

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 CASE # 008377	1 7 27
1 1	STATE ROUTE OTHER OTHER STOLE LOCAL AGENCY	
2 1	COUNTY FID PRIVATE WAY MIT'S FUN COUNTY FID PRIVATE WAY	28
	RESERVATION UNITS 2 STRUCK	
3 4	DATE OF COLLISION 6 - 17 - 2014 2214 27 N E N OF 00450 3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. 138 00 1	
4a	DISTANCEOF (REFERENCE OR CROSS STREET)	0 1 29
5	0 25 MILES V N V E 54TH AVENUE	
	UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO PHONE	30
g 1	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS	
7	CITY TACOMA ST WA ZIP	1 2 31
8	CDL RESTRICTIONS B ENDORSEMENTS 2	
9	DRIVER'S LICENSE # STATE WA SEX M D.O.B. MMDDYYYY	
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY 1	32
11 6 0	LICENSE PLATE # STATE VVA VIN#	
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	
13 3	ZUUU HOND CIV2D CP YES NO FIFE YES NO V	1 5 33
14	LIASUTY INSURANCE INSURANCE S & POLICY #	ном то
15 2	UNIT 02 MOTOR PEDAL OYCLE PEDESTRIAN PAGE THRESHOLD MET PHONE (800) 737-0615	4 35
16	UNIT 02 MOTOR PEDESTRIAN PROPERTY DAMAGE THRESHOLD MET PHONE (800) 737-0615 LAST NAME D.O.T.TACOMA FIRST NAME	36
17	STREET [14044 A1ST AVENUE SAM	37
18	OITY TACOMA ST WA ZIP 98499	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S UGENSE # STATE SEX MMDDYYYY	49
21	ON DITY STATUS AIREAG RESTR FIGOT HELMET INJURY NATURE OF INJURIES	
22	LICENSE PLATE VIN#	
23	TRAILER PLATE # STATE STATE STATE	<u>م</u> ا
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO YES NO YES NO YES	1 41
- '	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA	
25	LIABILITY INSURANCE INSURANCE CO INSURANCE CO	
26	FLUELLEN, C. BADGE OR ID # AGENCY WASHINGTON STATE PATROL	
LI	PAGE 01 OF 4	

PART A 3000-345-159 R 17/05]
UNDER 23 UNITED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE
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REPORT NO.

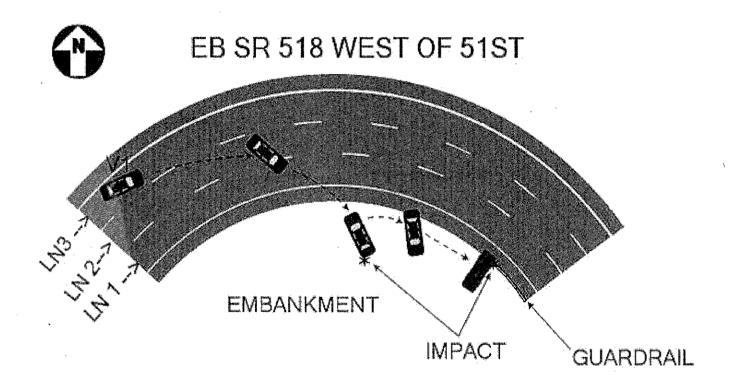
E337734

CASE#	008377

	ADDI	TIONAL F	PERSONS	INVOLV	ED (PASSE	ENGE	RS AND/	OR W	TNE88I	ES ONI	_Y)			
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ADDRESS & PHONE II									SEX M	D.O.I MMODY	∃. YYY			
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ADDRESS & PHONE # (602) 885-4968									SEX	D.O.I MMODY	Э. Үүү]-[
PASSENGER WITNESS UNIT	#	SEAT POS.	Alf	ABAĞ	RESTR.		EJEČT		HELMET USE		INJURY CLASS		NATURE OF INJU	RIES
NAME (LAST, FIRST, MIDDLE INITIAL)									•					
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PASSENGER WITNESS UNIT	#	SEAT POS.	Alf	RBAG	RESTR.		EJECT		HELMET USE		INJURY .		NATURE OF INJU	RIES
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Please see subsequ	ient narra	tive pa	ige(s)	······										
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I CERTIFY (DECLARE) UNDER PENAL	LTY OF PERJUR'	Y UNDER T	THE LAWS O	F THE STA	TE OF WAS	HING	TON THAT	ГТНЕВ	FOREGO	ING IS	TRUE AND	O CORI	RECT. (RCW 9A	.72.085)
C. FLUELLEN						8/20							,	,
INVESTIGATING OFFICER'S SIGNATURI	Ē	UNIT	OR DIST. DET	· · · · · · · · · · · · · · · · · · ·	DATE			DATE:	PLA	CE SIGI	VED			
Joyce, P. 459								DATE						
BADGE OR ID# 0922	ORI#	WAW	/SP0112			TIP	ME POLICE (DISPATCI	HED 10):14 F	PM	TIME PO	DLICE ARRIVED	10:18 PM

Narrative

Vehicle one was traveling southbound on Interstate 5 in lane one of five. Vehicle one left the roadway to the right of Interstate 5 and collided with a D.O.T. barrier. Vehicle one came to rest to the right of Interstate 5. Driver stated he was falling asleep.



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 CASE #	2 3 27
1 1	INTERSTATE CITY STREET RESULTED STOLEN VEHICLE CODING STATE ROUTE OTHER PRIVATE WAY PRIVATE WAY STOLEN STOLEN CODING LOCAL AGENCY CODING 3 COUNTY RD PRIVATE WAY STOLEN CODING	
3 1	TRIBAL RESERVATION	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. DISTANCE OF (REFERENCE OR CROSS STREET)	1 9 29
5	200 00 MILES N E 51ST UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE CYCLE PHONE	
6	LAST NAME MIDDLE	30
ال ا	STREET NEW ADDRESS	
7	CITY FERNDALE ST WA ZP 1	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS 2	
9	DRIVER'S LICENSE# STATE WA SEX M D.O.B. MMDDYYYY	
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE NATURE OF INJURIES	32
11 6 0	LICENSE PLATE # STATE WA VIN#	
12	TRAILER PLATE # STATE TRAILER PLATE # STATE VEH. YEAR 4.007 MAKE MODEL STYLE VEHICLE TOWED BY GOVT. YEHICLE	ном го
13 1	T997 VOLK JETTA 4T YES NO V SHADE IN DAMAGED AREA	7 3 33
15 1	LIABLITY NBUPANCE 1 NSURANCE CO 1 NSURANCE 2 3 4	34 35
16	LAST NAME WA STATE FIRST NAME DEPARTMENT OF MIDDLE INITIAL	36
17	STREET 15700 DAYTON AVE N	37
18	OTTY SEATTLE ST WA ZIP 98133	38
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LIGENSE # SEX D.O.B. MMDDYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY CLASS NATURE OF INJURIES	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVE VEHICLE.	1 41
24	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED APEA LIABILITY INSURANCE CO	42
25	VEHICLE VES NO CITATION # CHARGE	
26	DEFICIENTS NAME (PRINT) LYNCH, K. BADGE OR ID # 1029 WASHINGTON STATE PATROL PAGE 01 OF 5	

PART A 3000-345-459 R (7/05)
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





REPORT NO.

E333522

CASE#	
' ' "	

			ADDITIONA	IL PERSOI	AS IMAC	LVE	D (PASSI	-NGE	HS AND/	OH W	HNESSE	:2 ON	LY)				
NAME (LAST, FIRST, MIODLE	NITIAL)	BR	OWN, CAR	LÓS L											·		
ADDRESS & PHONE # 201 LIND AVE	NW Rento	n, WA 98	0575137						•		sex M	D.O.	,B., 5		21]-[1994
PASSENGER 🗸 🕻	VITNESS	UNIT#	1 SEAT POS.	3	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE O		NES NS TO HANDS -
NAME (LAST, FIRST, MIDDLE	NITIAL)																
ADDRESS & PHONE #								•	•		SEX	D.O.	.B. YYYY			 -	
PASSENGER 1	VITNESS	UNIT#	SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE O	FINJUE	RIES
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CERTIFY (DECLA K. LYNCH	RE) UNDER PI	ENALTY OF	PERJURY UNDE	R THE LAW	S OF THE	STATE		ніка D/20		THE	FOREGO	ing is	TRUE AN	ID COF	RECT. (RC	W 9A.	72,085)
N. LYNCH VVESTIGATING OF	FICER'S SIGNA	TURE	Ū	VIT OR DIST.	DET		DATE		14		PLA	CE SIG	INED				
APPROVED BY FI	sher, Sgt.	R. 157								DATE							
BADGE OR ID #	1029		ORI# WA	WSP02	06			TIA	AE POLICE (DISPATO	HED 6:2	26 P	М	TIME F	POLICE ARR	RIVED	6:26 PM

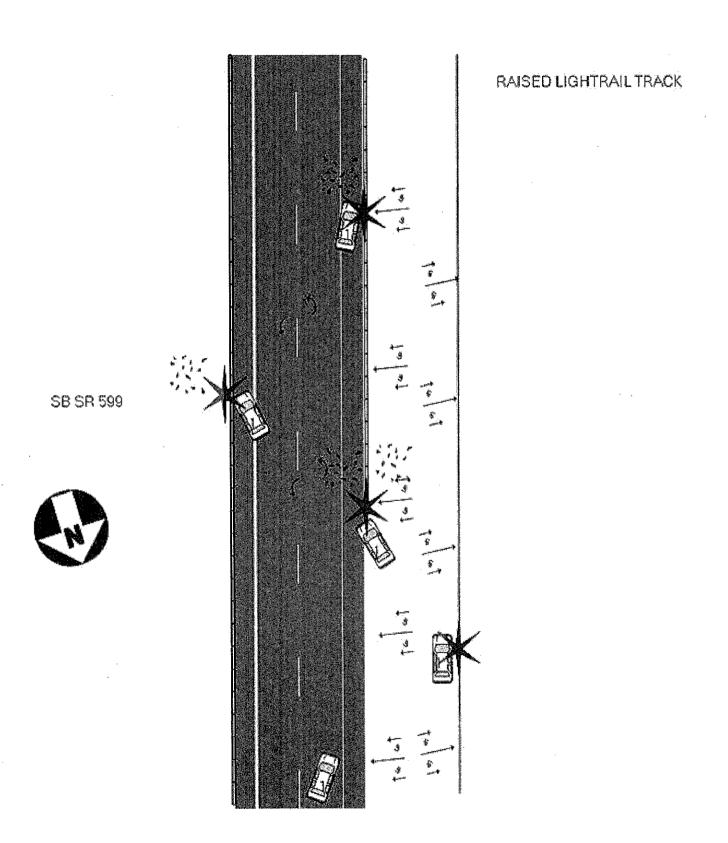
Other Descriptions

UNIT LEVEL DESCRIPTIONS:

[VEHICLE ACTION DESCRIPTION] - LOST CONTROL (Unit 1)

Narrative

V1 was traveling eastbound in lane 3 of SR 518 and lost control, rotating across lanes 2 and 1 before leaving the roadway. The rear of V1 struck the embankment as V1 was facing north. The front of V1 rotated towards the east. The front of right of V1 caught on the earth, causing V1 to roll 180 degrees to come to rest on its top. The right rear of V1 struck and damaged the attenuator at the start of the guardrail.



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E334677 1591971 CASE # 14-010857	
1 1	STATE ROUTE V OTHER DESCRIPTION OF STOLEN STOLEN STOLEN VEHICLE LOCAL AGENCY 006800	
2 1	COUNTY RD PRIVATE WAY NOVED V TRIBAL TOTAL # OF 1 OBJECT RAISED LIGHTRAIL, GUARDRAILS 1	28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #	
	DATE OF COLUSION 6 - 14 - 2014 0653 17 INTERSECTION INTERSECTION ✓	'
4	SB SR 599 BLOCK NO. ☐ 1 00	2 0 29
5	DISTANCE OF (REFERENCE OR CROSS STREET) 500 00 MILES N V E SO 133RD ST SO 133RD ST	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO PHONE	30
6	LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS	40.
7	CITY ST ZIP	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
9 9	DRIVER'S LICENSE # STATE SEX D.C.B. MMDDYYYY	
10	ON DUTY STATUS AIRBAG 3 RESTR. 9 EJECT 9 HELMET 9 INJURY CLASS 0	2
11 6 0	LICENSE PLATE # STATE WA VIN#	a .
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	
13 3	VEH. YEAR 1998 MAKE TOYT MODEL AT VEHICLE TOWED BY ABC TOWING GOVT YEHICLE TOWED BY ABC TOWING VEHICLE NO VEHICLE TOWED BY ABC TOWING STEED OWNER INFO.	1 5 33
14	LIABILITY INSURANCE INSURANCE INSURANCE O 8 POLICY is 910P 5	FROM 19
15 1	VENICLE YES NO CHARGE CHARGE	35
16	LAST NAME FIRST NAME MIDDLE INITIAL	36
17	STREET NEW ADDRESS	37
18	CITY ST ZIP	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LIGENSE # SEX D.O.B. MMDDYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY CLASS NATURE OF INJURIES	
22	LICENSE PLATE STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO VEHICLE TOWED BY PEGISTERED OWNER INFO.	42
1	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DANAGED AREA LIABILITY INSURANCE A POLICY * INSURANCE O A POLICY *	
25	VEHICLE YES NO CITATION # CHARGE	
26	CARR, S. BADGE OR ID # 460 AGENCY WASHINGTON STATE PATROL	

PART A 1003-45-15-8 F-7775 DE – 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





14-010857

REPORT NO.

E334677

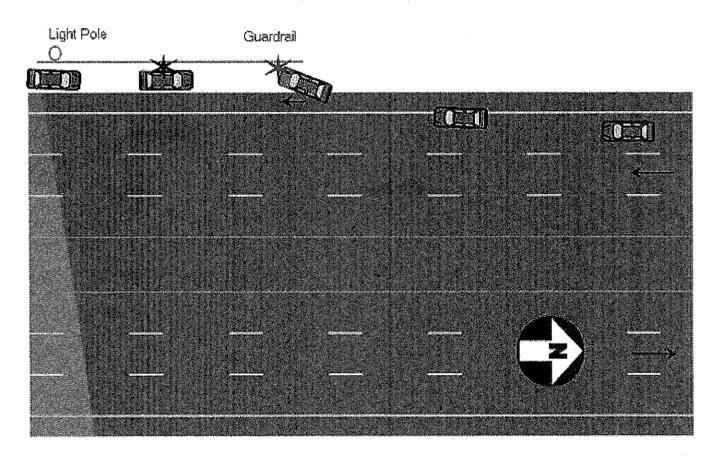
CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE D.O.B. MMDDYYY SEX F HELMET USE INJURY CLASS 6 AIRBAG 9 RESTR. 4 EJECT 2 UNIT# CONTUSION, NAME (LAST, FIRST, MIDDLE INITIAL) SING, SACE D.O.B. MMODYYYY F SEX NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. AIRBAG RESTR. EJECT WITNESS UNIT# PASSENGER [NAME (LAST, FIRST, MIDDLE INITIAL) D,O,B. SEX Μ NATURE OF INJURIES HELMET USE INJURY CLASS UNIT# SEAT POS. AIRBAG RESTR. EJECT WITNESS 🗸 PASSENGER DIAGRAM Please see subsequent diagram page NARRATIVE Please see subsequent narrative page(s) LCERTIFY (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. CARR 6/15/2014 INVESTIGATING OFFICER'S SIGNATURE DATED PLACE SIGNED UNIT OR DIST, DET DATE STEEN, SGT. W. 238 WAWSP0207 TIME POLICE DISPATCHED 6:54 AM TIME POLICE ARRIVED 7:09 AM BADGE OR ID # 460 ORI#

Narrative

VEH 1 DRIVEN BY UNKNOWN HISPANIC MALE WAS (POSSIBLE) WAS SOUTHBOUND STATE ROUTE 599 JUST NORTH F SO 133RD ST WHEN IT LEFT THE ROADWAY, STRUCK THE ELEVATED LIGHTRAIL, THEN STRUCK THE RIGHT GUARDRAIL, CROSSED BOTH LANES OF TRAVEL STRIKING THE LEFT GUARDRAIL, THEN CROSSING BACK OVER THE LANES OF TRAVEL BEFORE STRIKING THE RIGHT GUARDRAIL AGAIN. WAS SEATED IN THE RIGHT REAR OF THE VEHICLE LAYING DOWN BUT WEARING HER SEATBELT. SUFFERED A CONTUSION TO HER FOREHEAD, A LACERATION ABOVE HER LEFT EYE AND WAS SUFFERING FROM RIGHT HIP/LEG PAIN. THE TWO OTHER FEMALES IN THE VEHICLE FLED THE SCENE ON FOOT. THE HISPANIC MALE DRIVER FLED THE SCENE IN THE VEHICLE BEFORE STOPPING ON SOUTH BOUND INTERSTATE 5 NEAR SUTHCENTER AND ABANDONING THE VEHICLE. WAS UNABLE TO PROVIDE MORE THAN FACEBOOK LISTINGS FOR THE DRIVER AND THE OTHER PASSENGERS.

Interstate Five



1		STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	REPORT NO. E3241 1	
TRIBETION	11	INTERSTATE V CITY STREET RESULTED LOCAL STOLEN VEHICLE LOCAL	AL AGENCY ODING	
ON PRIMARY TITALS ID WAS INTERSECTION NON-INTERSECTION	3 4	M M D D Y Y Y Y TIME (2400)	COUNTY# MILES N E IN 🗸	CITY#
MAINT MAIN	4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERS	BLOCK NO. MILE POST	40 72 0 1 29
FIRST NAME	5	MILES N E FEET S W	DAMAGE THRESHOLD MET PHONE	
STREET VANCOUVER	<u> </u>	P	ota aka perkebuhasa kelebana	MIDDLE
CITY VANCOUVER	02	STREET	T DOT NAME	
DOPYORS DECEMBER STATE WAS SET FUNDED TO STATE WAS SET	7	4	ST WA ZIP	1 1 2 31
BONDUTY STATUS ARBAG 3 RESTR. 4 EJECT 1 NELVET CLASS 7 RACE ABBRASIONS 11 7 O PLATE STATE STATE TRALES 12 PRALES 13 PRALES 14 PRALES 15 PRALES 16 PRALES 17 PRALES 18 PRALES 18 PRALES 18 PRALES 19 PRALES 19 PRALES 10 PRALES 11 PRALES 11 PRALES 11 PRALES 11 PRALES 12 PRALES 13 PRALES 14 PRALES 15 PRALES 16 PRALES 17 PRALES 18 PRALES 18 PRALES 19 PRALES 10 PR	8			2
10			STATE WA SEX F D.O.B.	3
T T D			HELMET INJURY 7 NATURE OF INJURIES	1 32
THALER THALER STATE THALER STATE THALER THAL		LICENSE STATE WA MN#		2
VEH. VEHR 1995 MANGE M			TRAILER PLATE#	
14		VEH. YEAR 1995 MAKE TOYT CAMAD STYLE 4D		
TS 2 UNIT 02 MOTOR PEDAL PEDESTRUM PROPERTY MANAGE THRES-GUD NET PHONE		LIABILITY INSURANCE TO INSURANCE CO	SHAC	DE IN DAMAGED AREA
UNIT 02 WERKCLE PEDESTRIAN ONNER VOWER VOW	님		DUI	10 BOTTOM B 7 6
LAST NAME WSDOT FIRST NAME KELSO STREET NEW ACCRESS 2400 TALLEY WAY OITY KELSO ST WA ZIP 98626 19 ODL PRESTRICTIONS FINANCE DRIVER'S LICENSE 8 DRIVER'S LICENSE 8 LIC		UNIT 02 MOTOR PEDAL- PEDESTRIAN PEDESTRIAN ON	OPERTY DAMAGE THRESHOLD MET PHONE VES NO NO PHONE	
STATE SEX D.O.B. DRIVER'S LICENSE # STATE SEX MADDIVYY STATUS AIRBAG RESTR. EJECT HELMET U.SE CLASS MADDIVYY CLASS MADIVYY CLASS MADDIVYY CLASS CL			FIRST NAME KELSO	INITIAL
ST VA ZIP 986.26 39	片	STREET 2400 TALLEY WAY		
DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY	18	OITY KELSO	st VVA zip 98626	39
21 ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS MATURE OF INJURIES 22 LICENSE PLATE # VIN# 23 TRAILER PLATE # STATE TRAILER PLATE # STATE STATE 24 VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY YES NO YEHICLE MO. 2 REGISTERED OWNER INFO. 25 ABOLE ON DITATION # CHARGE 26 OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY	19		ENDORSEMENTS	40
22 LICENSE PLATE # STATE VIN# 23 TRAILER PLATE # STATE TRAILER PLATE # STATE STATE VIN# 24 VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY YES NO SHADE IN INSURANCE CO & POLICY # STADIN STATE STATE STATE VINE STATE VEHICLE NO. 2 25 SHADEN OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY	20	DRIVER'S LICENSE #	SIAIE SEA MMDDYYYY -	-
TRAILER PLATE # STATE TRAILER PLATE # STATE 41 24 VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY VEHICLE NO. 2 REGISTERED OWNER INFO. LIABLITY INSURANCE INSURANCE OO & POLICY # STADE IN DAMAGRED AREA VEHICLE NO. 2 STATE 41 41 42 42 42 42 45 CHARGE CHARGE DOPTICER'S NAME (PRINT) BADGE OR ID # AGENCY	21		HELMET INJURY CLASS	
PLATE # STYLE PLATE # 41 VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO TOWED BY REGISTERED OWNER INFO. LIABILITY INSURANCE OD & POLICY # 2 TOP 10 BOTTOM # CHARGE LIABILITY INSURANCE OD & POLICY # 10 BOTTOM # 10 BOTTOM # 2 TOP 10 BOTTOM # 3 T	22	LICENSE PLATE # STATE VIN#		
REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE IN SURANCE CO REPOLICY # CHARGE CHARGE POLICY # CHARGE SADGE OR ID # AGENCY VEHICLE NO. 2 SHADE IN DAMAGED AREA 10 BOTTOM 8 7 6	23	PLATE#	PLATE #	41
LIABLITY INSURANCE INSURANCE CO & POLICY # 170P 17	24			
25 SANDING TO BADGE OR ID a AGENCY BADGE OR ID a AGENCY	•	BI ELLEGI	,	9 TOP 5
26 HUHTA, WICHAEL 633 WASHINGTON STATE PATROL		STANDING	BADGE OR ID # AGENCY	8 7 6

PAGE 01 OF 4
UNDER 23 UNITED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE
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REPORT NO.

E324113

CASE # 4Z0351395

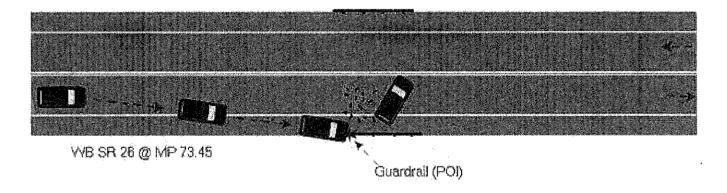
			ADDITIONAL PERS	ONS INVOLY	ED (PASSENG	ERS AND/OR	AALLINESOL	ES ONLY)			
VAME LAST, FIRST, MIDE	OLE INITIAL)										
ADDRESS & PHON	E#						SEX	D.O.B. MMDDYYYY		_	
					1 1		1 1		$\overline{}$	NATURE OF INJU	PIES
PASSENGER	WITNESS	UNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS			
NAME LAST, FIRST, MIDO	OLE (NITIAL)									1	
ADDRESS & PHON	IE#						SEX	D.O.B. MMOOYYYY	-	_	
PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS		NATURE OF INJU	RIES
NAME LAST, FIRST, MIDI	OLE INITIAL)		***************************************					_			
ADDRESS & PHON							SEX	D.O.B. MMDDYYYY			
		1	· CEAT		<u> </u>	7	HELMET			NATURE OF INJU	RIES
PASSENGER	WITNESS	UNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	USE	INJURY CLASS			
				D	DIAGRAM						
D.	•		I.							IND	ICATE NORTH BY ARROW
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<u>.</u>											
CERTIFY (DEC	CLARE) UNDER	PENALTY OF	PERJURY UNDER THE LA	WS OF THE STA	ATE OF WASHIN	GTON THAT TI	HE FOREGO	DING IS TRUE A	ND COR	RECT. (RCW 9A	72.085)
MICHAEL					4/29/2	014	brancher				
	OFFICER'S SIGN		UNIT OR DIS	ST. DET	DATED	DAT		ACE SIGNED			
APPROVED BY	Chapman,	Sgt. M. :	240			JAI					
BADGE OR ID	# 633		ORI# WAWSP()505	-	IME POLICE DISP	ATCHED 6:	17 AM	TIME P	OLICE ARRIVED	6:19 AM

Narrative

Vehicle one was traveling south on I-5 at milepost 40 in lane one. Vehicle one left the roadway to the right. Vehicle one collided into a guardrail.

Driver was also cited cited for no insurance





0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	ipplemental REPORT NO. E33	5390
1 1 2 1	INTERSTATE CITY STREET RESULTED STOLEN VEHICLE LO COUNTY RD PRIVATE WAY NIVOLVED LO	CAL AGENCY CODING OTAL # OF O OBJECT Guardrail	3 3 1 28
3 1		COUNTY# MILES	OF V 1390 3
4a	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTER WB SR-26 DISTANCE OF (REFERENCE)	BLOCK NO. MILE POST V	73 45 0 1 29
5	13 45 MILES V N E SR 395 UNIT 01 MOTOR PEDAL OYCLE	DAMAGE THRESHOLD MET PHONE YES NO PHONE	30
6 1	LAST NAME	FIRST NAME	MIDDLE INITIAL
	STREET NEW ADDRESS		
7	CITY KENNEWICK	ST WA ZIP	1 2 31
8	CDL RESTRICTIONS	ENDORSEMENTS	2
9 9	DRIVER'S LICENSE#	STATE WA SEX M D,O.B.	3 3
10	ON DUTY STATUS AIRBAG 9 RESTR. 1 EJECT 1	HELMET USE CLASS 6 NATURE OF INJURY, LEFT	
11 6 5	LICENSE PLATE # STATE WA VIN	#	3
12	TRAILER PLATE # STATE	TRAILER PLATE#	STATE HROM TO
13 4	PEGISTERED OWNER INFO.	VEHICLE TOWED TOWED BY PETES TOWING	VEHICLE NO. 1
14	LIABILITY INSUPANCE INSUPANCE CO. S. POLICY # VEHICLE YES NO CITATION # CITATION #	CHARGE	9109 5
15 2	STANDING 42U635976	PROPERTY DAMAGE THRESHOLD MET PHONE (509) 3	B 7 6
16	LAST NAME WASHINGTON	FIRST NAME DOT	MIDDLE 36
17	STREET 2714 W. MAYFAIR STREET		1 6 37
18	OTTY SPOKANE	st WA zip 99207	38
19	CDL RESTRICTIONS	ENDORSEMENTS	30
20	DRIVER'S LICENSE #	STATE SEX D.O.B.]-[
21	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS	
22	LICENSE PLATE STATE VII	N#	
23	TRAILER STATE	TRAILER PLATE #	STATE 1 41
24	VEH, YEAR MAKE MODEL STYLE REGISTERED OWNER INFO.	VEHICLE TOWIED BY YES NO TOWIED BY	GOVT VEHICLE VEHICLE NO 2 SHADE IN DAMAGED AREA
	I LIABILITY INSURANCE INSURANCE CO & POLICY # VEHICLE VES NO CITATION #	CHARGE	SHADE IN DAMAGED AREA 2 3 4 9 TOP 10 BOTTOM 5
25	CHICLE YES NO CITATION # STANDING OFFICER'S NAME (PRINT) TYLOCK, W.	BADGE OR ID # AGENCY	STON 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





REPORT NO.

E335390

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	CASE

ASE #

	ADDITIONAL PERSONS IN	VOLVED (PASSEN	IGERS AND/	OR WITNES	SSES ONLY)		•
AME ASY, FIRST, MIDDLE INITIAL)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
DDRESS & PHONE #				SEX	D.O.B. MMDDYYYY		
ASSENGER WITNESS UNIT #	SEAT POS. AIRB.	AG RESTR.	EJECT	HELM USE	ET INJURY CLASS		NATURE OF INJURIES
AME AST, FIRST, MIDDLE INITIAL)							
DRESS & PHONE #					D.O.B.		
				SEX	MMDDYYYY		
SSENGER WITNESS UNIT #	SEAT POS. AIRB.	AG RESTR.	EJECT	HELM USE	ET INJURY CLASS		NATURE OF INJURIES
AME ST, FIRST, MIDDLE INITIAL)							
DRESS & PHONE #				SEX	D.O.B. MMDDYYYY		-
SSENGER WITNESS UNIT #	SEAT POS. AIRB	AG RESTR.	EJECT	HELM USI	ET INJURY CLASS		NATURE OF INJURIES
		DIAGRAM	1	<u> </u>			
2)	-Ii-						INDICATE NORTI BY ARROW
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	arte to the state of the state				"		
						,	
CERTIFY (DECLARE) UNDER PENALTY OF	PERJURY UNDER THE LAWS OF	THE STATE OF WASH	IINGTON THA	IT THE FORE	GOING IS TRUE A	ND CORR	ECT. (RCW 9A.72.085)
V. TYLOCK		8/17	/2014				
/ESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED			PLACE SIGNED		
PPROVED BY Fryberger, T. 529				DATE			
1.7501gol, 1.020							
BADGE OR ID # 881	ORI# WAWSP0407		TIME POLICE	DISPATCHED	1:55 PM	TIME PO	DLICE ARRIVED 2:18 PM

Narrative

Vehicle 1 was traveling WB on SR 26 near mile post 73. Vehicle 1 drove onto the shoulder to the right leaving the roadway. Vehicle 1 collided head on with the end of a guardrail. Vehicle 1 came to rest in the WB lane. Driver was arrested for DUI with results pending. DUI RESULTS 0.16.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1 0 1 27
1 1	INTERSTATE CITY STREET STOLEN VEHICLE CODING	3
2 1	COUNTY RD PRIVATE WAY I HIT & RUN INVOLVED TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail	1 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY# DATE OF 6 - 14 - 2014 1355 01 10 50 s w v OF v 1390	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION V WB SR-26 BLOCK NO. TABLE 1997 FEE TO 1997 FEE TO 1997 FEE	
4a	DISTANCE OF (REFERENCE OR CROSS STREET) 13 45 MILES V N E SR 395	0 1 29
-	DAMAGE THRESHOLD MET PHONE	an
6 1	LAST NAME VES VES NO	30
	STREET NEW ADDRESS	
7	CITY KENNEWICK ST WA Z	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	3
9	DRIVER'S LICENSE # STATE VVA SEX M D.C.B. MMDDYYYY NATURE OF INJURIES	1 32
10	ON DUTY STATUS AIRBAG 9 RESTR. 1 EJECT 1 TUSE 2 TOLASS 6 HEAD INJURY, LEFT HAND	2
11 6 5	TRAILER STATE WA VIN#	3
12	PLATE # PLATE # PLATE # VEHICLE TOWED BY GOVIL VEHICLE _	FROM TO
13 4	REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREA	3 7 33 FROM TO
14	LIABILITY INSURANCE V SPOLICY # 9 TOP 9 TOP 10 STANDING VES NO CITATION # 4Z0615976 CHARGE DUI FRANCE TUBERUCI MET PHONE PHONE PHONE PHONE PHONE PHONE CITATION B 7 6	34
15 2	UNIT 02 MOTOR CYCLE PEDESTRIAN PROPERTY WES NO PHONE (509) 324-6000	1 35
16	LAST NAME WASHINGTON FIRST NAME DOT MIDDLE INITIAL	9 7 37
17	STREET NEW ADDRESS 2714 W. MAYFAIR STREET	9 7 37
18	OITY SPOKANE ST WA ZIP 99207	39
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	,
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE YOWED BY GOVT YERICLE YES NO VEHICLE NO. 2 SHADE IN DAMAGED AREA 2 3 4 4 2 3 4 4 2 3 4 4 2 3 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	42
	LIABILITY INSURANCE INSURANCE CO NEFFECT 9 TOP VEHICLE VES NO CITATION # CHARGE	
26	OFFICER'S NAME (PRINT) TYLOCK, W. BADGE OR ID # AGENCY WASHINGTON STATE PATROL	
	PAGE 01 OF 4	

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REPORT NO.

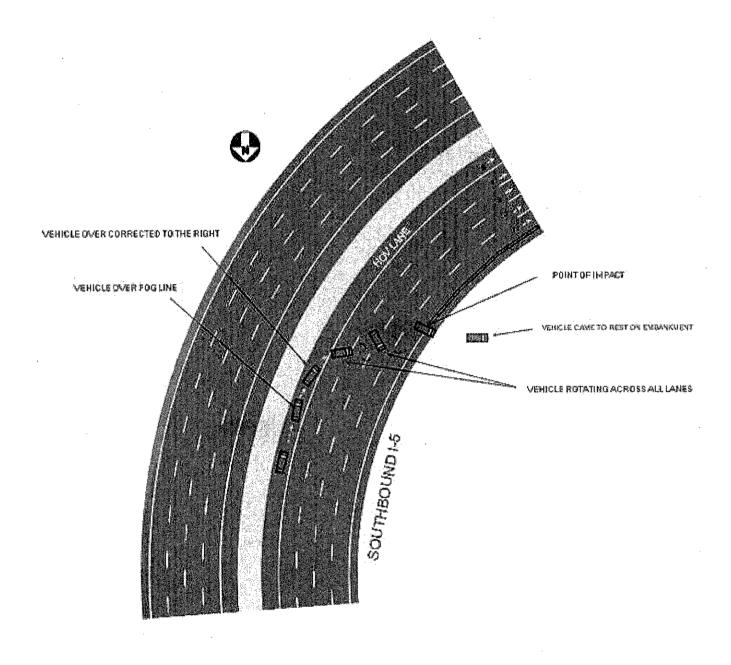
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ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)										
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #				ш		SEX	D.O.B. MMDDYYYY			
PASSENGER WITNESS U	JNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELME USE	T INJURY CLASS		NATURE OF INJUI	RIES
NAME (LAST, FIRST, MIDDLE INITIAL)				·····						
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY		_	
PASSENGER WITNESS U	JNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELME USE	T INJURY CLASS		NATURE OF INJU	RES .
NAME (LAST, FIRST, MIDDLE INITIAL)				•		<u>,</u>				
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY]-[
PASSENGER WITNESS U	JNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELME USE	T INJURY CLASS		NATURE OF INJU	RIES
	*			MACDAM						
			L	DIAGRAM						
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1 CERTIFY (DECLARE) UNDER P	ENALTY OF I	PERJURY UNDER TI	HE LAWS OF THE STA			THE FOREG	OING IS TRUE AF	VD ÇOF	RRECT. (RCW 9A	.72.085)
W. TYLOCK INVESTIGATING OFFICER'S SIGNA	TURE	UNIT (OR DIST. DET	6/18/ DATED	ZU14	Pi	ACE SIGNED		· · · · · · · · · · · · · · · · · · ·	
мерночев ву Wilbur, Sgt.						DATE				
BADGE OR ID# 881		ori# WAW	SP0407		TIME POLICE D	ISPATCHED 1	:55 PM	TIME F	POLICE ARRIVED	2:18 PM

Narrative

Vehicle 1 was traveling WB on SR 26 near mile post 73. Vehicle 1 drove onto the shoulder to the right leaving the roadway. Vehicle 1 collided head on with the end of a guardrail. Vehicle 1 came to rest in the WB lane. Driver was arrested for DUI with results pending.



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E333990	2 3 27
1 1 2 1	INTERSTATE CITY STREET FIRE RESULTED STOLEN COUNTY RD PRIVATE WAY THE CASE # LOCAL AGENCY CODING TRIBAL RESERVATION FIRE RESULTED STOLEN CODING LOCAL AGENCY CODING TOTAL # OF 2 OBJECT STRUCK	3 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY# MILES N E IN O450	3
4	ON (PRIMARY TRAFFIC WAY) SOUTHBOUND 1-5 DISTANCE INTERSECTION INCN-INTERSECTION BLOCK NO. MILE POST IN INC. INC. INC. INC. INC. INC. INC. I	0 1 29
5	40 00 MILES N V E 70TH AVENUE	
	UNIT 01 VEHICLE V CYCLE VES NO	30
ı 5	LAST NAME INITIAL C	
	STREET NEW ADDRESS	1 1 2 31
7	CITY TACOMA ST WA ZIP	
8	CDL RESTRICTIONS ENDORSEMENTS	3
9	DRIVER'S LICENSE # STATE WA SEX F D.O.B. MODITYPY - NATURE OF INJURIES	32
10	ON DUTY STATUS ARBAG 2 RESTR. 4 EJECT 1 TUSE CLASS / SCRATCHES ON LEFT ARM AND HAND	2
11 6 0	LICENSE PLATE # STATE WA VIN#	3
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	<u> </u>
13 3	VEH. YEAR 2003 MAKE FÖRD TAUSW STYLE STYLE SW YES NO V TOWED BY YES NO V VEHICLE TOWED SY YES NO V VEHICLE NO. 1	1 5 33
14	SHADE IN DAMAGED AREA LABILTY INSURANCE INSURANCE CO 8 POLICY # SHADE IN DAMAGED AREA 2 3 4 9 TOP 5	10 34
15 2	VERGUE VES NO CONTACTION # 4Z0621792 UNIT 02 MOTOR PEDAL- CYCLE PEDESTRIAN P	4 35
16		36
17	LAST NAME TAGOTYA INITIAL	37
18	STREET 11211 41ST AVE SW	38
·	CITY TACOMA ST WA ZIP 98499	39
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY CLASS NATURE OF INJURIES	
22	LICENSE PLATE # VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE TOWED BY REGISTERED OWNER INFO.	42
	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAM/AGED AREA LIADLITY INSURANCE INSURANCE OR POLICY # NEFFECT 1919P 15	
25	VEHICLE YES NO CITATION # CHARGE CHARGE CHARGE DADGE OR ID # AGENCY	
26	PHILLIPS, S. 995 WASHINGTON STATE PATROL	

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REPORT NO.

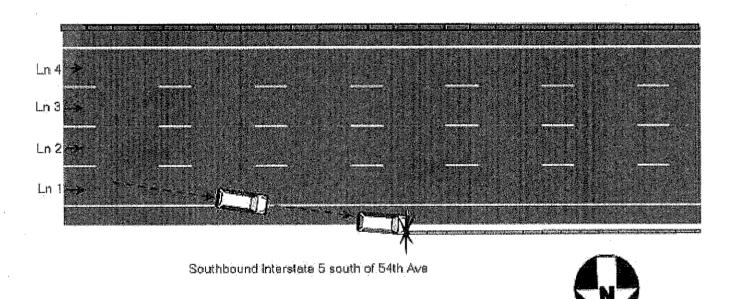
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ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME																			
(LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & BHONE												SEX F	D,O. MMDD	.B. YYYY		-			
PASSENGER V	TNESS	UNIT#	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELME USE	г	INJURY CLASS	1	NATU	RE OF INJ	URIES	
NAME (LAST, FIRST, MIDDLE IN	MAL)																		
ADDRESS & PHONE #												SEX	D.O. MMOD	.B. YYYY		_	_]-[
PASSENGER WI	TNESS	UNIT#		SEAT POS.		AIRBAG		RESTR.		EJECT		HELME USE	Т	INJURY CLASS		NATU	RE OF INJ	UAIES	
NAME (LAST, FIRST, MIDDLE IN	ITIAL)																		
ADDRESS & PHONE # SEX D.O.B																			
PASSENGER W	TNE88	UNIT#		SEAT POS.		AIRBAG		RESTR.		EJECT		HELME USE	Т	INJURY CLASS		NATU	RE OF IN.	IURIES	
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I CERTIFY (DECLAR	RE) UNDER F	PENALTY O	F PERJUR	Y UNDE	R THE LAW	S OF THE	STAT	TE OF WAS	HING	TON THA	TTHE	FOREG	OING IS	TRUE A	ND CC	RRECT	(RCW 9	9A.72.085	5)
S. PHILLIPS				_					2/20	014		_							
INVESTIGATING OFF				ŪN	VIT OR DIST.	DET		DATE	D	1	DATE	P	ACE SIG	BNED					
Sa	ger, Sgt.	J. 234																	
BADGE OR ID #	995		ORI#	WA	WSP01	12			TI	ME POLICE (DISPATO	CHED	0:13	AM	TIME	POLICE	ARRIVE	<u>P</u> 10:3	31 AM

Narrative

THE VEHICLE WAS TRAVELING SOUTHBOUND ON I-5 NEAR MP 138 IN LANE 5 OF 5. THE DRIVER WAS DISTRACTED BY ADJUSTING THE WINDOW CONTROLS. VEHICLE WENT OVER THE LEFT FOG LINE NEAR THE CONCRETE BARRIER. THE DRIVER OVER CORRECTED TO THE RIGHT AND ROTATED THE VEHICLE IN A CLOCKWISE POSITION ACROSS ALL SOUTHBOUND LANES. THE VEHICLE COLLIDED INTO THE GUARD RAIL ON THE RIGHT SHOULDER AND CAME TO REST ON THE EMBANKMENT FACING NORTHEAST.



0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	REPORT NO. E32	
1 1	INTERSTATE OTHER STATE BOUTE COTY STREET STATE BOUTE OTHER STATE BOUTE LOCAL	SE# NAGENOY WSDOT015880	3
2 2		AL#OF 2 OBJECT Guardrail	1 28
3 1	M M D D Y Y Y Y TIME (2400) DATE OF COLLISION 5 - 5 - 2014 1735		N
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERS	BLOCK NO. MILE POST V	136 63 0 1 29
5	DISTANCE 0 80 MILES V N E 54TH AV		
	UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE	DAMAGE THRESHOLD MET PHONE YES NO PHONE	30
6 1	LAST NAME	FIRST NAME	MIDDLE INITIAL
	STREET NEW ADDRESS V		1 2 31
7	CITY	ST WA ZIP	1 2 31
8	CDL C RESTRICTIONS	ENDORSEMENTS ENDORSEMENTS	3
9 9	DRIVER'S LICENSE #	STATE IX SEA IVI MMDQYYYY	1 32
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 LICENSE STATE WA VIN#	HELMET INJURY 1 NATURE OF INJURIES	2
11 6 0	LICENSE STATE WA VIN#	TRAILER PLATE #	STATE 3
13 3	VEH. YEAR 2007 FORD RECONOLIN VN	PLATE # VEHICLE TOWED BY YES NO TOWED BY	GOVT, VEHICLE YES NO V
14	LIABILITY INSURANCE IN SUFFANCE CO & POLICY #		SHADE IN DAMAGED AREA PROM TO 9 TOP 34
15 2	STANDING 188 10 420480016, 420480017	OPERTY VINE WITH WHEELS OFF OPERTY VINE VES NO DAMAGE THERESHOLD MET PHONE (800) 7	18 BOTTOM
16	LAST NAME WSDOT	FIRST NAME	MIDDLE 38
17	STREET 2502 112TH STREET E		37
18	опу ТАСОМА	ST WA ZIP 98418	38
19	CDL RESTRICTIONS	ENDORSEMENTS	40
20	DRIVER'S LICENSE #	STATE SEX D.O.B.	
21	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS	
22	LICENSE PLATE # STATE VIN#		
23	TRAILER PLATE # STATE	TRAILER PLATE #	STATE 1 41
24	VEH, YEAR MAKE MODEL STYLE REGISTERED OWNER INFO.	VEHICLE TOWED BY	GOVT. VEHICLE NO 2 VEHICLE NO. 2 SHADE IN DAMAGED ARIEA
	LIABILITY INSURANCE INSURANCE CO & POLICY # VERICLE YES IND CITATION #	CHARGE	SHADE IN DAMAGED AREA 2 TOP 10 BOTTOM 5
25	VENCUE YES NO CITATION# OFFICIAR'S NAME (PRINT) PIGOTT, K.	BADGE OR ID # AGENCY	TON STATE PATROL

PAGE 01 OF 4
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REPORT NO.

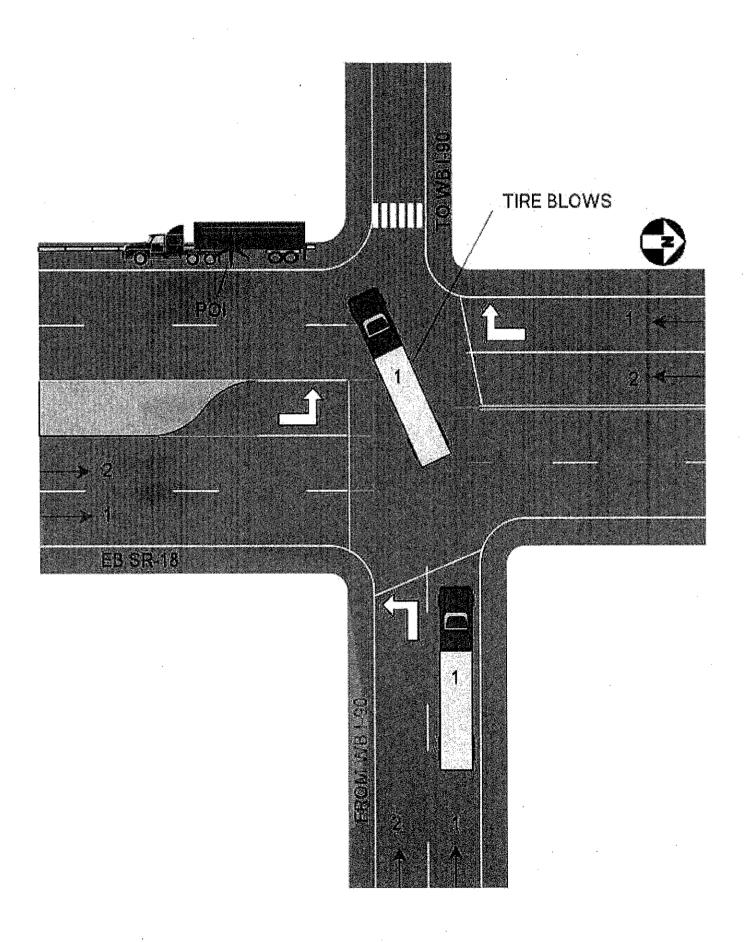
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ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)										
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #			ŞEX D.O.B.	-						
PASSENGER WITNESS UNIT #	SEAT AIRBAG	RESTR. EJECT	HELMET INJURY CLASS	NATURE OF INJURIES						
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #			SEX D.O.B.							
PASSENGER WITNESS UNIT#	SEAT AIRBAG	RESTR. EJECT	HELMET INJURY CLASS	NATURE OF INJURIES						
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #		:	SEX D.O.B.							
PASSENGER WITNESS UNIT #	SEAT AIRBAG	RESTR, EJECT	HELMET INJURY CLASS	NATURE OF INJURIES						
1		DIAGRAM								
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erroy P ^{OS} (Colombia)										
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LOERTIFY (DECLARE) UNDER PENALTY OF	PERJURY UNDER THE LAWS OF THE ST.	ATE OF WASHINGTON THAT TH	HE FOREGOING IS TRUE AND	CORRECT, (RCW 9A.72.085)						
K. PIGOTT	-	5/11/2014								
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED							
APPROVED BY Thomas, Sgt. C. 22	8	DAT	re							
BADGE OR ID # 963	ORL# IWAWSP0101	TIME POLICE DISP	PATCHED 5:42 PM T	ME POLICE ARRIVED 5:42 PM						

Narrative

Vehicle one was southbound on Interstate 5 south of 54th Ave when the driver fell asleep behind the wheel. The van drifted right, crossed the fog line and shoulder, and struck the guard rail.



0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E328825	1 6 27
1 1	INTERSTATE CITY STREET FIRE RESULTED STOLEN CHICK LE CASE #	2
z 1	COUNTY RD PRIVATE WAY HIT & RUN INVOLVED	1 28
	TRIBAL RESERVATION TOTAL # OF UNITS 2 OBJECT STRUCK GUARDRAIL GUAR	2
3 1	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY# DATE OF 5 - 17 - 2014 0843 17 S W OF 1185	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION INTERSECTION BLOCK NO. 27 89	0 4 29
4a	DISTANCEOF (REFERENCE OR CROSS STREET)	0 4 29
5	MILES N E 1-90 FEET S W	
	UNIT 01 MOTOR VEHICLE V PEOAL- CYCLE DAMAGE THRESHOLD MET YES NO PHONE	30
(2)	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NRW ADDRESS	
7	CITY QUINCY ST WA ZIP	1 0 5 31
8	CDL A RESTRICTIONS K ENDORSEMENTS T	2
9 1	DRIVER'S LICENSE # STATE WA SEX M C.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1	1 32
11	LICENSE PLATE # STATE WA VIN#	a
12	TRAILER PLATE # STATE WA TRAILER PLATE # STATE	
13 A	PEGISTERED OWNER INSO	3 5 33
14	LABILITY INSURANCE INSUFFANCE CO & POLICY # VEHICLE YES NO CITATION # CHARGE CHARGE CHARGE 10 BOTTOM 5	34
15 2	VENUE OVER PEDAL PEDESTRIAN PROPERTY OWNER OWNER PHONE (360) 705-7000	4 35
16	LAST NAME WSDOT FIRST NAME MIDDLE INITIAL	36
17 2	STREET NEW ADDRESS 310 MAPLE PARK AVENUE SE P.O. BOX 47300	37
18	OITY OLYMPIA ST WA ZIP 98504	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LIGENSE # STATE SEX D.O.B. MMDDYYYY -	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES	
22	LICENSE PLATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO REGISTERED OWNER INFO.	42
·	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE INSURANCE CO IN SEFECT IN SEFECT IN SEFECT IN SURANCE CO IN SEFECT IN SEFECT IN SEFECT IN SEFECT IN SURANCE CO IN SEFECT IN SEFECT IN SURANCE CO IN SEFECT IN SEFECT IN SURANCE CO IN SEFECT IN SEFECT IN SURANCE CO IN SEFECT	
25	VEHICLE YES NO CITATION # CHARGE CHARGE CHARGE	
26	STORTON, C. BADGE OR ID # AGENCY WASHINGTON STATE PATROL	

PART A 3000-345-150 F (7/00)
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





REPORT NO.

E328825

372 CASE #

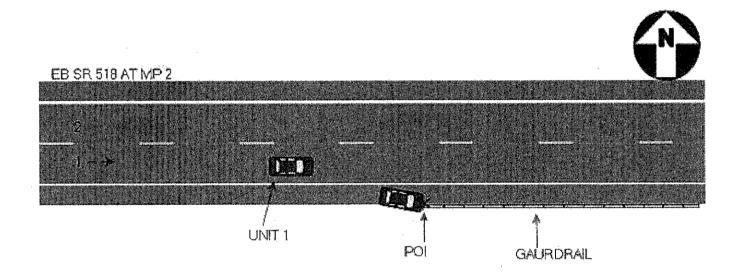
			ADDITIO	NAL PERSONS INV	OLVED (PASSEN	GERS AND	OR WITH	ESSES ONLY)			
NAME (LAST, FIRST, MIDDLE	INITIAL)								•		
ADDRESS & PHONE #							SEX	M D.O.B.			
PASSENGER	WITNE\$S 🗸	UNIT#	SE PC	SAT AIRBAG	RESTR.	EJECT	HEL	MET INJURY SE CLASS		NATURE OF INJUI	RIES
NAME (LAST, FIRST, MIDDLE	INITIAL)					1					
ADDRESS & PHONE	and the same of th						SEX	М долов.	-	_	
PASSENGER	WITNESS 🗸	UNIT#	SE PC	EAT AIRBAG	RESTR.	EJECT	HEL	MET INJURY SE CLASS		NATURE OF INJUI	RIES
NAME (LAST, FIRST, MIDDLE	(NITIAL)										
ADDRESS & PHONE # SEX D.O.B. MMDDYYYY											
PASSENGER	WITNESS	UNIT#	SI	EAT AIRBAG	RESTR.	EJECT	HEL	MET INJURY	<u> </u>	NATURE OF INJUI	RIES
					DIAGRAM	<u> </u>	<u> </u>	<u> </u>			
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L CERTIFY (DECL	ARE) UNDER I	PENALTY OF	PERJURY U	INDER THE LAWS OF THE	STATE OF WASH	INGTON THA	AT THE FOF	REGOING IS TRUE	AND CO	RRECT. (RCW 9A	.72.085)
C. STORTO			nga fransak de			′2014					
APPROVED BY				UNIT OR DIST. DET	DATED		DATE	PLACE SIGNED			
5	torton, C.	LUSO	····						·		
BADGE OR ID #	1095		ORI#	WAWSP0216		TIME POLICE	DISPATCHED	8:48 AM	TIME	POLICE ARRIVED	8:57 AM

	SUPPLEME	NTAL AFFIC				-	REPORT	NO. E	328825)	1
	POLICE TRA	REPORT	013197		CASE#						2
	COMMERC	CIAL MOTOR CAL	RRIER		· .		INT	ERSTATE	INTRAST		3
]	UNIT#	1 USDOT 00	30687	10	00#		. VE	HICLE TYPE	6 CARGO	PE 2	1
	CARRIER NAME		يت أنس و در و براه الله و السادي				· •				2
	CARRIER ADDRESS										3
_	сту ЕР	HRATA			4	ST	WA ZIP				<u> </u>
	NAME SOURCE	3 # 8	gwr 105	000	PLAC/	ARD	+	NAME I	NO NUMBER		
	ADDITION		<u> </u>								
	UNIT #	MOTOR VEHICLE	PEDAL- CYCLE	PEDESTRIAN	PROPER' OWNER	TY DAMAG	DE THRESHOLD M	ET PHONE			
	LAST NAME				FIRST	NAME			1	AIDDLE NITIAL	
1	STREET NEW ADDRESS										
	CITY					ST	ZIP				
	CDL		RESTI	RICTIONS			ENDORSEM	ENTS			
	DRIVER'S				STATE	SEX	D.O.S.] [1
1	LICENSE #						ММООУҮҮҮ	OF INJURIES			2
]	ON DUTY	STATUS AIRBAG	AESTR.	EJECT	HELMET	INJURY CLASS					3
]]	LICENSE PLATE #		s	TATE VIN							1
<u> </u>	TRAILER PLATE #		-	STATE	TF Pl	RAILER LATE #			ST	ATE	2
	VEH. YEAR	MAKE	MODEL	STYLE	VEHIC YES	NO TOWE	DBY			GOVT VEHICLE YES NO	3
ļ	REGISTERED OWN	INSURANCE CO			· · · · · ·		~		SHADE IN DA	AMAGED AREA	FROM
]	IN EFFECT VEH CLE YES LEGALLY STANDING	& POLICY #			CHARGE					9 TOP 1 BOTTOM 7 6	
	UNIT #	MOTOR VEHICLE	PEDAL- CYCLE	PEDESTRIAN	PROPER	TY DAMA	GE THRESHOLD N	IET PHONE	I		ROM
	LAST NAME				FIRST	NAME			ļ 1	MIDDLE INITIAL	
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	CDL		REST	RICTIONS		<u> </u>	ENDORSEM	ENIA			
1	DRIVER'S LICENSE #	,		<u> </u>	STATE	SEX	D.Q.B. MMDDYYYY	- COF INJURIES			
]	ON DUTY	STATUS AIRBAG	RESTR.	EJECT	HELMET	INJURY CLASS	NAIGH	. or modules			
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	VEH. YEAR	MAKE	MODEL	STYLE	VEHIC	CLE TOWED TOWE	D BY			GOVT, VEHICLE YES NO	
	REGISTERED OWI		-						SHADE IN D	AMAGED AREA	,
\Box	LIABILITY INSURANCE IN EFFECT VEIT CLE YES LEGALLY STANDING	INSURANCE CO & POLICY #			CHARGE					9 TOP BOTTOM	
		ARE) UNDER PENALTY OF PE	RJURY UNDER THE	LAWS OF THE STATE	OF WASHING	TON THAT THE FOR	REGOING IS TRU	E AND CORRECT	6 (RCW 9A.72.085)	7 √	
- 	C. STOR		I NIT OO	DIST DET	5/20/2	014	r	LACE SIGNED			
\perp		OFFICER'S SIGNATURE	UNIT OR		DATED:	APPROVED BY	DATE			, <u> </u>	
	BARGE 10	95 l ^{og}	"∣WAWSP0	216		Storton	Print	į P/	AGE 3	OF 5	

Narrative

V-1 was traveling on the ramp from WB I-90 to WB SR-18. The truck had a tire blow on the passengers side. This caused the truck and trailer to roll onto it's passenger's side and strike the guardrail.



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 CASE #	1 2 3 27									
1 2 2 3	INTERSTATE CITY STREET RESULTED RESULTED STOLEN VEHICLE CODING 006784 COUNTY RD PRIVATE WAY DIVINIT'S 12 OBJECT STRUCK GUARDING COUNTS TRIBAL RESERVATION	3 28									
3 1	M M D D Y Y Y Y TIME (2400) COUNTY# MILES N E IN V 1140 3										
4	CN (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. MILE POST DISTANCE OF (REFERENCE OR CROSS STREET)	0 1 29									
5	300 00 MILES N E SR 99 FEET V S WV SR 99										
	UNIT 01 WEHICLE V CYCLE U	30									
6 2	LAST NAME FIRST NAME MIDDLE INITIAL										
	STREET NEW ADDRESS										
7	CITY SEATTLE ST WA ZIP	1 2 31									
8	CDL RESTRICTIONS B ENDORSEMENTS	2									
9	DRIVER'S LICENSE#	3 .									
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY 7 NATURE OF INJURIES HEAD	1 32									
11 6 0	LICENSE PLATE # STATE VIN#	3									
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	°									
13 3	VEH. YEAR 1995 MAKE TOWN AND T	7 3 33									
14	LIABILITY INSURANCE NSURANCE CO S POLICY # 10 BOTTOM 10	34									
15 2	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY WHICLE PEDESTRIAN PROPERTY WENCE (206) 440-4491	4 35									
16	LAST NAME DOT FIRST NAME MIDDLE INITIAL	36									
17	STREET NEW ADDRESS 15700 DAYTON AVE N	37									
18	OITY SEATTLE ST WA ZIP 98133	38									
19	CDL RESTRICTIONS ENDORSEMENTS	39									
20	DRIVER'S UCENSE # SEX D.Q.B. MMDDYYYY -										
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES										
22	LICENSE PLATE # STATE VIN#										
23	TRAILER PLATE # STATE PLATE # STATE	1 41									
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO SOUTH OF THE PROPERTY OF THE	42									
	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE CD & POLICY # Prop 1 Prop										
25	LIABILITY INSUPANCE INSUPANCE CO & POLICY # CHARGE INSUPANC										
26	OFFICER'S NAME (PRINT) MCKINLEY, K. BADGE OR ID # AGENCY WASHINGTON STATE PATROL										

PAGE 01 OF 4
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





CASE #

REPORT NO.	E326647	

	ADDI	TIONAL PERSO	NS INVOLVE	D (PASSENG	ERS AND/C	R WITNESSE	S ONLY)			
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #						ŞEX	D.O.B. MMDDYYYY]		
PASSENGER WITNESS UNIT	#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET	INJURY CLASS	N	ATURE OF INJUS	JES
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #						SEX	D.O.B. YYYYDDMM			
PASSENGER WITNESS UNIT	#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	N	ATURE OF INJUI	RIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<u> </u>								
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY			
PASSENGER WITNESS UNIT	#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLÁSS		ATURE OF INJUI	RIES
		F03.	וח	AGRAM	<u> </u>		000			·
		Water or	<u> </u>	ZOLIZIAL					IND	ICATE NOETH
Please see subsequ	ent diagra	am page							i inc	ICATE NORTH BY ARROW
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				ARRATIV	E					
Please see subsequ	uent narra	tive page(s)							·
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		and the second s		-				•		
I CERTIFY (DECLARE) UNDER PENA	LTY OF PERJUR	Y UNDER THE LAW	S OF THE STAT	E OF WASHIN	IGTON THAT	THE FOREGO	DING IS TRUE AF	VD CORRE	 CT, (RCW 9A	72.085)
K. MCKINLEY		, , , , , , ,		5/9/20						,
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST.	DET	DATED		PL/	ACE SIGNED			
APPROVED BY Steen, Sgt. W.	238									
BADGE OR ID # 0870	ORI#	WAWSP02	207		TIME POLICÉ D	ISPATCHED 5:	52 PM	TIME POL	ICE ARRIVED	6:01 PM

Narrative

VEHICLE 1 TRAVELING EB SR 518 AT MP 2 IN LANE 1 OF 2 LOST CONTROL OF HER VEHICLE WHEN SHE APPROACHED STOPPED TRAFFIC. VEHICLE 1 LEFT THE ROADWAY COLLIDING WITH A GAURDRAIL ON THE RIGHT SHOULDER