



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E328659

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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 000645

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

2

3

DATE OF COLLISION M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

5 - 16 - 2014 0748 32 2 50 N  E  IN  S  W  OF 1220

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

NSC (395) NB BLOCK NO.  MILE POST  165 65

4a

5

DISTANCE OF (REFERENCE OR CROSS STREET)

0 10 MILES  N  E  FEET  S  W FARWELL RD

6

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

7

CITY SPOKANE ST WA ZIP

8

CDL RESTRICTIONS ENDORSEMENTS

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 CLASS 6 NATURE OF INJURIES SORE LEFT LEG

11

LICENSE PLATE # STATE WA VIN#

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR 1994 MAKE NISS MODEL MAXIMA STYLE 4T VEHICLE TOWED YES  NO  TOWED BY EVERGREEN STATE TOWING GOVT. VEHICLE YES  NO

14

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

15

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # CITATION # 4Z0376931 CHARGE MOVE VEH W/DEF EQUIPMENT-

16

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

17

LAST NAME WSDOT SPOKANE FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS N. 2714 MAYFAIR

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CITY SPOKANE ST WA ZIP 99207

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CDL RESTRICTIONS ENDORSEMENTS

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

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

23

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  NO  TOWED BY GOVT. VEHICLE YES  NO

26

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

OFFICER'S NAME (PRINT) SHEPLER, P BADGE OR ID # 1182 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. **E328659**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]						
ADDRESS & PHONE #												[REDACTED]						
SEX												D.O.B. MMDDYYYY			[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]						
SEX												D.O.B. MMDDYYYY			[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]						
SEX												D.O.B. MMDDYYYY			[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)

P SHEPLER

5/19/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DERRICK, SGT. D. 162

DATE

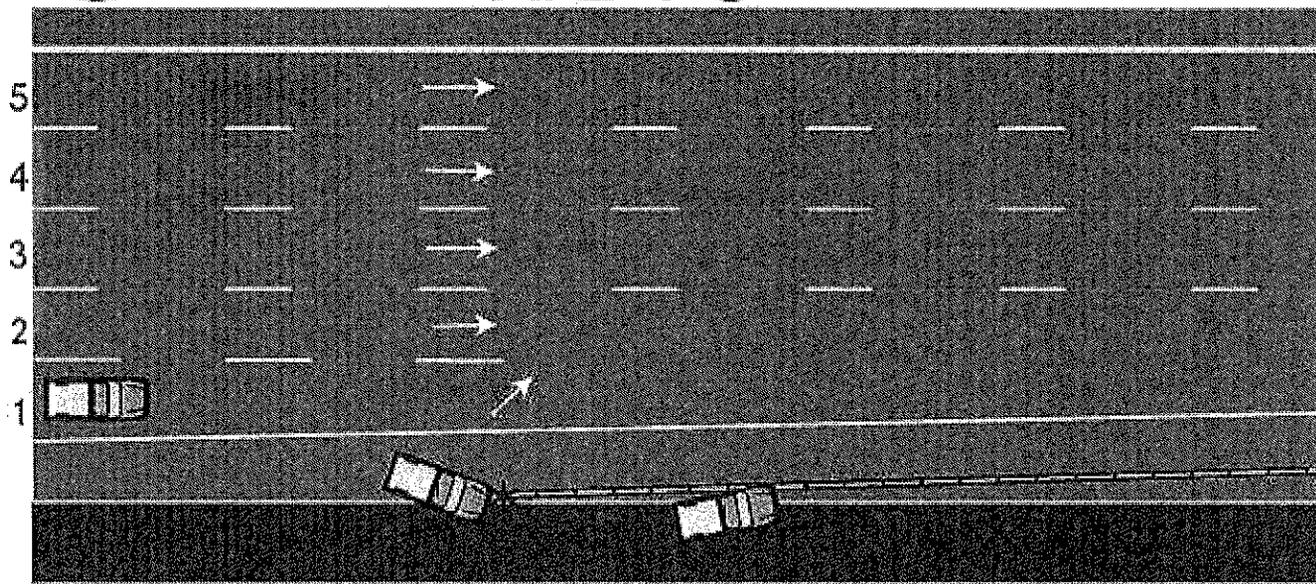
BADGE OR ID #	1182	ORI #	WAWSP0420	TIME POLICE DISPATCHED	7:52 AM	TIME POLICE ARRIVED	8:00 AM
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## Narrative

Vehicle #1 was northbound on the North Spokane Corridor (NSC-Future SR 395) at milepost 165 traveling in the left lane of two lanes. Veh #1 suddenly veered to the left hard due to steering mechanical issues striking the guard rail end cap square on taking out six posts and three rail sections with an end cap before coming to rest in the median.



# N/B I-5





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E330618

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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"/>	SYOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	
LOCAL AGENCY CODING	WSDOT009008
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 - 21 - 2014		0233	06	4 91	1085
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		

N/B I-5	BLOCK NO.	8 20
DISTANCE	OF (REFERENCE OR CROSS STREET)	
1 31 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	S OF NE 179TH ST	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS
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CITY	SPANAWAY	ST	WA	ZIP	983877746
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CDL	B	RESTRICTIONS	L	ENDORSEMENTS	P
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DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12 - 8 - 1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1985	MAKE	TOYT	MODEL	PU	STYLE	PK	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	TRIPLE J TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	CITATION #	4Z0552801	CHARGE	46.61.502	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	(360) 759-1300
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LAST NAME	DEPT OF TRANSPORTATION	FIRST NAME	WASHINGTON STATE	MIDDLE INITIAL
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STREET NEW ADDRESS	11018 NE 51ST CIR
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CITY	VANCOUVER	ST	WA	ZIP	98682
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #	CITATION #	CHARGE	VEHICLE NO. 2 SHADE IN DAMAGED AREA
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OFFICER'S NAME (PRINT)	WINBORNE, J	BADGE OR ID #	1227	AGENCY	WASHINGTON STATE PATROL
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UNDER 23 UNITED STATES CODE - SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E330618**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B. MMDDYYYY

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

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B. MMDDYYYY

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

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B. MMDDYYYY

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW

NARRATIVE

Please see subsequent narrative page(s)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J WINBORNE 5/28/2014  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

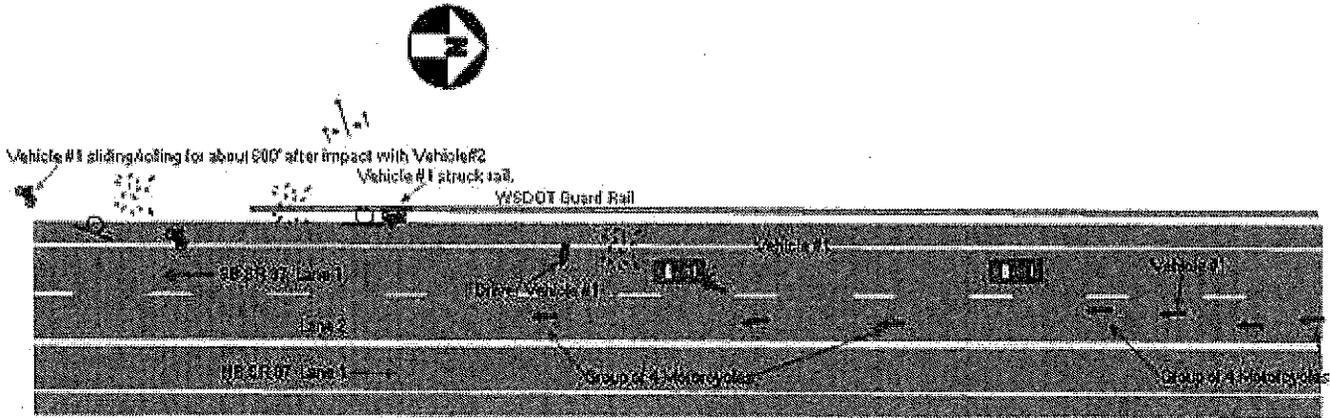
APPROVED BY Tanner, Sgt. R. 174 DATE

BADGE OR ID # 1227 ORI # WAWSP0502 TIME POLICE DISPATCHED 2:34 AM TIME POLICE ARRIVED 2:47 AM

## Narrative

VEHICLE ONE, A 1985 TOYOTA PICKUP, TRAVELING N/B I-5 IN LANE ONE OF FIVE. VEHICLE ONE TRAVELS ONTO THE RIGHT SHOULDER AND INTO THE GUARDRAIL.

DRIVER OF VEHICLE ONE SAID HE FELL ASLEEP.





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E330178

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FROM TO 1 5 34  
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INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	PIPE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

CASE #	14-009316		
LOCAL AGENCY CODING	015342		
TOTAL # OF UNITS	3	OBJECT STRUCK	Guardrail

TRIBAL RESERVATION	Yakama Nation
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DATE OF COLLISION	M 5 - D 23 - Y 2014	TIME (2400)	1302	COUNTY #	39	MILES	7.00	CITY #	1310
		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input type="checkbox"/>		
		S	<input checked="" type="checkbox"/>	W	<input type="checkbox"/>	OF	<input checked="" type="checkbox"/>		

ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>
SR 97	BLOCK NO.	<input type="checkbox"/>	55	00
	MILE POST	<input checked="" type="checkbox"/>		

DISTANCE		MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>
		FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>

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	[REDACTED]
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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	DES MOINES	ST	WA	ZIP	[REDACTED]
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CDL		RESTRICTIONS	B	ENDORSEMENTS	L
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DRIVER'S LICENSE #	[REDACTED]	STATE	WA	SEX	M	D.O.B.	[REDACTED]
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	1	RESTR.	1	EJECT	2	HELMET USE	1	INJURY CLASS	4	NATURE OF INJURIES	HEAD AND INTERNAL
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LICENSE PLATE #	[REDACTED]	STATE	WA	VIN#	[REDACTED]
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1998	MAKE	HDMC	MODEL	FLSTC	STYLE	MC	VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	HOOKED UP TOWING	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.		LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	[REDACTED]
VEHICLE LEGALLY STANDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	



UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	[REDACTED]
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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	SANTA MARGAR	ST	CA	ZIP	[REDACTED]
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CDL	C	RESTRICTIONS	0, 1	ENDORSEMENTS	
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DRIVER'S LICENSE #	[REDACTED]	STATE	CA	SEX	F	D.O.B.	[REDACTED]
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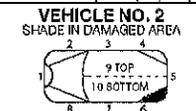
ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	[REDACTED]	STATE	CA	VIN#	[REDACTED]
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	TOYT	MODEL	CAMRY	STYLE	4T	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.		LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	[REDACTED]
VEHICLE LEGALLY STANDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	



OFFICER'S NAME (PRINT)	WELCH, RICHARD	BADGE OR ID #	838	AGENCY	WASHINGTON STATE PATROL
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PART A

3000-345-159 B (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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E330178**

CASE # 14-009316

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

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

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

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

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

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

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)

RICHARD WELCH

5/27/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Tri, Sgt. G. 0231

DATE

BADGE OR ID # 838 ORI # WAWSP0301 TIME POLICE DISPATCHED 1:05 PM TIME POLICE ARRIVED 1:20 PM



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E330178**

CASE # 14-009316

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B. 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)

RICHARD WELCH

5/27/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Tri, Sgt. G. 0231

DATE

BADGE OR ID # 838 ORI # WAWSP0301 TIME POLICE DISPATCHED 1:05 PM TIME POLICE ARRIVED 1:20 PM

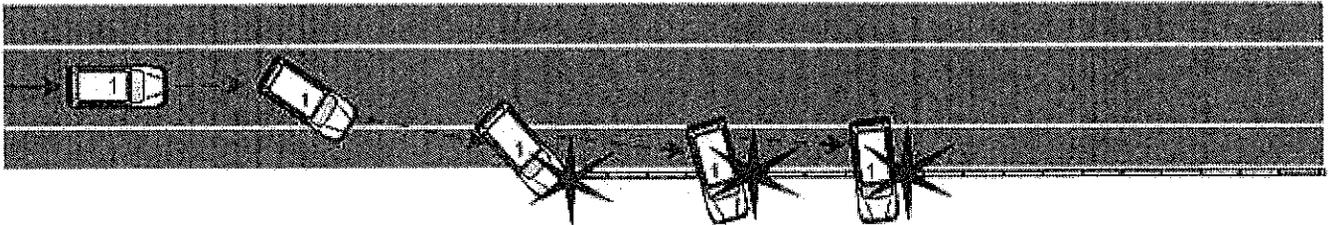


## Narrative

Vehicle #2 was southbound on SR 97 in lane 1(right) of 2 (left). A group of 4 motorcycles were coming up behind vehicle #2. Vehicle #1 was the 2nd motorcycle of the group of 4. Vehicle #1 was southbound on SR 97 in lane 2 of 2. Vehicle #1 attempted to pass vehicle #2. The group of motorcycles (including vehicle #1) were at a high rate of speed. Vehicle #1 struck the left rear of vehicle #2 with its front. This ejected the driver of vehicle #1 over vehicle #2. The driver of vehicle #1 struck the black top roadway. His helmet was not found. Vehicle #2 was able to stop without hitting the driver of vehicle #1. Vehicle #1 (without rider) continued around vehicle #2. Vehicle #1 struck the WSDOT guard rail. Vehicle #1 slid and tumbled for about 600 feet from the point of impact with vehicle #2. The rider of vehicle #1 died from his injuries.



Union St to westbound SR 14





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E327947

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

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

TRIBAL RESERVATION

DATE OF COLLISION 5-10-2014 TIME (2400) 1230 COUNTY # 06 MILES CITY # 0145

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION  
UNION ST TO WB SR 14 BLOCK NO. 14 MILE POST 60

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

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY WASHOUGAL ST WA ZIP

CDL RESTRICTIONS B ENDORSEMENTS

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

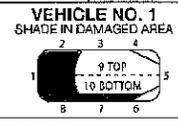
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES LEFT LEG HURTS

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2006 MAKE GMC MODEL ENVOY STYLE 4T VEHICLE TOWED TOWED BY GOVT. VEHICLE

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 4Z0458869 CHARGE WHEELS OFF ROADWAY



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE (360) 759-1300

LAST NAME DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 11018 NE 51ST CIR

CITY VANCOUVER ST WA ZIP 98682

CDL RESTRICTIONS ENDORSEMENTS

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

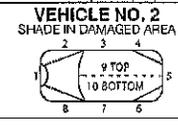
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT. VEHICLE

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



OFFICER'S NAME (PRINT) BARLOW, S. BADGE OR ID # 974 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. **E327947**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

S. BARLOW

5/16/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Jennings, N. 908

DATE

BADGE OR ID #	974	ORI #	WAWSP0503	TIME POLICE DISPATCHED	12:55 PM	TIME POLICE ARRIVED	1:15 PM
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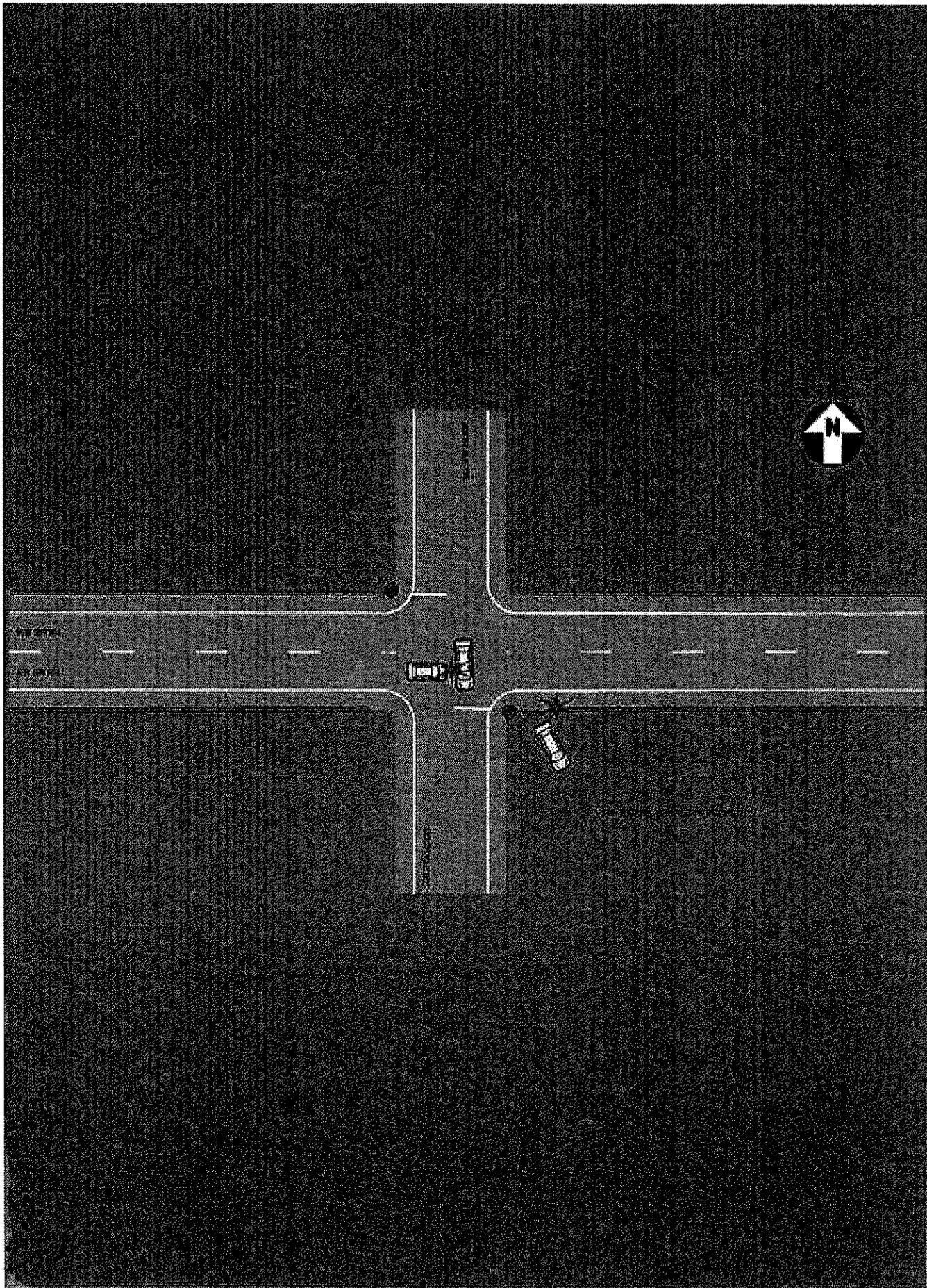
PART B 3000-345-160 R (7/08)

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

Unit 1 was traveling westbound on the interchange ramp from Union St to westbound SR 14. Unit 1 stated a small animal, possibly a cat ran out in front of her. At this time, she swerved to the right leaving the roadway and slid sideways striking the metal guardrail. 4 metal posts and approximately 35 feet of metal guardrail was damaged.





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E326282

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FROM TO 9 5 33  
FROM TO 7 3 34  
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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 checked="" type="checkbox"/>

CASE #	14-007697
LOCAL AGENCY CODING	007419
TOTAL # OF UNITS	3
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION										
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #					
4	27	2014	2202	17	2	59	N S	E W	IN OF	0410

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

SR164 MP BLOCK NO. 10 98

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES  N  E  FEET  S  W AT 208TH AVE SE

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ENUMCLAW ST WA ZIP

CDL A RESTRICTIONS ENDORSEMENTS N

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

ON DUTY  STATUS AIRBAG 6 RESTR. 9 EJECT 1 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # AOJ7575 STATE WA VIN

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2013 MAKE MERZ MODEL C300 STYLE 4T VEHICLE TOWED YES  NO  TOWED BY CASCADE TOWING GOVT. VEHICLE YES  NO

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

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES  NO  CITATION # 4Z0435345, 4Z0435345, 4Z0435346 CHARGE HIT AND RUN ATTEMPTED VEHICLE.

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

LAST NAME GORDON FIRST NAME JARED MIDDLE INITIAL C

STREET NEW ADDRESS

CITY FEDERAL WAY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE WA VIN

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2011 MAKE VOLK MODEL GOLF STYLE HB VEHICLE TOWED YES  NO  TOWED BY CASCADE TOWING GOVT. VEHICLE YES  NO

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) TAYLOR, T BADGE OR ID # 1109 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



1591972

CORRECTION

REPORT NO. **E326282**

CASE # 14-007697

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER  WITNESS  UNIT # 2 SEAT POS. 3 AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES RIGHT FOOT

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

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B. 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)

T TAYLOR

5/8/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Mihelich, Sgt. D. 220

DATE

BADGE OR ID # 1109 ORI # WAWSP0217 TIME POLICE DISPATCHED 10:04 PM TIME POLICE ARRIVED 10:09 PM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E326282

CASE # 14-007697

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COMMERCIAL MOTOR CARRIER
UNIT #
USDOT
ICC #
VEHICLE TYPE
CARGO BODY TYPE
CARRIER NAME
CARRIER ADDRESS
CITY
ST
ZIP
NAME SOURCE
AXLES
GVWR
PLACARD
NAME IF NO NUMBER
ADDITIONAL UNITS
UNIT # 3
MOTOR VEHICLE
PEDAL-CYCLE
PEDESTRIAN
PROPERTY OWNER
DAMAGE THRESHOLD MET
PHONE
LAST NAME WASHINGTON STATE
FIRST NAME DEPT OF
MIDDLE INITIAL
STREET NEW ADDRESS 333 GRIFFIN AVE
CITY ENUMCLAW
ST WA
ZIP 98022
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
TOWED BY
GOVT. VEHICLE
REGISTERED OWNER INFO.
LIABILITY INSURANCE IN EFFECT
INSURANCE CO & POLICY #
VEHICLE LEGALLY STANDING
CITATION #
CHARGE
SHADE IN DAMAGED AREA
UNIT #
MOTOR VEHICLE
PEDAL-CYCLE
PEDESTRIAN
PROPERTY OWNER
DAMAGE THRESHOLD MET
PHONE
LAST NAME
FIRST NAME
MIDDLE INITIAL
STREET NEW ADDRESS
CITY
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ENDORSEMENTS
DRIVER'S LICENSE #
STATE
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RESTR.
EJECT
HELMET USE
INJURY CLASS
NATURE OF INJURIES
LICENSE PLATE #
STATE
VIN#
TRAILER PLATE #
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TRAILER PLATE #
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VEH. YEAR
MAKE
MODEL
STYLE
VEHICLE TOWED
TOWED BY
GOVT. VEHICLE
REGISTERED OWNER INFO.
LIABILITY INSURANCE IN EFFECT
INSURANCE CO & POLICY #
VEHICLE LEGALLY STANDING
CITATION #
CHARGE
SHADE IN DAMAGED AREA
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)
T TAYLOR 5/8/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED
BADGE OR ID # 1109 ORI # WAWSP0217 APPROVED BY Mihelich DATE PAGE 3 OF 5

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## Narrative

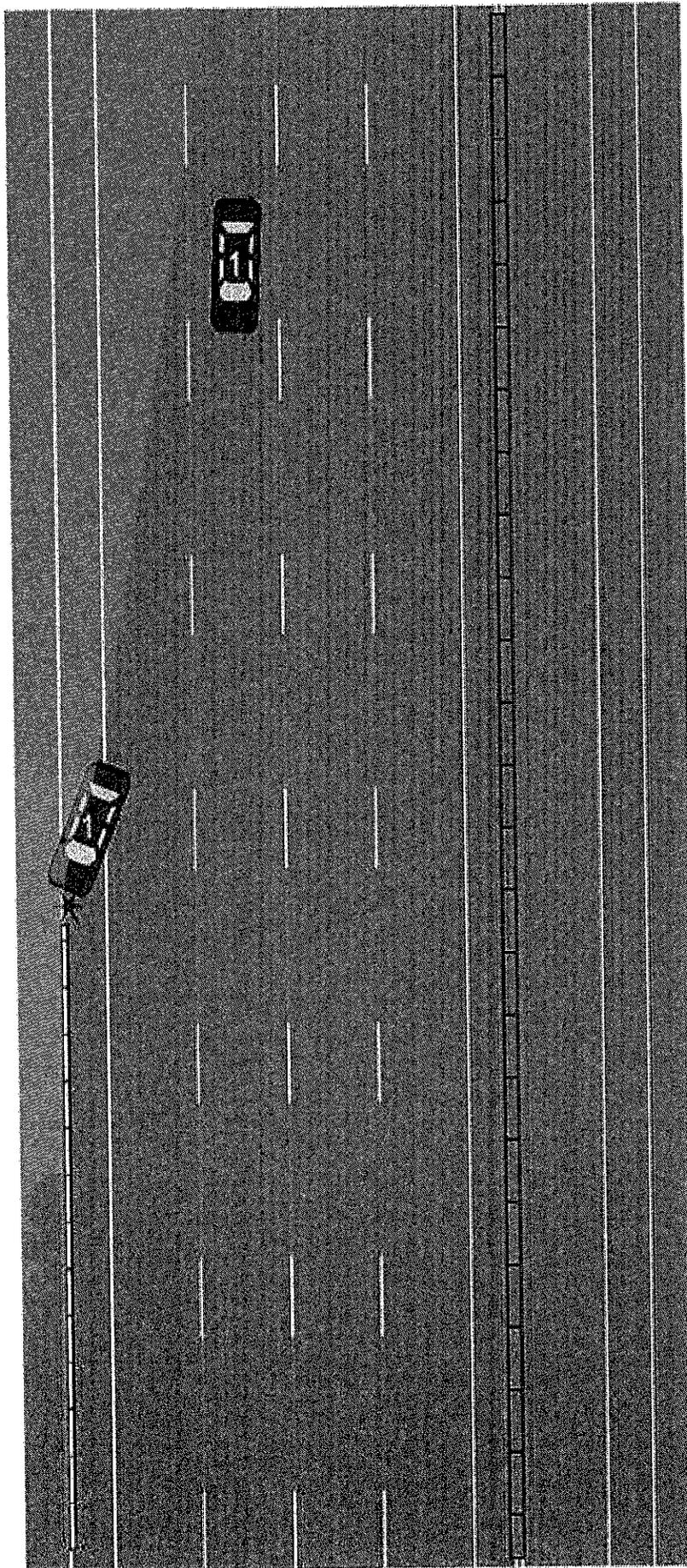
VEHICLE ONE WAS TRAVELING SOUTH BOUND ON 208TH AVE SE. VEHICLE TWO WAS TRAVELING EAST BOUND ON SR164 APPROACHING 208TH AVE SE. VEHICLE ONE PULLED OUT DIRECTLY IN FRONT OF VEHICLE TWO WITHOUT YIELDING. VEHICLE TWO STRUCK THE PASSENGER SIDE OF VEHICLE ONE. VEHICLE ONE WAS THEN PUSHED INTO THE GUARD RAIL AND DAMAGED THE GUARD RAIL.

SEVERAL WITNESSES STATED THAT THE DRIVER OF VEHICLE ONE SMELLED OF ALCOHOL AND ACTED IMPAIRED. THE DRIVER OF VEHICLE ONE ADMITTED TO HAVE BEEN DRINKING. THE DRIVER OF VEHICLE ONE THEN LEFT THE SCENE AFTER BEING PICKED UP BY HIS NEIGHBOR. THE DRIVER OF VEHICLE TWO AND THE WITNESS POSITIVELY IDENTIFIED THE DRIVER VIA A DOL PHOTO.



15 SB LANES

MP 8





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1531971

REPORT NO. E322291

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

CASE #  
LOCAL AGENCY CODING DOT # 010454  
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 4 - 19 - 2014 0548 06 5 00 N  E  IN   
S  W  OF  1350

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
SB 15 BLOCK NO. 8 00  
MILE POST

DISTANCE 0 50 MILES  N  E  OF (REFERENCE OR CROSS STREET) SE 179TH ST  
FEET  S  W

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 1

CITY ST GA ZIP

CDL CM RESTRICTIONS A ENDORSEMENTS

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

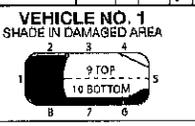
ON DUTY  STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # 533GSU STATE OR VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2014 MAKE DODG MODEL CHARGER STYLE 4T VEHICLE TOWED YES  NO  TOWED BY PACIFIC TOW GOVT. VEHICLE YES  NO

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



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (360) 759-1300

LAST NAME VANCOUVER WA FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 11018 NE 51ST CIRCLE

CITY VANCOUVER ST WA ZIP 98682

CDL RESTRICTIONS ENDORSEMENTS

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

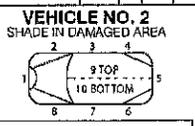
ON DUTY  STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 # CHARGE



OFFICER'S NAME (PRINT) CLARK, B. BADGE OR ID # 577 AGENCY WASHINGTON STATE PATROL

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



1591972

CORRECTION

REPORT NO. **E322291**

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

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

ADDRESS & PHONE # [REDACTED] SEX [REDACTED] 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 [REDACTED]

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

ADDRESS & PHONE # [REDACTED] SEX [REDACTED] 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 [REDACTED]

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. CLARK

4/21/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Clark, G. 241

DATE

BADGE OR ID # 577

ORI # WAWSP0503

TIME POLICE DISPATCHED 5:48 AM

TIME POLICE ARRIVED 6:02 AM

## Narrative

UNIT 1 WAS TRAVELING SB ON I 5 IN THE LN 2 OF 4 LANES VEERED TO THE RIGHT CROSSING LANE 1 AND STRUCK METAL GUARDRAIL AND CAME TO A STOP FACING SOUTH OFF THE ROADWAY.

