



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E359149

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

1 0 1 2 0 2 3 5 1 28 2 3 19 29 30 31 1 2 32 33 1 34 35 1 36 37 9 7 38 8 39 40 41 1 42

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 #	14-016922		
LOCAL AGENCY CODING	WSP0706		
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 #	
9 - 22 - 2014		1025	31	2	20	1180
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>		BLOCK NO.		MILE POST		
STATE ROUTE 9				7 10		

DISTANCE	OF (REFERENCE OR CROSS STREET)
0 13 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"/>
LOWELL-LARIMER	

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
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LAST NAME	FIRST NAME	MIDDLE INITIAL
		A

STREET NEW ADDRESS

CITY	EVERETT	ST	WA	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	F	D.O.B.
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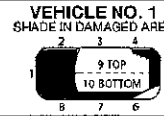
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	2	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	SORENESS
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LICENSE PLATE #	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2015	MAKE	CADI	MODEL	SEVILLE	STYLE	4D	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	4Z0847775, 4Z0847775	CHARGE	OP MOT VEH W/OUT INS.
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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
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LAST NAME	DOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	15700 DAYTON AVE. NORTH
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CITY	SHORELINE	ST	WA	ZIP	98133
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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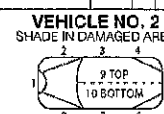
LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.
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LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
LEE, R.	725	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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1691972

CORRECTION

REPORT NO. **E359149**

CASE # 14-016922

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)

R. LEE 9/24/2014  
 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED  
 APPROVED BY Caiola, Sgt. C. 163 DATE

BADGE OR ID #	725	ORI #	WAWSP0706	TIME POLICE DISPATCHED	10:31 AM	TIME POLICE ARRIVED	10:37 AM
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## Narrative

Vehicle 1 is traveling southbound on State Route 9 at Mile Post 7.1 in lane 1 of 2. The roadway in this area is very straight and has no turns. \*\*\*The driver is under the influence of alcohol and drugs. The driver believes that the guard rail is a right turn and begins to perform a right turn. The next available right turn is Lowell-Larimer which is nearly 500 feet away. Vehicle 1 strikes the guard rail and posts at a high rate of speed. There is no evidence in the roadway to suggest that the vehicle performed any braking or evasive steering. Vehicle 1 destroys approximately 6 posts and 40 feet of guard rail. Vehicle 1 rotates clock wise and comes to rest after the rear of the vehicle strikes the guard rail a second time. The actions of the driver shows a blatant disregard for the safety of others. Driver of Vehicle 1 is subsequently arrested for DUI. The driver sustained soreness from the collision.



State Route 9 at Mile Post 7.1

