

0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E288234	1 0 4 27
12	INTERSTATE GITY STREET GITY ST	2 4 9
2 1	COUNTY PD PRIVATE WAY HIT & RUN INVOLVED CODING	1 28
~L <u>'</u> ]	TRIBAL TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail	2
3 1	DATE OF COLLISION 11 - 15 - 2013 0808 06 N E N E N OF 1350	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. 6 00	
4a	DISTANCE OF (REFERENCE OR CROSS STREET)	0 1 29
5	100 00 MILES N E I-205 TO E/B SR 14 O	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET PHONE.	30
6 5	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS.	
7	CITY VANCOUVER ST WA ZIP	1 2 31
8	CDL RESTRICTIONS B ENDORSEMENTS	2
9 9	DRIVER'S LICENSE # STATE WA SEX F D.O.B. MMODYYYY	3
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1	1 32
11	LICENSE PLATE # STATE WA VINA	3
12	TRAILER STATE TRAILER STATE STATE	³
13 6	VEH. YEAR 1992 MAKE TOYT CAMRY 4D VEHICLE TOWED BY TRIPLE J TOWING GOVT. VEHICLE NO. 1 REGISTERED CWNER INFO.  VEHICLE NO. 1 SHADE IN DAMAGED AREA	1 3 33 FROM 10
14	LABILITY INSURANCE  IN EFFECT  VEHICLE YES NO CHARGE	34
15 2	UNIT 02 MOTOR PEDAL CYCLE PEDESTRIAN PROPERTY PHONE (360) 905-2000	4 35
16	LAST NAME WSDOT FIRST NAME MIDDLE INITIAL	36
17	STREET NEW ADDRESS 11018 NE 51ST CIR	37
18	OITY VANCOUVER ST WA ZIP 98682	38
19	COL RESTRICTIONS ENDORSEMENTS .	39
20	DRIVER'S LICENSE # SEX MMDDYYYY	40
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 TOWED BY USE NO REGISTERED OWNER INFO.	42
	REGISTERED OWNER INFO.  VEHICLE NO. 2 SHADE IN DAMAGED AREA  LIABILITY INSURANCE   INSURANCE CO & POLICY # 9 TOP   1 TO	<del></del>
25	VEHICLE YES NO CHARGE  CHARGE  CHARGE  10 BOTTOM  B 7 6	
26	MAIER, J.  BADGE OR ID # AGENCY WASHINGTON-STATE PATROL	

PART A 3000-345-159 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.

E288234

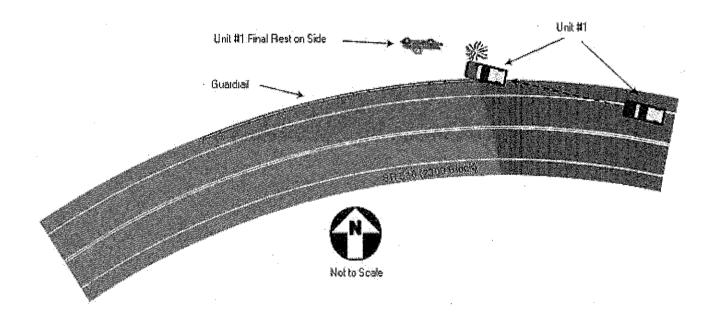
CASE#

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)													
NAME (LAST, FIRST, MIDDLE	E INITIAL)						·						
ADDRESS & BUONE							<b>b</b>	sex F	D,O,B, MMDDYYYY				
PASSENGER	WITNESS 🗸	UNIT#		SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJUR ÇLAŞ	S S	NATURE OF INJU	JRIES .	
NAME (LAST, FIRST, MIDDL	E INMAL)												
ADDRESS & PHONE	†							SEX	D.O.B. MMODYYYY	-			
PASSENGER	WITNESS	UNIT#		SEAT POS.	AIRBAG	RESTR.	EJEČT	HELMET USE	INJUF CLAS	iY s	NATURE OF INJU	JRIES	
NAME (LAST, FIRST, MIDDL	E INITIALĮ					· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u></u>				
ADDRESS & PHONE								SEX	D.O.B.				
PASSENGER	WITNESS	UNIT#	.	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	.,	iY S	NATURE OF INJU	RIES	
				100.		DIAGRAI	<u></u>	1 000	1 000	<u>*                                    </u>			
						DIAGNAI	<u> </u>				IAIR	DICATE NORTH	
Please s	ee subs	equent	diagra	ım pa	ge							DICATE NORTH BY ARROW	
·		•										$\bigcirc$	
								•					
					•	NARRAT	IVF						
Please s	see subs	eguent	narrat	ive pa	age(s)	1 10 41 41 47 1							
						<del>.</del>							
									-				
						•		1			<del></del>		
	ARE) UNDER 1	PENALTY OF	PERJURY	UNDER	THE LAWS OF THE		•	AT THE FOREGO	ING IS TRUE	AND COF	RRECT. (RCW 9/	A.72.085)	
J. MAIER	FEICER'S SIGN	ATI IRE		LINIT	OR DIST. DET	1 1/2 DATE	27/2013	DI A	CE SIGNED				
	Burdam, T			QIVI I	GH DIGH DE (			DATE			· · · · · · · · · · · · · · · · · · ·		
BADGE OR ID #	1		ORI#		VSP0501			DISPATCHED 8;	MA OF	TIMAGE	OLICE ARRIVED	In.00 AM	

#### **Narrative**

V-1 was traveling on the interchange ramp from E/B SR 14 to N/B l-205 and in lane # 1 of 1. V-1 left the roadway to the left and then overcorrected to the right. V-1 began to rotate in a clockwise direction as it crossed the road to its right. V-1 impacted a guard rail attenuator on the right side of the road with is left rear side.

The driver of V-1 advised she first left the roadway when she reached for a tissue.



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	REPORT NO. <b>E315</b>	
1 1	INTERSTATE CITY STREET FIRE RESULTED STOLEN STOLEN CHICLE	CASE # 14-0945  LOCAL AGENCY 2-53 410	2 3
2 1	COUNTY PD PRIVATE WAY HIT & RUN INVOLVED  TRIBAL RESERVATION	TOTAL # OF 2 OBJECT Guardrail	1 28
3 1	DATE OF 3 - 22 - 2014 1823	N E IN S W OF	O∏Y# ✓ 0325 3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION INTERS	NTERSECTION BLOCK NO.	2300 0 1 29
5		RENCE OR CROSS STREET)  H AVE S	
	UNIT 01 MOTOR PEDAL- CYCLE	DAMAGETHRESHOLD MET PHONE YES NO PHONE	30
66	LAST NAME	FIRST NAME	MIDDLE INITIAL
	STREET NEW ADDRESS		
7	CITY AUBURN	ST WA ZIP	1 2 31
8	GDL RESTRICTIONS	ENDORSEMENTS	2
9 9	DRIVER'S LICENSE #	STATE WA SEX M D.O.B.	3 32
10	ON DUTY STATUS AIRBAG 2 RESTR. 1 EJECT	1 HELMET USE CLASS 1 NATURE OF INJURIES	2
11 3 5	LICENSE PLATE # STATE VVA	VIN#	3
12	TRAILER PLATE # STATE	TRAILER PLATE #	STATE
13 4	VEH. YEAR 1995 CHEV K1 STYLE PK	VEHICLE TOWED BY DICK'S HIGHLINE TOWING	VEHICLE NO. 1 SHADE IN DAMAGED AREA
14	LIABILITY NIBURANCE INSURANCE CO & POLICY #  VEHICLE VES NO TO CITATION #	CHARGE	1 5 FROM 10
15 2	VERGILLE   YES   NO	PROPERTY DAMAGE THRESHOLD MET PHONE (253) 372	2-3900 1 35
16	LAST NAME WA ST DOT	FIRST NAME	MIDDLE 36
17	STREET 26620 68TH AVE S		9 7 37
18	OITY KENT	ST WA ZIP 98032	38
19	CDL RESTRICTIONS	ENDORSEMENTS	39
20	DRIVER'S LICENSE #	STATE SEX D.O.B.	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS	
22	LICENSE PLATE #	VIN#	
23	TRAILER STATE	TRALER PLATE #	STATE 1 41
24	VEH, YEAR MAKE MODEL STYLE REGISTERED OWNER INFO.	VEHICLE TOWED TOWED BY	GOVT VEHICLE YES NO 42
<u> </u>	REGISTERED OWNER INFO.  LIABILITY MBURANCE INSURANCE CO A POLICY #	h A	VEHICLE NO. 2 SHADE IN DAMAGED AREA
25	VEHICLE YES NO CITATION #	CHARGE  BADGE OR ID # AGENCY	10 80TTOM 5
26	CIFFICER'S NAME (PRINT) MONTGOMERY, K.	BADGE OR ID # AGENOY 9709 PD DES M	OINES

PART A 3000-345-159 PR 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.

E315877

ÇASE# 14-0945 ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) M D.O.B. SEX NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS PASSENGER WITNESS 🗸 UNIT# AIRBAG RESTR. EJECT (LAST, FIRST, MIDDLE INITIAL) D.O.B. MMODYYY SEX Μ NATURE OF INJURIES HELMET USE INJURY CLASS PASSENGER WITNESS V UNIT # AIRBAG RESTR. EJECT NAME (LAST, FIRST, MIDDLE INITIAL) D,O,B, MMDDYYYY SEX Μ NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS PASSENGER WITNESS V UNIT # AIRBAG RESTR. EJECT DIAGRAM INDICATE NORTH BY ARROW Please see subsequent diagram page **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) 3/22/2014 K. MONTGOMERY PLACE SIGNED UNIT OR DIST. DET DATED INVESTIGATING OFFICER'S SIGNATURE DATE APPROVED BY Harris, P 9508 BADGE OR ID # 9709 ORI# WA0171700 TIME POLICE DISPATCHED 6:26 PM TIME POLICE ARRIVED 6:31 PM

#### **Narrative**

Unit #1 was traveling WB on SR 516 in the 2300 block. Unit #1 left the roadway on the north shoulder, collided with approximately 30 feet of guardrail, struck a tree and came to rest on the driver's side. Unit #1's final resting point was approximately 25 feet below the level of the roadway in a gully. There were no pre-impact tire marks prior to Unit #1 striking the guardrail and leaving the roadway.

The driver of Unit #1 was assisted out of the vehicle by several witnesses. The driver was the only subject inside Unit #1.

Witnesses stated Unit #1 had been driving erratically WB on SR 516 from SR 99 including running a red signal and almost striking other vehicles.

Witness provided me with a written statement placing the driver behind the wheel of Unit #1.

The driver was transported via ambulance to Highline Medical Center for evaluation. The driver did not complain of any injuries.

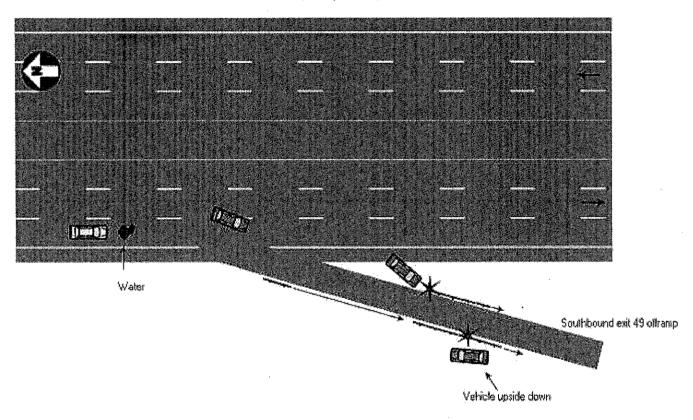
The driver was taken into custody for DUI and a blood draw was performed as Highline Medical Center.

The driver was booked into SCORE Jail for DUI, DWLS/R 3rd, and No Interlock Device.

Unit #1 was impounded by Dick's Highline Towing.

Digital photographs of the scene and Unit #1 were taken and placed into evidence.

# Interstate Five Milepost 50



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	REPORT NO. E300509	0 4 27
	INTERSTATE C CITY STREET FIRE RESULTED	CASE #	
12	STATE ROUTE OTHER STOLEN	LOCAL AGENCY CODING 008930 . 3	
2 3	COUNTY RD PRIVATE WAY HIT & RUN INVOLVED  TRIBAL RESERVATION	TOTAL # OF 2 OBJECT STRUCK Guardrail	28
3 4	M M D D Y Y Y Y TIME (2400)  OATE OF COLLISION 1 - 11 - 2014 2155	0) COUNTY# MILES CITY# 2  08 0 06 8 W 0F V 0170 3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INT	TERSECTION 🗹	
48	SB 15	BLOCK NO. U	0 1 29
5	DISTANCE	NCE OR CROSS STREET)	
	UNIT 01 MOTOR VEHICLE V PEDAL-CYCLE	DAMAGE THRESHOLD MET YES NO PHONE	30
62	LAST NAME	FIRST NAME MIDDLE INITIAL	·
	STREET NEW ADDRESS		
7	CITY PORTLAND	ST OR ZIF	1 2 31
8	CDL RESTRICTIONS	ENDORSEMENTS 2	
9 9	DRIVER'S LICENSE #	STATE OR SEX F MMDDYYYY	
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT	1 HELMET INJURY LOCASS 1 NATURE OF INJURIES	32
11 7 0	LICENSE PLATE # STATE OR	Z 2 3 3	
12	TRAILER STATE	TRAILER STATE	
13	VEH. YEAR 2002 MAKE CHRY 300M 4T REGISTERED OWNER INFO.	VEHICLE TOWED BY CARLS TOWING   VEHICLE TOWED BY CARLS TOWING  VEHICLE NO. 1	1 5 33
14	LIABLITY INSURANCE INSURANCE CO S POLICY #	SHADE IN DAMAGED AREA	FH0M 10
15 2	VERIOR VES NO CITATION # 4Z0140027	CHARGE SPEED TOO FAST FOR B 7 6	4 35
16	ONIT OZ VEHICLE CYCLE PEDESTRIAN	OWNER V YES NU	35
17	LAST NAME WSDOT	FIRST NAME INITIAL	37
18	STREET NEW ADDRESS 2400 TALLEY WAY		38
	CITY KELSO	ST   WA   ZIP   98626	39
19	CDL RESTRICTIONS	ENOORSEMENTS	40
20	DRIVER'S LICENSE #	STATE SEX D.O.B	
21	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY USE CLASS NATURE OF INJURIES	
22	LIGENSE PLATE #	VIN#	
23	TRAILER STATE	TRAILER STATE STATE	41
24	VEH, YEAR MAKE MODEL STYLE REGISTERED OWNER INFO.	VEHICLE TOWED BY  YES NO  TOWED BY  GOVT. VEHICLE YES NO  VEHICLE NO. 2 SHADE IN DAMAGED AFIBA	42
	LIABILITY INSURANCE INSURANCE CO	9709	
25	VEHICLE YES NO CITATION # STANDING OFFICER'S NAME (PRINT)	CHARGE  BADGE OR ID # AGENCY	
26	HUHTA, MICHAEL	633 WASHINGTON STATE PATROL	

PART A 3000 345 159 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.

E300509

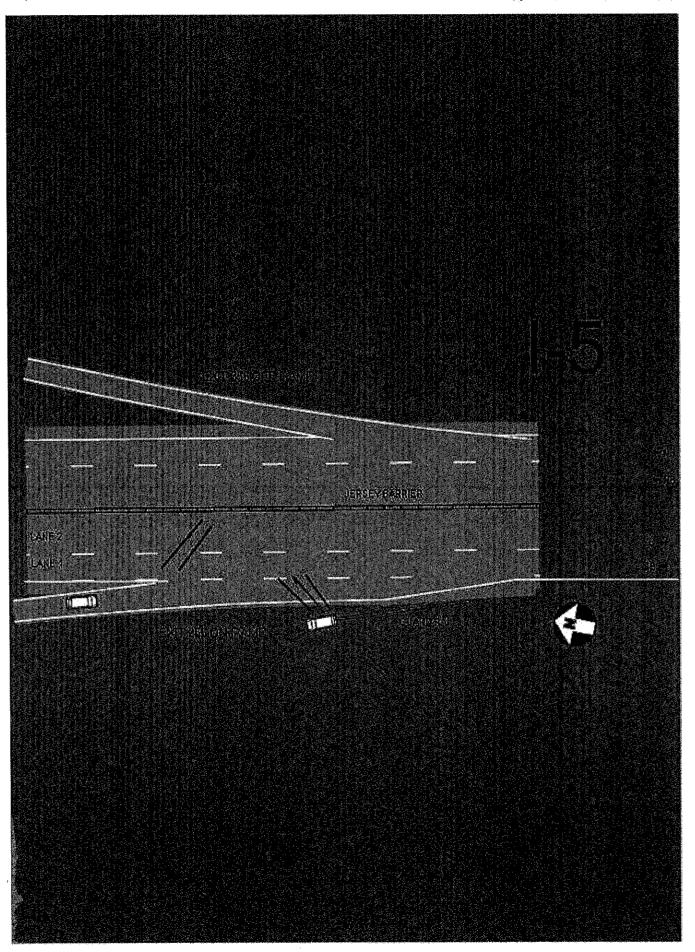
CASE#

	ADD	ITIONAL PERSO	NS INVOLVE	D (PASSENG	BS AND/	OR WITNE	SSE	SONLY			
NAME LAST, FIRST, MIDDLE INITIAL)	,,,,,,	71 4 1 W 1 37 100 1 PA 6 1 W 5 W 1	140 1110 111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
NDDRESS & PHONE #						SEX		D.O.B. MMDDYYYY	-	<u> </u>	
Passenger Witness Win	IT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HEL	MET SE	INJURY CLASS		NATURE OF INJUR	NES
NAME LAST, FIRST, MIDDLE INITIAL)											.,
ADDRESS & PHONE #						SEX		D.O.B. МИООЧҮҮҮ		-	
PASSENGER WITNESS UN	!T#	SEAT POS.	AIRBAG	RESTR.	EJECT	HEL		INJURY CLASS		NATURE OF INJUR	RIES
NAME LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #						SEX		D.O.B. MMDDYYYY			
PASSENGER WITNESS UN	IT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HEL U	MET SE	INJURY CLASS		NATURE OF INJUR	NES
			DI	AGRAM							
Please see subseq	iuent diad	ram nade		,				-		INDI	CATE NORTH Y ARROW
Tiedae aee adbaeq	dent diag	ram page									
										-	
	•										
			N/	ARRATIV	=						
Please see subsec	uent narr	ative page(s	)								
		100 411 4111 41 411									
		<del></del>		· · · · · · · · · · · · · · · · · · ·							
										-	
CERTIFY (DECLARE) UNDER PEN	IALTY OF PERJU	RY UNDER THE LAW	S OF THE STAT			THE FOR	REGOI	NG IS TRUE AN	D COR	RECT, (RCW 9A.	72.085)
MICHAEL HUHTA  VVESTIGATING OFFICER'S SIGNATU	IRE	UNIT OR DIST.	DET	1/16/2 DATED	U14		PLA	DE SIGNED	······································	······································	
APPROVED BY Chapman, Sg						DATE					
BADGE OR ID # 633	ORI	WAWSP05	605		IME POLICE E	DISPATCHED	9:5	55 PM	TIME P	OLICE ARRIVED	10:10 PM

## **Narrative**

Vehicle one was traveling south on I-5 in the right lane of three lanes. Vehicle one hydroplaned on water and lost control. Vehicle one exited the freeway to the right, crossing through a grassy ditch and up an embankment, colliding into a guardrail. Vehicle one traveled across the exit 49 off ramp, colliding into a second guardrail. Vehicle one came to rest on its top facing northbound.

WSDOT sticker # 008930 left of guardrail on east shoulder of offramp.



PAGE 4 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

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT  1591971  CASE #	2 3 27
1 1 2 1	INTERSTATE	
3 1	TRIBAL   RESERVATION	
4	ON (PRIMARY TRAFFIC WAY)  INTERSECTION NON-INTERSECTION BLOCK NO. DMILE POST V 254 70	1 2 29
5	OF (REFERENCE OR CROSS STREET)  O 70 MILES V N V E MILEPOST 254  DAMAGE THRESHOLD MET PHONE	
	UNIT 01 VEHICLE V CYCLE L	30
6 6	LAST NAME FIRST NAME MIDDLE (NITIAL STREET	
	NEW ADDRESS	1 2 31
7	GIY BELLINGHAW	
8	DRIVER'S PART NAVA CETA NA D.O.B. 3	
9 9	LICENSE # STATE VVA SEA IVI MMDDYYYY	32
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET UNJURY CLASS 1 NATURE OF INJURIES  LICENSE STATE VAIA VIDE	
11 6 0	PLATE #	
12	TRAILER PLATE # STATE TRAILER PLATE # STATE  VEH. YEAR 4004 MAKE MODEL STYLE VEHICLE TOWED BY GOVIL VEHICLE	FROM 10
13 3	VEH. YEAR 1994 SUBA MODEL OUTBK STYLE SW VERICLE TOWED BY HOR TONS GOVT. VEHICLE NO. 1  REGARDS 1994 SUBA LEG OUTBK STYLE STYL	1 5 33
14	UASULTY INSURANCE INSURANCE OS & POLICY # 9 TOP 5	10 34
15 1	VERICLE VER NO CITATION # AZO305310  UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY VER NO CYCLE PEDESTRIAN PROPERTY VER NO PHONE (360) 788-2500	4 35
16	LAST NAME   DEPT OF TRANSPORTATION   FIRST NAME   MIDDLE INITIAL INITIAL	36
17	STREET TO 2020 AIRDORT WAY	37
18	OITY BELLINGHAM ST WA ZIP 98226	38
		59
19		40
20	LICENSE # STATE SEA MADDYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE  VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOYT YEHICLE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY COVT VEHICLE YES NO VEHICLE TOWED BY  REGISTERED OWNER INFO.  VEHICLE NO. 2 SHADE IN DAM/AGED AREA  STYLE VEHICLE TOWED BY  VEHICLE NO. 2 SHADE IN DAM/AGED AREA	42
	LABILITY INSURANCE INSURANCE CO & POLICY #	
25	OFFICER'S NAME (PRINT)  BADGE OR ID # AGENCY	
26	VAN DIEST, J 0570 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





REPORT NO.

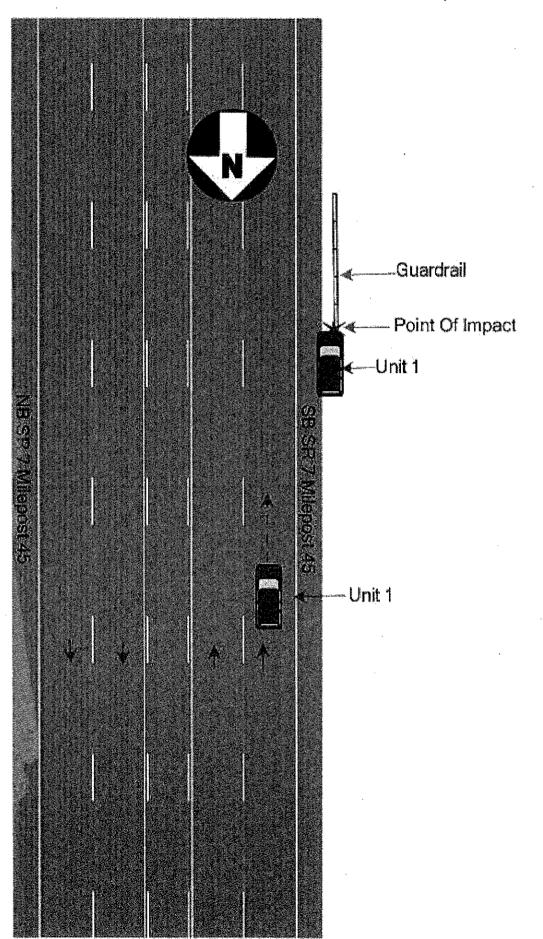
E313917

ı	
	CASE

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMODYYYY SEX NATURE OF INJURIES INJURY CLASS HELMET USE SEAT POS. EJECT UNIT# AIRBAG RESTR. PASSENGER WITNESS NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMODYYYY \$EX NATURE OF INJURIES HELMET USE INJURY CLASS AIRBAG RESTR. EJECT UNIT# PASSENGER WITNESS (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. SEX NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. UNIT# AIRBAG RESTR. EJECT PASSENGER WITNESS DIAGRAM INDICATE NORTH BY ARROW Please see subsequent diagram page 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 VAN DIEST 3/13/2014 INVESTIGATING OFFICER'S SIGNATURE DATED PLACE SIGNED UNIT OR DIST, DET DATE Dennis, Sgt. M. 276 8:08 AM TIME POLICE DISPATCHED 8:04 AM TIME POLICE ARRIVED BADGE OR ID # 0570 QRI# **WAWSP0704** 

## **Narrative**

V-1 WAS MERGING FROM SUNSET TO S/B I-5. V-1 ATTEMPTED TO MERGE FROM THE ONRAMP TO LANE 1. V-1 LOST CONTROL WHEN A VEHICLE FROM LANE 2 CHANGED LANES JUST AHEAD OF V-1. V-1 LOST CONTROL, STRIKING THE CONCRETE JERSEY BARRIER IN THE MEDIAN, THE CROSSED ALL LANES LEAVING THE ROAD TO THE RIGHT STRIKING THE GUARDRAIL.



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1 4 27
1 1 2 1 3 4	INTERSTATE   CITY STREET   STOLEN   STOLEN   VEHICLE   STOLEN   VEHICLE   COUNTY RD   PRIVATE WAY   PRIVATE WAY   TIME (2400) COUNTY # MILES   CITY #	3 28
4 4 4 5	DATE OF COLLISION   2	0 1 29
	UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE DAMAGETHRESHOLD MET PHONE PHONE	30
6 1	LAST NAME FIRST NAME MIDDLE INITIAL  STREET NEW ADDRESS.	·
7	CITY ST CA Z	1 1 2 31
* <u> </u>	DRIVER'S LICENSE # STATE CA SEX M D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE CLASS 1 NATURE OF INJURIES	32
1150	LICENSE PLATE # STATE V/A VIN#	2
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	3
13 8	VEH. YEAR 2013 KIA SOUL UT VEHICLE TOWED BY JS TOWING GOVT. VEHICLE NO. 1	1 5 33
14	UABILITY INSURANCE IN INSURANCE CO.  SPOLICY #  VENALLY YES NO CITATION #  CHARGE	FIIOM 10
15 2	VERIOUS VES NO CITATION # AZO209468 CHARGE NO DEGREE B 7 6  UNIT 02 MOTOR VEHICLE PEDESTRIAN PROPERTY WHICLE CYCLE PEDESTRIAN PROPERTY VEHICLE PEDESTRIAN PROPERTY VEHICLE PEDESTRIAN PROPERTY VEST NO PHONE (800) 737-0613	4 35
16	LAST NAME DOT FIRST NAME MIDDLE INITIAL	36
17	STREET 11211 41ST AVE SW	37
18	OTTY TACOMA ST WA ZIP 98499	38
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LICENSE #  STATE  SEX  D.O.B.  MADDYYYY  NATURE OF INJURIES	.,
21	ON DUTY STATUS AIRBAG RESTR. EJECT CLASS USE CLASS	
22	LICENSE PLATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE  VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVE VEHICLE.	1 41
24	REGISTERED OWNER INFO.  YES NO	42
<del></del>	LIABILITY INSURANCE INSUFFANCE CO INSFECT  VERTILITY  V	
26	STANDING 6 7 6  OFFICIEN'S NAME (PRINT)  ROBERTSON, B  BADGE OR ID # AGENCY  WASHINGTON STATE PATROL	

PART A 3000 345-150 F 7/200 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#

E311005 REPORT NO.

		ADDITIONAL PER	SONS INVOLV	ED (PASSEN	IGERS AND/	OR WITNE	SSES ONLY)			
NAME (LAST, FIRST, MICOLE INITIAL)							· · · · · · · · · · · · · · · · · · ·			
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY		_	
PASSENGER WITNESS	UNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELN US	MET INJURY E CLASS		NATURE OF INJUR	NES
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #						SEX	D.O.B. MMODYYYY		-	
PASSENGER WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELM	MET INJURY E CLASS		NATURE OF INJUR	RIES
NAME (LAST, FIRST, MIDDLE INITIAL)		••						_		
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY		-	
PASSENGER WITNESS	UNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELI	MET INJURY E CLASS		NATURE OF INJUR	RES
	<u> </u>		ח	IAGRAN	ń					
				IN THE INTE					- 161%	ICATE NABTH
Please see subs	equent	diagram page							E	ICATE NORTH BY ARROW
	·									$\bigcirc$
										;
							•			
		•				*				
	<b></b>		N	IARRATI	VE				**************************************	
Please see subs	sequent	narrative page	e(s)							
				····	<del></del>					
I CERTIFY (DECLARE) UNDER	PENALTY OF	PERJURY UNDER THE	AWS OF THE STA	TE OF WASH	IINGTON THA	T THE FOR	EGOING IS TRUE A	ND COR	RECT. (RCW 9A	.72.085)
B ROBERTSON				3/1/2						
INVESTIGATING OFFICER'S SIGN		UNITOR	DIST. DET	DATED		DATE	PLACE SIGNED			
Faulk, Sgt	. IVI. 2/2									
BADGE OR ID # 1145	1	ORI# WAWSE	P0105		TIME POLICE (	DISPATCHED	12:42 AM	TIME P	OLICE ARRIVED	12:54 AM

## **Narrative**

Unit 1 was travelling southbound SR 7 at milepost 45 in lane 1 of 2. Unit 1 fell asleep losing control of the vehicle continuing right off the roadway until colliding with the guardrail.

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. 3516399	1 6 1 27
	INTERSTATE CITY STREET FIRE RESULTED CASE # 14-004040	2 5 1
111	STATE ROUTE OTHER COUNTY RD PRIVATE WAY INVOLVED CODING	3
2 2	TRIBAL RESERVATION TOTAL # OF D 2 OBJECT GUARD RAIL	28
3 6		3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	
4a	MILE POST SI	<b>O</b> 1 29
5	DISTANCE  OF (REFERENCE OR CROSS STREET)  MILES M N D E M POOSEUEUT RD  FEET D S D W D POOSEUEUT RD	
	UNIT 01 MOTOR PEDAL- OYCLE D DAMAGE THRESHOLD MET YES NO D	30
6	LAST NAME FIRST NAME MIDDLE INITIAL	
L	STREET INEW ADDRESS I	
7	CITY SULTAN ST WA ZIP	r 1 Z 31
8	CDL ENDORSEMENTS RESTRICTIONS	2
9 [2]	DRIVER'S) LICENSE # SEX D.O.B. MMDDVYYY	3
10	ON DUTY STATUS AIRBAG 2 RESTR.   EJECT   HELMET USE CLASS & STATCHES/SCRAPS	32
1160	LICENSE STATE W A VINS	2
12	TRAILER PLATE # STATE TRAILER STATE	*
13	VEH, YEAR MAKE DVDA MODEL STYLE YOU VEHICLE TOWED TOWER BY THE VEHICLE NO. 1  REGISTERED CHANGE IN DAMAGED AREA  VEHICLE NO. 1  SHADE IN DAMAGED AREA  UNSURANCE CO	3 7 3 7
"	NEFFECT LA APOLICY NO INSURFACE	34
15 2	UNIT 02 MOTOR PEDAL PEDESTRIAN PEDESTRIAN DAMAGE TRRESHOLD MET PHONE 200-400	38
15	LAST, NAME FIRST NAME MIDDLE INITIAL	36
17	STREET NEW ADDRESS - 15700 DAYTON AVE W	<b>q 7</b> 37
18	CITY S9ATTLE ST WA ZIP 98133	38
10	CDL ENDORSEMENTS RESTRICTIONS	39
20	DRIVER'S LICENSE # SEX D.O.B. MMODYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET UNJURY- 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 TOWED BY  REGISTERED OWNER INFO.  VEHICLE NO. 2	42
	LABILITY INSURANCE INSURANCE INSURANCE CO & POLICY # 910P	
25	YERICLE VES NO CHARGE  CHARGE  CHARGE  CHARGE  AGENCY  BAGECO	
26	540 NSP	

UNDER 23 TARTED STATES GODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OF AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA





REPORT NO. 351639

CASE # 14 - 004040

·				13518	17.E		Ľ			7 - (	JU	7090	<u> </u>					
NAME .			ADD	ITIONAL	PERSO	NS INVO	DLVE	D (PASS	ENGE	RS AND	OR V	VITNESSE	SON	ILY)				
NAME (LAST, FIRST, MIDDLI	E INMAL)					<b>,</b>												
ADDRESS A SHOWS							:				<b>F</b>	яех <b>М</b>	D.0 MMD0	B. YYYY				
PASSENGER [	WITNESS 🎘	UNIT #		SEAT POS.		AIRBAG		RESTR.		ÉJECT		HELMET USE		INJURY CLASS		NATURE (	OF INJURIES	
NAME (LAST, FIRST, MIDDL	E INITIAL)																	
ADDRESS & PHONE											•	SEX IV	0.0	8.			1,/~~~	
	(مسمونه والمعمور	in the same of the			·····		·					SEA ///	имор	YYYY		j,,	_ تسنعها أل	
PASSENGER .	WITNESS 🔣	UNIT #		SEAT POS.		AIRBAG		RESTA.		EJECT		HELMET		INJURY CLASS		NATURE	OF INJURIES	
NAME (LAST, FIRST, MIDDL	E INITIAL)	-																
ADDRESS & PHONE					•							SEX M	D.C MMDC	D.B.				
PASSENGER 🜠	WITNESS [	UNIT#	01	SEAT POS.	03	AIRBAG	2	RESTR.	9	EJECT	I	HELMET		INJURY CLASS	6		TO HE	40
							DI	AGRA	M	<u> </u>		<u> </u>			101	LAZZ.	(V PY EA	
							-			_ _ _	_!_!	_ _ _			_ _ _		INDICA	E NORTH
	<del>                                     </del>				<del> - - - - </del>		+			<del>├</del> ┼ <del>┤</del> ┤		╒╌┼╌├	-	$\dashv \dashv \dashv$	<del> </del> - -	<del> -</del>  -	BY A	RROW
																	(	$\mathcal{D}$
				AT 2	9.55		_ _									<u> </u>	<b>X</b>	<b>*</b>
	╌┧╼╂╼┞╼┞	-		/			- -		_ -		- -							<del>-</del>
		7	RZ/\	4											\ <u></u>			
//	+++/									<del>- - -</del>	+		-}-}	+	<del>'</del>	<del>├</del> ┤┤		<del>                                     </del>
		2				\\ <b>C</b> \\	PAT											
- - }-	- - - -	15X	أسسا							- - -	- -	CHAR	Dea		<b>)</b>	<del> - - - </del>		<del> - </del> - - -
			<b>1</b>				=				-							
$\rightarrow$ )Star	1055				<del> - - </del> -		+	<del>-</del>	_}		+			/		<del> - - -</del>	$\dashv +$	┧╼╁╌┞╌┞╌┼
		- - -		Į.	-		<u> </u>							-  -)	_ _ _			
		<u> </u>		- <del>  -</del>		_\ <b>\S</b>	1	<u> </u>	<u> </u>		_ -	<u> </u>  4	<u> </u>		<u>- - -</u>			-
	_{- - - - - -			- - -	-	- - -	<u>`</u> }_		- -			- - -	- - -		_ - -	-{}		
							<u> </u>				1-		-  -	<u></u>				
- S-340	ישלוטנ	<u></u>			<del> - - -</del>	- - -		<del> - - - </del>		$\left  - \right  - \left  - \right $	+		-  -	+				╂╾┠╌╂╼╂╾┞
	4-1-1-1		(D)	-2-	6	λ·Đi	· <b>\</b>	٠.١٠			_ _		-	1./	)			
<del>│</del> ─ <del>┃─</del> ┃ <del>─</del> ┃ <del></del>	-}		127	-97-1-1	(C)	-	·-}.•	-7- -	- -	<del> - - - </del>	+-	<del>┈</del> ┋	╌╏═┤╴	- - -	- - -		╼┨╾┨╌┟╸	-
								ARRAT							-			
UNITEL										_ •								method f
Dearc																		_
CONTIN																		
DRIVE	2 AND 4	09521	NGE.	POF	UNIT	-41	<u> </u>	20 -	M	£ 5'C	W.	E and	10	4	ws.	WORK	Loc	4750
HIDING	IN THE	- 30	USH -	ORIV	ER OF	-011	7	Way 1	M	S AR	e	9750	FS	e d	_تب	-		<del></del>
				_					<del></del> ;			<del></del>						
I CERTIFY (DECL	ARMUNDER	PENALTY (	OF PERJUR	TY UNDER	THE LAW	S OF THE	STAT	E OF WAS	SHING	TON THA	THE	FOREGO	ING IS	TRUE A	ND CO	RRECT (RI	CW 9A 72 I	085)
<b>.</b>	ATN												1/1/	,		4 .	#r 117 E.1	
INVESTIGATING	EDIGER SEIN	URE		LINI	706	DET		DATE	- 12 D	3-20	19	PIA	CE SI	NED	121	WH		
APPROVED BY	-	4									DATE	- F.O.	1					
			$\Rightarrow$	<del></del>	<b>خوا</b>							314	14	1		. <u>.</u>	· · · · · · · · · · · · · · · · · · ·	
BADGE OR ID II	54	ク	ORI#	UIA	9W5.	207	01	9	TI	ME POLICE	DISPAT	СНЕЮ 1	93	39	TIME	POLICE ARI	RIVED	947

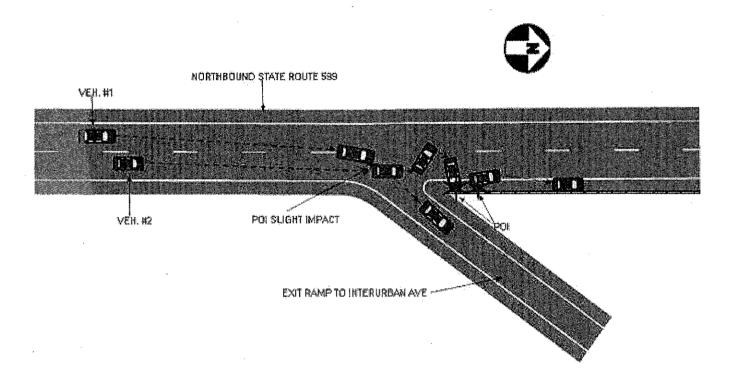




REPORT NO. 3 5 1 6 3

CASE # 14 - 064 040

	······································		ADD	ITIONAL	LPERSO	ONS INVOL	VED (PASSE)	NGERS AND/C	OR WITH	ESSI	ES ONLY)			,
NAME (LAST, FIRST, MIDDLI	E INITIAL)													
ADDRESS A PHONE	F								SEX	M	D.O.B.	<u>_</u>		
PASSENGER [	WITNESS 🔀	UNIT #		SEAT POS.		AIRBAG	AESTR.	EJECT		LMET		ay	NATURE OF INJUR	NES
NAME	P MIPPLE I	<u></u>			<u>                                     </u>		<del></del>				9910	<del></del>	. <b></b>	
(LAST, FIRST, MIDDLI ADDRESS & PHONE		l					· ·		sex	,\	D,O.B.			<del></del>
		<u></u>	<u> </u>	CEAT		<del></del>	1 1	· <del>-</del>		J	D,O.B.		NATURE OF INJUR	nies l
PASSENGER .	WITNESS [_]	UNIT#	<u></u>	SEAT POS.	<u> </u>	AIRBAG	AESTA,	EJECT	"[	LMET ISE	INJUR	š	<u> </u>	
NAME (LAST, FIRST, MIODL														
ADDRESS & PHÔNE				•					SE	٠	D.O.B.			
PASSENGER 🗌	WITNESS [	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HĘ	LMET JSE	INJUF CLAS	ay is	NATURE OF INJUR	UES
							DIAGRAN	1		_ T				
			- - -			<del></del>	- - - -		+	$\mathbb{H}$		<del>        -   -  </del>	INDI	CATE NORTH BY ARROW
														$\bigcirc$
											- - -     - -   -			- - - - -
										+				<del></del>
									- -					<del>- - - - - -</del>
							\\\\ 		<u> </u>		╾ <del>╏</del> ╾╏╼╏╼╏ ╼╂╼┠╼╏╼			
												<del>       </del>		
		- - -											<del>-</del>  - - - - - - - - - - - - - - - - - -	
<del>- - - - -</del>				_ - -			<u> </u>							
							<del>                                     </del>		<u> </u>	-	<del>-</del>			
	1	_	<u> </u>	<u>                                     </u>	. 1 1		NARRATI	VE	<u> </u>	<u> </u>	1.1.1.1	i I I		
		· · · · · · · · · · · · · · · · · · ·	·							***				
						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			
								<del></del>						
				_			ж.	<del> </del>					<u> </u>	
<u> </u>	<del></del>					_					-			
I CERTIFY (DECL	ABEZINDER	ENALTY	OF PERJU	RY UNDER	A THE LAY	VS OF THE S				REGO	ING IS TRUE	AND COR	RECT. (RCW 9A.	72,085)
	YD			<del></del>	670	4	<u> </u>	<u>03220</u>	14		11/10	NO	E, W/4	
APPROVED BY	ELICENTS SIGN	ATURE	Q		IT OR DIST	. DET	DATED		DATE	1	ı			
				<del></del>	<u> </u>				<u>3</u>	_	14_			
BADGE OR ID#	54	2	ORIA	W	タレンS	POTOG	ō	TIME POLICE D	ISPATCHEE	1	1939	ПМЕ Р	OLICE APPRIVED	1947



(0)	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1551971	REPORT NO. E308147	2 3 27
	INTERSTATE CITY STREET FIRE RESULTED	CASE #	0 6
11	STATE ROUTE  OTHER STOLEN VEHICLE COUNTY RD PRIVATE WAY NIVOUVED	LOCAL AGENCY OO6481	
2 1	TRIBAL RESERVATION	TOTAL # OF 3 OBJECT Guardrail	2 3 28
3 1	M M D D Y Y Y Y TIME (2400   DATE OF   2   - 4   - 2014   1242	0) COUNTY# MILES	
4		TERSECTION BLOCK NO.	
4a	NB SR 599	MILE POST 🔽 U I IU	0 2 29
5		RURBAN AVE	
	UNIT 01 MOTOR VEHICLE V PEDAL-CYCLE	DAMAGE THRESHOLD MET YES NO V	0 1 30
6	LAST NAME 1	FIRST NAME MIDDLE INITIAL	,
	STREET NEWADDRESS -		
7	CITY SEATTLE	ST WA ZIP	1 2 31
8	CDL RESTRICTIONS	ENDORSEMENTS 2	
9 9	DRIVER'S LICENSE #	STATE WA SEX F MMDOYYYY 3	
10 9	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT	1 HELMET 2 INJURY 1 NATURE OF INJURIES	1 2 32
1160	LIGENSE UNKNOWN STATE WA	VIN# 2	$\perp$
12 6 0	TRAILER STATE STATE	TRAILER PLATE # STATE	
13 3	VEH. YEAR MAKE MODEL STYLE UNKN UNKNOWN 4D	VES NO V	5 1 33
14 3	LIABILTY INSURANCE INSURANCE CO & POLICY &	SHADE IN DAMAGED ADEA	FROM 10 34
15 2	VEHICLE VES NO CITATION # 4ZO216056	CHARGE OP MOT VEH WIOLITINS	<u> </u>
16 2	UNIT 02 MOTOR VEHICLE V PEDAL- CYCLE PEDESTRIAN .	OWNER L YES NO (200) 600-6109	4 35
<u> </u>	LAST NAME	FIRST NAME MIDDLE INITIAL	37
17	STREET NEW ADDRESS		38
18	OITY RENTON	st WA zip 980555663	39
19	CDL RESTRICTIONS	ENDORSEMENTS	40
20	DRIVER'S LICENSE #	STATE WA SEX F D.O.B. AMDDYYYY	
21	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT	1 HELMET 2 INJURY CLASS 1 NATURE OF INJURIES	
22	LICENSE 300XEI STATE WA	VIN#	
23	TRAILER PLATE # STATE	TRAILER STATE STATE	1 41
24	VEH. YEAR 2008 MAKE TOYT COA4D STYLE 4D	VEHICLE TOWED BY CALLING PRIVATE TOW VEHICLE NO. 2	1 42
	LIABLITY INSURANCE INSURANCE CO A POLICY \$	VEHICLE NO. 2 SHADE IN DAMAGED AREA	
25	VEHICLE YES NO CITATION # STANDING OFFICER'S NAME (PRINT)	CHARGE   10 BCITTOM   5   7   6   7	
26	KELLY, M	1240 WASHINGTON STATE PATROL	





STATE OF WASHINGTO POLICE TRAFFIC COLLISION REPO					REPORT NO.	E308147			
		ijai jibia jani; iakia jibi jaa 591972	CASE#				,		
	ADDITIO	NAL PERSONS IN	IVOLVED (PASSE	NGERS A	ND/OR WITNESSES ONLY)				
E FIRST, MIDDLE (NITIAL)									

			AUUII	ONAL PERS	DIAR INAOPA	FD (HASSEN	GERS AND	OR WITHE	SSES UI	NLY)			
AME AST, FIRST, MIDDLE!	VITIAL)												
DRESS & BLONE #			····					SEX	М дл.с	).B.	_		
				CAT		<u> </u>	<del></del>		_	,		NATURE OF INJUI	RIES
SSENGER W	/ITNESS 🔽	UNIT#	Î	BEAT POS.	AIRBAG	RESTR.	EJECT	HELI US	Ë'	INJURY CLASS			
IME ST, FIRST, MIDDLE I	nmal)												
DRESS & PHONE #								SEX	D.C	).B. )YYYY		_	
IOSENIOES III II	#FA   FOO	LIBUT		SEAT	AIREAG	DEGED	E IEOT	HELI	MET			NATURE OF INJUI	RIES
	/ITNESS	UNIT#	<u> </u> i	SEAT POS.	AIRBAG	RESTR.	EJECT	US	Ë	INJURY OLAȘS			
AME ST, FIRST, MIDDLE I	NITIALĮ												
ORESS & PHONE #								SEX	D.C	D.B.	-	-	
ASSENGER V	VITNESS 🗍	UNIT#		SEAT POS.	AIRBAG	RESTR.	EJECT	HELI	/ET	INJURY CLASS	一	NATURE OF INJUI	RIES
				-05.		DIAGRAM		1 08		CLASS	<u></u>		
			<del></del>		<u> </u>	ZIACH IAH						IND	ICATE NORTH
Please se	e subs	equent	diagra	m page									BY ARROW
													$\bigcirc$
						•							
					1	NARRATI\	/E						
Please se	e subs	equent	narrat	ive page(	s)								
· · · · · · · · · · · · · · · · · · ·													
					*****								
ERTIFY (DECLA	RE) UNDER I	PENALTY OF	PERJURY	UNDER THE LA	WS OF THE ST	ATE OF WASHI	NGTON THA	AT THE FOR	GOING I	S TRUE A	ND COR	RECT. (RCW 9A	.72.085)
	, ONDER I	LINNEI I OF	. LINOIT	S.IDER HILLOR				III.I ON	- John II	. III. (A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		· ···· o ii pitorii ari	
KELLY ESTIGATING OF	ICER'S SIGN	ATURE	_	UNIT OR DIS	T. DET	2/18/ 	ZU14		PLACE SI	GNED			
no or one or	dson, Sg			2, 0 310	· +-·			DATE					
Ju		. 0. 101					1	L					I
BADGE OR ID #	1240		ORI#	WAWSPO	205		TIME POLICE	DISPATCI/IED	12:43	PM	TIME P	OLICE ARRIVED	12:49 PM

SUPPLEM POLICE TE	ENTAL RAFFIC		REPORT NO. E308147								
POLICE TE COLLISIO	C	ASE#									
	RCIAL MOTOR CAL	RRIER					···	INTERSTAT	E	INTRA	
UNIT #	USDOT		ICC	O#				VEHICLET	YPE	OAN	GO BODY TYPE
CARRIER NAME											
OARRIER ADDRESS											
CITY						ST		IP			
NAME SOURCE	# AXLES	GVWR		PLAC	DRAC			+	NAME IF NO N	UMBER	
ADDITIO	NAL UNITS					IDAMAG	P TUDEQUE	I DIMET	PHONE (2.24		
UNIT #	3 MOTOR U	PEDAL- P	EDESTRIAN	PROPE	TTY 🗸	YES V	NO NO	CO IVIE	(200	3) 440	)-4491 
LAST NAME	WSDOT			FIRS	T NAME '				• •		MIDDLE INITIAL
STREET NEW ADDRESS	15700 DAYTON	N AVE N									
CITY S	EATTLE					ST	WA :	⊴₽ 9813	33		
CDL		RESTRIC	rions				ENDOF	SEMENTS			
DRIVER'S LICENSE #				STATE		SEX	D.Ó. MMDDY	3. YYY			
ON DUTY	] STATUS AIRBAG	RESTR.	EJECT	HELMET	INJU	JRY 488	NA	TURE OF INJU	RIES		
LICENSE PLATE #		STATE	VIN#								
TRAILER PLATE #			STATE	T	RAILER PLATE #						STATE
VEH. YEAR	MAKE	MODEL	STYLE	VEH YES	ICLE TOWED	TOWEC	BY				GOVT, VEHICLE
REGISTERED OV					J	,				SHADE IN	DANAGED AREA
LIABILITY WEURANG IN EFFECT VEH CLE VEGALLY STANDING	(NSURANCE CO & POLICY #			CHARGE						,C	9 TOP 10 BOTTOM
UNIT #	. MOTOR VEHICLE	PEDAL- CYCLE F	PEDESTRIAN	PROPE		DAMAC YES	E THRESHO	OLD MET	PHONE	- 8	7 6
LAST NAME	VERIOLE			<del></del>	T NAME	<u>                                     </u>					MIDDLE (NITIAL
STREET F				111100	1 INVINE						(NITIAL
NEW ADDRESS											
CITY	- make a second desired find		•			ST.	1	ZIP			
CDL		RESTRIC	TIONS	1	1		<u> </u>	RSEMENTS			
DRIVER'S LICENSE #			<u></u>	STATE	1	SEX	D.O. MMDD	TURE OF INJU	IRISS	_]	
ON DUTY	STATUS AIRBAG	RESTR.	EJECT	HELMET USE	INJ OL	URY ASS		TOTAL OF HEAV			
LICENSE PLATE #		STAT	VIN	1							
TRAILER PLATE #			STATE		TRAILER PLATE #		<del></del> ;				STATE
VEH, YEAR	MAKE	MODEL	STYLE	VEH YES	ICLE TOWED	TOWE	) BY		1		GOVT. VEHICLE YES NO
REGISTERED O			и .		<del>,</del>					SHADE IN	DAMAGED AREA
UABILITY INSURAN IN EFFECT VEIT CLE YES LEGALLY YES STANDING	NO CITATION #			CHARGE							10 BOTTOM 5
I GERTIFY (DEC	CLARE) UNDER PENALTY OF PE	RJURY UNDER THE LAW	S OF THE STATE (			HE FOR	EGOING IS	TRUE AND G	ORRECT, (RCW	/ 9A.72.08	35)
M KELL'	Y IG OFFICER'S SIGNATURE	UNIT OR DIS	TOET	2/18/2 DATED:	2014			PLACE S	IĞNED	<del></del> -	
BADGE 1	240 0.5	WAWSP020	<u> </u>		APPROVED	ЭВҮ		DATE	DAGE	2	of 5

#### **Narrative**

Vehicle 1 was traveling northbound on State Route 599 approaching Interurban Ave in lane 2 of 2. Vehicle 2 was traveling northbound on State Route 599 in lane 1 of 2 approaching Interurban Ave. Vehicle 1 went to make a lane change from lane 2 of 2 to lane 1 of 2 preparing to exit to Interurban Ave. In the process vehicle 1 made light contact with the left rear of vehicle 2, with the right front of vehicle 1. Vehicle continued down the ramp to Interurban Ave and did not realize any contact was made. Vehicle 2 over corrected to her left. This caused Vehicle 2 to spin evintually colliding into the guardrail on the right side of State Route 599.

Property #006481 was used to document the damage to the guardrail.