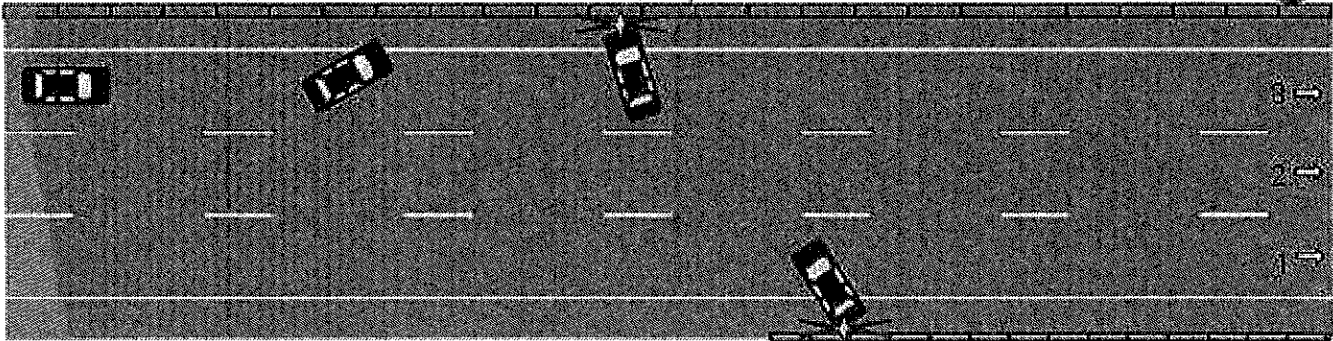


NORTHBOUND INTERSTATE 5 SOUTH OF MAYTOWN, THURSTON COUNTY



TO MAYTOWN (EXIT 95) →



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E287460

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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 008182
TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION
DATE OF COLLISION 11 - 17 - 2013 TIME (2400) 0957 COUNTY # 34 MILES 5 CITY # 1325
N S E W IN OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
NORTHBOUND I-5 BLOCK NO. 94 MILE POST 00
DISTANCE 0.60 MILES FEET N E S W
OF (REFERENCE OR CROSS STREET) SOUTH OF MAYTOWN

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

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

STREET NEW ADDRESS [REDACTED]

CITY [REDACTED] ST OR ZIP [REDACTED]

CDL C RESTRICTIONS B ENDORSEMENTS

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

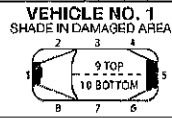
ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

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

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2002 MAKE MERZ MODEL S430 STYLE 4D VEHICLE TOWED YES NO TOWED BY BAKERS TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 3Z0945400 CHARGE SPEED TOO FAST/NO INSURANCE
VEHICLE LEGALLY STANDING YES NO



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (800) 737-0615

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS PO BOX 47418

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

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

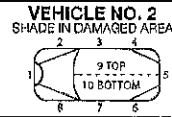
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 # CITATION # CHARGE
VEHICLE LEGALLY STANDING YES NO



OFFICER'S NAME (PRINT) MENDELL, R. BADGE OR ID # 0562 AGENCY WASHINGTON STATE PATROL

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E287460**

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. MENDELL			11/24/2013		
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		PLACE SIGNED
APPROVED BY Shades, D. 285				DATE	
BADGE OR ID #	0562	ORI #	WAWSP0101	TIME POLICE DISPATCHED	9:58 AM
			TIME POLICE ARRIVED	10:08 AM	

Narrative

VEHICLE 1 TRAVELING N/B ON INTERSTATE 5, SOUTH OF MAYTOWN, IN LANE 3 OF 3. VEHICLE 1 HYDROPLANNED, LEAVING THE ROADWAY TO THE LEFT AND COLLIDING WITH CONCRETE JERSEY BARRIER. VEHICLE 1 CONTINUED TO THE RIGHT ACROSS ALL LANES OF TRAVEL AND STRUCK METAL GUARDRAIL ON RIGHT SHOULDER.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 3393193

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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 005570
TOTAL # OF UNITS 02 OBJECT STRUCK Guard Rail

TRIBAL RESERVATION _____
DATE OF COLLISION 11-09-2013 204009 TIME (2400) COUNTY # 100 MILES 1.00 N E S W CITY # 0350

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR 29B BLOCK NO. _____ MILE POST 20

DISTANCE 80 MILES N E FEET S W OF (REFERENCE OR CROSS STREET) Milepost 1

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

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET NEW ADDRESS _____

CITY East Wenatchee ST WA ZIP _____

CDL _____ ENDORSEMENTS _____ RESTRICTIONS _____

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

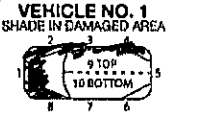
ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE

LICENSE PLATE # _____ STATE WA VIN _____

TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

VEH. YEAR 11 MAKE VW MODEL Jetta STYLE ADR VEHICLE TOWED YES NO TOWED BY Randy's Towing GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # _____ CITATION # C0933843 CHARGE DUI



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE 509.667.3000

LAST NAME WSDOT FIRST NAME _____ MIDDLE INITIAL _____

STREET NEW ADDRESS POB 98

CITY Wenatchee ST WA ZIP 98807

CDL _____ ENDORSEMENTS _____ RESTRICTIONS _____

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

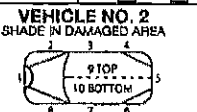
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # _____ STATE _____ VIN _____

TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

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

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



OFFICER'S NAME (PRINT) D.W. WILKES BADGE OR ID # 807 AGENCY WSP



1591872

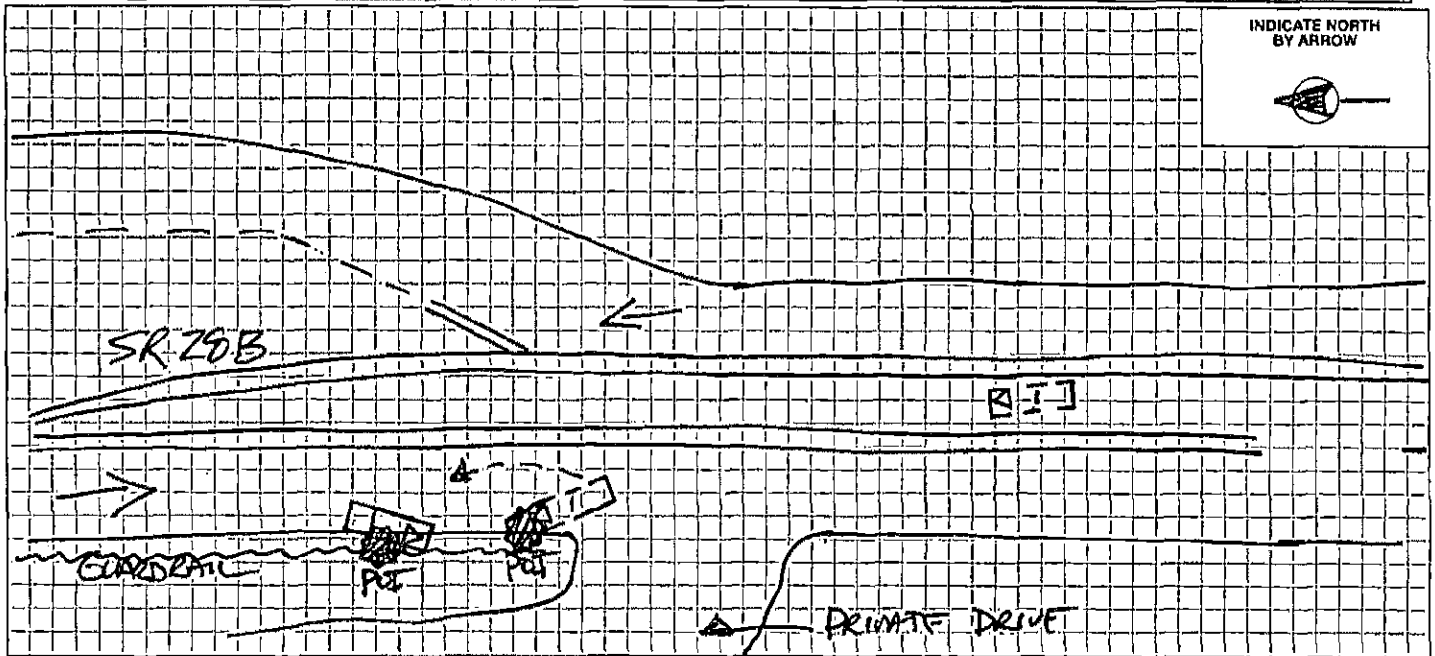
CORRECTION

REPORT NO. **3393193**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)									
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]							
ADDRESS		SEX M		D.O.B. MMDDYYYY		[REDACTED]			
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]							
ADDRESS		SEX M		D.O.B. MMDDYYYY		[REDACTED]			
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]							
ADDRESS		SEX M		D.O.B. MMDDYYYY		[REDACTED]			
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

DIAGRAM



NARRATIVE

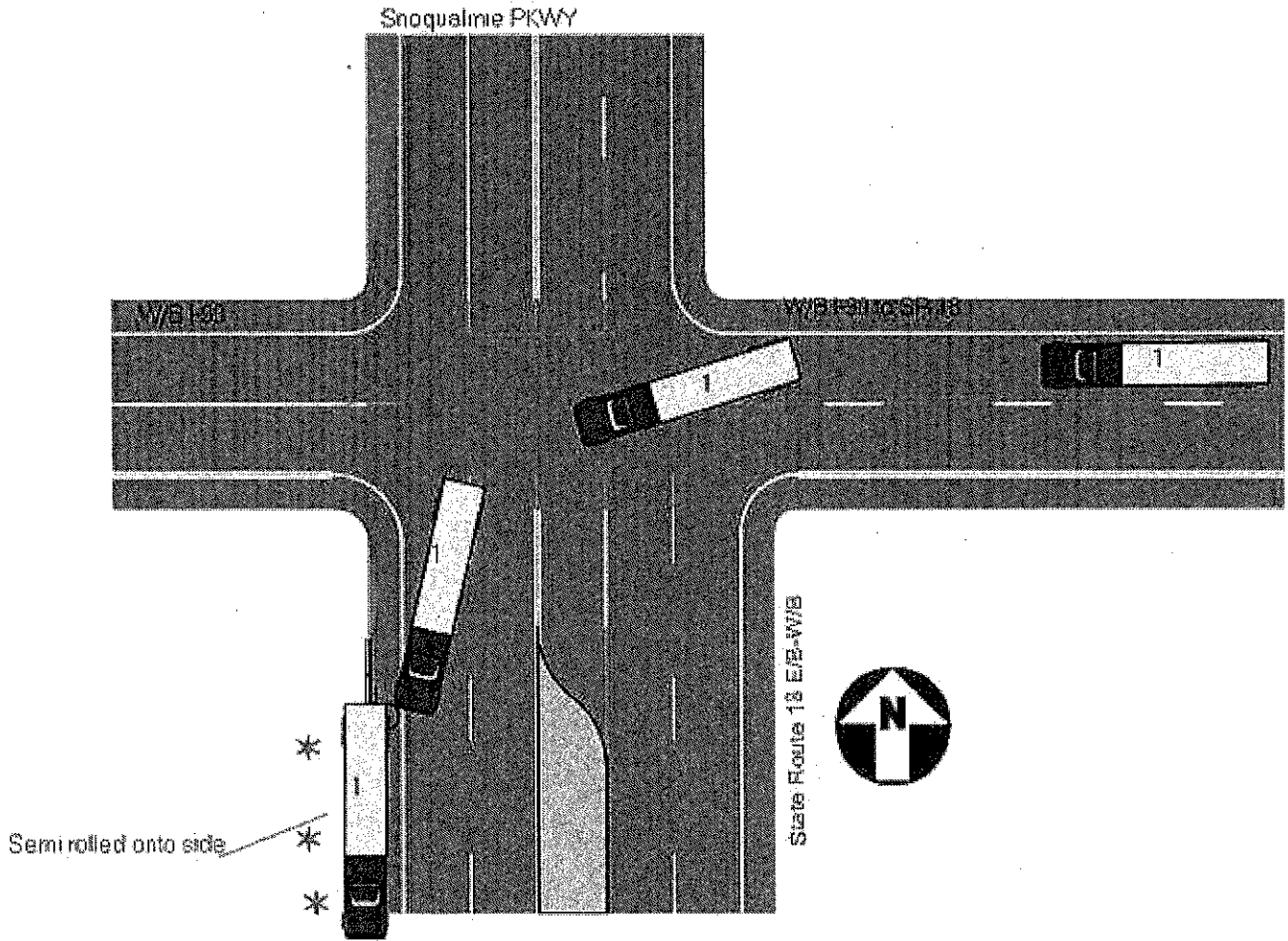
VEH1 WAS TRAVELING NB SR 29B @ 0-20 MPH - WITNESSES DESCRIBE VEH1 AS DRIVING ERRATIC. VEH1 CROSSED OVER THE CENTERLINE & CROSSED OVER THE SB LANE & STRUCK A GUARDRAIL. VEH1 FRONT END STUCK THE GUARDRAIL. VEH1 THEN ROTATED COUNTERCLOCKWISE IMPACTING THE GUARDRAIL WITH THE RIGHT SIDE OF THE VEHICLE. VEH1 HAD HEAVY DAMAGE & WAS TOWED FROM THE SCENE. THE DRIVER WAS DETERMINED TO BE IMPAIRED & ARRESTED FOR DUI. 7 GUARDRAIL POST WERE DAMAGED - 3 SECTIONS OF RAIL & 1 ATTENUATOR WERE ALSO DAMAGED.

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] UNIT OR DIST. DET: Co-1 DATE: 11-9-13 PLACE SIGNED: Chelan County

APPROVED BY: [Signature] DATE: 11/12/13

BADGE OR ID #: 964 ORI #: WAWSP0601 TIME POLICE DISPATCHED: 2042 TIME POLICE ARRIVED: 2042





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E279913

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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

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	10 - 23 - 2013	0931	17	1185
N S	E W	IN OF		

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
W/B SR 18	BLOCK NO.	27 82
DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
		I-90

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	BLACK DIAMOND	ST	WA	ZIP
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CDL	RESTRICTIONS	B	ENDORSEMENTS	T
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DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.
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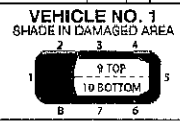
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	STATE	WA	VIN#
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TRAILER PLATE #	STATE	WA	TRAILER PLATE #	STATE
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VEH. YEAR	2008	MAKE	PETE	MODEL	TRACTOR	STYLE	SE	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY QUALITY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	3Z0788981	CHARGE	SPEED TOO FAST
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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	DOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	PO BOX 330310
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CITY	SHORELINE	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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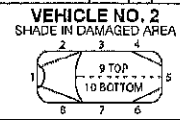
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. 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)	BADGE OR ID #	AGENCY
PORTER, D.	1086	WASHINGTON STATE PATROL

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FROM 10
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PART A

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E279913**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																
ADDRESS & PHONE #		SEX		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 #		SEX		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 #		SEX		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)

D. PORTER		10/25/2013	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY DUCOMMUN, SGT. B. 246		DATE	
BADGE OR ID #	1086	ORI #	WAWSP0215
TIME POLICE DISPATCHED	9:31 AM	TIME POLICE ARRIVED	9:39 AM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E279913**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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. PORTER

10/25/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DUCOMMUN, SGT. B. 246

DATE

BADGE OR ID #	1086	ORI #	WAWSP0215	TIME POLICE DISPATCHED	9:31 AM	TIME POLICE ARRIVED	9:39 AM
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PART B 3000-345-160 R (7/08)

PAGE 3 OF 6

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



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E279913

CASE #

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COMMERCIAL MOTOR CARRIER

INTERSTATE INTRASTATE

UNIT # 1 USDOT 0134474 ICC # VEHICLE TYPE 6 CARGO BODY TYPE 9

CARRIER NAME [REDACTED]

CARRIER ADDRESS [REDACTED]

CITY [REDACTED] ST WA ZIP [REDACTED]

NAME SOURCE 1 # AXLES 8 GVWR 98000 PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO 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 STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

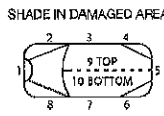
TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO. SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT # MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO 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 STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

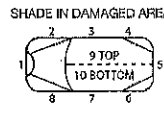
TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO. SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



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)

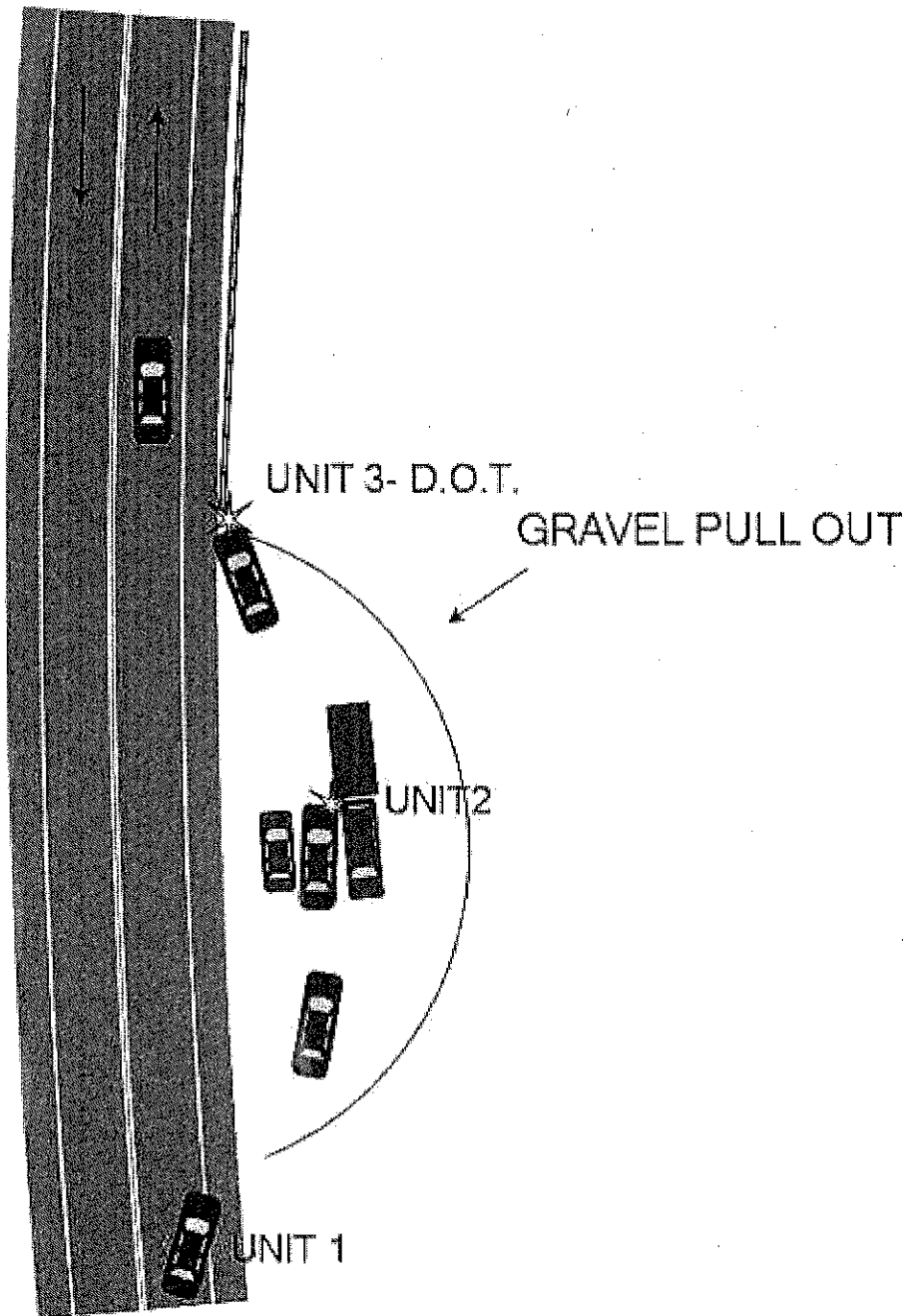
D. PORTER 10/25/2013
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 1086 ORI # WAWSP0215 APPROVED BY DUCOMMUN DATE PAGE 4 OF 6

Narrative

Unit 1 was traveling from W/B I-90 to W/B SR 18 in lane 1 of 2. According to witnesses unit 1 had a red light and was traveling too fast while making the left turn onto SR 18. During the left turn unit 1 rolled over onto the right side and came to rest blocking lane 1 of 2 W/B SR 18 at I-90

SR411 MILEPOST 3.4





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E269955**

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FROM TO 5 1 33
FROM TO 1 5 34
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1 41
1 42

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

CASE # 13-012758

LOCAL AGENCY CODING

TOTAL # OF UNITS 3 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
 DATE OF COLLISION 9 - 4 - 2013 2110 08 0 89 N E IN
 S W OF 0695

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
 SR411 BLOCK NO. 3 40
 MILE POST

DISTANCE 0 48 MILES N E
 FEET S W SOLOMON RD

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

LAST NAME FIRST NAME MIDDLE INITIAL L

STREET NEW ADDRESS

CITY KELSO ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

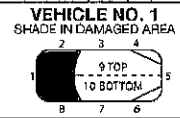
ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE 9 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1995 MAKE PONT MODEL FIREBIRD STYLE 2T 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 # 3Z0671093 CHARGE DUI & HIT AND RUN



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (360) 442-1150

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY KELSO ST WA ZIP 98626

CDL RESTRICTIONS ENDORSEMENTS

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

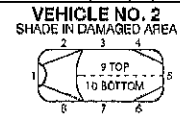
ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE WA TRAILER PLATE # STATE

VEH. YEAR 2001 MAKE CHRY MODEL VOYAGER STYLE VN VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # NONE VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY
 KESLER, B. 386 WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E269955**

CASE # 13-012758

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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		
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)

B. KESLER

9/15/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Crichton, Sgt. L. 200

DATE

BADGE OR ID #	386	ORI #	WAWSP0505	TIME POLICE DISPATCHED	9:18 PM	TIME POLICE ARRIVED	9:22 PM
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Narrative

UNIT 1 WAS N/B ON SR 411 AT MILEPOST 3.4. UNIT 2 AND ANOTHER VEHICLE WERE PARKED ON THE RIGHT SHOULDER IN A GRAVEL PULL OUT. UNIT 1 LEFT THE ROADWAY SPLIT BOTH PARKED VEHICLES AND COLLIDED INTO UNIT2'S TRAILER. UNIT 1 CONTINUED NORTH COLLIDING INTO A GUARDRAIL BEFORE ENTERING BACK ONTO THE ROADWAY AND FLEEING THE SCENE. DRIVER 1 WAS LATER ARRESTED FOR DUI AND HIT AND RUN.