGLIGENT DRIVING 2ND DEGREE

16

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

17

LAST NAME FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS

19

CITY ST ZIP

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

22

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

23

LICENSE PLATE # STATE VIN#

24

TRAILER PLATE # STATE TRAILER PLATE # STATE

25

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

26

REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # CITATION # CHARGE

OFFICER'S NAME (PRINT) MCGEE, M. BADGE OR ID # 691 AGENCY WASHINGTON STATE PATROL

1 0 1 27

2 1 4

3 5 2

1 28

2 29

3 0 1 29

30

1 1 2 31

2 32

3 33

1 7 3 33

2 34

3 35

36

1 0 8 37

38

39

40

1 41

42

PART A

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. **E348817**

CASE # 14-014085

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	
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)												
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	
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)												
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	
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)

M. MCGEE

8/13/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Caiola, Sgt. C. 163

DATE

BADGE OR ID #	691	ORI #	WAWSP0706	TIME POLICE DISPATCHED	10:36 AM	TIME POLICE ARRIVED	10:50 AM
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PART B 3000-345-100 R (7/06)

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## Narrative

Unit one was travelling east on State Route two approaching Bickford Ave exit. The driver of unit one fell asleep at the wheel and drifted to the right crossing the gravel area just beyond the paved gore point of the Bickford Ave exit. Unit one struck the exit sign and then struck the guard rail damaging approximately 50 to 75 feet of gaurd rail.

STATE ROUTE 2 MP 3

