



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E361661

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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	029736
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

DATE OF COLLISION	10 - 1 - 2014	TIME (2400)	0504	COUNTY #	17	MILES		CITY #	1320
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ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

SB SR 599 BLOCK NO. 0 33

DISTANCE 500 00 MILES  N  E  S  W OF (REFERENCE OR CROSS STREET) S. 133RD ST

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

LAST NAME [REDACTED] FIRST NAME [REDACTED] MIDDLE INITIAL W

STREET NEW ADDRESS [REDACTED]

CITY [REDACTED] ST IA ZIP [REDACTED]

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # [REDACTED] STATE IA SEX M D.O.B. [REDACTED]

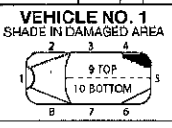
ON DUTY  STATUS AIRBAG 1 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # [REDACTED] STATE IN VIN# [REDACTED]

TRAILER PLATE # [REDACTED] STATE OK TRAILER PLATE # STATE

VEH. YEAR 2011 MAKE FRT MODEL SEMI STYLE VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # [REDACTED] VEHICLE LEGALLY STANDING YES  NO  CITATION # 420831426 CHARGE IMPROPER LANE USAGE



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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 15700 DAYTON AVE N

CITY SHORELINE ST WA ZIP 98133

CDL RESTRICTIONS ENDORSEMENTS

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

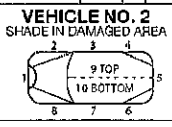
ON DUTY  STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 # [REDACTED] VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE OFFICER'S NAME (PRINT) ENG, S. BADGE OR ID # 427 AGENCY WASHINGTON STATE PATROL



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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



1591972

CORRECTION

REPORT NO. **E361661**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) [REDACTED]

ADDRESS & PHONE # [REDACTED] SEX M D.O.B. [REDACTED]

PASSENGER  WITNESS  UNIT # 1 SEAT POS. 3 AIRBAG 1 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B.

PASSENGER  WITNESS  UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B.

PASSENGER  WITNESS  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)

S. ENG 10/3/2014  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Eng, S. 427 DATE

BADGE OR ID # 427 ORI # WAWSP0205 TIME POLICE DISPATCHED 5:04 AM TIME POLICE ARRIVED 5:20 AM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E361661

CASE #

1

<b>COMMERCIAL MOTOR CARRIER</b>				INTERSTATE <input checked="" type="checkbox"/>	INTRASTATE <input type="checkbox"/>
<b>UNIT #</b>	1	USDOT	53773	ICC #	
		VEHICLE TYPE	6	CARGO BODY TYPE	2

2

CARRIER NAME [REDACTED]

3

CARRIER ADDRESS [REDACTED]

4

CITY [REDACTED] ST [REDACTED] ZIP [REDACTED]

4a

NAME SOURCE 1 # AXLES 5 GWR 80000 PLACARD  +  NAME IF NO NUMBER

5

**ADDITIONAL UNITS**

<b>UNIT #</b>	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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

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

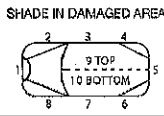
LICENSE PLATE # STATE VIN#

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



14

<b>UNIT #</b>	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

16

STREET NEW ADDRESS

17

CITY ST ZIP

18

CDL RESTRICTIONS ENDORSEMENTS

19

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

19

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

20

LICENSE PLATE # STATE VIN#

21

TRAILER PLATE # STATE TRAILER PLATE # STATE

22

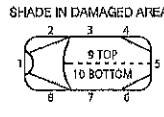
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

23

REGISTERED OWNER INFO.

24

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



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)

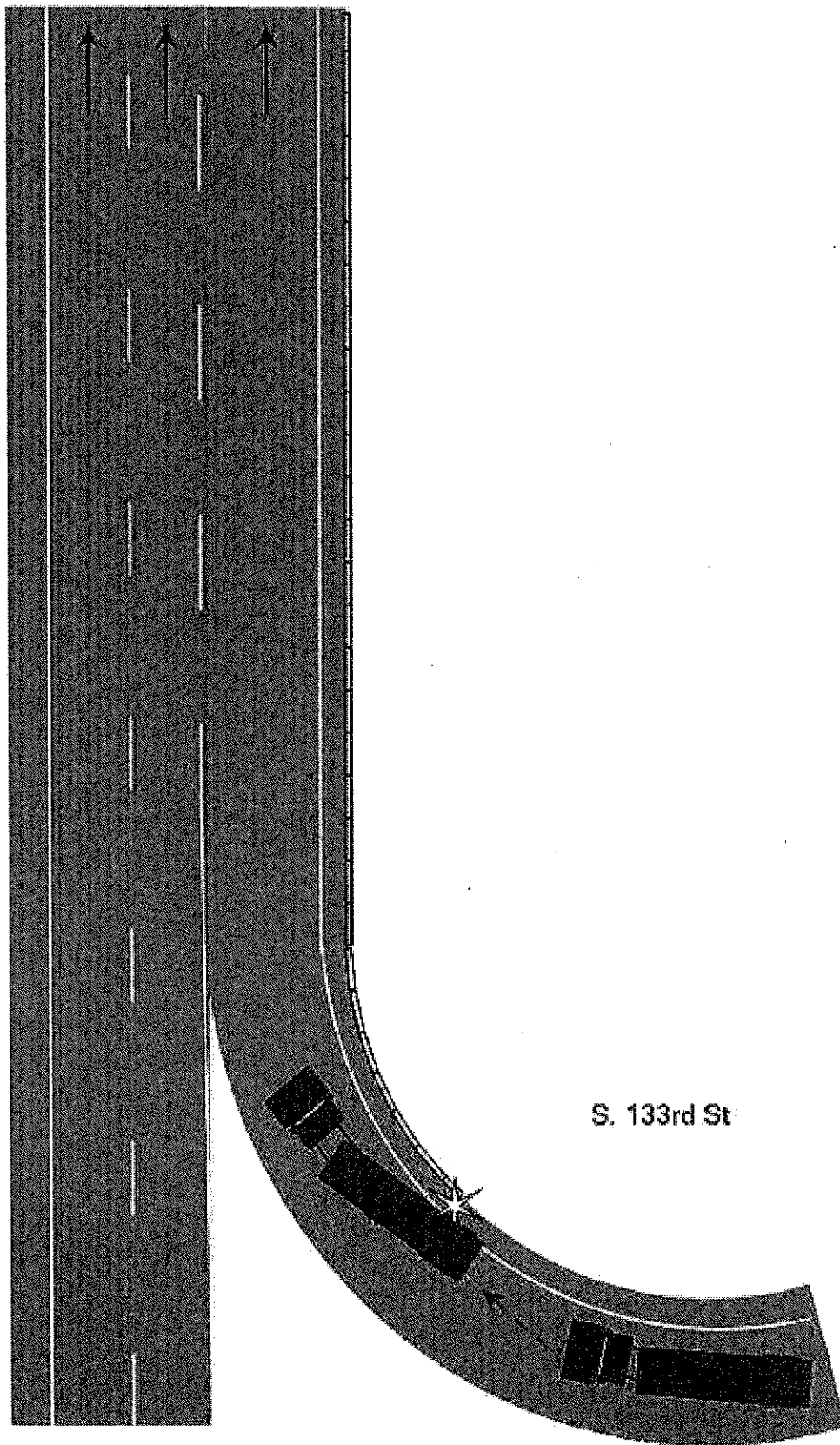
S. ENG 10/3/2014  
 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 427 ORI # WAWSP0205 APPROVED BY Eng DATE PAGE 3 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

**Narrative**

Vehicle 1 traveling S. 133rd St. to SB SR 599 on-ramp. Vehicle 1 crosses onto right shoulder and collides with guardrail, damaging right rear trailer wheel.



S. 133rd St