		1 5 0 27
1 1 2 1	STATE ROUTE V OTHER COUNTY PD PRIVATE WAY DIRECT STRUCK GUARDING GUAR	3 28
3 1	DATE OF 8 - 26 - 2014 1713 17 10 00 N E IN 0335	3
4a	ON (PRIMARY TRAFFIC WAY)  NB SR203  BLOCK NO.   MILE POST   OF (REFERENCE OR CROSS STREET)  OF (REFERENCE OR CROSS STREET)	1 9 29
5	200 00 MILES N E HOLD NE 16TH ST  UNIT 01 MOTOR VEHICLE PEDAL- CYCLE PARAGE THRESHOLD MEY PHOPE OF THE PROPERTY OF THE PROPERT	30
ß 2	LAST NAME PIRST NAME NITUAL E	
\	STREET NEW ADDRESS	
7	CITY CARNATION ST WA ZIP 980146419	1 2 31
8	CDL RESTRICTIONS B ENDORSEMENTS	2
9 9	DRIVER'S LICENSE#	3
10	ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET 2 INJURY CLASS 6 WRIST	32
11 5 5	STATE WA VIN	3
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	<u> </u>
13 2	VEH. YEAR 2015 SÜBA FÖRESTER UT VEHICLE TOWED BY VEHICLE TOWED BY VEHICLE NO. 1	5 1 33
14	SHADE IN DAMAGED AREA  LIABILITY INSURANCE CO IN EFFECT  INSURANCE CO A POLICY II  1  1  1  1  1  1  1  1  1  1  1  1	FROM TO
15 2	VEHICLE YES NO CHARGE CHARGE DRIVING WITH WHEELS OFF B 7 6	4 35
16	MIDDLE	36
17	STREET T 15700 DAYTON AVE N	37
18	OITY SEATTLE ST WA ZIP 98133	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S CTATE CETY D.Q.B.	40
21	CURING STATES NATURE OF INJURIES	
22	LICENSE PLATE#	
23	TRAILER PLATE # STATE PLATE # STATE	1
24	VEH. YEAR MAKE MODEL STYLE VEHICLE YOWED BY GOVT. VEHICLE YES NO YES NO YES NO YES NO YES NO YES	1 41
24	REGISTERED OWNER INFO.  VEHICLE NO. 2 SHADE IN DAMAGED AREA	
25	LIABULTY INSURANCE INSURANCE CO & POLICY #  VENULY YES NO CHARGE  CHARGE	
26	OFFICER'S NAME (PRINT) GAFFIN, K.  BADGE 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





CORRECTION

CAȘE#

E353251 REPORT NO.

		ADDITIONAL PER	SONS INVOLV	ED (PASSEN	BERS AND/OR V	WITNESSE	S ONLY)					
NAME (LAST, FIRST, MIDDLE INITIAL)							,					
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY		-			
PASSENGER WITNESS	UNIT#	SEAT POS.	, AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS		NATURE OF INJUS	PIE8		
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE # SEX D.O.B. HMDDYYYY												
PASSENGER WITNESS	UNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS		NATURE OF INJU	RIES		
NAME (LAST, FIRST, MIDDLE INITIAL)												
ADDRESS & PHONE # SEX D.O.B. MMDDYYYY												
PASSENGER WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS		NATURE OF INJU	RIE8		
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			New York Control of the Control of t							IOSTE NOTE!		
Please see su	bsequent	diagram page							1ND	ICATE NORTH BY ARROW		
									No.			
				IARRATIV	<u>'E</u>							
Please see su	bsequent	narrative page	(s)	<del></del>								
		· <u>-</u>		<del></del>								
I CERTIFY (DECLARE) UND	DER PENALTY OF	F PERJURY UNDER THE L	AWS OF THE STA			E FORE <b>GO</b>	ING IS TRUE AN	ID CORF	RECT. (RCW 9A	.72.085)		
K. GAFFIN INVESTIGATING OFFICER'S	SIGNATURE	UNIT OR D	IST. DET	9/2/20 DATED	J14 	PLA	CE SIGNED			· · · · · · · · · · · · · · · · · ·		
APPROVED BY COZZITO	to, Sgt. P.	145			DATE							
BADGE OR ID # 955		ORI# WAWSF	0218		TIME POLICE DISPA	тонер 5;	13 PM	TIME PC	DLICE ARRIVED	5:29 PM		

Report Number: E353251

## **Narrative**

VEHICLE ONE WAS TRAVELING NB SR203 JUST NORTH OF NE 16TH STREET IN LANE ONE OF ONE. VEHICLE ONE SWERVED TO THE RIGHT AND COLLIDED INTO THE RIGHT SIDE GUARDRAIL. VEHICLE ACTION WAS SWERVING TO AVOID SQUIRREL.

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