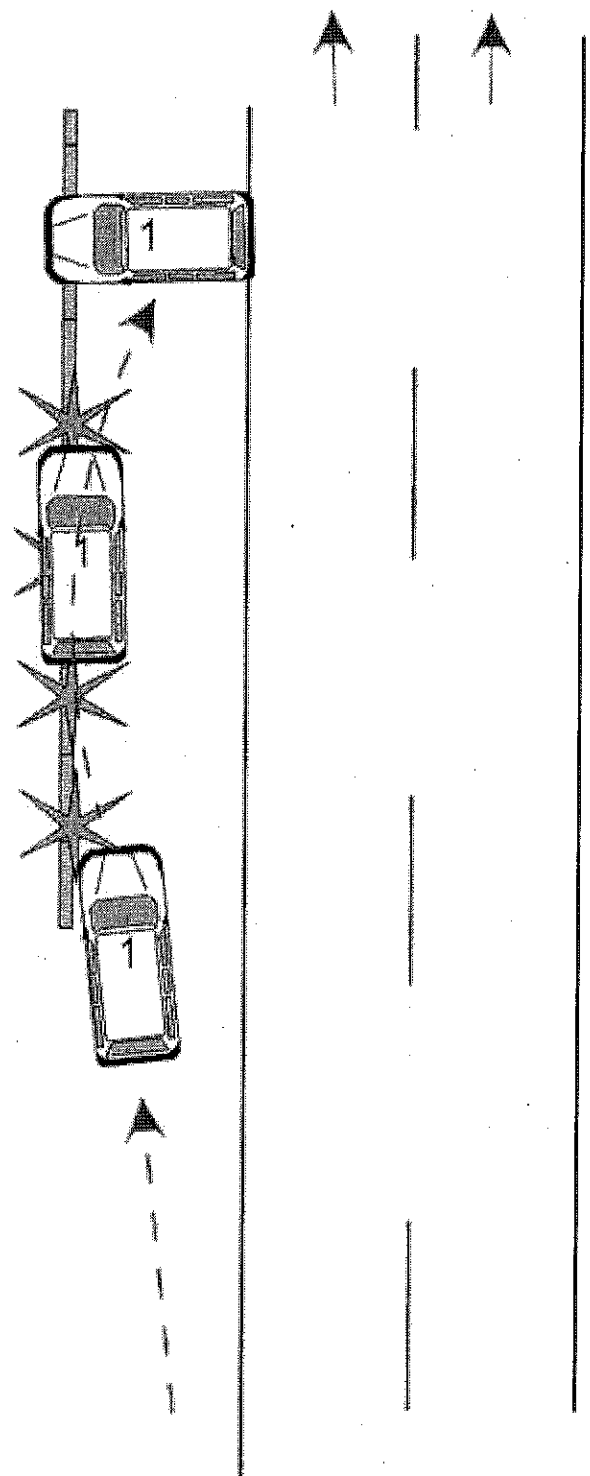


VEHICLE ONE AT REST ON GUARD RAIL





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E376684

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INTERSTATE <input checked="" type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input 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 # 14-019807

LOCAL AGENCY CODING 015637

TOTAL # OF UNITS 3 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

DATE OF COLLISION 11 - 5 - 2014 TIME (2400) 0025 COUNTY # 19 MILES 5 00 CITY # 0220

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
I 90 EASTBOUND BLOCK NO. 78 00 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)  
MILES  N  E  FEET  S  W

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

LAST NAME UNKNOWN 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 2 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1994 MAKE FORD MODEL EXPLR STYLE UT VEHICLE TOWED YES  NO  TOWED BY CLE ELUM TOWING GOVT. VEHICLE YES  NO

REG. M. LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # CITATION # CHARGE VEHICLE LEGALLY STANDING YES  NO  VEHICLE NO. 1 SHADE IN DAMAGED AREA

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY PA ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY  STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # 72 STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2007 MAKE HOND MODEL ACCORD STYLE SD VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REG. M. LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # STATE FARM 361 8234-B15-47 CITATION # CHARGE VEHICLE LEGALLY STANDING YES  NO  VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) HINCHLIFF, D. BADGE OR ID # 815 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



1591972

CORRECTION

REPORT NO. **E376684**

CASE # 14-019807

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 2 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

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

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

PASSENGER  WITNESS  UNIT # 2 SEAT POS. 3 AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

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

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

PASSENGER  WITNESS  UNIT # 2 SEAT POS. 4 AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 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)

D. HINCHLIFF 11/23/2014  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Foster, Sgt. Darin 171 DATE

BADGE OR ID # 815 ORI # WAWSP0606 TIME POLICE DISPATCHED 12:27 AM TIME POLICE ARRIVED 12:41 AM



**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**



013197

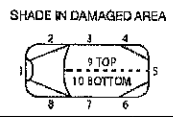
**REPORT NO. E376684**

**CASE # 14-019807**

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<b>COMMERCIAL MOTOR CARRIER</b>		INTERSTATE <input type="checkbox"/>	INTRASTATE <input type="checkbox"/>
<b>UNIT #</b>	USDOT	ICG #	CARGO BODY TYPE
CARRIER NAME			
CARRIER ADDRESS			
CITY		ST	ZIP
NAME SOURCE	# AXLES	GVWR	PLACARD + NAME IF NO NUMBER
<b>ADDITIONAL UNITS</b>			
<b>UNIT #</b>	3	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"/>	
LAST NAME WSDOT		FIRST NAME	MIDDLE INITIAL
STREET NEW ADDRESS			
CITY		ST	ZIP
CDL	RESTRICTIONS	ENDORSEMENTS	
DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
ON DUTY <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY
REGISTERED OWNER INFO.			GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #		
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE
<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"/>
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 <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY
REGISTERED OWNER INFO.			GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #		
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	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)

**D. HINCHLIFF** 11/23/2014

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 815 ORI # WAWSP0606 APPROVED BY Foster DATE PAGE 3 OF 5

## Narrative

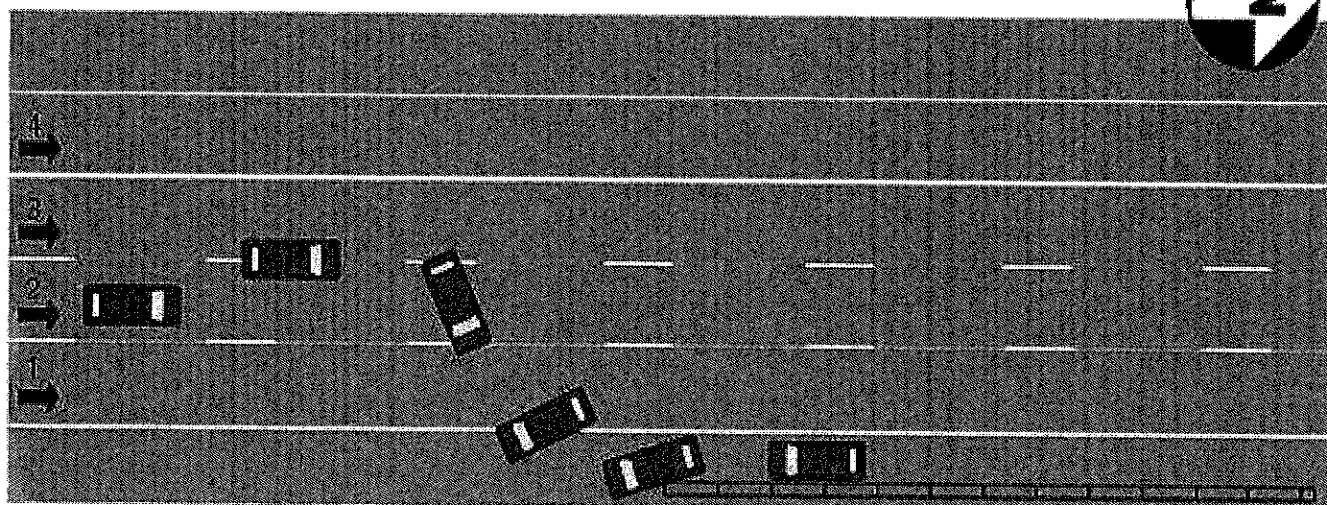
Vehicle one was traveling eastbound I 90. Vehicle one crossed over the center line and struck guard rail off of inside shoulder. Vehicle one came to rest on top of guard rail perpendicular to the lanes of travel. Vehicle one damaged 12 posts and 4 sections of guard rail (WSDOT damage number 015637).

Vehicle two was traveling eastbound in the left lane. Vehicle two struck pieces of the damaged guard rail that were out in the left lane. Both driver side tires of vehicle two were flattened, along with possible damage to the wheels. Vehicle two came to rest on the right shoulder approximately 1/4 mile ahead of vehicle one.

Upon law enforcement contact of vehicle one, only a front seat passenger was observed. He stated that the driver was [REDACTED], and that he left the scene of the collision. Passenger one could or would not provide any additional information about driver one.

Passengers in vehicle two described a male subject that they had contacted from vehicle one that did not match the passenger remaining in vehicle two.

Northbound I-405 milepost 26



Point of Impact



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E321186

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INTERSTATE <input checked="" type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input 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	
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	4 - 11 - 2014	17		0110
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>	

1-405	BLOCK NO.	26	00
	MILE POST		

DISTANCE	OF (REFERENCE OR CROSS STREET)
0.33 MILES	MP 26
FEET	

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 (206) 963-5631
LAST NAME	FIRST NAME	MIDDLE INITIAL	A	

STREET NEW ADDRESS	
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CITY	EVERETT	ST	WA	ZIP
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	F	D.O.B.	3 - 5 - 1962
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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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	1998	MAKE	SUBA	MODEL	LEGACY	STYLE	SW	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	MARY'S TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	4Z0430318	CHARGE	UNSAFE LANE CHANGE	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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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 (206) 440-4000
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LAST NAME	DOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	PO BOX 330310
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CITY	SEATTLE	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.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	VEHICLE NO. 2 SHADE IN DAMAGED AREA
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OFFICER'S NAME (PRINT)	SHEARER, D.	BADGE OR ID #	1141	AGENCY	WASHINGTON STATE PATROL
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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. **E321186**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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] A

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]

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. SHEARER 4/17/2014  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Shearer, D. 1141 DATE

BADGE OR ID # 1141 ORI # WAWSP0701 TIME POLICE DISPATCHED 6:19 PM TIME POLICE ARRIVED 6:26 PM

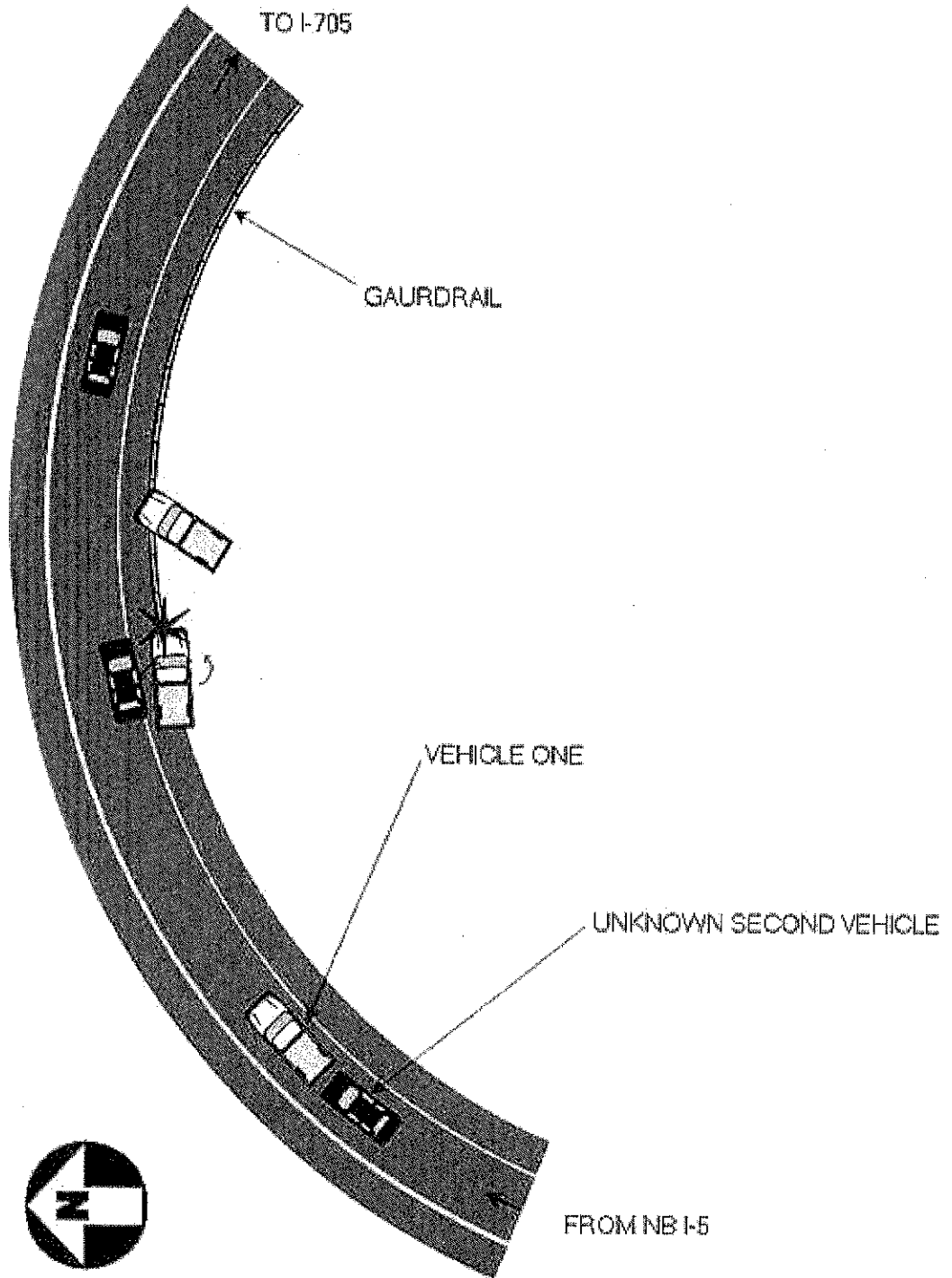
UNDER 23 UNITED STATES CODE - SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA



## Narrative

Vehicle 1 was northbound I-405 near MP 26 in lane 2 of 4. Another vehicle got in front of vehicle 1 and slowed down. Vehicle 1 went to make a lane change into lane 3 of 4 but then suddenly saw a vehicle already in the lane. Driver of vehicle 1 over corrected and lost control. Vehicle rotated and ended up facing southbound in the northbound lanes. Vehicle 1 left the roadway and struck the guardrail on the right shoulder.

INTERCHANGE RAMP FROM  
NORTHBOUND INTERSTATE 5 TO  
INTERSTATE 705





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E319718

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INTERSTATE <input checked="" type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input 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	
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 #
4 - 9 - 2014		1356	27		1280

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
NB I-5	BLOCK NO.	131 83
	MILE POST	<input checked="" type="checkbox"/>
DISTANCE	OF (REFERENCE OR CROSS STREET)	
0.98 MILES <input checked="" type="checkbox"/>	S. 38TH STREET	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET NEW ADDRESS		

CITY	ST	WA	ZIP
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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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	2000	MAKE	DODG	MODEL	RAM 1500	STYLE	PK	VEHICLE TOWED YES <input checked="" type="checkbox"/>	TOWED BY	LIBERTY TOWING	GOVT. VEHICLE YES <input type="checkbox"/>
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REGISTERED OWNER INFO.	DEPT OF TRANSPORTATION, WASHINGTON STATE	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	WSDOT WSDOT SELF INSURED
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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"/>	PHONE	(800) 737-0615
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LAST NAME	DEPT OF TRANSPORTATION	FIRST NAME	WASHINGTON STATE	MIDDLE INITIAL
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STREET NEW ADDRESS	PO BOX 47358
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CITY	OLYMPIA	ST	WA	ZIP	98504
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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"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/>
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REGISTERED OWNER INFO.	VEHICLE NO. 2 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
SANBORN, J.	645	WASHINGTON STATE PATROL



1591972

CORRECTION

REPORT NO. **E319718**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

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

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

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)

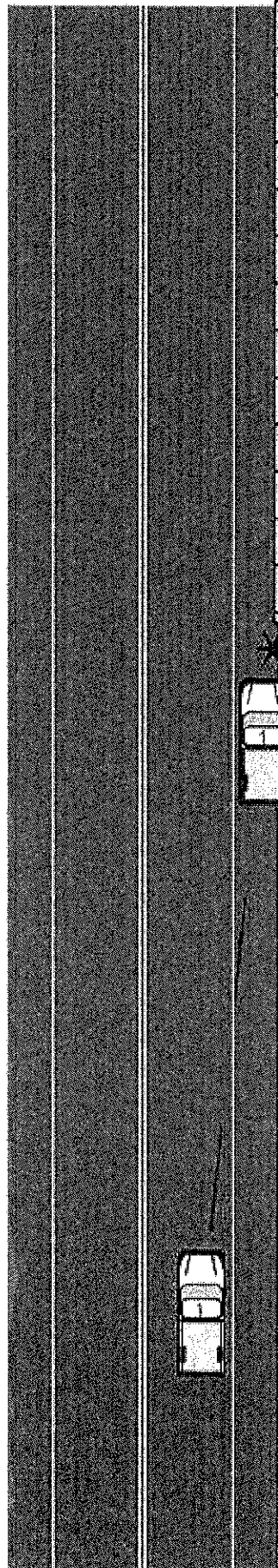
J. SANBORN 4/10/2014  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Thomas, Sgt. C. 228 DATE

BADGE OR ID # 645 ORI # WAWSP0101 TIME POLICE DISPATCHED 1:57 PM TIME POLICE ARRIVED 2:13 PM

## Narrative

Vehicle one was traveling on the interchange ramp from northbound Interstate 5 to Interstate 705. Driver of vehicle one stated that there was an erratic second vehicle that forced him off the roadway and collide with the gaurdrail on the right shoulder.



GUARDRAIL

NB STATE ROUTE 241 MP 22



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E316635

1 2 3 27

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

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
3 - 23 - 2014		2117	39	12 70	1275

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

NB STATE ROUTE 241 BLOCK NO. 22 00

4a

DISTANCE 0 90 MILES  N  E  OF (REFERENCE OR CROSS STREET) WAUTOMA RD

FEET  S  W

5

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

6

LAST NAME FIRST NAME MIDDLE INITIAL

7

STREET NEW ADDRESS

8

CITY SUNNYSIDE ST WA ZIP

9

CDL RESTRICTIONS ENDORSEMENTS

9

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

10

ON DUTY  STATUS AIRBAG 2 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 2011 MAKE CHEV MODEL SILVERADO STYLE PK VEHICLE TOWED YES  NO  TOWED BY KAY'S TOWING GOVT. VEHICLE YES  NO

14

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

15

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # CITATION # 4Z0314514 CHARGE DRIVING WITH WHEELS OFF

16

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

17

LAST NAME WA D.O.T. FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS 2809 RUDKIN RD

19

CITY UNION GAP ST WA ZIP 98903

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

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) JACKSON, S. BADGE OR ID # 603 AGENCY WASHINGTON STATE PATROL



1591972

CORRECTION

REPORT NO. **E316635**

CASE #

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)

S. JACKSON

3/26/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Cozzitorto, Sgt. P. 145

DATE

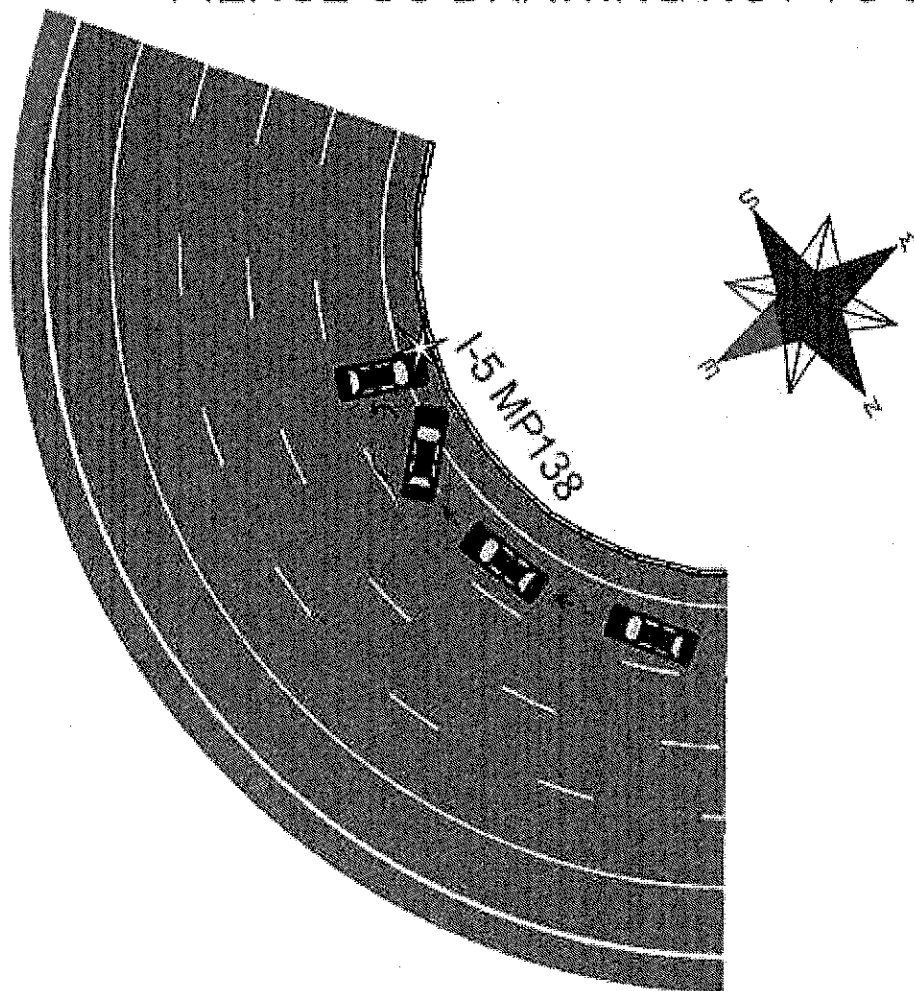
BADGE OR ID #	603	ORI #	WAWSP0306	TIME POLICE DISPATCHED	9:21 PM	TIME POLICE ARRIVED	9:43 PM
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## Narrative

Vehicle #1 was traveling NB on State Route 241 near milepost 22. The vehicle traveled off the road to the east. The vehicle continued off the road and collided with the beginning of a guardrail. The guardrail paralleled the road. Vehicle #1 came to rest at the point of contact with the guardrail. The driver of the vehicle #1 stated he swerved to avoid striking an oncoming vehicle traveling in vehicle #1's lane.

PIERCE CO DRAWING NOT TO SCALE





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E317491**

1 0 1 27

1 1

INTERSTATE <input checked="" type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input 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 # 14-004846

LOCAL AGENCY CODING 008216

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

2 1

TRIBAL RESERVATION

3 4

DATE OF COLLISION M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
3 - 14 - 2014 2113 27 0450

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
SB I-5 BLOCK NO. 138 MILE POST 00

4a

5

DISTANCE OF (REFERENCE OR CROSS STREET)  
0 25 MILES  N  E  S  W 54TH

6 5

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

7

STREET NEW ADDRESS CITY GIG HARBOR ST WA ZIP 98335

8

CDL RESTRICTIONS ENDORSEMENTS

9 9

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

10

ON DUTY  STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES CUT KNEE, HIT HEAD

11 6 0

LICENSE PLATE # STATE CO VIN# 1

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 3

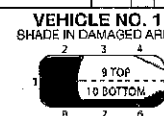
VEH. YEAR 2013 MAKE HOND MODEL CIVIC STYLE 4T VEHICLE TOWED YES  NO  TOWED BY FIFE RECOVERY GOVT. VEHICLE YES  NO

14

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # ENTERPRISE

15 1

VEHICLE LEGALLY STANDING YES  NO  CITATION # 14-004846 CHARGE DUI



16

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (800) 737-0615

17

LAST NAME TACOMA DOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS 11211 41ST AVE SW

19

CITY TACOMA ST WA ZIP 98499

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

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

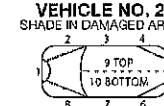
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

26

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE

OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY  
BATISTE, J. 777 WASHINGTON STATE PATROL



1 1 2 31

2

3

1

2

3

FROM TO 1 5 33

FROM TO 34

1 36

36

37

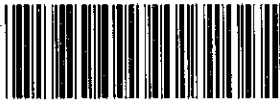
38

39

40

1 41

42



1591972

CORRECTION

REPORT NO. **E317491**

CASE # 14-004846

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES 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 INJURIES

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 INJURIES

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 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)

J. BATISTE

3/30/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Wilson, Sgt. M. 175

DATE

BADGE OR ID # 777 ORI # WAWSP0102 TIME POLICE DISPATCHED 9:13 PM TIME POLICE ARRIVED 9:18 PM

## Narrative

THE VEHICLE WAS TRAVELING NB I-5 IN LANE 1 OF 1. THE DRIVER LOST CONTROL OF THE VEHICLE SPINNING OUT OF CONTROL AND COLLIDED WITH THE GUARDRAIL ON THE WEST SIDE OF THE ROADWAY. 5 WOODEN POSTS WERE DAMAGED AND APPROXIMATELY 50FT OF METAL GUARDRAIL.