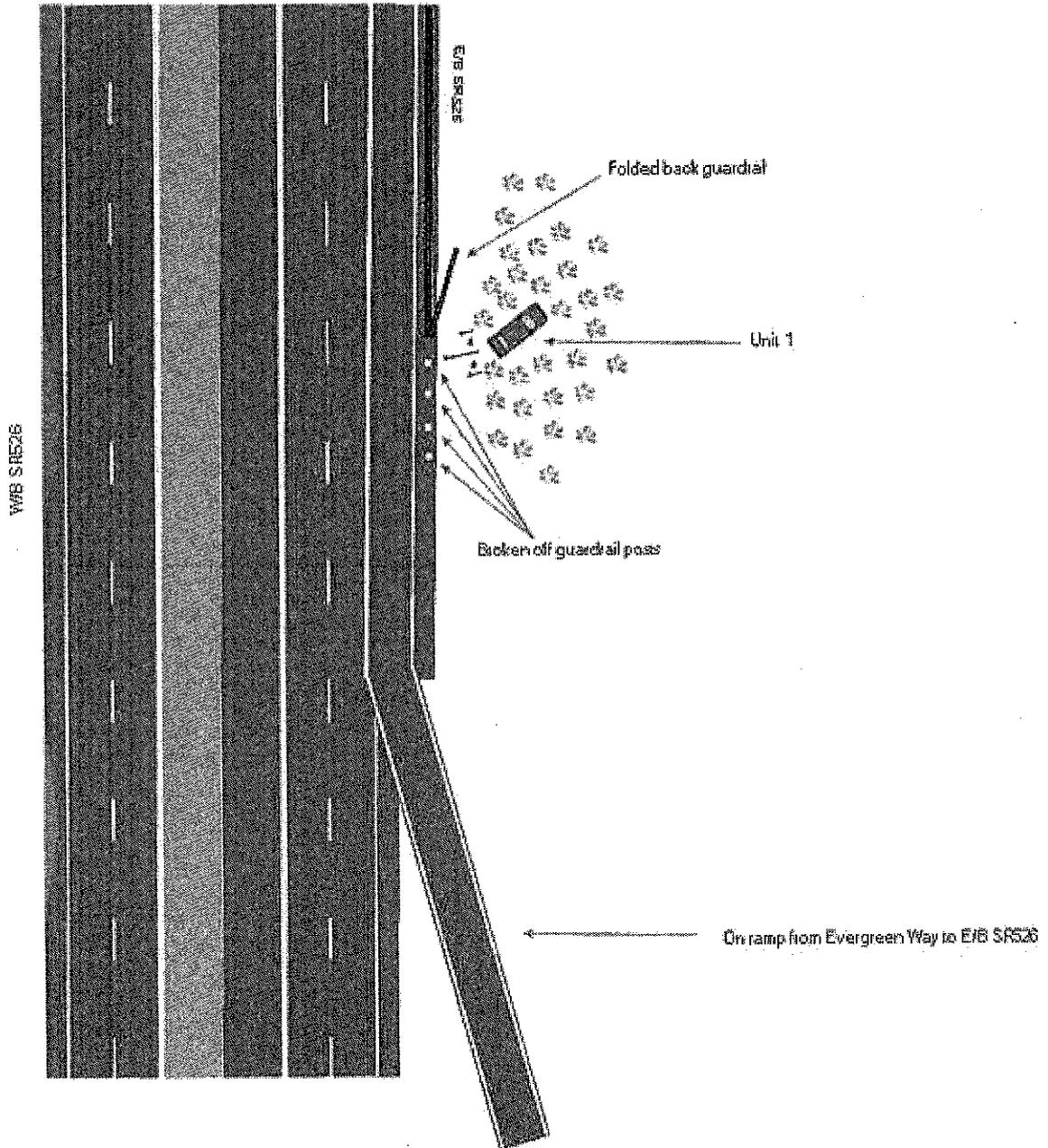




Not to Scale





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E305731

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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 #	14-2724
LOCAL AGENCY CODING	
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
2	8	2014	0526	31	0420

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 526	BLOCK NO.	MILE POST

DISTANCE	OF (REFERENCE OR CROSS STREET)
500 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	EVERGREEN WAY

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL	X
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STREET	NEW ADDRESS
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CITY	EVERETT	ST	WA	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1998	MAKE	OLDS	MODEL	CUTLASS	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RON MAYS TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	WSDOT	FIRST NAME	MIDDLE INITIAL
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STREET	NEW ADDRESS
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	VEHICLE NO. 2 SHADE IN DAMAGED AREA
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
EDMONDS, R.	1315	PD EVERETT

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. **E305731**

CASE # 14-2724

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

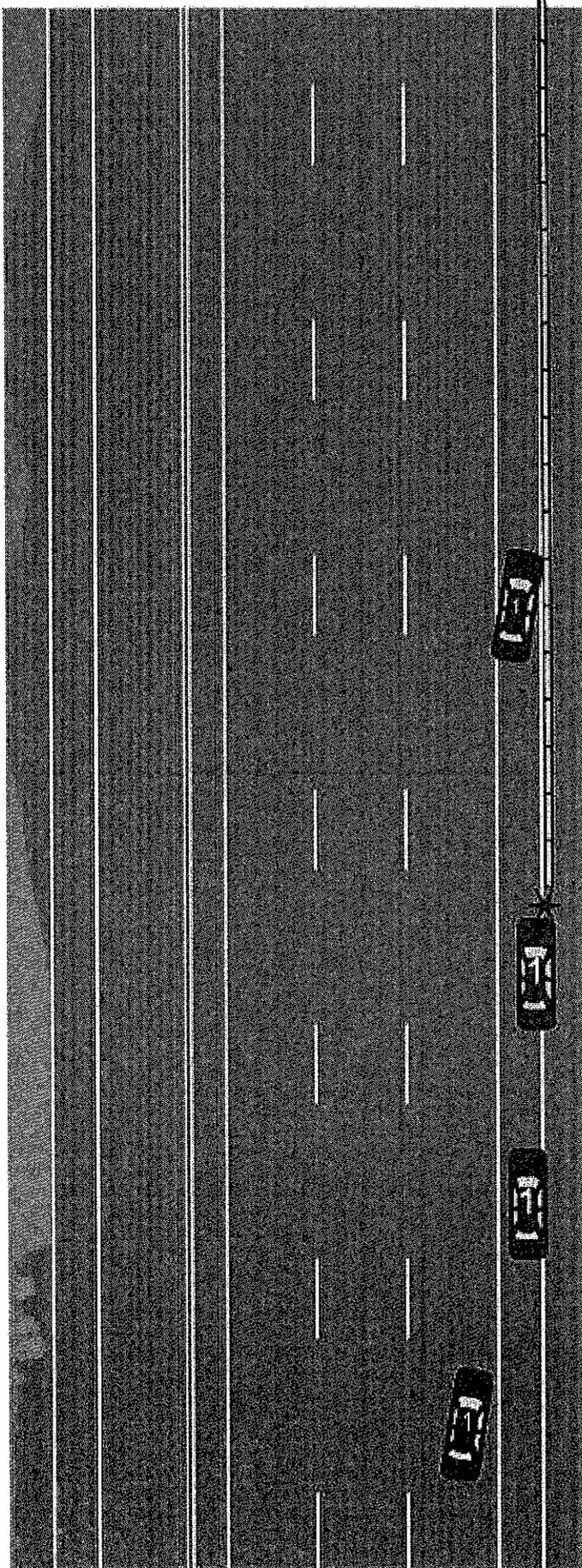
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. EDMONDS	2/9/2014	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED
		PLACE SIGNED
APPROVED BY Neibert, R. 0263	DATE	

BADGE OR ID #	1315	ORI #	WA0310300	TIME POLICE DISPATCHED	5:27 AM	TIME POLICE ARRIVED	5:31 AM
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Narrative

Unit 1 was on the onramp from Evergreen Way to eastbound SR526. The driver of unit 1 stated that he fell asleep and went off the roadway. Unit 1 crashed through the guardrail sheering off four guardrail posts before coming to rest down an embankment. Driver of unit 1 had odor of intoxicants emanating from his breath and appeared intoxicated. No one witnessed him actually operating the vehicle.



15 NB LANES

MP 13



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E301215

1 1

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"/>

2 1

TRIBAL RESERVATION _____

3 1

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

DATE OF COLLISION 1 - 18 - 2014 1620 06 N S E W IN OF 1085

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

NB I 5 BLOCK NO. 13 00

4a

5

DISTANCE 0 07 MILES N E OF (REFERENCE OR CROSS STREET) SR 501

FEET S W

6 1

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

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

STREET NEW ADDRESS [REDACTED]

CITY VANCOUVER ST WA ZIP [REDACTED]

CDL B RESTRICTIONS K ENDORSEMENTS

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

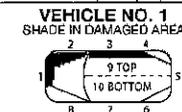
ON DUTY STATUS AIRBAG 1 RESTR. 1 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES CUT ON RT HAND

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

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1953 MAKE STU MODEL COMMAND STYLE 2T VEHICLE TOWED YES NO TOWED BY TLC TOW GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # [REDACTED] VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



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 11018 NE 51ST CIR

CITY VANCOUVER ST WA ZIP 98682

CDL RESTRICTIONS ENDORSEMENTS

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

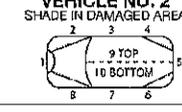
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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



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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E301215**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER WITNESS UNIT # 1 SEAT POS. 3 AIRBAG 1 RESTR. 1 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES CUTS and BRUISES RT

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

B. CLARK 1/19/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Clark, G. 241 DATE

BADGE OR ID # 577 ORI # WAWSP0503 TIME POLICE DISPATCHED 4:20 PM TIME POLICE ARRIVED 4:30 PM

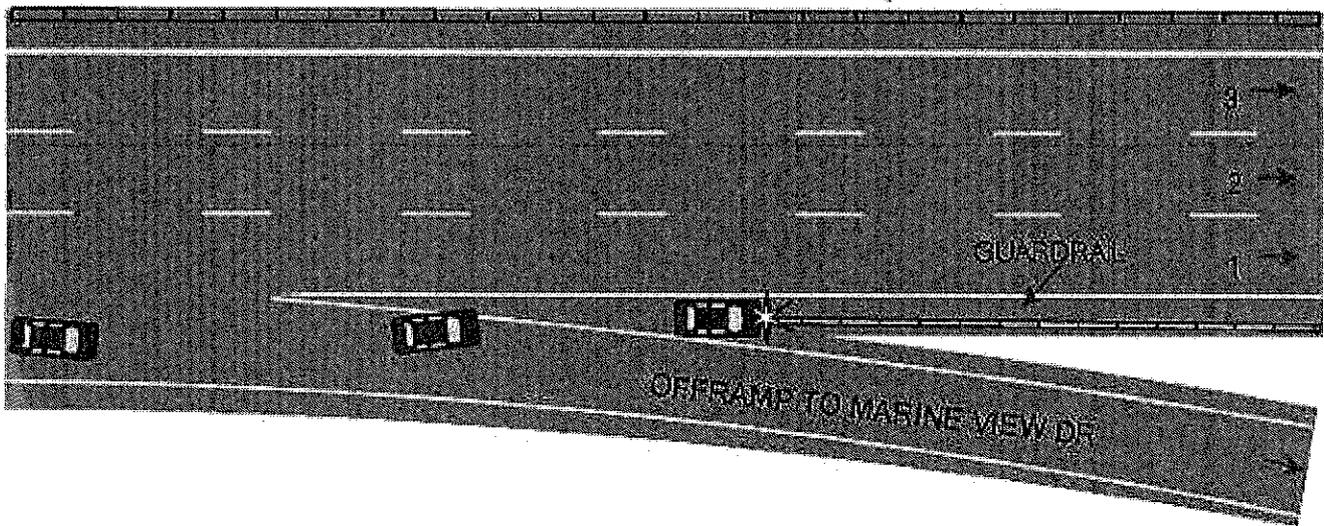
Narrative

UNIT 1 WAS TRAVELING NB ON I 5 IN THE RIGHT LANE. UNIT 1 PULLED OVER ONTO THE SHOULDER CONTINUED TO DRIVE COLLIDING INTO THE METAL JERSEY BARRIER.

NB I-5 MP 194



CONCRETE BARRIER





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E309477

3

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"/>

4

CASE #	
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6

TRIBAL RESERVATION	
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LOCAL AGENCY CODING	
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DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
2 - 9 - 2014		0447	31		0420

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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
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DISTANCE	OF (REFERENCE OR CROSS STREET)
0.37 MILES	23RD ST

0

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/>	PHONE
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7

LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	SEATTLE	ST	WA	ZIP
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CDL	C	RESTRICTIONS	ENDORSEMENTS
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11

DRIVER'S LICENSE #	STATE	TX	SEX	M	D.O.B.
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12

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	1	NATURE OF INJURIES
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13

LICENSE PLATE #	STATE	WA	VIN#
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14

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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15

VEH. YEAR	2009	MAKE	NISS	MODEL	VERSD	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input checked="" type="checkbox"/>
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16

REGISTERED OWNER INFO.	
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17

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #
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18

VEHICLE LEGALITY STANDINGS YES <input type="checkbox"/>	CITATION #	4Z0018169	CHARGE	FLD SIGNAL
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19

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"/>	PHONE	(206) 440-4000
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LAST NAME	WA STATE DOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	PO BOX 330310
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22

CITY	SEATTLE	ST	WA	ZIP	98133
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CDL		RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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26

LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALITY STANDINGS YES <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
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WATKINS, D.	310	WASHINGTON STATE PATROL
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PAGE 01 OF	4
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PART A 3000-345-159 R (7/00)

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E309477**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH
BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

D. WATKINS

2/23/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

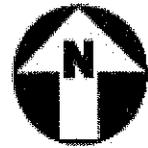
Sloan, Sgt. M. 196

DATE

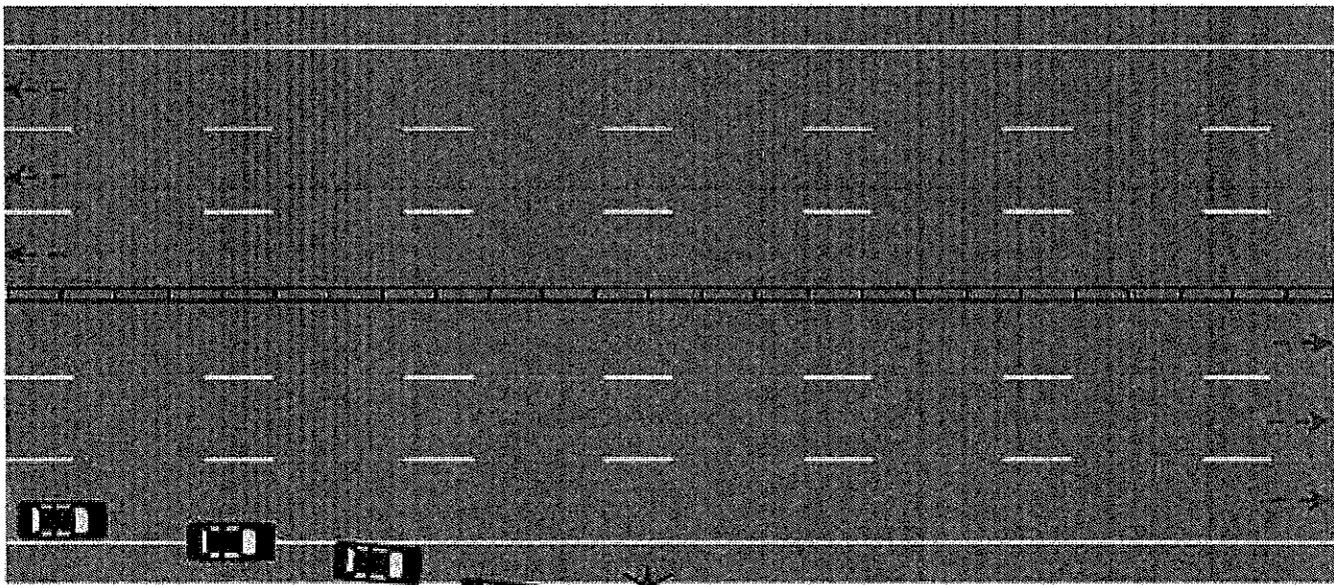
BADGE OR ID #	310	ORI #	WAWSP0715	TIME POLICE DISPATCHED	4:47 AM	TIME POLICE ARRIVED	5:07 AM
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Narrative

UNIT 1 WAS TRAVELING NB ON I-5 AT MP 194 IN THE FAR RIGHT LANE. AT THE TIME THE ROADWAY WAS COVERED IN SNOW AND SLUSH. AT THIS LOCATION THE FAR RIGHT LANE IS AN EXIT ONLY TO MARINE VIEW DR. UNIT 1 WAS INTENDING ON CONTINUING NB ON I-5 AND MADE A LATE LANE CHANGE, DRIVING THROUGH THE GORE POINT AT MARINE VIEW DR. UNIT 1 SLID ON THE SNOW COVERED ROADWAY AND STRUCK THE END OF THE GUARDRAIL WITH THE FRONT OF HIS VEHICLE. UNIT 1 MADE AN UNSAFE LANE CHANGE WHICH RESULTED IN THE COLLISION.



EAST BOUND STATE ROUTE 512 JUST WEST OF PACIFIC



GUARDRAIL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E304713

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 checked="" type="checkbox"/>

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TRIBAL RESERVATION

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CASE # 14-002021

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

DATE OF COLLISION 1 - 31 - 2014 TIME (2400) 0322 COUNTY # 27 MILES 2 00 N E IN S W OF CITY # 0665

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR-512 BLOCK NO. 2 MILE POST 00

DISTANCE 0.03 MILES N E S W OF (REFERENCE OR CROSS STREET) PACIFIC AVE

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

LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

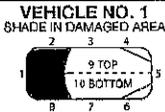
ON DUTY STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE PONT MODEL GRAND AM STYLE 2T VEHICLE TOWED YES NO TOWED BY BURN;S TOW GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (800) 737-0613

LAST NAME TACOMA FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 11211 41ST AVE SW

CITY TACOMA ST WA ZIP 98499

CDL RESTRICTIONS ENDORSEMENTS

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

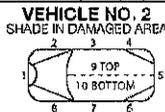
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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) QUERUBIN, B. BADGE OR ID # 553 AGENCY WASHINGTON STATE PATROL

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E304713

CASE # 14-002021

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER

WITNESS

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER

WITNESS

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER

WITNESS

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH
BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

B. QUERUBIN

2/5/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

CYPRAIN, SGT D 249

DATE

BADGE OR ID # 553

ORI # WAWSP0103

TIME POLICE DISPATCHED 3:22 AM

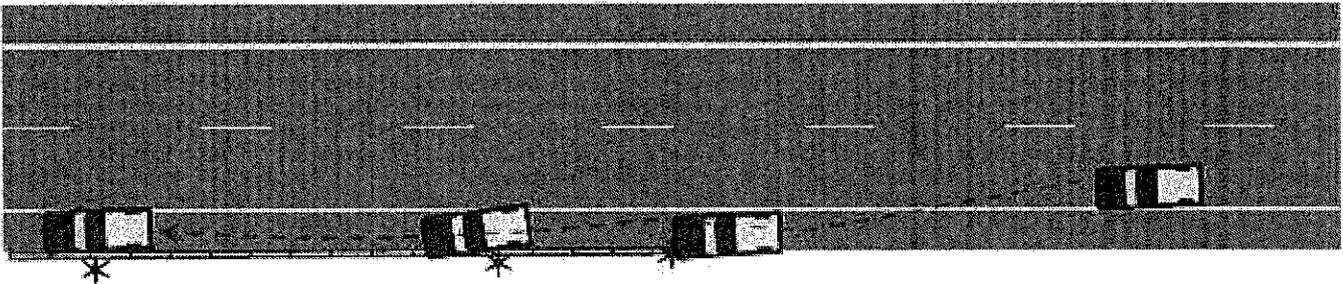
TIME POLICE ARRIVED 3:30 AM

Narrative

THE VEHICLE WAS TRAVELING EAST BOUND ON STATE ROUTE 512 JUST WEST OF PACIFIC AVE, IN AN UNKNOWN LANE. THE VEHICLE DRIFTED TO THE RIGHT AND IMPACTED THE GUARDRAIL . THE VEHICLE IMPACTED EIGHT GUARDRAIL POSTS AND PEELED BACK APPROXIMATELY FIFTY FEET OF GUARDRAIL. THE VEHICLE THEN ROLLED DOWN AN EMBANKMENT AND CAME TO REST FACING NORTH BOUND.



NB SR589 JS S. 133RD ST





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E298937

1 5 1 27
2
3
1 28
2
3

1 2
2 3
3 6

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

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

TRIBAL RESERVATION						
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #	
1	8	2014	0730	17	1320	
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>			

4
4a
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NB SR599	BLOCK NO.	0	33
	MILE POST	<input checked="" type="checkbox"/>	

0 1 29

DISTANCE	MILES	FEET	OF (REFERENCE OR CROSS STREET)

6 2

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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30

LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET NEW ADDRESS	

7

CITY	ENUMCLAW	ST	WA	ZIP

1 2 31

8

CDL	RESTRICTIONS	J	ENDORSEMENTS
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9 9

DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.	
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1 32

10

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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11 6 0

LICENSE PLATE #	STATE	WA	VIN#
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2 3

12

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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13 3

VEH. YEAR	2000	MAKE	CHEV	MODEL	S10PU	STYLE	PK	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	ABC	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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FROM TO 5 1 33

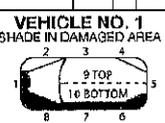
14

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	
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FROM TO 34

15 2

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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4 36

16

UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	(206) 440-4491
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17

LAST NAME	WA ST DOT	FIRST NAME	MIDDLE INITIAL
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18

STREET NEW ADDRESS	15700 DAYTON AVE N
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19

CITY	SEATTLE	ST	WA	ZIP	98133
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20

CDL	RESTRICTIONS	ENDORSEMENTS
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21

DRIVER'S LICENSE #	STATE	SEX	D.O.B.
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22

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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23

LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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1 41

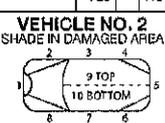
25

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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2 42

26

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



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
MATTOX, B	1072	WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E298937**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH
BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

B MATTOX

1/9/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

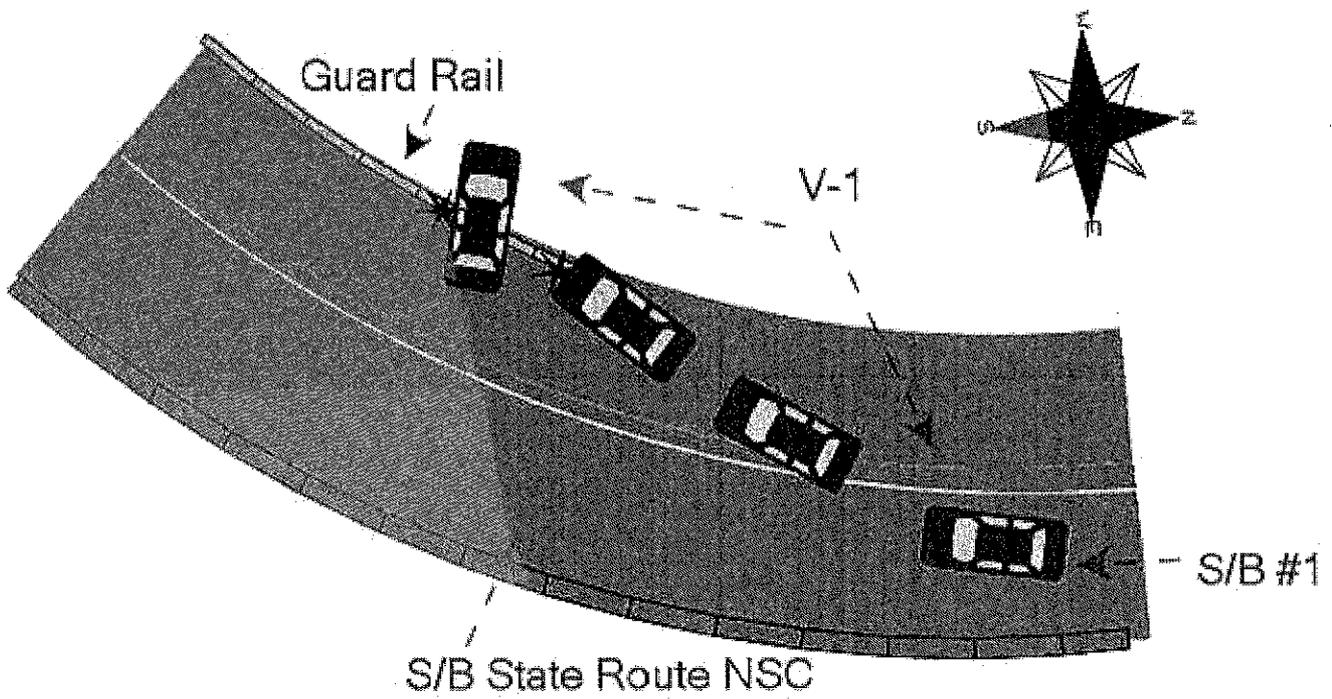
Fisher, Sgt. R. 157

DATE

BADGE OR ID #	1072	ORI #	WAWSP0206	TIME POLICE DISPATCHED	7:31 AM	TIME POLICE ARRIVED	7:40 AM
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Narrative

UNIT 1 WAS TRAVELING NB SR599 JS S. 133RD ST IN LANE 2. DRIVER STATED ANOTHER UNKNOWN VEHICLE ATTEMPTED TO MAKE A LANE CHANGE FROM 1 INTO LANE 2 BESIDE HIM, FORCING HIM TO THE LEFT TO AVOID A COLLISION. DRIVER STATED THAT CAUSED HIM TO HIT THE GUARDRAIL ON THE LEFT SIDE. UNIT 1 CONTINUED TRAVELING ALONG THE GUARDRAIL FOR SEVERAL YARDS BEFORE COMING TO REST. AT LEAST 15 POSTS WERE DAMAGED OR DISPLACED.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E303516

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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 000676

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 1 - 20 - 2014 1703 32 1 00 N S E IN OF 1220

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

NORTH SOUTH CORRIDOR BLOCK NO. 162 MILE POST 60

DISTANCE 0.50 MILES N E OF (REFERENCE OR CROSS STREET) FREYA STREET

FEET S W

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

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

STREET NEW ADDRESS [REDACTED]

CITY SPOKANE ST WA ZIP [REDACTED]

CDL RESTRICTIONS B ENDORSEMENTS

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

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

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

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2006 MAKE HYUN MODEL ELANTRA STYLE 4T VEHICLE TOWED YES NO TOWED BY NELSON'S TOWING GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # [REDACTED] VEHICLE NO. 1 SHADE IN DAMAGED AREA

VEHICLE LEGALLY STANDING YES NO CITATION # 4Z0158783, 4Z0158783 CHARGE DRIVING WITH WHEELS OFF

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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 2714 N MAYFAIR

CITY SPOKANE ST WA ZIP 99207

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE NO. 2 SHADE IN DAMAGED AREA

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE OFFICER'S NAME (PRINT) BRITTON, D

BADGE OR ID # 629 AGENCY WASHINGTON STATE PATROL

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E303516**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																
ADDRESS & PHONE #		[REDACTED]																
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																
ADDRESS & PHONE #		[REDACTED]																
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																
ADDRESS & PHONE #		[REDACTED]																
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

D BRITTON		1/30/2014	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Olson, Sgt. G. 165		DATE	
BADGE OR ID #	629	ORI #	WAWSP0405
TIME POLICE DISPATCHED	5:04 PM	TIME POLICE ARRIVED	5:26 PM

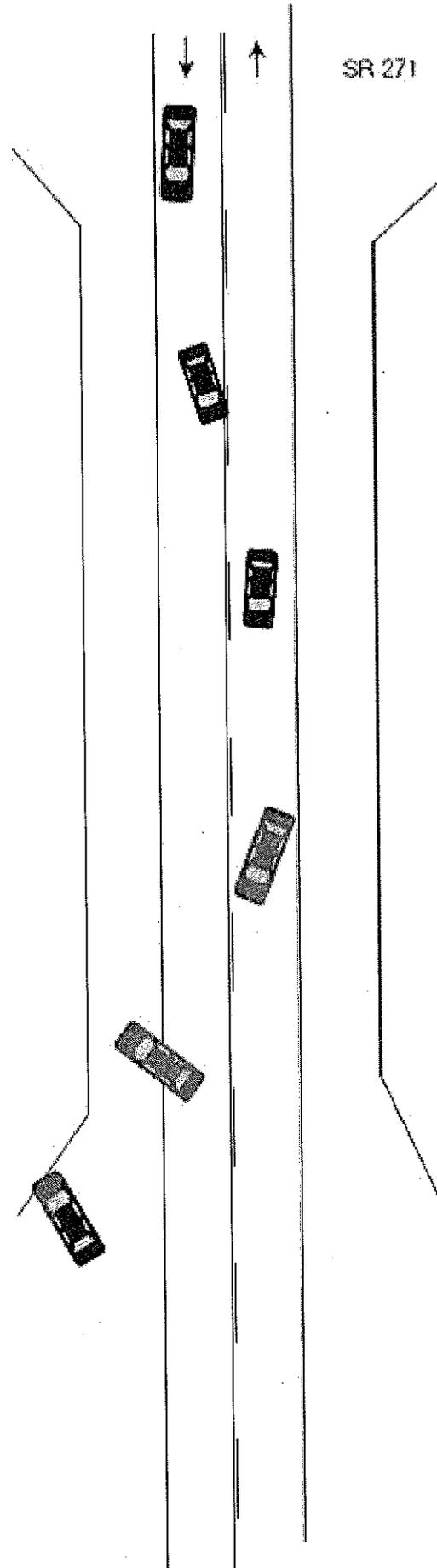
Narrative

V-1 southbound State Route NSC in lane one of one. V-1 exited west side of roadway and struck guardrail on west side of roadway.



SR 271

Field





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E299809

08 27

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2 3
3 1

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

CASE #	
LOCAL AGENCY CODING	003041
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

1
2
3

DATE OF COLLISION	1 - 12 - 2014	TIME (2400)	1300	COUNTY #	38	MILES	1 80	N <input checked="" type="checkbox"/> S <input type="checkbox"/>	E <input type="checkbox"/> W <input type="checkbox"/>	IN <input type="checkbox"/> OF <input checked="" type="checkbox"/>	CITY #	0890
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ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR271 BLOCK NO. 1 MILE POST 80

01 29

DISTANCE 0 70 MILES FEET OF (REFERENCE OR CROSS STREET) RUSSELL RD

N S E W

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

30

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

STREET NEW ADDRESS [REDACTED]

CITY ROSALIA ST WA ZIP [REDACTED]

1 12 31

GDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # [REDACTED] STATE OR SEX F D.O.B. [REDACTED]

32

ON DUTY STATUS AIRBAG 2 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 2005 MAKE PONT MODEL GRA4D STYLE 4D VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

FROM TO 1 5 33

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

34

VEHICLE FEARLY STANDING YES NO CITATION # 4Z0167059 CHARGE FLD TO DRIVE ON RIGHT SIDE OF

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (509) 397-3051

4 35

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS PO BOX 150

CITY COLFAX ST WA ZIP

36

GDL RESTRICTIONS ENDORSEMENTS

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

37

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

38

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

39

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

40

VEHICLE FEARLY STANDING YES NO CITATION # CHARGE

OFFICER'S NAME (PRINT) AUCUTT, R. BADGE OR ID # 786 AGENCY WASHINGTON STATE PATROL

1 41

42

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. **E299809**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

F

D.O.B.
MMDDYYYY

PASSENGER WITNESS

UNIT #

1

SEAT
POS.

7

AIRBAG

1

RESTR.

5

EJECT

1

HELMET
USE

INJURY
CLASS

1

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER WITNESS

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER WITNESS

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH
BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

R. AUCUTT

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

1/13/2014

DATED

PLACE SIGNED

APPROVED BY

Davis, Sgt. S. 137

DATE

BADGE OR ID # 786

ORI # WAWSP0406

TIME POLICE DISPATCHED 1:10 PM

TIME POLICE ARRIVED 1:42 PM

Narrative

Vehicle # 1 was southbound on SR 271. #1 crossed the centerline, over corrected, rotated and struck the end of the southbound guardrail. #1 came to rest in a field on the southbound side of the roadway.

Driver stated she did not know why she lost control of her vehicle.