



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E337734

1 1 2 1 3 4 4 4a 5 6 1 7 8 9 9 10 11 6 0 12 13 3 14 15 2 16 17 18 19 20 21 22 23 24 25 26

1 1 7 27 2 3 1 28 2 3 0 1 29 30 1 2 31 32 33 34 35 36 37 38 39 40 41 42

INTERSTATE CITY STREET FIRE RESULTED
STATE ROUTE OTHER STOLEN VEHICLE
COUNTY RD PRIVATE WAY HIT & RUN INVOLVED

CASE # 008377

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK

TRIBAL RESERVATION

DATE OF COLLISION M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
6 - 17 - 2014 2214 27 0450

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

INTERSTATE 5 SOUTH BLOCK NO. 138 MILE POST 00

DISTANCE 0.25 MILES OF (REFERENCE OR CROSS STREET) 54TH AVENUE

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY TACOMA ST WA ZIP

CDL RESTRICTIONS B ENDORSEMENTS

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

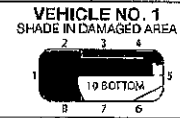
ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE HOND MODEL CIV2D STYLE CP VEHICLE TOWED YES NO TOWED BY FIFE GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 420621491 CHARGE WHEELS OFF ROADWAY



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

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

STREET NEW ADDRESS 11211 41ST AVENUE S.W.

CITY TACOMA ST WA ZIP 98499

CDL RESTRICTIONS ENDORSEMENTS

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

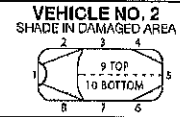
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 # CITATION # CHARGE



OFFICER'S NAME (PRINT) FLUELLEN, C. BADGE OR ID # 0922 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E337734**

CASE # 008377

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																
ADDRESS & PHONE #										SEX	M	D.O.B. MMDDYYYY	-	-				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY	-	-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" 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)

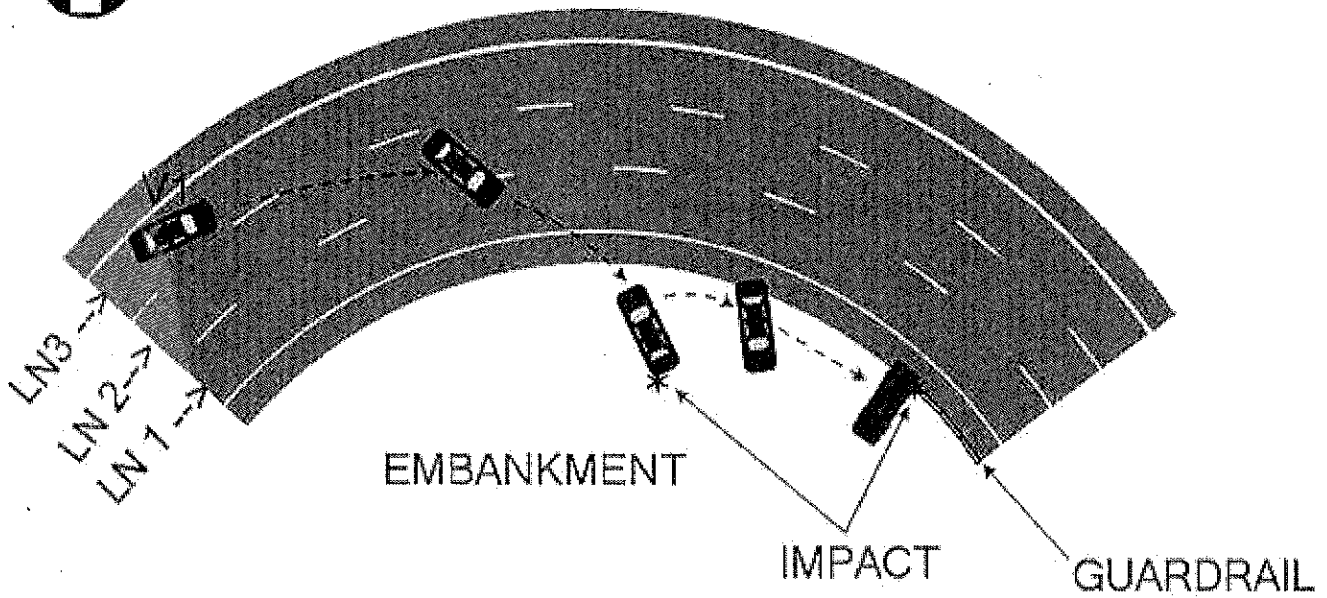
C. FLUELLEN		6/28/2014	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY	Joyce, P. 459	DATE	
BADGE OR ID #	0922	ORI #	WAWSP0112
TIME POLICE DISPATCHED	10:14 PM	TIME POLICE ARRIVED	10:18 PM

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.



EB SR 518 WEST OF 51ST





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E333522

1 2 3 27

1 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"/>

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

2 1

TRIBAL RESERVATION

3 1

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION 6 - 9 - 2014 1825 17 1320

N E IN S W OF

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

EB 518 BLOCK NO. 2 00

MILE POST

4a

5

DISTANCE 200 00 MILES N E OF (REFERENCE OR CROSS STREET) 51ST

FEET S W

6 6

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

7

CITY FERNDALE ST WA ZIP

8

CDL RESTRICTIONS ENDORSEMENTS

9 9

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

10

ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

11 6 0

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 1

VEH. YEAR 1997 MAKE VOLK MODEL JETTA STYLE 4T VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

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

14

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

15 1

VEHICLE LEGALLY STANDING YES NO CITATION # 4Z0534130, 4Z0534130 CHARGE NEGLIGENT DRIVING 2ND

16

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

17

LAST NAME WA STATE FIRST NAME DEPARTMENT OF MIDDLE INITIAL

18

STREET NEW ADDRESS 15700 DAYTON AVE N

19

CITY SEATTLE ST WA ZIP 98133

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

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 #

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE OFFICER'S NAME (PRINT) LYNCH, K. BADGE OR ID # 1029 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E333522**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **BROWN, CARLOS L**

ADDRESS & PHONE # **201 LIND AVE NW Renton, WA 980575137** SEX **M** D.O.B. **MMDDYYYY** **5** - **21** - **1994**

PASSENGER WITNESS UNIT # **1** SEAT POS. **3** AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **7** NATURE OF INJURIES **LACERATIONS TO HANDS -**

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)

K. LYNCH

6/10/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY **Fisher, Sgt. R. 157**

DATE

BADGE OR ID # **1029** ORI # **WAWSP0206** TIME POLICE DISPATCHED **6:26 PM** TIME POLICE ARRIVED **6:26 PM**

Other Descriptions

UNIT LEVEL DESCRIPTIONS:

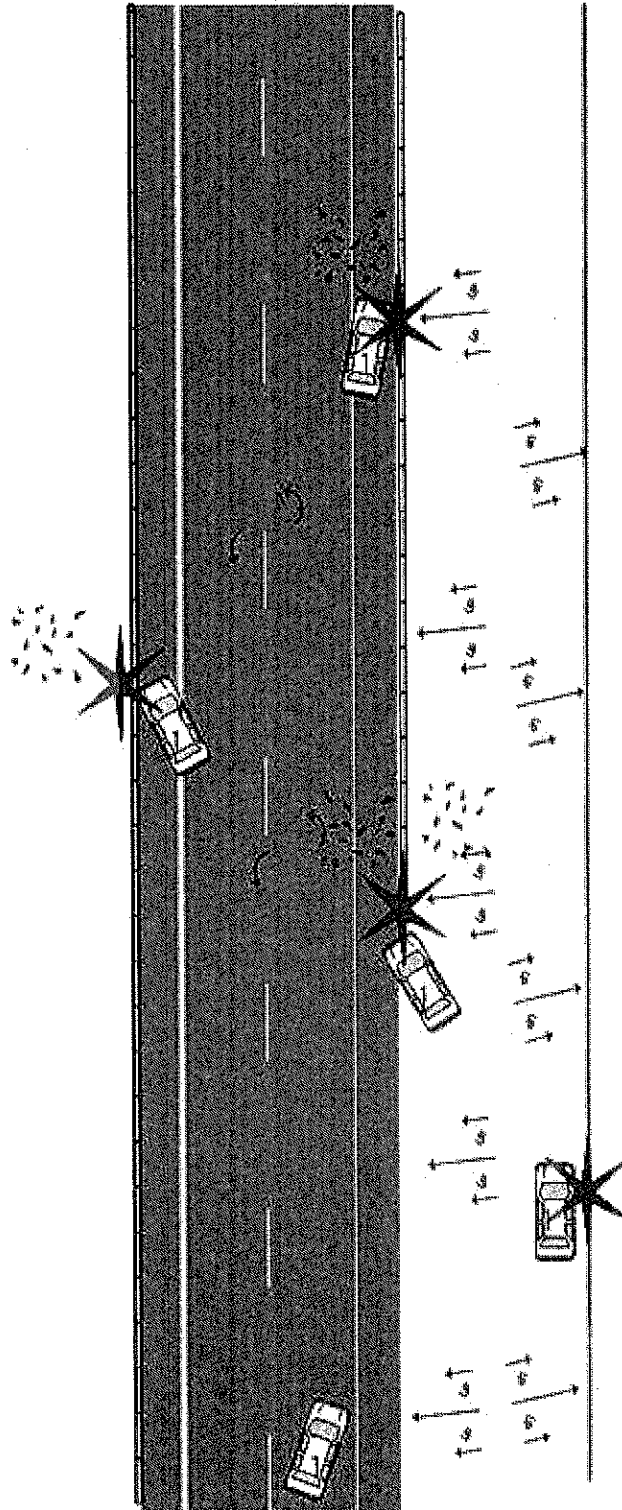
[VEHICLE ACTION DESCRIPTION] - LOST CONTROL (Unit 1)

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.

RAISED LIGHTRAIL TRACK

SB SR 599





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E334677

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 checked="" type="checkbox"/>

2

TRIBAL RESERVATION _____

3

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION 6 - 14 - 2014 0653 17 _____ N E IN S W OF 1320

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB SR 599 BLOCK NO. _____ MILE POST 1 00

4a

5

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

FEET S W

6

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

7

LAST NAME UNKNOWN FIRST NAME _____ MIDDLE INITIAL _____

8

STREET NEW ADDRESS _____

9

CITY _____ ST _____ ZIP _____

9

CDL _____ RESTRICTIONS _____ ENDORSEMENTS _____

10

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

11

ON DUTY STATUS _____ AIRBAG 3 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES _____

12

LICENSE PLATE # _____ STATE WA VIN# _____

13

TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

14

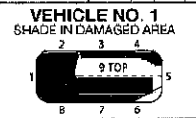
VEH. YEAR 1998 MAKE TOYT MODEL CAMRY STYLE 4T VEHICLE TOWED YES NO TOWED BY ABC TOWING GOVT. VEHICLE YES NO

15

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

16

VEHICLE LEGALLY STANDING YES NO



17

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

18

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

19

STREET NEW ADDRESS _____

20

CITY _____ ST _____ ZIP _____

21

CDL _____ RESTRICTIONS _____ ENDORSEMENTS _____

22

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

23

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

24

LICENSE PLATE # _____ STATE _____ VIN# _____

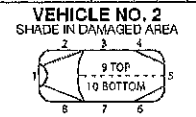
25

TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

26

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 # _____ CHARGE _____ CITATION # _____



VEHICLE LEGALLY STANDING YES NO

OFFICER'S NAME (PRINT) CARR, S. BADGE OR ID # 460 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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E334677**

CASE # 14-010857

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER WITNESS UNIT # 1 SEAT POS. 6 AIRBAG 9 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 7 NATURE OF INJURIES CONTUSION,

NAME (LAST, FIRST, MIDDLE INITIAL) SING, SACE

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

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

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

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

PASSENGER WITNESS UNIT # [REDACTED] SEAT POS. [REDACTED] AIRBAG [REDACTED] RESTR. [REDACTED] EJECT [REDACTED] HELMET USE [REDACTED] INJURY CLASS [REDACTED] 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. CARR

6/15/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

STEEN, SGT. W. 238

DATE

BADGE OR ID # 460 ORI # WAWSP0207 TIME POLICE DISPATCHED 6:54 AM TIME POLICE ARRIVED 7:09 AM

PART B 3000-345-160 R (7/08)

PAGE 2 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

Narrative

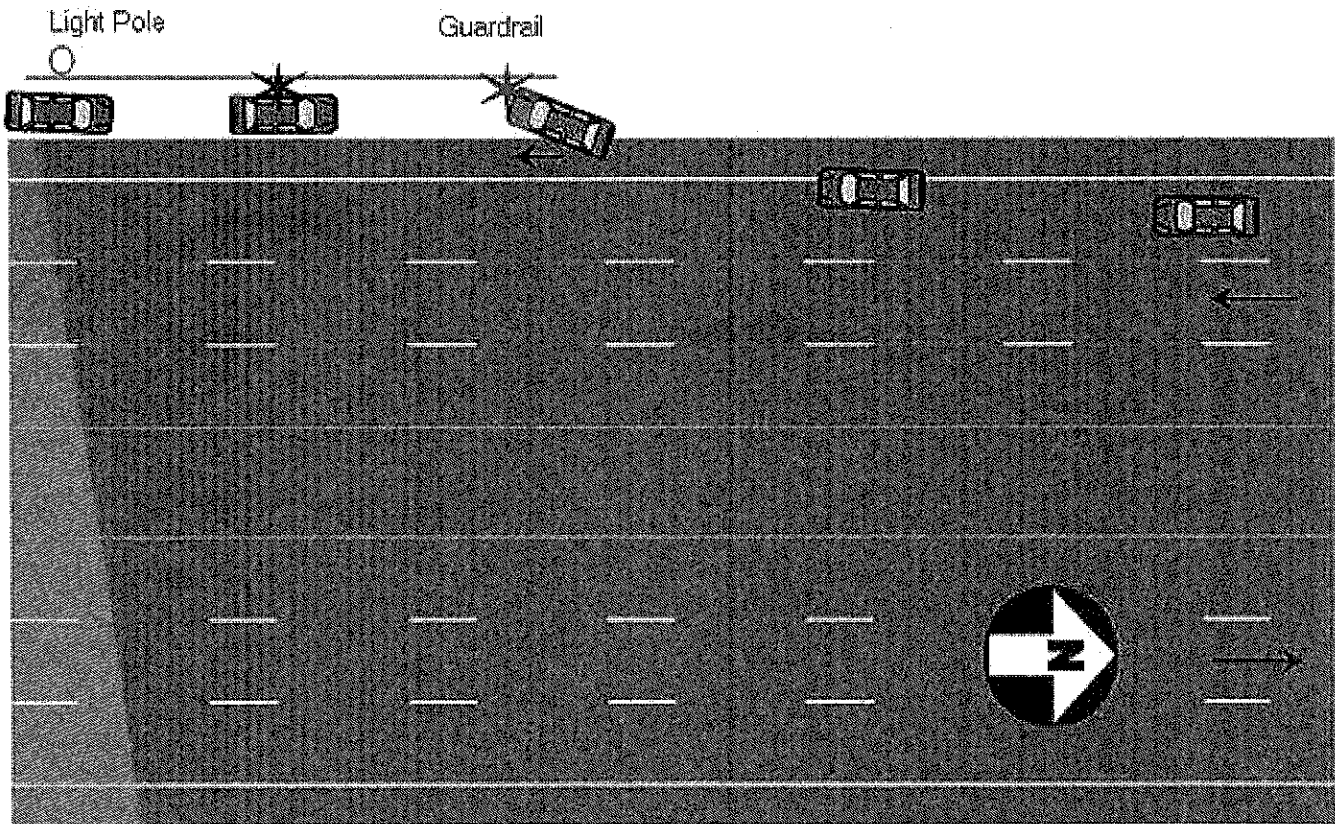
VEH 1 DRIVEN BY UNKNOWN HISPANIC MALE WAS (POSSIBLE [REDACTED]) WAS SOUTHBOUND STATE ROUTE 599 JUST NORTH F SO 133RD ST WHEN IT LEFT THE ROADWAY, STRUCK THE ELEVATED LIGHTRAIL, THEN STRUCK THE RIGHT GUARDRAIL, CROSSED BOTH LANES OF TRAVEL STRIKING THE LEFT GUARDRAIL, THEN CROSSING BACK OVER THE LANES OF TRAVEL BEFORE STRIKING THE RIGHT GUARDRAIL AGAIN. [REDACTED] WAS SEATED IN THE RIGHT REAR OF THE VEHICLE LAYING DOWN BUT WEARING HER SEATBELT. [REDACTED] 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. [REDACTED] WAS UNABLE TO PROVIDE MORE THAN FACEBOOK LISTINGS FOR THE DRIVER AND THE OTHER PASSENGERS. [REDACTED] IS A WARD OF THE STATE AND A RUN AWAY.

[REDACTED]

[REDACTED]

[REDACTED]

Interstate Five





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E324113

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1 0 1 27 2 3 1 28 2 3 0 1 29 30 1 2 31 2 3 1 32 2 3 1 5 33 34 1 35 36 1 2 37 38 39 40 41 42

INTERSTATE CITY STREET FIRE RESULTED STATE ROUTE OTHER STOLEN VEHICLE COUNTY RD PRIVATE WAY HIT & RUN INVOLVED

CASE # 4Z0351395

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

DATE OF COLLISION 3 - 22 - 2014 TIME (2400) 0615 COUNTY # 08 MILES CITY # 0605

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION SB I5 BLOCK NO. 40 MILE POST 72

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

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

LAST NAME FIRST NAME MIDDLE INITIAL L

STREET NEW ADDRESS

CITY VANCOUVER ST WA ZIP

CDL RESTRICTIONS B ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES FACE ABRASIONS

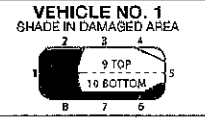
LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1995 MAKE TOYT MODEL CAM4D STYLE 4D VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

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

VEHICLE LEGALLY STANDING YES NO CITATION # 4Z0351392 CHARGE DUI



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

LAST NAME WSDOT FIRST NAME KELSO MIDDLE INITIAL

STREET NEW ADDRESS 2400 TALLEY WAY

CITY KELSO ST WA ZIP 98626

CDL RESTRICTIONS ENDORSEMENTS

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

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

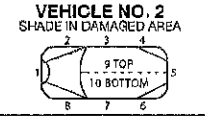
LICENSE PLATE # STATE VIN#

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 #

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) HUHTA, MICHAEL BADGE OR ID # 633 AGENCY WASHINGTON STATE PATROL

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591872

CORRECTION

REPORT NO. **E324113**

CASE # 4Z0351395

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)

MICHAEL HUHTA 4/29/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

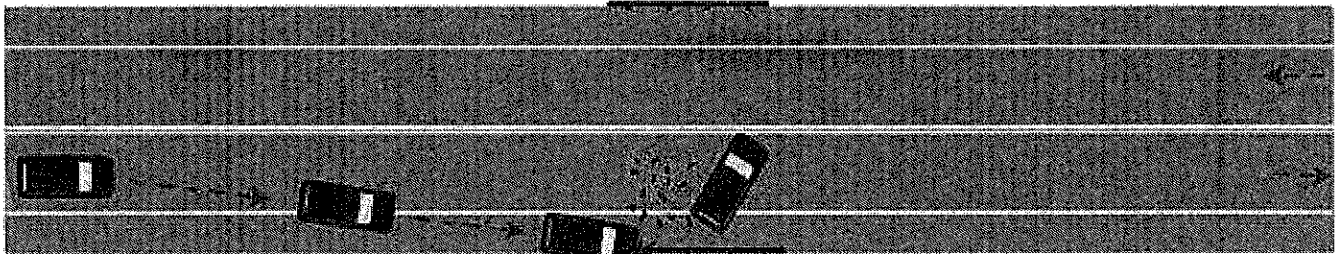
APPROVED BY Chapman, Sgt. M. 240 DATE

BADGE OR ID # 633 ORI # WAWSP0505 TIME POLICE DISPATCHED 6:17 AM TIME POLICE 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 for no insurance



WB SR 26 @ MP 73.45

Guardrail (POI)



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

Supplemental

REPORT NO. E335390

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FROM TO 3 7 33
FROM TO
1 34
1 35
36
1 6 37
38
39
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1 41
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 #

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION 6 - 14 - 2014 1355 01 10 50 N E IN S W OF 1390

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

WB SR-26 BLOCK NO. 73 45 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

13 45 MILES N E FEET S W SR 395

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY KENNEWICK ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

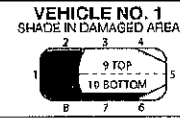
ON DUTY STATUS AIRBAG 9 RESTR. 1 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES HEAD INJURY, LEFT HAND

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE FORD MODEL EXPLORER STYLE UT VEHICLE TOWED YES NO TOWED BY PETES TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 420615976 CHARGE DUI



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (509) 324-6000

LAST NAME WASHINGTON FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 2714 W. MAYFAIR STREET

CITY SPOKANE ST WA ZIP 99207

CDL RESTRICTIONS ENDORSEMENTS

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

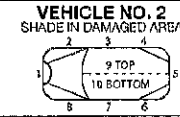
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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



OFFICER'S NAME (PRINT) TYLOCK, W. BADGE OR ID # 881 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E335390**

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)

W. TYLOCK

8/17/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Fryberger, T. 529

DATE

BADGE OR ID #	881	ORI #	WAWSP0407	TIME POLICE DISPATCHED	1:55 PM	TIME POLICE ARRIVED	2:18 PM
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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

REPORT NO. E335390

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INTERSTATE CITY STREET FIRE RESULTED SYLOLEN VEHICLE HIT & RUN INVOLVED
STATE ROUTE OTHER
COUNTY RD PRIVATE WAY

CASE #
LOCAL AGENCY CODING
TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIAL RESERVATION
DATE OF COLLISION 6-14-2014 TIME (2400) 1355 COUNTY # 01 MILES 10 50 CITY # 1390

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
WB SR-26 BLOCK NO. 73 45 MILE POST
DISTANCE 13.45 MILES OF (REFERENCE OR CROSS STREET) SR 395

UNIT 01 MOTOR VEHICLE DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY KENNEWICK ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 9 RESTR. 1 EJECT 1 HELMET USE 2 INJURY CLASS 6 NATURE OF INJURIES HEAD INJURY, LEFT HAND

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE FORD MODEL EXPLORER STYLE UT VEHICLE TOWED YES NO TOWED BY PETES TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 4Z0615976 CHARGE DUI VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE (509) 324-6000

LAST NAME WASHINGTON FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 2714 W. MAYFAIR STREET

CITY SPOKANE ST WA ZIP 99207

CDL RESTRICTIONS ENDORSEMENTS

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

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 OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY WASHINGTON STATE PATROL

TYLOCK, W. 881 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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E335390**

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

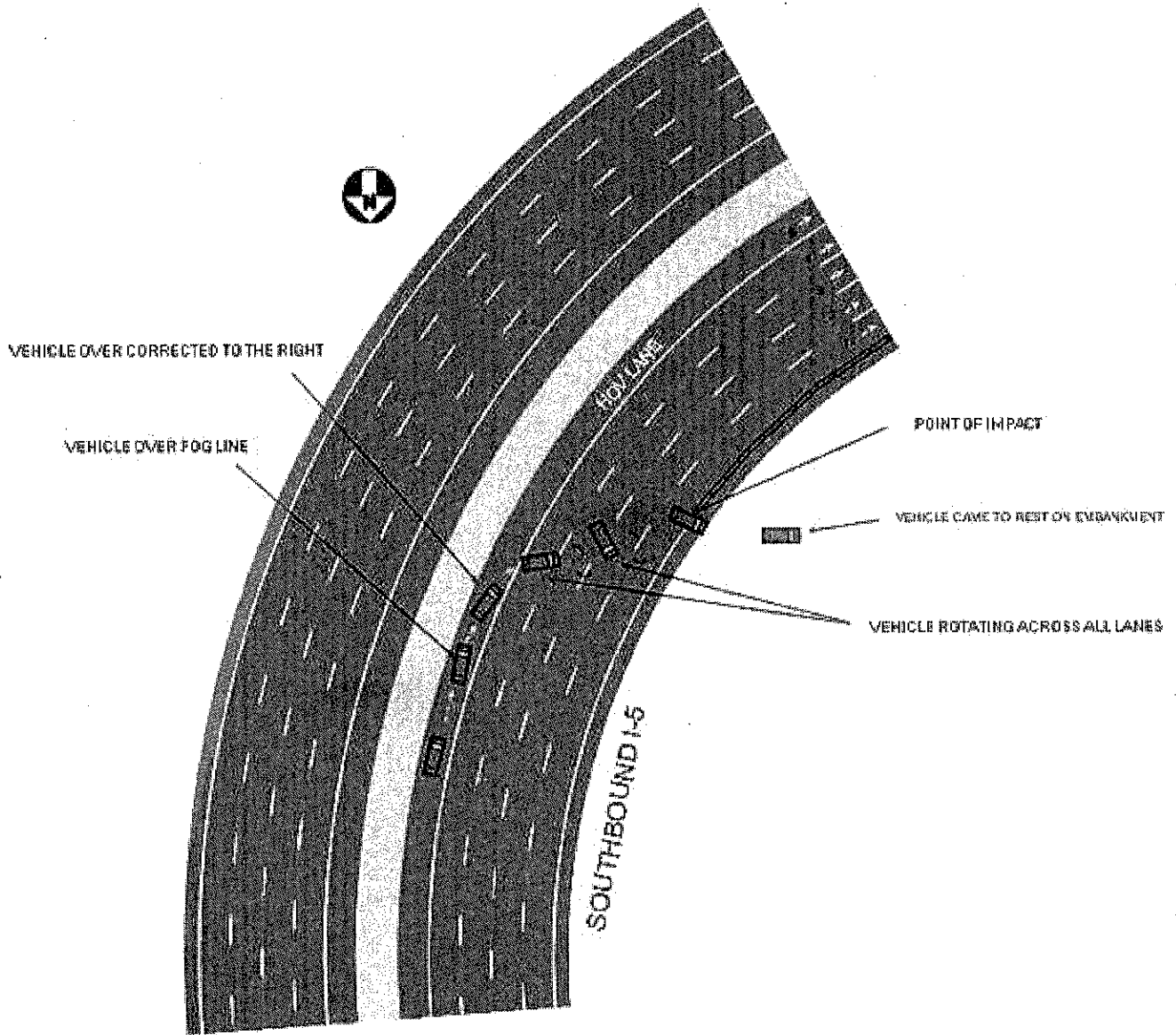
Please see subsequent narrative page(s)

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)

W. TYLOCK	6/18/2014		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Wilbur, Sgt. D. 199	DATE		
BADGE OR ID # 881	ORI # WAWSP0407	TIME POLICE DISPATCHED 1:55 PM	TIME 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



1591971

REPORT NO. E333990

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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"/>

TRIBAL RESERVATION

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION 6 - 11 - 2014 1010 27 N S E W IN OF 0450

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SOUTHBOUND I-5 BLOCK NO. 138 00 MILE POST

DISTANCE 40 00 MILES OF (REFERENCE OR CROSS STREET) 70TH AVENUE

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

LAST NAME FIRST NAME MIDDLE INITIAL C

STREET NEW ADDRESS

CITY TACOMA ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES SCRATCHES ON LEFT ARM AND HAND

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2003 MAKE FORD MODEL TAUSW STYLE SW VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 4Z0621792 CHARGE IMPROPER LANE USAGE

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 (800) 737-0615

LAST NAME TACOMA FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 11211 41ST AVE SW

CITY TACOMA ST WA ZIP 98499

CDL RESTRICTIONS ENDORSEMENTS

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

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

VEHICLE LEGALLY STANDING YES NO

VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) PHILLIPS, S. BADGE OR ID # 995 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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E333990**

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]

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

S. PHILLIPS

6/12/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Sager, Sgt. J. 234

DATE

BADGE OR ID #

995

ORI #

WAWSP0112

TIME POLICE DISPATCHED

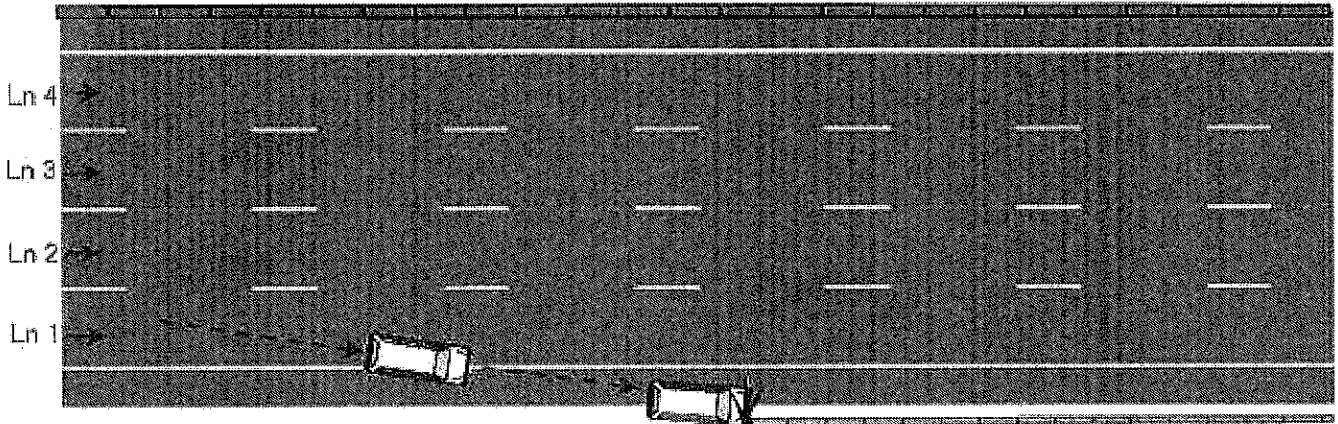
10:13 AM

TIME POLICE ARRIVED

10:31 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.



Southbound Interstate 5 south of 54th Ave





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1691971

REPORT NO. E326949

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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 WSDOT015880

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION 5 - 5 - 2014 1735 27 N S E W IN OF 0450

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

INTERSTATE 5 BLOCK NO. 136 MILE POST 63

DISTANCE 0.80 MILES N E S W OF (REFERENCE OR CROSS STREET) 54TH AVENUE

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL C RESTRICTIONS ENDORSEMENTS

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

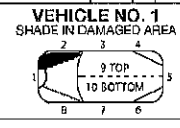
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2007 MAKE FORD MODEL ECONOLIN STYLE VN VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REG. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 4Z0480016, 4Z0480017 CHARGE DRIVING WITH WHEELS OFF



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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 2502 112TH STREET E

CITY TACOMA ST WA ZIP 98418

CDL RESTRICTIONS ENDORSEMENTS

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

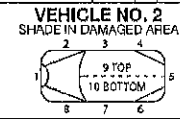
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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



OFFICER'S NAME (PRINT) PIGOTT, K. BADGE OR ID # 963 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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E326949**

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)

K. PIGOTT

5/11/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

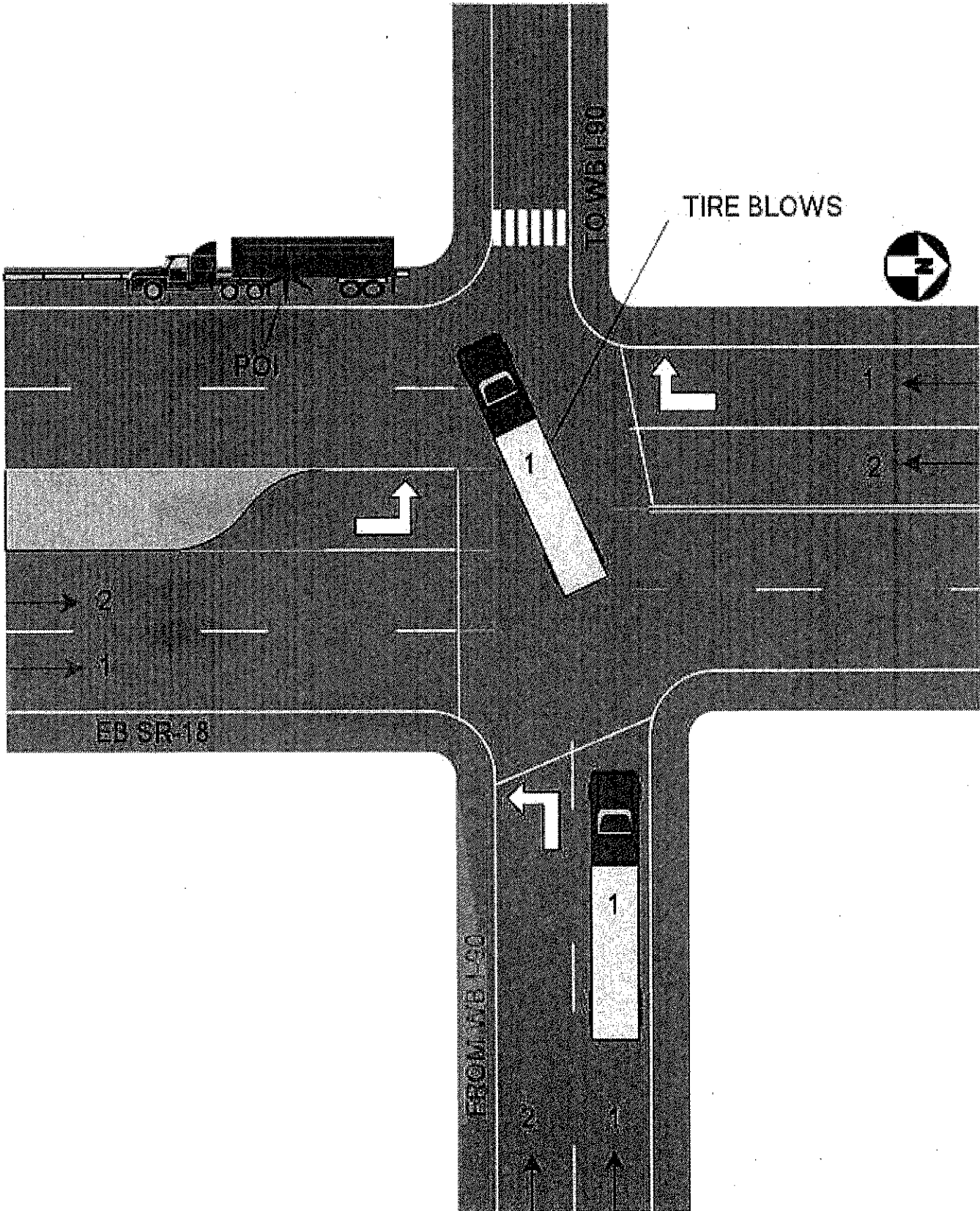
Thomas, Sgt. C. 228

DATE

BADGE OR ID #	963	ORI #	WAWSP0101	TIME POLICE DISPATCHED	5:42 PM	TIME POLICE ARRIVED	5:42 PM
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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.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1691971

REPORT NO. E328825

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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

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 #

5 - 17 - 2014 0843 17 N S E W IN OF 1185

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

WB SR-18 BLOCK NO. 27 MILE POST 89

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W 1-90

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY QUINCY ST WA ZIP

CDL A RESTRICTIONS K ENDORSEMENTS T

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

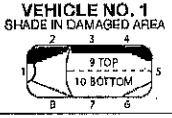
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE WA TRAILER PLATE # STATE

VEH. YEAR 1995 MAKE MACK MODEL TRACTOR STYLE DS VEHICLE TOWED YES NO TOWED BY TODD'S TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0497611 CHARGE DEFECTIVE TIRES



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (360) 705-7000

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 310 MAPLE PARK AVENUE SE P.O. BOX 47300

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

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

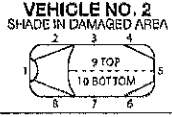
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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



OFFICER'S NAME (PRINT) STORTON, C. BADGE OR ID # 1095 AGENCY WASHINGTON STATE PATROL

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E328825**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]									
ADDRESS & PHONE #		[REDACTED]									
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]									
ADDRESS & PHONE #		[REDACTED]									
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]									
ADDRESS & PHONE #		[REDACTED]									
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)

C. STORTON

5/20/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY	Storton, C. 1095	DATE	
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BADGE OR ID #	1095	ORI #	WAWSP0216	TIME POLICE DISPATCHED	8:48 AM	TIME POLICE ARRIVED	8:57 AM
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PART B 3000-345-160 R (7/09)

PAGE 2 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



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E328825

CASE #

1 1

COMMERCIAL MOTOR CARRIER				INTERSTATE <input type="checkbox"/>	INTRASTATE <input checked="" type="checkbox"/>	
UNIT #	1	USDOT	0030687	ICC #	VEHICLE TYPE 6	CARGO BODY TYPE 2

2 1

CARRIER NAME	[REDACTED]
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3 1

CARRIER ADDRESS	[REDACTED]
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4

CITY	EPHRATA	ST	WA	ZIP	[REDACTED]
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4a

NAME SOURCE	3	# AXLES	8	GVWR	105000	PLACARD <input type="checkbox"/>	+	NAME IF NO NUMBER
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5

ADDITIONAL UNITS

UNIT #	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 2

LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	<input type="checkbox"/>
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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7

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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8

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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9

LICENSE PLATE #	STATE	VIN#
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10

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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11

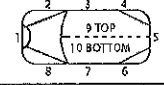
VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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12

REGISTERED OWNER INFO.		SHADE IN DAMAGED AREA
------------------------	--	-----------------------

13

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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14

UNIT #	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
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15

STREET NEW ADDRESS	<input type="checkbox"/>
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17

CITY	ST	ZIP
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18

CDL	RESTRICTIONS	ENDORSEMENTS
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19

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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20

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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21

LICENSE PLATE #	STATE	VIN#
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22

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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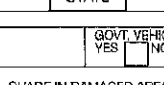
23

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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24

REGISTERED OWNER INFO.		SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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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)

C. STORTON

5/20/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # 1095

ORI # WAWSP0216

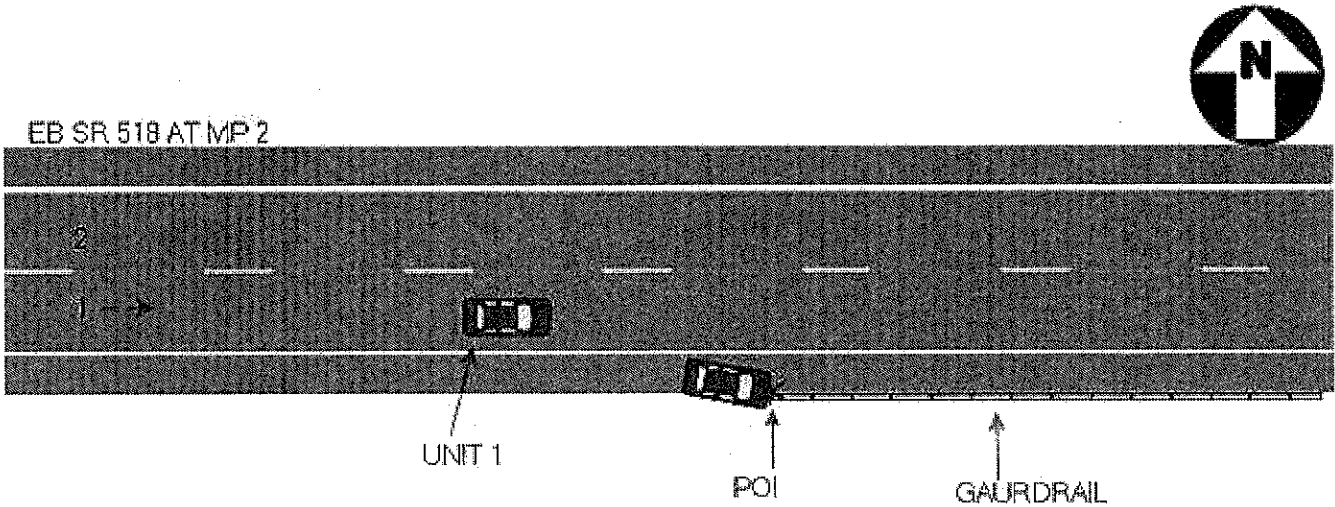
APPROVED BY Storton

DATE

PAGE 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

REPORT NO. **E326647**

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0 1 29
30
1 1 2 31
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3
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3
FROM TO 7 3 33
FROM TO
34
4 35
36
37
38
39
40
1 41
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 #	
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LOCAL AGENCY CODING	006784
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TOTAL # OF UNITS	2	OBJECT STRUCK	Guardrail
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DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
5 - 8 - 2014		1752	17		1140
ON (PRIMARY TRAFFIC WAY)		INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>

EB SR 518	BLOCK NO.	2	49
	MILE POST	<input checked="" type="checkbox"/>	

DISTANCE	300	00	MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
			FEET	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W	<input checked="" type="checkbox"/>	SR 99

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	[REDACTED]	FIRST NAME	[REDACTED]	MIDDLE INITIAL	[REDACTED]
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STREET NEW ADDRESS	[REDACTED]
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CITY	SEATTLE	ST	WA	ZIP	[REDACTED]
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	[REDACTED]	STATE	WA	SEX	F	D.O.B.	[REDACTED]
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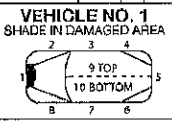
ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES	HEAD
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LICENSE PLATE #	[REDACTED]	STATE	[REDACTED]	VIN#	[REDACTED]
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1995	MAKE	TOY	MODEL	CAMRY	STYLE	4T	VEHICLE TOWED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	AIRPORT TOW	GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	[REDACTED]	VEHICLE NO. 1	SHADE IN DAMAGED AREA	
LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	[REDACTED]	
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	470390194
CHARGE	SPEED TOO FAST			



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) 440-4491
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LAST NAME	DOT	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	15700 DAYTON AVE N
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CITY	SEATTLE	ST	WA	ZIP	98133
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	[REDACTED]	STATE		SEX		D.O.B.	
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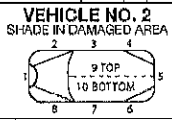
ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. 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.	[REDACTED]	VEHICLE NO. 2	SHADE IN DAMAGED AREA	
LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	[REDACTED]	
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	
CHARGE				



OFFICER'S NAME (PRINT)	MCKINLEY, K.	BADGE OR ID #	0870	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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E326647**

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)

K. MCKINLEY

5/9/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Steen, Sgt. W. 238

DATE

BADGE OR ID #	0870	ORI #	WAWSP0207	TIME POLICE DISPATCHED	5:52 PM	TIME POLICE ARRIVED	6:01 PM
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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