



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E288234**

1 2

|   |                                      |   |
|---|--------------------------------------|---|
| 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 009031

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

2 1

TRIBAL RESERVATION

3 1

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

11 - 15 - 2013 0808 06 1350

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

E/B SR 14 BLOCK NO. 6 MILE POST 00

4b

5

DISTANCE 100.00 MILES  N  E  OF (REFERENCE OR CROSS STREET) I-205 TO E/B SR 14 O

FEET  S  W

6 5

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

7

CITY VANCOUVER ST WA ZIP

8

CDL RESTRICTIONS B ENDORSEMENTS

9 9

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

10

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

11

LICENSE PLATE # STATE WA VIN#

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

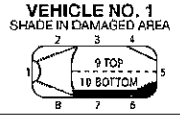
13 6

VEH. YEAR 1992 MAKE TOYT MODEL CAMRY STYLE 4D VEHICLE TOWED YES  NO  TOWED BY TRIPLE J TOWING GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO.

14

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # [REDACTED]



15 2

VEHICLE LEGALLY STANDING YES  NO  CHARGE SPEED TOO FAST FOR CITATION # 3Z0817092

16

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (360) 905-2000

17

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS 11018 NE 51ST CIR

19

CITY VANCOUVER ST WA ZIP 98682

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CDL RESTRICTIONS ENDORSEMENTS

21

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

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LICENSE PLATE # STATE VIN#

24

TRAILER PLATE # STATE TRAILER PLATE # STATE

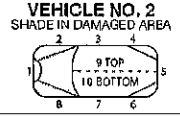
25

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

REGISTERED OWNER INFO.

26

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # [REDACTED]



VEHICLE LEGALLY STANDING YES  NO  CHARGE OFFICER'S NAME (PRINT) MAIER, J. BADGE OR ID # 1123 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E288234**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

J. MAIER

11/27/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Surdam, T 127

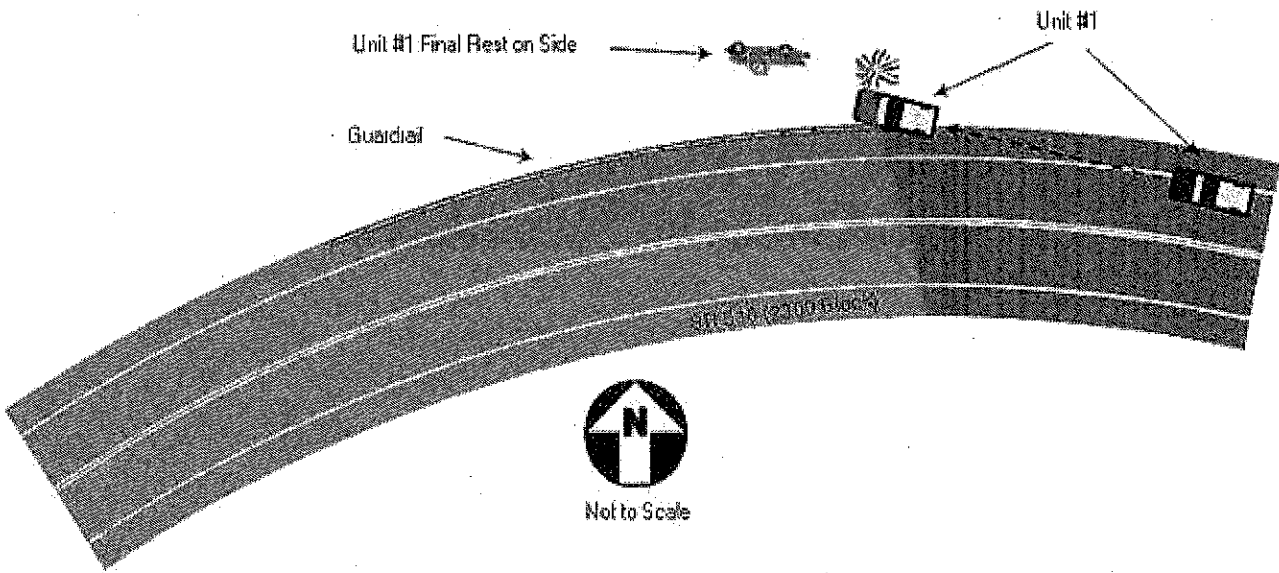
DATE

|               |      |       |           |                        |         |                     |         |
|---------------|------|-------|-----------|------------------------|---------|---------------------|---------|
| BADGE OR ID # | 1123 | ORI # | WAWSP0501 | TIME POLICE DISPATCHED | 8:10 AM | TIME POLICE ARRIVED | 8:28 AM |
|---------------|------|-------|-----------|------------------------|---------|---------------------|---------|

## Narrative

V-1 was traveling on the interchange ramp from E/B SR 14 to N/B I-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 its 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. E315877

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FROM TO 3 7 38  
FROM TO  
1 35  
9 7 37  
1 41  
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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 #              | 14-0945  |               |           |
| LOCAL AGENCY CODING | 2-53 410 |               |           |
| 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 # |
| 3                        | - 22 -          | 2014                                  | 17   |       | 0325   |
| ON (PRIMARY TRAFFIC WAY) |                 | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |       |        |

|        |   |      |
|--------|---|------|
| SR 516 | BLOCK NO. <input checked="" type="checkbox"/> | 2300 |
|        | MILE POST <input type="checkbox"/>            |      |

|   |                                |
|---|--------------------------------|
| DISTANCE  | OF (REFERENCE OR CROSS STREET) |
| 400.00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W | 24TH AVE S                     |

|         |   |                                      |  |       |
|---------|---|--------------------------------------|--|-------|
| 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 |
|---------|---|--------------------------------------|--|-------|

|           |            |                |
|-----------|------------|----------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|-----------|------------|----------------|

|                    |
|--------------------|
| STREET NEW ADDRESS |
|--------------------|

|      |        |    |    |     |
|------|--------|----|----|-----|
| CITY | AUBURN | ST | WA | ZIP |
|------|--------|----|----|-----|

|     |              |              |
|-----|--------------|--------------|
| GDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

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

|                                  |        |        |   |        |   |       |   |            |              |   |                    |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 1 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

|                 |       |    |      |
|-----------------|-------|----|------|
| LICENSE PLATE # | STATE | WA | VIN# |
|-----------------|-------|----|------|

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

|           |      |      |      |       |    |       |    |   |          |                        |   |
|-----------|------|------|------|-------|----|-------|----|---|----------|------------------------|---|
| VEH. YEAR | 1995 | MAKE | CHEV | MODEL | K1 | STYLE | PK | VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | DICK'S HIGHLINE TOWING | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|----|-------|----|---|----------|------------------------|---|

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

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

|                                  |                            |
|----------------------------------|----------------------------|
| 4Z0326901, 4Z0326901, 4Z0326902, | DWLS 3RD DEGREE, OPER VEH. |
|----------------------------------|----------------------------|

|         |  |                                      |                                     |  |  |       |                |
|---------|--|--------------------------------------|-------------------------------------|--|--|-------|----------------|
| 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 | (253) 372-3900 |
|---------|--|--------------------------------------|-------------------------------------|--|--|-------|----------------|

|           |           |            |                |
|-----------|-----------|------------|----------------|
| LAST NAME | WA ST DOT | FIRST NAME | MIDDLE INITIAL |
|-----------|-----------|------------|----------------|

|                    |                  |
|--------------------|------------------|
| STREET NEW ADDRESS | 26620 68TH AVE S |
|--------------------|------------------|

|      |      |    |    |     |       |
|------|------|----|----|-----|-------|
| CITY | KENT | ST | WA | ZIP | 98032 |
|------|------|----|----|-----|-------|

|     |              |              |
|-----|--------------|--------------|
| GDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

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

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

|                 |       |      |
|-----------------|-------|------|
| LICENSE PLATE # | STATE | VIN# |
|-----------------|-------|------|

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

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

|                        |                                     |
|------------------------|-------------------------------------|
| REGISTERED OWNER INFO. | VEHICLE NO. 2 SHADE IN DAMAGED AREA |
|------------------------|-------------------------------------|

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

|                       |               |        |
|-----------------------|---------------|--------|
| CRICER'S NAME (PRINT) | BADGE OR ID # | AGENCY |
|-----------------------|---------------|--------|

|                |      |               |
|----------------|------|---------------|
| MONTGOMERY, K. | 9709 | PD DES MOINES |
|----------------|------|---------------|



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

**E315877**

CASE #

14-0945

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                          | <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                                |                          |         |                                     |        |  |           |  |        |  |        |  | M          | D.O.B. MMDDYYYY |            | [REDACTED] | [REDACTED]   | [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                                |                          |         |                                     |        |  |           |  |        |  |        |  | M          | D.O.B. MMDDYYYY |            | [REDACTED] | [REDACTED]   | [REDACTED] |                    |
| PASSENGER                          | <input type="checkbox"/> | WITNESS | <input checked="" 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. MONTGOMERY

3/22/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Harris, P 9508

DATE

|               |      |       |           |                        |         |                     |         |
|---------------|------|-------|-----------|------------------------|---------|---------------------|---------|
| BADGE OR ID # | 9709 | ORI # | WA0171700 | TIME POLICE DISPATCHED | 6:26 PM | TIME POLICE ARRIVED | 6:31 PM |
|---------------|------|-------|-----------|------------------------|---------|---------------------|---------|

PART B 3009-345-100 R (7/06)

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 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 [REDACTED] 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 at Highline Medical Center.

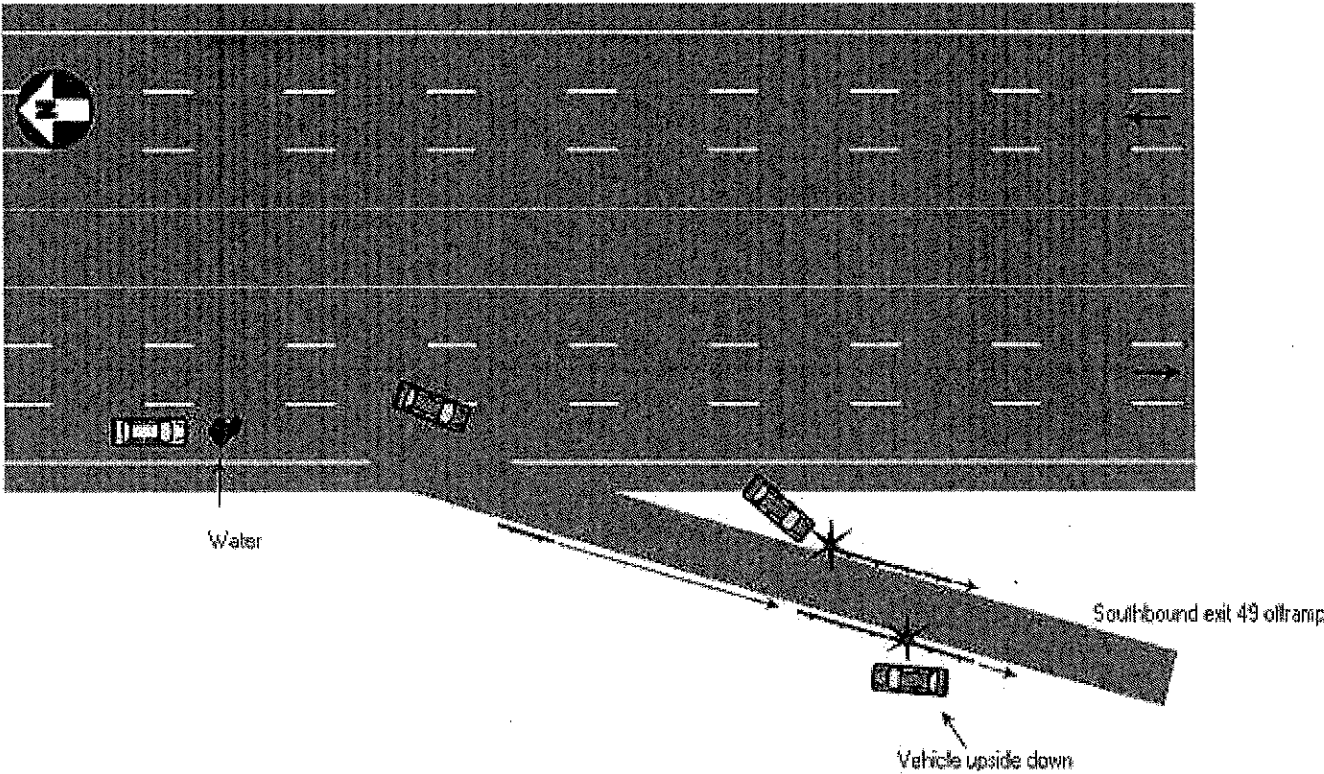
The driver was booked into SCORE Jail for DUI, DWLS/R 3rd, and No Interlock Device.

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



1591971

REPORT NO. E300509

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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 008930

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 1 - 11 - 2014 2155 08 0 06 N  E  IN  S  W  OF  0170

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

SB 15 BLOCK NO. 50 MILE POST 01

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES  N  E  FEET  S  W

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY PORTLAND ST OR ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE OR VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2002 MAKE CHRY MODEL 300M STYLE 4T VEHICLE TOWED YES  NO  TOWED BY CARLSTOWING GOVT. VEHICLE YES  NO

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

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # CITATION # 4Z0140027 CHARGE SPEED TOO FAST FOR

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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 2400 TALLEY WAY

CITY KELSO ST WA ZIP 98626

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE OR 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. VEHICLE NO. 2 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # CITATION # CHARGE

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

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FROM 10 1 5 33

FROM 10 34

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E300509**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

1/16/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Chapman, Sgt. M. 240

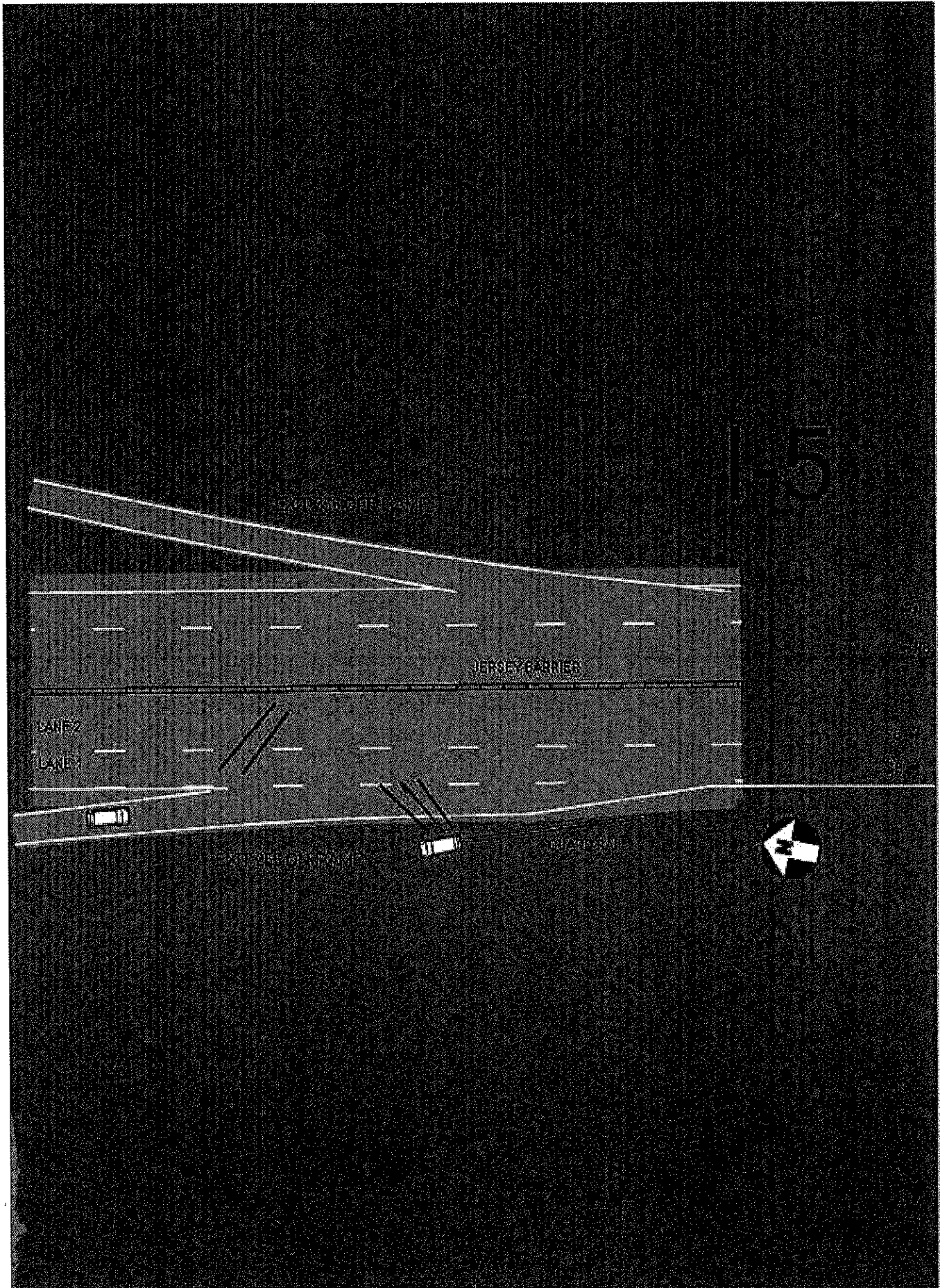
DATE

|               |     |       |           |                        |         |                     |          |
|---------------|-----|-------|-----------|------------------------|---------|---------------------|----------|
| BADGE OR ID # | 633 | ORI # | WAWSP0505 | TIME POLICE DISPATCHED | 9:55 PM | TIME POLICE 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.





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E313917

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|--|--------------------------------------|---|
| INTERSTATE <input checked="" type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/>      |
| STATE ROUTE <input type="checkbox"/>           | OTHER <input type="checkbox"/>       | STOLEN VEHICLE <input type="checkbox"/>     |
| COUNTY RD <input type="checkbox"/>             | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

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

DATE OF COLLISION 3 - 11 - 2014 0800 37 N S E W IN OF 0080

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

S/B I-5 BLOCK NO. 254 70 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

0 70 MILES FEET N S E W MILEPOST 254

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY BELLINGHAM ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

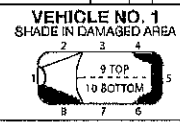
LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1994 MAKE SUBA MODEL LEG OUTBK STYLE SW VEHICLE TOWED YES  NO  TOWED BY HORTONS GOVT. VEHICLE YES  NO

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

VEHICLE LEGALLY STANDING YES  NO  CITATION # 4Z0305310 CHARGE UNSAFE LANE CHANGE, NO



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (360) 788-2500

LAST NAME DEPT OF TRANSPORTATION FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 3920 AIRPORT WAY

CITY BELLINGHAM ST WA ZIP 98226

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

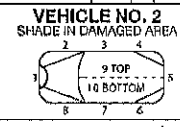
LICENSE PLATE # STATE VIN#

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 #

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



OFFICER'S NAME (PRINT) VAN DIEST, J BADGE OR ID # 0570 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



1591972

CORRECTION

REPORT NO. **E313917**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

3/13/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Dennis, Sgt. M. 276

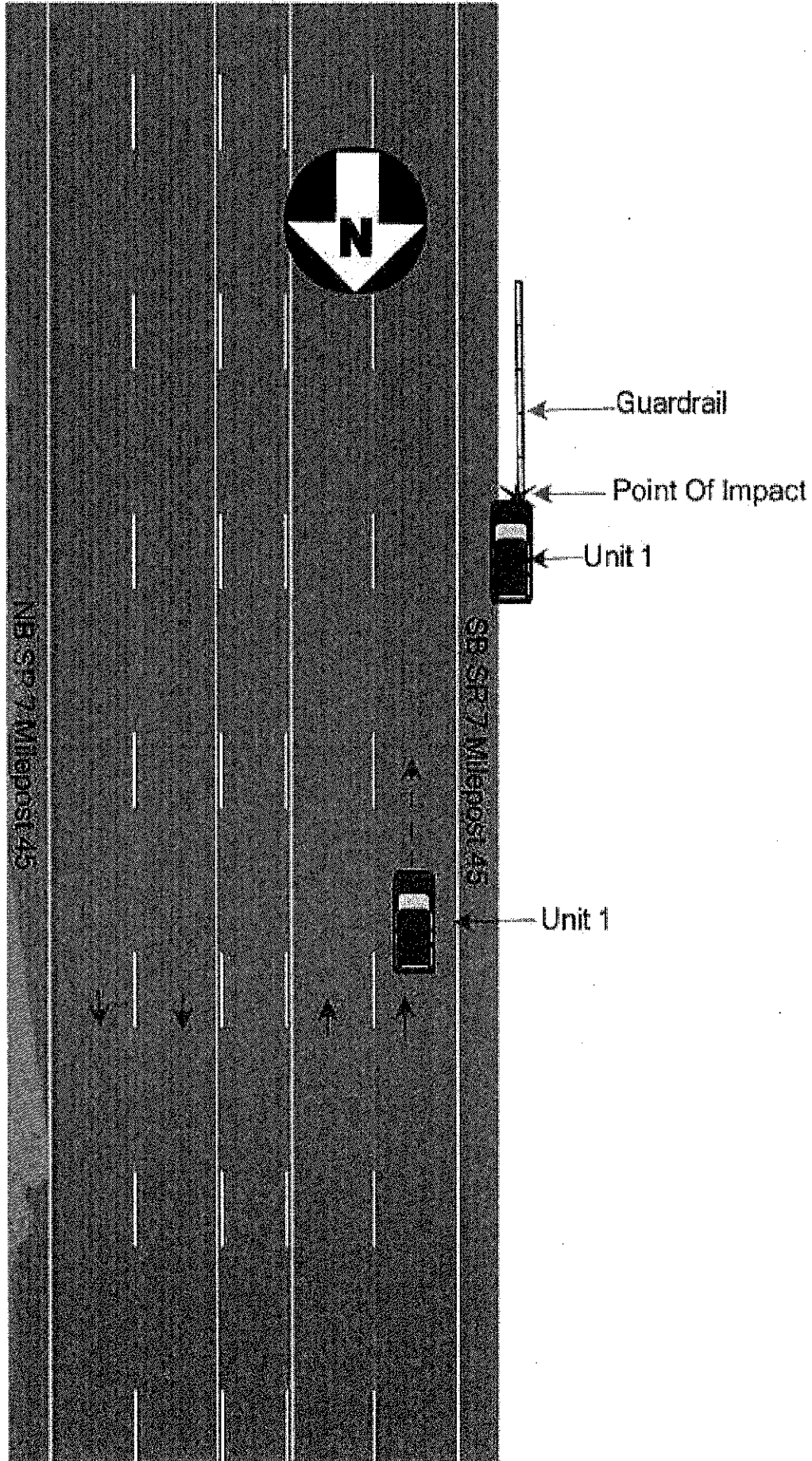
DATE

|               |      |       |           |                        |         |                     |         |
|---------------|------|-------|-----------|------------------------|---------|---------------------|---------|
| BADGE OR ID # | 0570 | ORI # | WAWSP0704 | TIME POLICE DISPATCHED | 8:04 AM | TIME POLICE ARRIVED | 8:08 AM |
|---------------|------|-------|-----------|------------------------|---------|---------------------|---------|

## 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

REPORT NO. E311005

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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 | 017080 |
|---------------------|--------|

|                  |   |               |           |
|------------------|---|---------------|-----------|
| 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 | 2   | 28      | 2014        | 0041     | 27    | 7 48   | 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"/> | 1280 |

|                          |   |  |
|--------------------------|---|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/>         | NON-INTERSECTION <input checked="" type="checkbox"/> |
| SB SR 7                  | BLOCK NO.                                     | 45 70  |
|                          | MILE POST <input checked="" type="checkbox"/> |  |

|          |   |   |
|----------|---|---|
| DISTANCE | 200 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 checked="" type="checkbox"/> W <input type="checkbox"/> | 211TH ST CT E   |

|         |   |                                      |  |       |            |
|---------|---|--------------------------------------|--|-------|------------|
| 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] |
|---------|---|--------------------------------------|--|-------|------------|

|           |            |            |            |                |            |
|-----------|------------|------------|------------|----------------|------------|
| LAST NAME | [REDACTED] | FIRST NAME | [REDACTED] | MIDDLE INITIAL | [REDACTED] |
|-----------|------------|------------|------------|----------------|------------|

|                    |            |
|--------------------|------------|
| STREET NEW ADDRESS | [REDACTED] |
|--------------------|------------|

|      |            |    |    |     |            |
|------|------------|----|----|-----|------------|
| CITY | [REDACTED] | ST | CA | ZIP | [REDACTED] |
|------|------------|----|----|-----|------------|

|     |              |              |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

|                    |            |       |    |     |   |        |            |
|--------------------|------------|-------|----|-----|---|--------|------------|
| DRIVER'S LICENSE # | [REDACTED] | STATE | CA | SEX | M | D.O.B. | [REDACTED] |
|--------------------|------------|-------|----|-----|---|--------|------------|

|                                  |        |        |   |        |   |       |   |            |              |   |                    |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 3 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

|                 |            |       |    |      |            |
|-----------------|------------|-------|----|------|------------|
| LICENSE PLATE # | [REDACTED] | STATE | WA | VIN# | [REDACTED] |
|-----------------|------------|-------|----|------|------------|

|                 |  |       |  |                 |  |       |  |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # |  | STATE |  | TRAILER PLATE # |  | STATE |  |
|-----------------|--|-------|--|-----------------|--|-------|--|

|           |      |      |     |       |      |       |    |   |          |            |   |
|-----------|------|------|-----|-------|------|-------|----|---|----------|------------|---|
| VEH. YEAR | 2013 | MAKE | KIA | MODEL | SOUL | STYLE | UT | VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | JJS TOWING | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|-----|-------|------|-------|----|---|----------|------------|---|

|                        |            |                                     |  |
|------------------------|------------|-------------------------------------|--|
| 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 # | 420209468 | CHARGE | NEGLIGENT DRIVING 2ND DEGREE |
|---|--------------------------|------------|---|------------|-----------|--------|------------------------------|

|         |  |                                      |                                     |  |  |       |                |
|---------|--|--------------------------------------|-------------------------------------|--|--|-------|----------------|
| 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 | (800) 737-0613 |
|---------|--|--------------------------------------|-------------------------------------|--|--|-------|----------------|

|           |     |            |  |                |  |
|-----------|-----|------------|--|----------------|--|
| LAST NAME | DOT | FIRST NAME |  | MIDDLE INITIAL |  |
|-----------|-----|------------|--|----------------|--|

|                    |                   |
|--------------------|-------------------|
| STREET NEW ADDRESS | 11211 41ST AVE SW |
|--------------------|-------------------|

|      |        |    |    |     |       |
|------|--------|----|----|-----|-------|
| CITY | TACOMA | ST | WA | ZIP | 98499 |
|------|--------|----|----|-----|-------|

|     |              |              |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

|                    |            |       |  |     |  |        |  |
|--------------------|------------|-------|--|-----|--|--------|--|
| DRIVER'S LICENSE # | [REDACTED] | STATE |  | SEX |  | D.O.B. |  |
|--------------------|------------|-------|--|-----|--|--------|--|

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

|                 |  |       |  |      |  |
|-----------------|--|-------|--|------|--|
| LICENSE PLATE # |  | STATE |  | VIN# |  |
|-----------------|--|-------|--|------|--|

|                 |  |       |  |                 |  |       |  |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # |  | STATE |  | TRAILER PLATE # |  | STATE |  |
|-----------------|--|-------|--|-----------------|--|-------|--|

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

|                        |            |                                     |  |
|------------------------|------------|-------------------------------------|--|
| 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) | ROBERTSON, B | BADGE OR ID # | 1145 | 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. **E311005**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

|                                   |                   |       |              |
|-----------------------------------|-------------------|-------|--------------|
| B ROBERTSON                       | 3/1/2014          |       |              |
| INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST. DET | DATED | PLACE SIGNED |
| APPROVED BY<br>Faulk, Sgt. M. 272 | DATE              |       |              |

|               |      |       |           |                        |          |                     |          |
|---------------|------|-------|-----------|------------------------|----------|---------------------|----------|
| BADGE OR ID # | 1145 | ORI # | WAWSP0105 | TIME POLICE DISPATCHED | 12:42 AM | TIME POLICE 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 of the roadway until colliding with the guardrail.



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. 3516399

CASE # 14-004040

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK GUARDRAIL

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

TRIBAL RESERVATION

DATE OF COLLISION 08-01-2014 TIME (2400) 194031 COUNTY # 11 MILES CITY # 0790

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION WEST BOUND SR-2 BLOCK NO. 1171

DISTANCE 1.14 MILES FEET ROOSEVELT RD

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY SULTAN ST WA ZIP

CDL ENDORSEMENTS RESTRICTIONS

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

ON DUTY STATUS AIRBAG 2 RESTR. 1 EJECT 1 HELMET USE INJURY CLASS 19 NATURE OF INJURIES STITCHES/SCRAPS

LICENSE PLATE # STATE WA VIN

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1998 MAKE HONDA MODEL CRV STYLE VDR VEHICLE TOWED YES TOWED BY BATES BROS TOWING GOVT. VEHICLE YES

REGISTERED OWNER INFO SAHLE LIABILITY INSURANCE IN EFFECT NO INSURANCE VEHICLE LEGALLY STANDING YES CITATION # 0809962 CHARGE NO INSURANCE/WHEELS OFF ROAD

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE 206-410-4600

LAST NAME DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 15700 DAYTON AVE W

CITY SEATTLE ST WA ZIP 98133

CDL ENDORSEMENTS RESTRICTIONS

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 TOWED BY GOVT. VEHICLE YES

REGISTERED OWNER INFO LIABILITY INSURANCE IN EFFECT NO INSURANCE VEHICLE LEGALLY STANDING YES CITATION # CHARGE

OFFICER'S NAME (PRINT) BADGE OR ID. 542 AGENCY WSP

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. 3516399

CASE # 14-004040

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

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

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

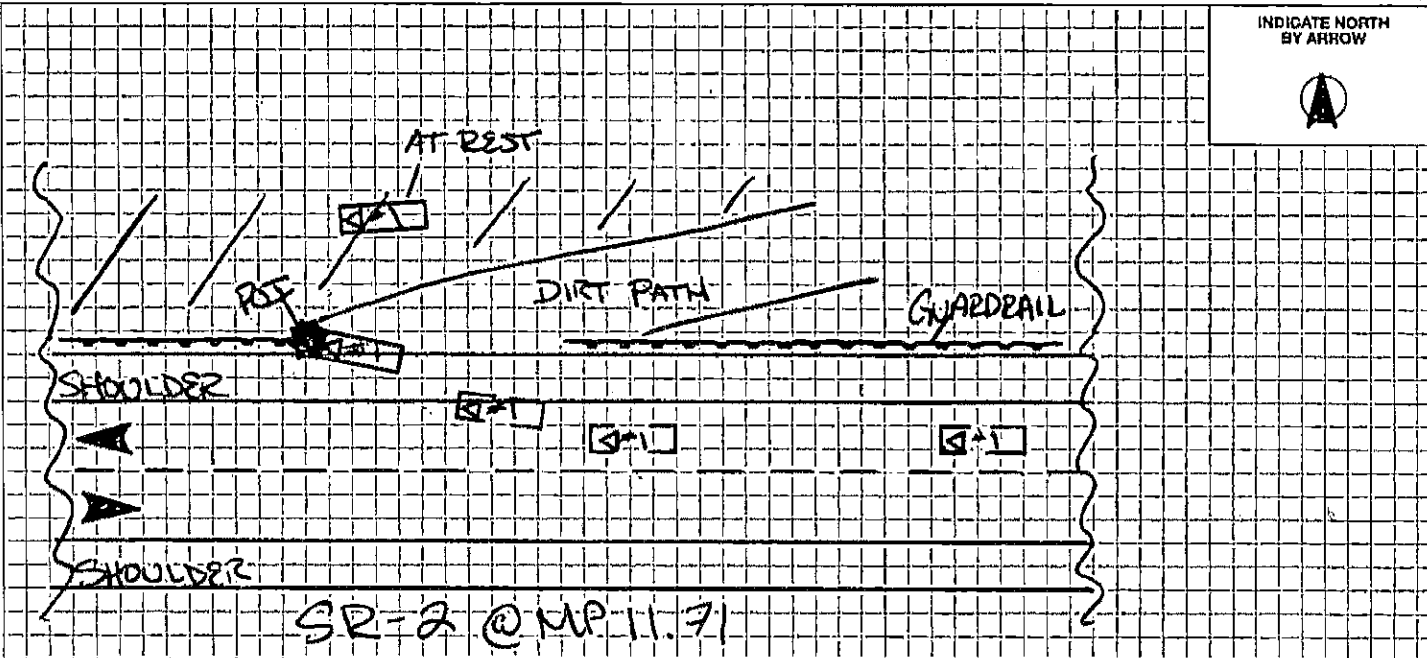
PASSENGER  WITNESS  UNIT # [REDACTED] SEAT POS. [REDACTED] AIRBAG [REDACTED] RESTR. [REDACTED] EJECT [REDACTED] HELMET USE [REDACTED] INJURY CLASS [REDACTED] NATURE OF INJURIES [REDACTED]

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

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

PASSENGER  WITNESS  UNIT # 01 SEAT POS. 03 AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE [REDACTED] INJURY CLASS 6 NATURE OF INJURIES CUT TO HEAD

DIAGRAM



NARRATIVE

UNIT #1 WAS TRAVELING WESTBOUND ON SR-2 AT MILEPOST 11.71 IN LANE 1 OF 1. UNIT #1 DROVE ONTO THE WESTBOUND SHOULDER AND STRUCK THE GUARDRAIL. UNIT #1 CONTINUED DOWN THE EMBANKMENT AND CAME TO REST ON THE DRIVER'S SIDE. DRIVER AND PASSENGER OF UNIT #1 FLED THE SCENE ON FOOT AND WERE LOCATED HIDING IN THE BRUSH. DRIVER OF UNIT #1 WAS ARRESTED FOR DWI.

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)

INVESTIGATING OFFICER'S SIGNATURE: [Signature] 0706 UNIT OR DIST. DET. 03-03-2014 DATE MONROE, WA PLACE SIGNED

APPROVED BY: [Signature] 163 DATE: 3/4/14

BADGE OR ID #: 542 ORI #: WANSP0706 TIME POLICE DISPATCHED: 1939 TIME POLICE ARRIVED: 1947



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. 3516399

CASE # 14-064040

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B.

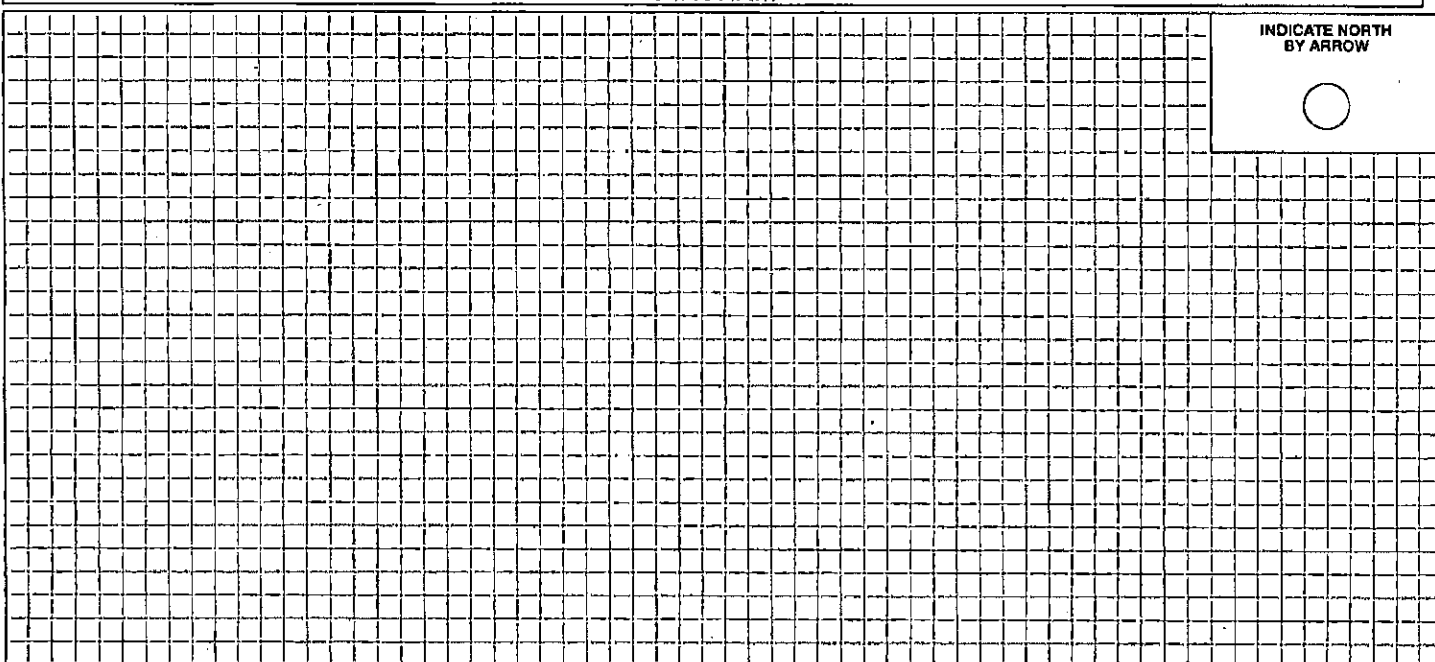
PASSENGER  WITNESS  UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B.

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

DIAGRAM



NARRATIVE

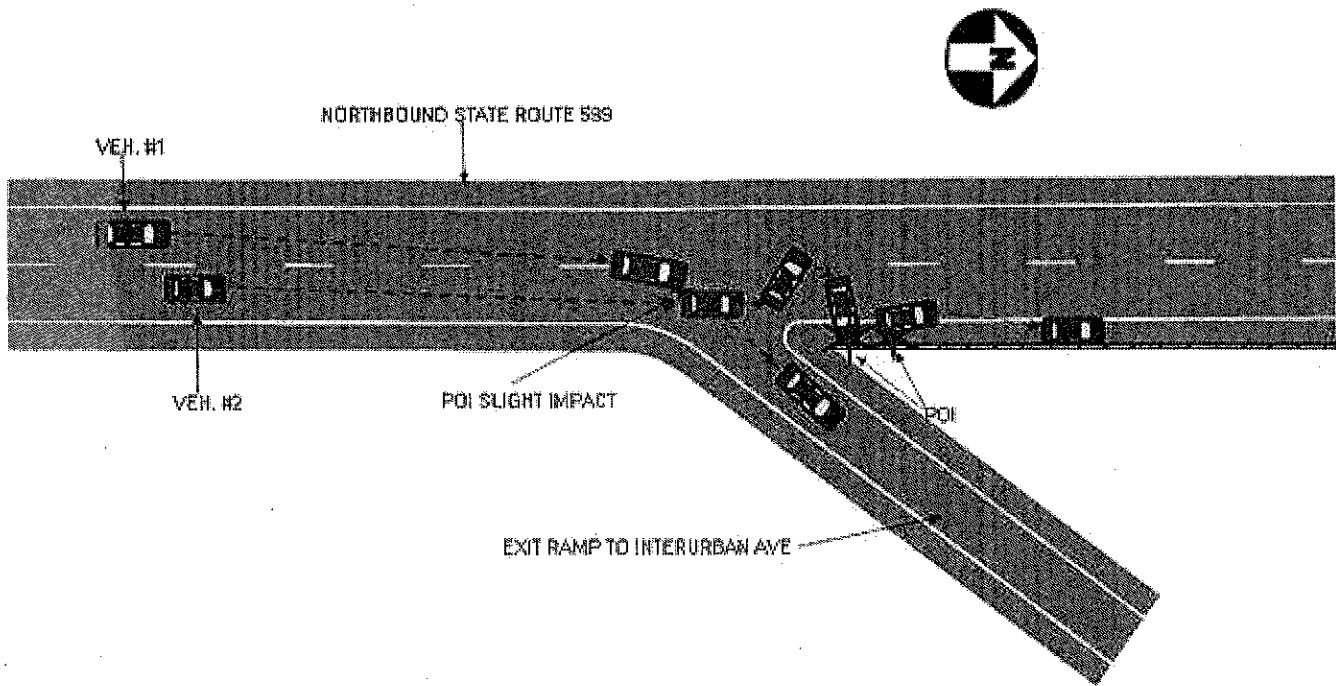
[Empty lines for narrative text]

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)

INVESTIGATING OFFICER'S SIGNATURE [Signature] 6706 UNIT OR DIST. DET 03-032014 DATE 11/20/14 PLACE SIGNED [Signature]

APPROVED BY [Signature] 103 DATE 3/4/14

BADGE OR ID # 542 ORI # WPAVSP0706 TIME POLICE DISPATCHED 1939 TIME POLICE ARRIVED 1947







STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1691971

REPORT NO. E308147

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

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1 1 2 32  
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FROM 10 5 1 34  
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39  
40  
1 41  
1 42

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

CASE #  
LOCAL AGENCY CODING 006481  
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 #  
2 - 4 - 2014 1242 17 1320

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
NB SR 599 BLOCK NO. 0 MILE POST 10  
DISTANCE 500 00 MILES  N  E  OF INTERURBAN AVE  
FEET  S  W

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY SEATTLE ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # UNKNOWN STATE WA VIN#

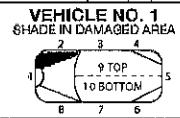
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE UNKN MODEL UNKNOWN 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 # 4Z0216056 CHARGE OP MOT VEH W/OUT INS



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (206) 856-6109

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY RENTON ST WA ZIP 980555663

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # 300XEI STATE WA VIN#

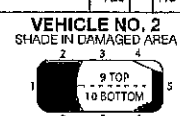
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2008 MAKE TOYT MODEL COA4D STYLE 4D VEHICLE TOWED YES  NO  TOWED BY CALLING PRIVATE TOW 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) BADGE OR ID # AGENCY

KELLY, M 1240 WASHINGTON STATE PATROL

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



1591972

CORRECTION

REPORT NO. **E308147**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

|                                       |   |            |           |        |        |       |            |              |                    |  |  |
|---------------------------------------|---|------------|-----------|--------|--------|-------|------------|--------------|--------------------|--|--|
| NAME<br>(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<br>(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 |  |  |
| NAME<br>(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)

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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)

|                                    |                    |                                    |                                 |
|------------------------------------|--------------------|------------------------------------|---------------------------------|
| M KELLY                            | 2/18/2014          |                                    |                                 |
| INVESTIGATING OFFICER'S SIGNATURE  | UNIT OR DIST. DET  | DATED                              | PLACE SIGNED                    |
| APPROVED BY<br>Judson, Sgt. J. 161 | DATE               |                                    |                                 |
| BADGE OR ID #<br>1240              | ORI #<br>WAWSP0205 | TIME POLICE DISPATCHED<br>12:43 PM | TIME POLICE ARRIVED<br>12:49 PM |



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E308147

CASE #

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

27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42

|                                 |       |                                     |                                     |
|---------------------------------|-------|-------------------------------------|-------------------------------------|
| <b>COMMERCIAL MOTOR CARRIER</b> |       | INTERSTATE <input type="checkbox"/> | INTRASTATE <input type="checkbox"/> |
| <b>UNIT #</b>                   | USDOT | ICG #                               | VEHICLE TYPE                        |
| CARRIER NAME                    |       | CARGO BODY TYPE                     |                                     |

|                 |         |      |         |   |                   |
|-----------------|---------|------|---------|---|-------------------|
| CARRIER ADDRESS |         |      |         |   |                   |
| CITY            | ST      | ZIP  |         |   |                   |
| NAME SOURCE     | # AXLES | GWWR | PLACARD | + | NAME IF NO NUMBER |

|                                       |   |  |                                      |                                     |  |  |                      |
|---------------------------------------|---|--|--------------------------------------|-------------------------------------|--|--|----------------------|
| <b>ADDITIONAL UNITS</b>               |   |  |                                      |                                     |  |  |                      |
| <b>UNIT #</b>                         | 3 | MOTOR VEHICLE <input type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input checked="" type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE (206) 440-4491 |
| LAST NAME WSDOT                       |   | FIRST NAME                             |                                      | MIDDLE INITIAL                      |  |  |                      |
| STREET NEW ADDRESS 15700 DAYTON AVE N |   |  |                                      |                                     |  |  |                      |
| CITY SEATTLE                          |   | ST WA                                  | ZIP 98133                            |                                     |  |  |                      |

|                                  |              |              |                 |       |            |              |                    |
|----------------------------------|--------------|--------------|-----------------|-------|------------|--------------|--------------------|
| CDL                              | RESTRICTIONS | ENDORSEMENTS |                 |       |            |              |                    |
| DRIVER'S LICENSE #               | STATE        | SEX          | D.O.B. MMDDYYYY | -     | -          |              |                    |
| ON DUTY <input type="checkbox"/> | STATUS       | AIRBAG       | RESTR.          | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |

|                 |       |                 |       |  |          |  |
|-----------------|-------|-----------------|-------|--|----------|--|
| LICENSE PLATE # | STATE | VIN#            |       |  |          |  |
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |  |          |  |
| VEH. YEAR       | MAKE  | MODEL           | STYLE | VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/> |

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

|                    |  |                                      |                                     |   |   |       |
|--------------------|--|--------------------------------------|-------------------------------------|---|---|-------|
| <b>UNIT #</b>      | MOTOR VEHICLE <input type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/> | PHONE |
| LAST NAME          |  | FIRST NAME                           |                                     | MIDDLE INITIAL                          |   |       |
| STREET NEW ADDRESS |  |                                      |                                     |   |   |       |

|                    |              |              |                 |   |   |
|--------------------|--------------|--------------|-----------------|---|---|
| CITY               | ST.          | ZIP          |                 |   |   |
| CDL                | RESTRICTIONS | ENDORSEMENTS |                 |   |   |
| DRIVER'S LICENSE # | STATE        | SEX          | D.O.B. MMDDYYYY | - | - |

|                                  |        |                 |        |       |            |              |                    |
|----------------------------------|--------|-----------------|--------|-------|------------|--------------|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG          | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |
| LICENSE PLATE #                  | STATE  | VIN#            |        |       |            |              |                    |
| TRAILER PLATE #                  | STATE  | TRAILER PLATE # | STATE  |       |            |              |                    |

|   |                         |                       |       |  |          |  |
|---|-------------------------|-----------------------|-------|--|----------|--|
| VEH. YEAR   | MAKE                    | MODEL                 | STYLE | VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/> |
| REGISTERED OWNER INFO.  |                         | SHADE IN DAMAGED AREA |       |  |          |  |
| LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>                            | INSURANCE CO & POLICY # |                       |       |  |          |  |
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION #              |                       |       |  |          |  |

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)

M KELLY 2/18/2014

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

|               |      |       |           |             |      |      |   |    |   |
|---------------|------|-------|-----------|-------------|------|------|---|----|---|
| BADGE OR ID # | 1240 | ORI # | WAWSP0205 | APPROVED BY | DATE | PAGE | 3 | OF | 5 |
|               |      |       |           | Judson      |      |      |   |    |   |

## 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 eventually colliding into the guardrail on the right side of State Route 599.

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