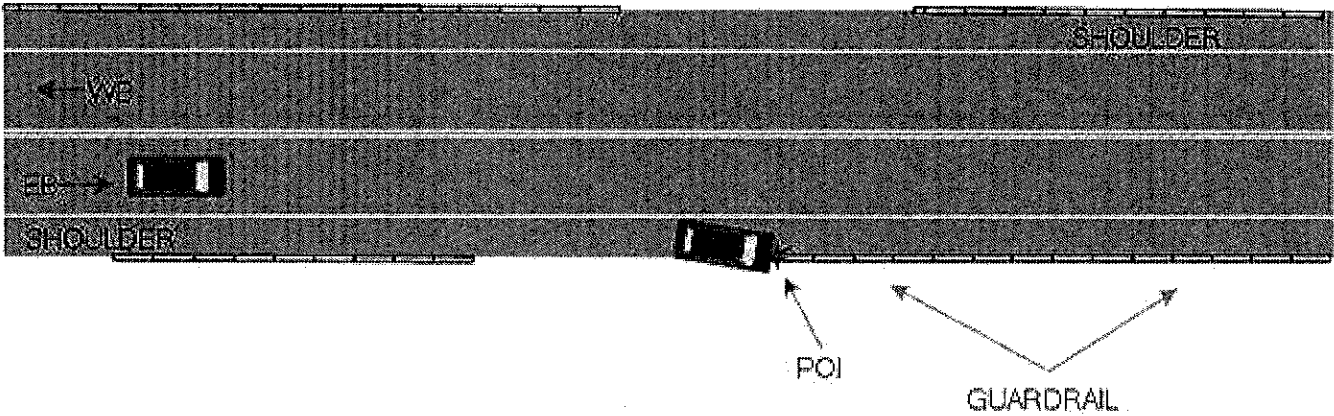


EASTBOUND STATE ROUTE 2 MP 11.30





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E292252

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

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

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
	12 - 9 - 2013	0918	31	1 40	0790

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
STREET	BLOCK NO.	MILE POST
EB SR 2		11 30

DISTANCE	OF (REFERENCE OR CROSS STREET)
0 75 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input checked="" type="checkbox"/>	ROOSEVELT RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS

CITY	ST	WA	ZIP
SNOHOMISH			

CDL	RESTRICTIONS	ENDORSEMENTS
	B	

DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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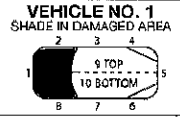
LICENSE PLATE #	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
2003	AUDI	ALLSW	SW	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
	3Z0977506	SPEED TOO FAST



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS

CITY	ST	WA	ZIP
SHORELINE			98133

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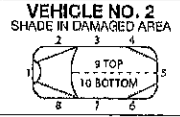
LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
				YES <input type="checkbox"/> NO <input type="checkbox"/>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

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



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
SHELBY, D.	1146	WASHINGTON STATE PATROL

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



1591972

CORRECTION

REPORT NO. **E292252**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

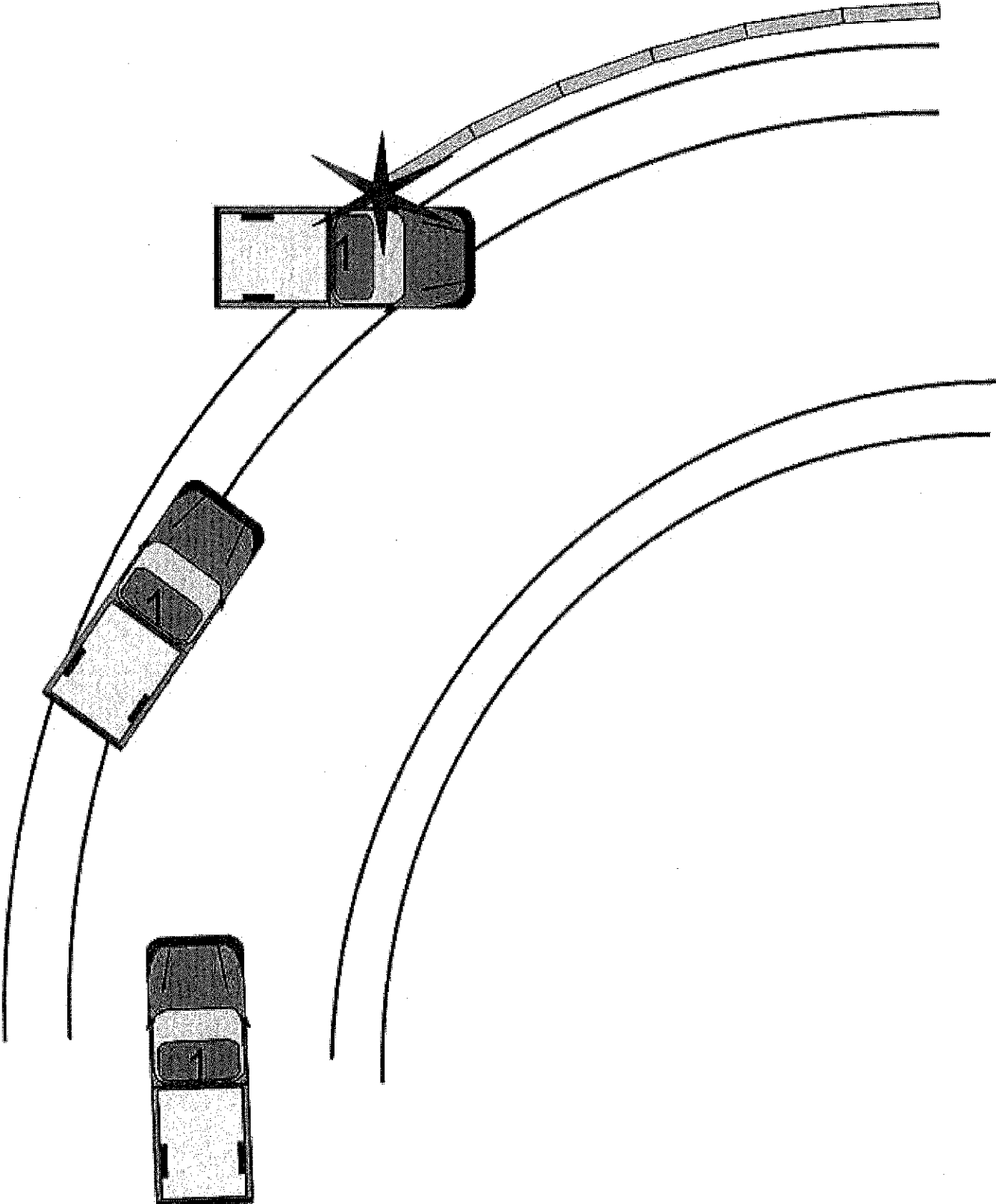
D. SHELBY 12/13/2013
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Caiola, C. 603 DATE

BADGE OR ID # 1146 ORI # WAWSP0706 TIME POLICE DISPATCHED 9:19 AM TIME POLICE ARRIVED 9:28 AM

Narrative

UNIT #1 WAS TRAVELING EB ON SR 2 NEAR MP 11. THE DRIVER SAID THAT THE DASH BOARD IN THE VEHICLE STARTED FLASHING AND SUSPENSION LOWERED. THE DRIVER WAS TRAVELING TOO FAST TO CONTROL HIS VEHICLE IN A SAFE MANNER AND DROVE ONTO THE SHOULDER AND STRUCK THE GUARDRAIL.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E301554**

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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 1 - 15 - 2014 1540 29 0140

N E IN S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

N/B I-5 BLOCK NO. 231 MILE POST 00

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E FEET S W SR-11 ONRAMP

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

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

STREET NEW ADDRESS [REDACTED]

CITY BOW ST WA ZIP [REDACTED]

CDL RESTRICTIONS B ENDORSEMENTS

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

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

LICENSE PLATE # STATE WA VIN# [REDACTED]

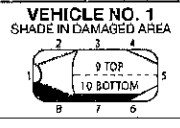
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1987 MAKE FORD MODEL RANGER STYLE PK VEHICLE TOWED YES NO TOWED BY BUDGET TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

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

VEHICLE LEGALLY STANDING YES NO CITATION # 4Z0021919 CHARGE DRIVING WITH WHEELS OFF



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

LAST NAME WA ST. DEPT. OF TRANS. FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 4100 CEDARDALE RD

CITY MOUNT VERNON ST WA ZIP 98273

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#

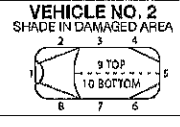
TRAILER PLATE # STATE TRAILER PLATE # STATE

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 LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) GUSTAFSON, S. BADGE OR ID # 790 AGENCY WASHINGTON STATE PATROL

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3 1 33

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E301554**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH
BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

S. GUSTAFSON

1/21/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Betts, Sgt. S. 216

DATE

BADGE OR ID #	790	ORI #	WAWSP0711	TIME POLICE DISPATCHED	3:42 PM	TIME POLICE ARRIVED	3:44 PM
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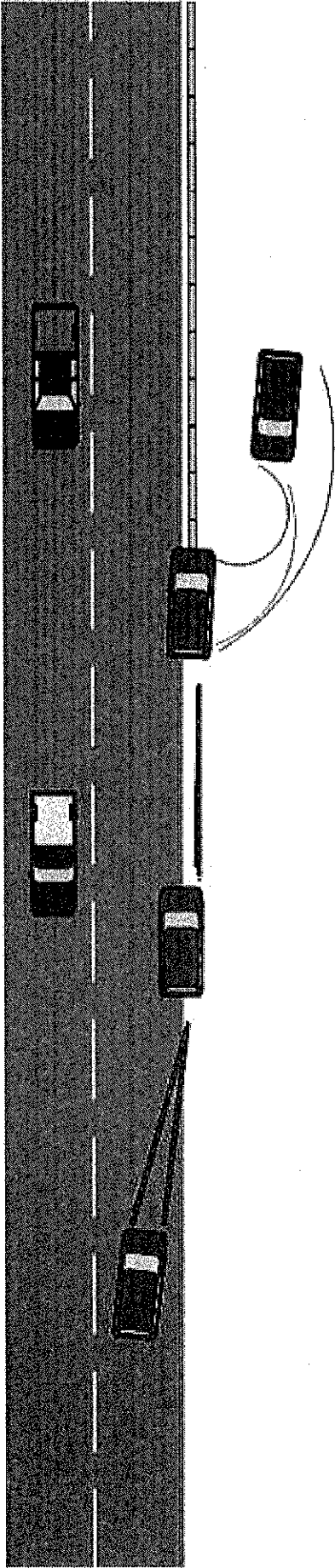
Narrative

This collision occurred as vehicle #1 was taking the northbound on ramp from SR-11 to I-5 in Skagit County. Vehicle #1 drove off the left side of the on ramp into soft gravel and then struck the guard rail.

Driver #1 declined any injury at the scene. Driver #1 said he had been distracted when his coffee spilled as he was taking the on ramp. When he drove into the soft gravel he wasn't able to correct back on to the road.



HWY 21 North





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E300337**

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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 #	14-1-0004		
LOCAL AGENCY CODING	WA0100000		
TOTAL # OF UNITS	1	OBJECT STRUCK	Guardrail

DATE OF COLLISION	1 - 6 - 2014	TIME (2400)	1841	COUNTY #	10	MILES	15	00	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 #	1075
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>	
HWY 21 NORTH	BLOCK NO.	174	90
MILE POST <input checked="" type="checkbox"/>			
DISTANCE	0	10	MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/>
OF (REFERENCE OR CROSS STREET)	ST. PETERS CR		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	[REDACTED]
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LAST NAME	[REDACTED]	FIRST NAME	[REDACTED]	MIDDLE INITIAL	[REDACTED]
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STREET NEW ADDRESS	[REDACTED]
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CITY	CURLEW	ST	WA	ZIP	[REDACTED]
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	[REDACTED]	STATE	WA	SEX	M	D.O.B. #MDDYYYY	[REDACTED]
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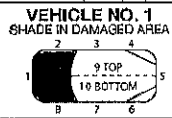
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	LEG
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LICENSE PLATE #	[REDACTED]	STATE	WA	VIN#	[REDACTED]
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1988	MAKE	FORD	MODEL	BRONCO II	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	DAIRYLAND	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME		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. #MDDYYYY	
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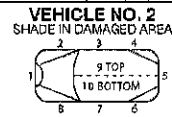
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #		CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	VENTURO, T.	BADGE OR ID #	P-1	AGENCY	Ferry County SO
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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. **E300337**

CASE # 14-1-0004

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)

T. VENTURO

INVESTIGATING OFFICER'S SIGNATURE

1/15/2014

DATED

PLACE SIGNED

APPROVED BY

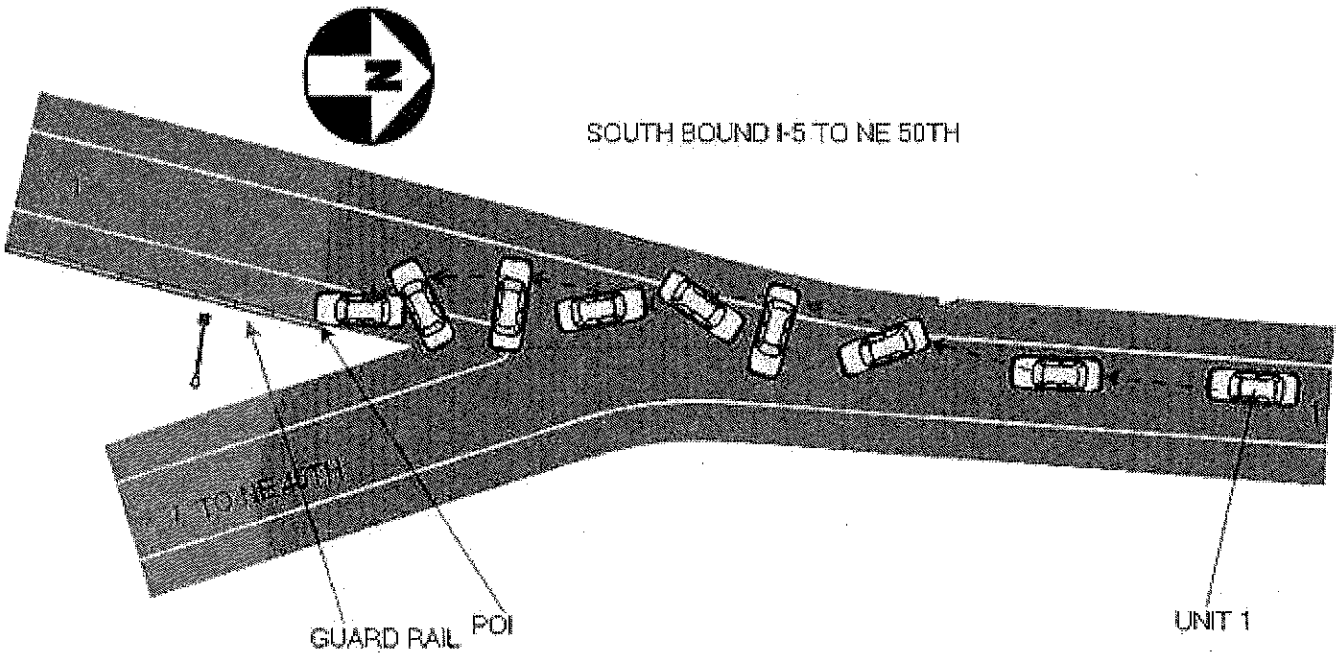
Knisley, J. S1

DATE

BADGE OR ID #	P-1	ORI #	WA010000	TIME POLICE DISPATCHED	6:41 PM	TIME POLICE ARRIVED	6:45 PM
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Narrative

Vehicle 1 was traveling northbound on HWY 21 North. A vehicle traveling southbound did not dim its high beams blinding the driver of vehicle 1. Vehicle 1 then drifted into the soft snow on the right side of the road catching the tire and dragging the vehicle into the ditch. The driver attempted to swerve out but ultimately struck the guardrail which in turn caused vehicle 1 to spin down into the draw. The driver of Vehicle 1 advised that his leg hurt but did not want medical attention and told me not to call for any medical attention. the vehicle sustained substantial damage to the front end from impact of the guardrail. The driver of the other vehicle did not stop





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E299043

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

CASE #

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

DATE OF COLLISION 1 - 2 - 2014 TIME (2400) 2130 COUNTY # 17 MILES CITY # 1140
N E IN
S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SOUTH I-5 BLOCK NO. 169 MILE POST 00

DISTANCE 300.00 MILES N E
FEET S W TO 50TH

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 CD SEX M D.O.B. MMDYYYY

ON DUTY STATUS AIRBAG 6 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 2013 MAKE NISS MODEL GT- STYLE 2T VEHICLE TOWED YES NO
TOWED BY DAY AND NIGHT GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT
INSURANCE CO & POLICY # CITATION # 4Z0065099 CHARGE SPEEDING TOO FAST FOR
VEHICLE LEGALLY STANDING YES NO
VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN
PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (206) 440-4491

LAST NAME DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 15700 DAYTON AVE N

CITY SHORELINE ST WA ZIP 98133

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT
INSURANCE CO & POLICY # CITATION # CHARGE
VEHICLE LEGALLY STANDING YES NO
VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) SANCHEZ, M. BADGE OR ID # 1093 AGENCY WASHINGTON STATE PATROL

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E299043**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER WITNESS UNIT # **1** SEAT POS. **3** AIRBAG **6** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **6** NATURE OF INJURIES **AVULSION TO LEFT ANKLE**

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

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

M. SANCHEZ

1/9/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

King, N. 705

DATE

BADGE OR ID # 1093

ORI # WAWSP0204

TIME POLICE DISPATCHED 9:31 PM

TIME POLICE ARRIVED 9:40 PM

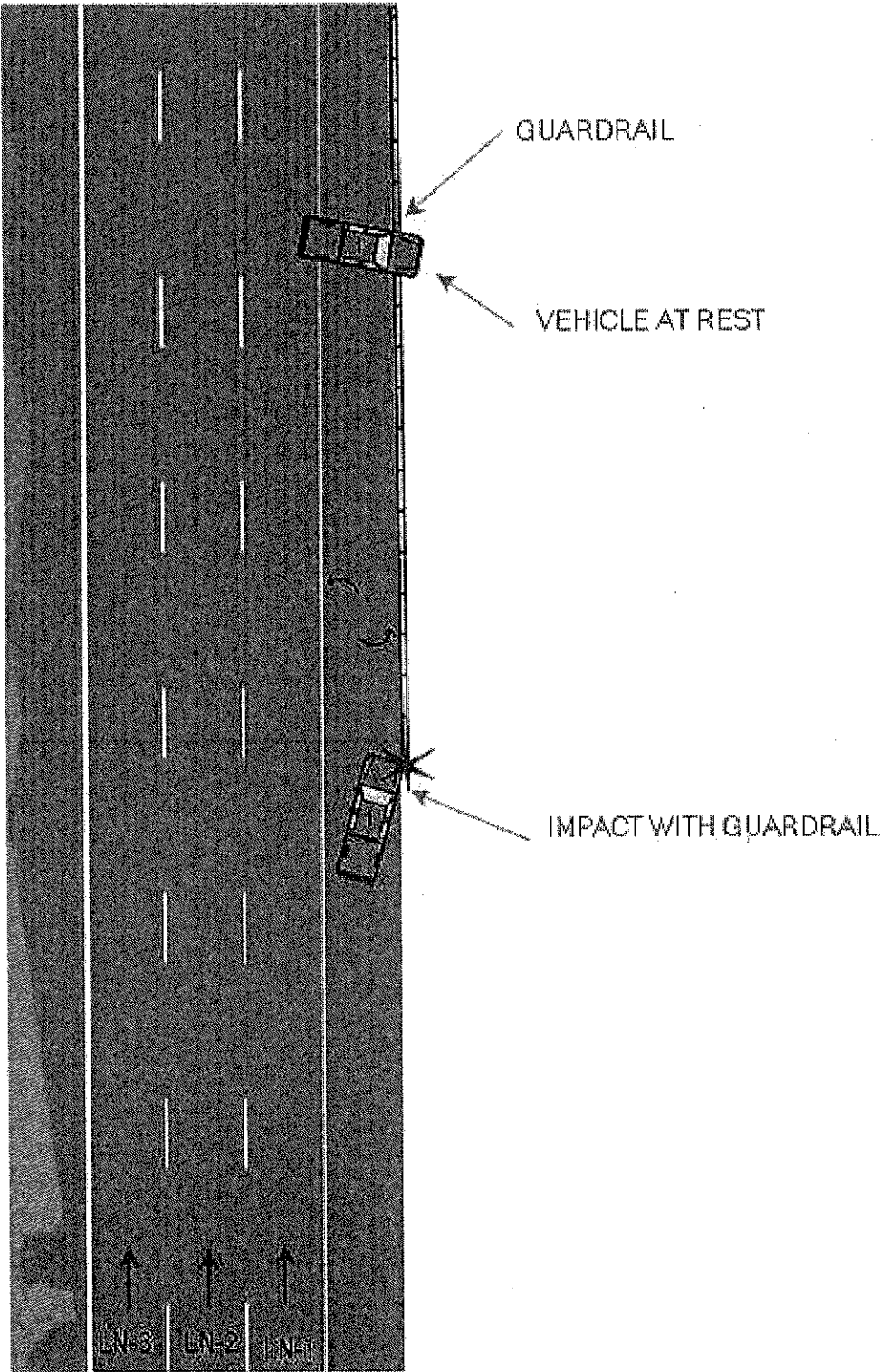
Other Descriptions

UNIT LEVEL DESCRIPTIONS:

[VEHICLE ACTION DESCRIPTION] - EXITING TO NE 50TH (Unit 1)

Narrative

VEH 1 WAS TRAVELING SOUTH BOUND I-5 AND EXITING TO NE 50TH. VEH 1 WAS TRAVELING AT SPEEDS TOO FAST FOR CONDITIONS AND LOST CONTROL OF THE VEHICLE, SPINNING 360 DEGREES AND COLLIDING HEAD ON INTO THE METAL GUARD RAIL. ON IMPACT THE VEHICLE CONTIUED, DUE TO INERTIA, AND CRUSHED THE GUARD RAIL AND IMPACTED THE RIGHT PASSENGER SIDE AND SPUN AGAIN TO THE LEFT AND CAME TO REST FACING THE CORRECT WAY ON THE OFF RAMP TO 50TH ABOUT 20 FEET FROM THE POINT OF IMPACT.THE DRIVER WAS NOT IMPAIRED. PHOTOS HAVE BEEN TAKEN AND RECORDED.



NB I-5 MP 13.47



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E294402

1 0 2 27
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1 20
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1
2
3 6

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	008781
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	12 - 20 - 2013	0409	06	1085

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
NB I-5	BLOCK NO.	13 47
	MILE POST	<input checked="" type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
500.00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	RIDGEFIELD EXIT

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	
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CITY	RIDGEFIELD	ST	WA	ZIP
------	------------	----	----	-----

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

DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------------

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

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

VEH. YEAR	1998	MAKE	CHEV	MODEL	SILVERADO	STYLE	PK	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	TLC 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 checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>		REFERRED	DUI DRUGS

UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	(360) 905-2000
---------	--	--------------------------------------	-------------------------------------	--	--	-------	----------------

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

STREET NEW ADDRESS	11018 NE 51ST CIRCLE
--------------------	----------------------

CITY	VANCOUVER	ST	WA	ZIP	98682
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CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

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

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

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
HEATH, J.	551	WASHINGTON STATE PATROL

0 1 29

1 2 31
2
3

1 2 32
2
3

4 35
36
37
38
9 39

40

1 41
42



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E294402**

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

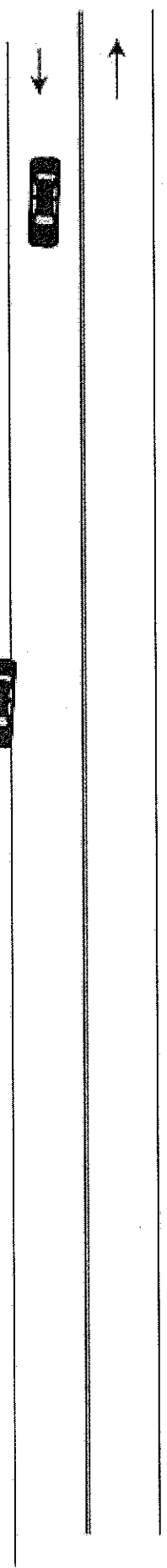
J. HEATH 12/20/2013
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Heath, J. 551 DATE

BADGE OR ID # 551 ORI # WAWSP0503 TIME POLICE DISPATCHED 4:09 AM TIME POLICE ARRIVED 4:17 AM

Narrative

VEHICLE ONE WAS TRAVELING NORTH BOUND I-5 APPROACHING EXIT 14 (RIDGEFIELD EXIT). ACCORDING TO WITNESS, VEHICLE STRUCK THE MEDIAN THEN CROSSED OVER ALL LANES COLLIDING WITH A GUARDRAIL. AFTER COLLIDING WITH THE GUARDRAIL, THE VEHICLE CAME TO A REST FACING EAST BOUND. UPON ARRIVAL I OBSERVED EXTENSIVE DAMAGE TO THE VEHICLE AS WELL AS THE GUARDRAIL. UPON CONTACT WITH THE DRIVER HE APPEARED DISORIENTED AND CONFUSED. WHEN TOLD TO EXIT THE VEHICLE THE DRIVER HAD GREAT DIFFICULTY MAINTAINING HIS BALANCE; SEVERAL TIMES HE HAD TO REACH OUT AND HOLD ONTO HIS VEHICLE TO PREVENT HIMSELF FROM FALLING OVER. DRIVER ADMITTED TO TAKING OXYCODONE PREVIOUSLY. CCSO ON SCENE TRANSPORTED THE DRIVER TO THE RIDGEFIELD SCALE FOR DRE EVALUATION.



SR 271



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E301619

1 4 27

4

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"/>

2 4

TRIBAL RESERVATION

3 6

DATE OF COLLISION: M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
 12 - 11 - 2013 0200 38 2 40 N S E W IN OF 0890

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
 SR 271 BLOCK NO. 2 MILE POST 50

4a

5

DISTANCE 0.10 MILES FEET OF (REFERENCE OR CROSS STREET) CARTER
 N S E 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]

7

STREET NEW ADDRESS [REDACTED]
 CITY [REDACTED] ST WA ZIP [REDACTED]

8

CDL RESTRICTIONS ENDORSEMENTS

9 9

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

10

ON DUTY STATUS AIRBAG 2 RESTR. 1 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES CHEST

11 5 5

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

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 2

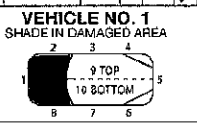
VEH. YEAR 2002 MAKE HOND MODEL ACCORD STYLE 2T VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

14

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

15 2

VEHICLE LEGALLY STANDING YES NO CITATION # 4Z0167072 CHARGE DRIVING WITH WHEELS OFF



16

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

17

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS PO BOX 150
 CITY COLFAX ST WA ZIP 99111

19

CDL RESTRICTIONS ENDORSEMENTS

20

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

21

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

22

LICENSE PLATE # STATE VIN#

23

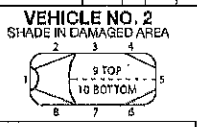
TRAILER PLATE # STATE TRAILER PLATE # STATE

24

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

25

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



26

VEHICLE LEGALLY STANDING YES NO CITATION # OFFICER'S NAME (PRINT) AUCUTT, R. BADGE OR ID # 786 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. **E301619**

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)

R. AUCUTT

1/21/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Davis, Sgt. S. 137

DATE

BADGE OR ID #	786	ORI #	WAWSP0406	TIME POLICE DISPATCHED	10:27 AM	TIME POLICE ARRIVED	10:28 AM
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PART B 3000-345-100 R (7/06)

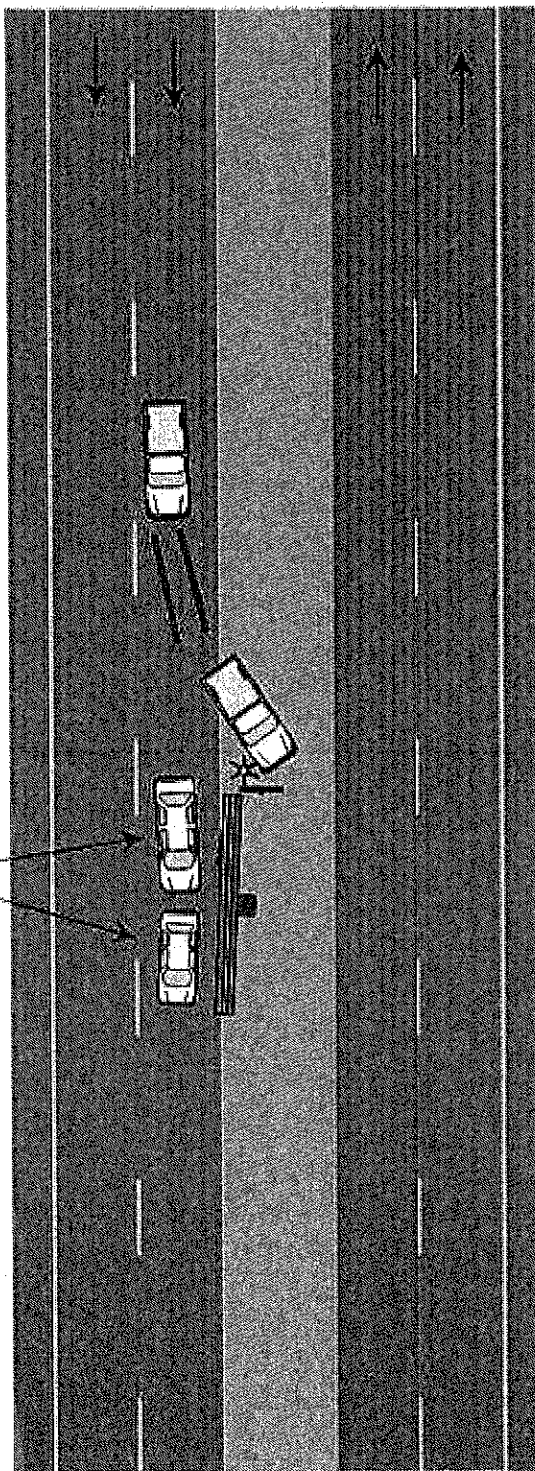
PAGE 2 OF 4

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

Vehicle #1 was southbound on SR 271. Vehicle #1 drifted to the southbound shoulder, striking a guardrail, leaving the front bumper. Vehicle #1 continued south to the drivers residence in Palouse.

Driver was later contacted by phone and stated he had fallen asleep. Driver stated he did not realize he had done substantial damage to the guardrail and was unaware he was required to report the collision.



Stopped vehicles from previous collision

I-90





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E290665

1 2

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 3

3 1

TRIBAL RESERVATION

4

4a

5

DATE OF COLLISION: 12 - 1 - 2013 TIME (2400): 1240 COUNTY #: 19 MILES: 12 CITY #: 0220

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

EB I 90 BLOCK NO. 72 MILE POST 90

0 7 27

28

29

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W FEET

6 1

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

7

CITY ST WA ZIP

8

CDL RESTRICTIONS ENDORSEMENTS

9 9

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

10

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

11 7 0

LICENSE PLATE # STATE WA VIN#

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 3

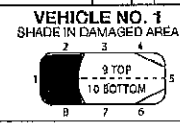
VEH. YEAR 1999 MAKE FORD MODEL R10PU STYLE VEHICLE TOWED YES NO TOWED BY CASCADIE TOWING GOVT. VEHICLE YES NO

14

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

15 2

VEHICLE LEGALLY STANDING YES NO CITATION # 3Z0979886 CHARGE FOLLOWING TOO CLOSE



16

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

17

LAST NAME WADOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS 151 BULLFROG RD

19

CITY CLE ELUM ST WA ZIP 98922

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

22

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

23

LICENSE PLATE # STATE VIN#

24

TRAILER PLATE # STATE TRAILER PLATE # STATE

25

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

26

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

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

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

WRIGHT, D. 1186 WASHINGTON STATE PATROL

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E290665**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

D. WRIGHT

12/6/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Foster, Sgt. D. 171

DATE

BADGE OR ID # **1186**

ORI # **WAWSP0606**

TIME POLICE DISPATCHED **12:46 PM**

TIME POLICE ARRIVED **12:46 PM**

PART B

3000-345-160 B (7/08)

PAGE **2** OF **4**

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

Narrative

Vehicle 1 east on I 90 in left lane of two lanes. Vehicle 1 unable to stop for collision in front of him, swerves striking guardrail.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 3499753

CASE # 13-017920

LOCAL AGENCY CODING WSDOT 009877

TOTAL # OF UNITS 02 OBJECT STRUCK JERSEY BARRIER/GUARD RAIL

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 checked="" type="checkbox"/>

TRIBAL RESERVATION

DATE OF COLLISION 12-01-2013 071039 TIME (2400) COUNTY # MILES CITY # 0520

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
 EB I-92 BLOCK NO. 585 MILE POST

DISTANCE 300.00 MILES OF (REFERENCE OR CROSS STREET) SR 223

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

LAST NAME ABANDONED FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL ENDORSEMENTS RESTRICTIONS

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

ON DUTY STATUS AIRBAG 3 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2009 MAKE TOYT MODEL TAC STYLE PLU VEHICLE TOWED YES NO TOWED BY KAY'S TOWING GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CHARGE

VEHICLE LEGALLY STANDING YES NO CITATION #

UNIT 02 MOTOR VEHICLE PEDAL CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE 786-1920

LAST NAME JERSEY BARRIER/GUARD RAIL FIRST NAME DOT TOPPENISH MIDDLE INITIAL

STREET NEW ADDRESS 2809 RADWIN RD.

CITY UNION GAP ST WA ZIP 98903

CDL ENDORSEMENTS RESTRICTIONS

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 # CHARGE

VEHICLE LEGALLY STANDING YES NO CITATION #

OFFICER'S NAME (PRINT) ER. MAGNUSSEN BADGE OR ID # 610 AGENCY WSP

1 4
2 2
3 2
4
5 2
6 1
7
8
9 7
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11 70
12
13 3
14
15 1
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17
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19
20
21
22
23
24
25
26

1 51 27
2 04
3
1
2
3
01 29
30
1 12 31
2
3
1
2
3
FROM TO 73 33
FROM TO
34
9 35
36
37
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39
40
1 41
42



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

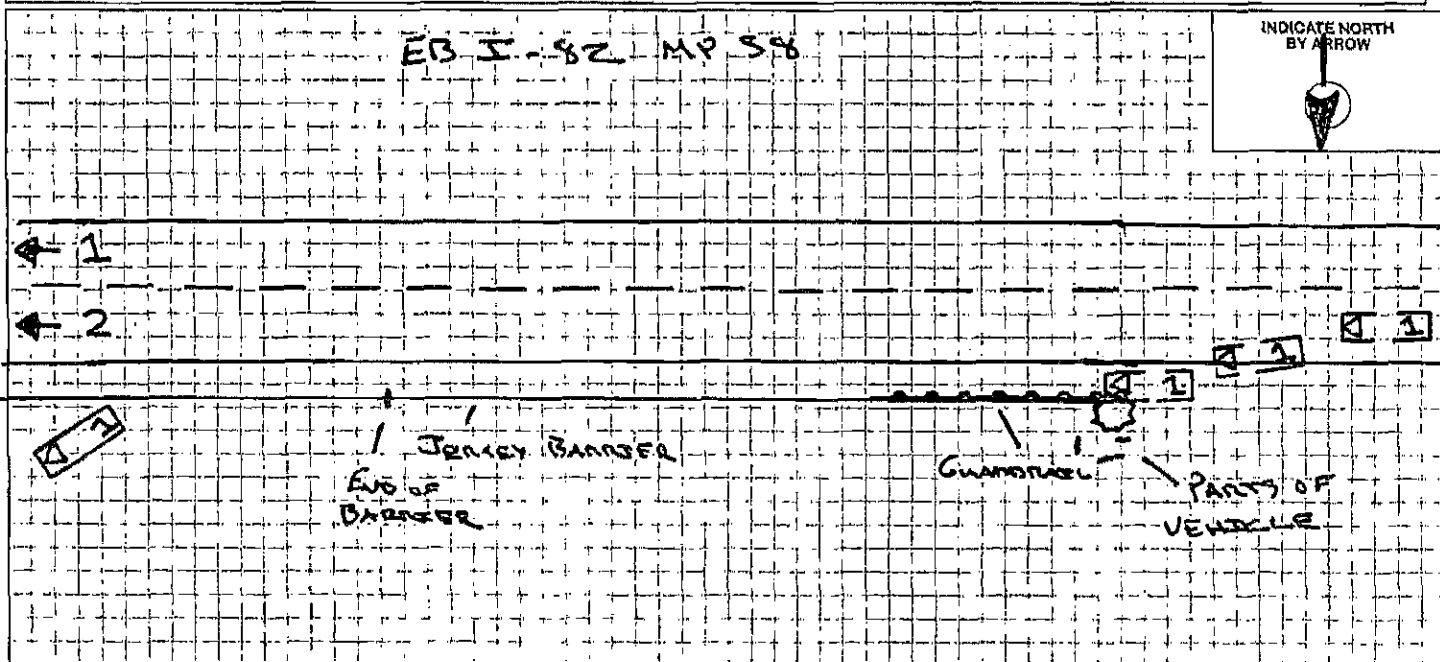
REPORT NO. **3499753**

CASE # **13-017920**

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



NARRATIVE

VEH. 1² WAS EB ON I-82 IN LANE 2. VEH. 1 LEFT THE ROADWAY STRIKING THE JERSEY BARRIER. THE VEHICLE CONTINUED ON COMING TO REST IN THE MEDIAN. THE DRIVER FLED THE SCENE ABANDONING THE VEHICLE.

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 <i>[Signature]</i>	03/04 UNIT OR DIST. DET	12/1/13 DATED	GRANDVIEW, WA PLACE SIGNED
APPROVED BY <i>[Signature]</i>		DATE 12/2/13	
BADGE OR ID # 610	ORI # WAWSP 0306	TIME POLICE DISPATCHED 0710	TIME POLICE ARRIVED 0721