

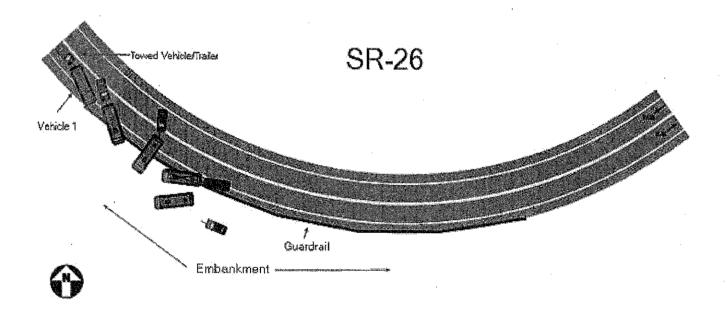
PAGE 4 OF 4 UNDER 23 UNITED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA

(0)	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	REPORT NO. <b>E275852</b>	2 3 27
	109(9/1	ASE # 2	
1 1	STATE ROUTE   OTHER STOLEN   STOLEN   LOCA	AL AGENCY O09464 9	
2 1		TAL # OF 2 OBJECT Guardrail	28
3 2	M M D D Y Y Y Y TIME (2400)	COUNTY# MILES GITY# 2	
	DATE OF COLLISION 10 - 7 - 2013 0650	39 4 00 N E V IN 1485 3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERS	BLOCK NO	
4a		MILE POST V 4 00	0 1 29
5	500 00 MILES NE BEAUDR	RYRD	
	UNIT 01 MOTOR PEDAL- CYCLE	DAMAGE THRESHOLD MET PHONE YES NO NO	30
6 1	LAST NAME	FIRST NAME JOSE MIDDLE G	
	STREET NEW ADDRESS ZOUR OF THE TENSOR OF THE		
7	CITY YAKIMA	ST WA ZIP	1 2 31
8	CDL RESTRICTIONS	6NDORSEMENTS 2	
9 1	DRIVER'S L'CENSE #	STATE WA SEX M D.O.B. MMDDYYYY	
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1	HELMET 2 INJURY 1 NATURE OF INJURIES 1	32
11 5 5	LICENSE PLATE # STATE WA VIN#	1	
12	TRAILER PLATE # STATE	TRAILER STATE	
13 4	VEH. YEAR 2003 FORD F1PU PK REGISTERED OWNER INFO.	VEHICLE TOWED BY  VEHICLE NO. 1  VEHICLE NO. 1	3 3 33
14	INSURANCE CO & POLICY II	SHADE IN DAMAGED AREA	нюм го
15 2	VEHICLE VES NO CITATION # 3Z0742877, 3Z0742877	CHARGE DRIVING WITH WHEELS OFF	
16		(666) 677 1666	35
17	STREET OF TRANSPORTATION	FIRST NAME MIDDLE INITIAL	37
18	STREET NEW ADDRESS 2809 RUDKIN RD		38
لــــا مه	CITY YAKIMA	st WA   zip   98903	39
19	DRIVER'S RESTRICTIONS	ENDORSEMENTS .	40
<sup>20</sup>	LICENSE #	STATE SEX D.O.B.   -   -   -     -	
22	LIGENSE	HELMET INJURY CLASS NATURE OF INJURIES	
23		TDAILED	
	TRAILER PLATE # STATE  VEH. YEAR MAKE MODEL STYLE	TRAILER PLATE # STATE  VEHICLE YOMED TOWED BY GOVT VEHICLE TO	1 41
24	REGISTERED OWNER INFO.	VEHICLE TOWED BY  VEHICLE TOWED BY  VEHICLE TOWED BY  VEHICLE NO. 2  SHADE IN DAMAGED AREA	42
[ <del></del> ]	LIABILITY INSURANCE INSURANCE CO REPOLICY # VEHICLE YES NO CITATION #	2 3 4 9 FOP 10 BOTTOM 5	
25	OFFICER'S NAME (PRINT) BARRY, J	BADGE OR ID # AGENCY	
26		1044 WASHINGTON STATE PATROL	

PART A 3000-345-159 R (7/05)
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#### **Narrative**

VEH ONE WAS TRAVELING EAST ON S/R 24. VEHICLE ONE LEFT THE ROADWAY TO AVOID STRIKING STOPPED VEHICLES, AND STRUCK THE GUARD RAIL.



0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	CACE	27
1 1	INTERSTATE GITY STREET RESULTED STOLEN STOLEN STOLEN STOLEN	CASE # 2	] 1
2 1	COUNTY PD PRIVATE WAY HIT & RUN INVOLVED	LOCAL AGENCY 000883	] ]
	TRIBAL RESERVATION	TOTAL # OF 2 OBJECT STRUCK Guardrail	]28 ]
3 1	DATE OF COLLISION 10 - 9 - 2013 1155	00) COUNTY# MILES CITY#	]
4		NTERSECTION V	
4a	SR-26 E/B	The state of the s	29
5	DISTANCE  0 10 MILES V N E MP 8  MP 8	RENCE OR CROSS STREET)	
	UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE	DAMAGE THRESHOLD MET YES NO PHONE	30
68	LAST NAME	FIRST NAME INITIAL INITIAL	J
	STREET NEW ADDRESS.		
7	OCEAN SHORES	st WA zin	31
8	CDL RESTRICTIONS B	ENDORSEMENTS O 2	]
9 9	DRIVER'S LICENSE #	STATE WA SEX M MOOYYYY	]
10	ON DUTY STATUS AIRBAG 1 RESTR. 4 EJECT	1 HELMET INJURY 1 NATURE OF INJURIES	32
1160	LICENSE PLATE # STATE WA	VIN# 1	
12	TRAILER PLATE # STATE	WA TRAILER STATE	
13 2	VEH. YEAR 1996 BOUN 28/MH MH	VEHICLE TOWED TOWED BY ADAMS TOWING GOVT VEHICLE HIDM TO YES NO V	1
14	REGISTERED OWNER INFO.  C.  LIABILITY INSUPANCE  INSUPANCE CO  \$ POLICY #  **POLICY #  **P	VEHICLE NO.1 7 3	]33 ]
15 2	IN EFFECT PERCURS POLICY #  VENUE VENUE VENUE NO CITATION #  STANDING	CHARGE	34
16	UNIT 02 MOTOR PEDAL- CYCLE PEDESTRIAN	PLIA -	35
	LAST NAME WA DOT	FIRST NAME MIDDLE INITIAL	36 1
17	STREET 2714 N MAYFAIR ST		37
18	OITY SPOKANE	st WA ZIP 99207	38 
19	CDL RESTRICTIONS	ENDORSEMENTS .	39 40
20	DRIVER'S LICENSE #	STATE SEX D.O.B. MMDDYYYY	1"
21	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS	
22	LICENSE PLATE #	VIN#	
23	TRAILER PLATE # STATE	TRAILER PLATE# STATE 1	41
24	VEH, YEAR MAKE MODEL STYLE PEGISTERED OWNER INFO.	VEHICLE TOWED BY  VEN NO YES NO YES NO YES	42
L	HEGISTERED OWNER INFO.  LIABILITY INSURANCE A POLICY # INSURANCE CO	VEHICLE NO, 2 SHADE IN DAMAGED AREA	
25	VEHICLE YES NO CITATION #	CHARGE 10 BOTTOM 5	
26	OFFICER'S NAME (PRINT) WICKHAM, J.	331 AGENCY WASHINGTON STATE PATROL	

PART A 3000-345-159 F (7/06)
UNDER 23 UNITED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE
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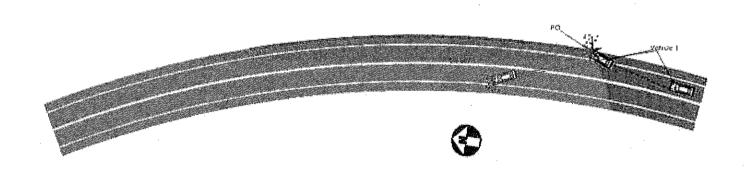


	CORRECT	ION .	REPORT NO.	E278220	
1591972	CASE#				

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NAME (LAST, FIRST, MIDDLE INITIAL)		and the second s												
ADDRESS & PHONE #		3607.28	p-1005					8	SEX F	D.O.B.	4	<b>7</b> -		
PASSENGER WITNESS UNIT #	1	SEAT 3	AIRBAG	1	RESTR.	4	EJECT	2	HELMET USE	1Mr	IURY ASS	6	NATURE OF INJU	
NAME (LAST, FIRST, MIDDLE INITIAL)			النبية											
ADDRESS & PHONE #		<del></del>		•				ş	SEX M	D.O.B. MMODYYY		-		
PASSENGER WITNESS UNIT #		SEAT POS.	AIRBAĞ		RESTR.		EJECT		HELMET USE		IURY ASS		NATURE OF INJU	JRIES
NAME (LAST, FIRST, MIDDLE INITIAL)	NOE				-									
ADDRESS & PHONE #								9	EX M	D,O.B.	4		<b>4</b>	
PASSENGER WITNESS V UNIT #		SEAT POS.	AIRBAG		RESTR.		EJECT	Ī	HELMET USE		URY ASS		NATURE OF INJU	JRIES
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- Annual Control of the Control of t														<u> </u>
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L I CERTIFY (DECLARE) UNDER PENALTY OF	PERJURY	UNDER THE LAW	/S OF THE S	TATE	OF WAS	HINGT	ON THAT	THEF	OREGOII	NG IS TRU	JE ANI	D CORE	RECT. (RCW 9A	.72.085)
J. WICKHAM				***************************************	10/1		013_							
APPROVED BY A CITE OF TO A CO.	-	UNIT OR DIST	DET		DATE	3		DATE	PLAC	E SIGNED				
Wilbur, Sgt. D. 199														
BADGE OR ID # 331	ORI#	WAWSP04	107			TiM	IG POLICE DI	SPATCH	ED 11;	57 AM		TIME PO	DLICE ARRIVED	12:26 PM

#### **Narrative**

Vehicle 1 was traveling eastbound on SR-26 towing a passenger vehicle with a tow dolly. Vehicle 1 drove off the southbound shoulder, struck the guardrail, rolled over, and came to rest on its wheels over the embankment. The tow vehicle disconnected from vehicle 1, and came to rest on its wheels over the embankment.



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT  1591971  CASE # 13-013129	1 0 1 27
1 1 2 1	STATE ROUTE OTHER COUNTY RD PRIVATE WAY DISCOUNTY RD ROUTE WAY DISCOUNTY ROUTE WAY ROUTE WAY DISCOUNTY ROUTE WAY ROUTE	3 28
3 6	TOTAL # OF   2   OBJECT STRUCK   Guardrail	3
4	ON (PRIMARY TRAFFIC WAY)  SR 507  BLOCK NO.  MILE POST  MILE POST  00	0 1 29
5	OF (REFERENCE OR CROSS STREET)  O 30 MILES V N E 312TH  UNIT 01 MOTOR PEDAL- OYCLE PRODUCT OF (REFERENCE OR CROSS STREET)  DAMAGE THRESHOLD MET PHONE (360) 894-0865	
، ا	VES NO (360) 894-0865	30
<sup>6</sup> 5	LAST NAME FIRST NAME NITIAL STREET	,
	NEW ADDRESS!	
7	CITY YELM ST WA ZIP	1 2 31
8	CDL RESTRICTIONS J ENDORSEMENTS	2
9 9	DRIVER'S LICENSE# STATE WA SEX M MODTYYYY	3
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE 2 INJURY TOLASS 7	32
11 5 0	LICENSE PLATE # AMP4075 STATE WA VIN# TOTAL OFF 2	2
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	3
13 2	VEH. YEAR 2013 MAKE SOUL STYLE VEHICLE TOWED BY LUCKY GOVT. VEHICLE TOWED	1 5 33
14	VEHICLE NO. 1 SHADE IN SURANCE  LIABILITY INSURANCE  INSURANCE  A 4	FROM TO
15 1	VEICHE YES NO CITATION # CHARGE DUI	34
16	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY VEHICLE PHONE (253) 983-7574	35
	LAST NAME WSDOT FIRST NAME MIDDLE INITIAL	36
17	STREET NEW ADDRESS 11211 41ST AVE SW	9 7 37
18	CITY TACOMA ST WA ZIP 98499	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # SEX D.Q.B. MMDDYYYY	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY NATURE OF INJURIES	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	
24	PLATE #     PLATE #	1 41
24	REGISTERED OWNER INFO.  VEHICLE NO. 2 STADE IN DAMAGED AREA	42
<del></del>	LIABILITY INSURANCE INSURANCE OC A POLICY # 9 TOP 19 BOTTOM # CHARGE	
25	OFFICER'S NAME (PRINT)  BADGE OR ID # AGENCY	
26	BIDOT, P. 0311 WASHINGTON STATE PATROL	

PART A 3000-345-159 R (7/08)
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CORRECTION

REPORT NO.

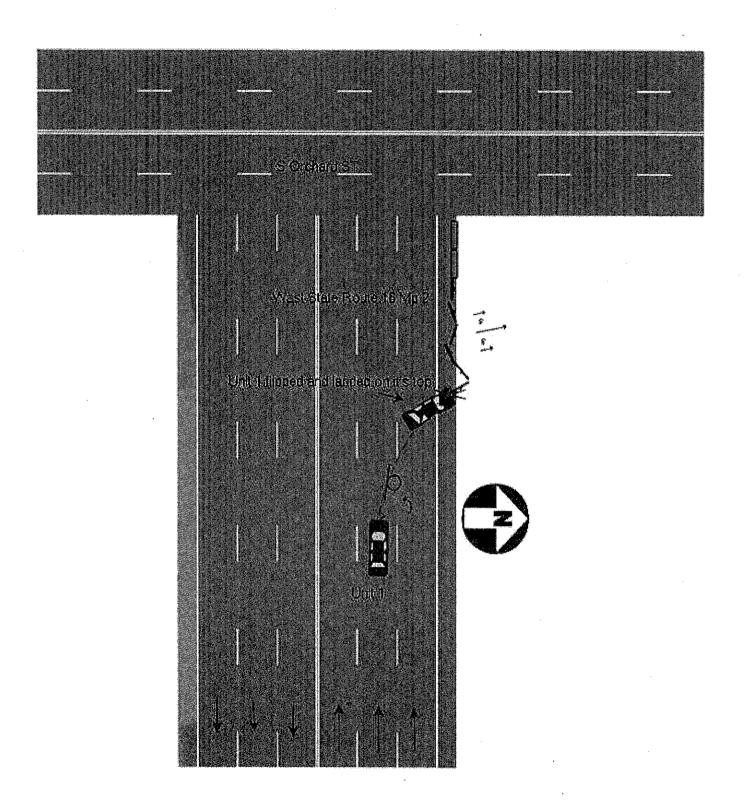
E270530

CASE# 13-013129

NAME	ADD	ITIONAL PERSO	ONS INVOLV	VED (PASSEN	GERS AND/	OR WITNES	SES ONLY)			
(LAST, FIRST, MIDDLE INITIAL)						••		<u> </u>		
ADDRESS & PHONE #						SEX	D.Q.B. MMDDYYYY		]-	
PASSENGER WITNESS UNIT	Γ#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELME USE	T INJURY CLASS	NATURE	OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #						SEX	D.O.B. MMODYYYY		7-	
PASSENGER WITNESS UNIT	T#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELME USE	T INJURY CLASS	NATURE	OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY	-	7-	
PASSENGER WITNESS UNIT	Γ#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELME USE	T INJURY CLASS	NATURE	OF INJURIES	
				DIAGRAM		•	<u> </u>			
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CERTIFY (DECLARE) UNDER PENAL	TY OF PERJUR	Y UNDER THE LAW	S OF THE STA	ATE OF WASHIN	IGTON THAT	THE FOREGO	DING IS TRUE AN	ID CORRECT. (R	CW 9A.72.085)	
P. BIDOT				9/17/2	2013					
NVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST.	DET	DATED	Tr	PL.	ACE SIGNED			
Brazas, Sgt. R.	250					W31 E				
BADGE OR ID# 0311	ORI#	WAWSP01	15		TIME POLICE DI	SPATCHED 9:	17 PM	TIME POLICE AR	RIVED 9:31	PM Mc

## **Narrative**

Vehicle 1 was traveling NB on SR 507 when he left the roadway to the right striking a gaurd rail.



0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E268772	1 3 2 27
1 1	INTERSTATE CITY STREET FIRE RESULTED CASE #	2
2 1	COUNTY RD PRIVATE WAY   HIT'S RUN   NVOLVED   TOTAL # OF   2 OBJECT   Guardrail   STRUCK   Guardrail	1 28
3 1	RESERVATION	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION .	
4a	WEST STATE ROUTE 16  BLOCK NO. MILE POST   2 00	O 1 29
5	200 00 MILES N S ORCHARD ST	
	UNIT 01 MOTOR PEDAL-CYCLE DAMAGETHRESHOLD MET VESICON NO PHONE (425) 381-6855	30
6 1	LAST NAME FIRST NAME SHOWS SHOW SHOWS SHOW SHOWS SHOW SHOWS SHOW SHOW	
	STREET NEW ADDRESS	
7	CITY MONROE ST WA ZIP	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
9 9	DRIVER'S LICENSE # STATE WA SEX M D.O.B	3
10	ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE INJURY 1	32
1160	LICENSE PLATE # STATE WA VI	3
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	°
13 3	VEH. YEAR 1998 MAKE NEON 8TYLE VEHICLE TOWED BY AUTOMOTIVE TRANS  GOVT. VEHICLE VES NO AUTOMOTIVE TRANS  VEHICLE NO. 1 SHADE IN DAMAGED AREA	3 7 33
14	LIABILITY INSURANCE ON & POLICY #  VEHICLE YES NO CHARGE 370739442	34
15 2	UNIT 02 MOTOR PEDAL- CYCLE PEDESTRIAN PROPERTY VEST NO DAMAGE THRESHOLD MET PHONE (800) 737-0615	4 35
16	LAST NAME WSDOT FIRST NAME MIDDLE INITIAL	36
17	STREET 11211 41ST AVE SW	37
18	OITY TACOMA ST WA ZIP 98499	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LIGENSE # STATE SEX D.C.B	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY NATURE OF INJURIES USE CLASS	
22	LICENSE PLATE # STATE VIN#	
23	THAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT VEHICLE YES NO YES NO	42
	REGISTERED OWNER INFO.  VEHICLE NO. 2 SHADE IN DANAGED AREA  LIAGILITY INSURANCE CO IN EFFECT  A POLICY #  2 TOP	
25	LABUTY NSURANCE INSURANCE CO INSURANCE CO & POLICY # 9 TOP 10 BOTTOM # CHARGE	
26	OFFICER'S NAME (PRINT)  DURAN, S.  BADGE OR ID # AGENCY  WASHINGTON STATE PATROL	

PAGE 01 OF 4
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POLICE TRAFFIC COLLISION REPORT		CORRECTION	REPORT NO. E268//2	
	1591972	CASE#		
	ADDITIONAL PERSONS INVO	LVED (PASSENGERS AND/O	R WITNESSES ONLY)	
NAME (LAST, FIRST, MIDDLE INITIAL)				
ADDRESS & PHONE #			SEX D.O.B.	-
PASSENGER WITNESS UNIT #	SEAT AIRBAG	RESTR. EJECT	HELMET INJURY USE CLASS NATURE OF	INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)				
ADDRESS & PHONE #			SEX D.O.B.	-
PASSENGER WITNESS UNIT #	SEAT POS. AIRBAG	RESTR. EJECT	HELMET INJURY NATURE OF CLASS	INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)				
ADDRESS & PHONE #			SEX D.O.B.	-
PASSENGER WITNESS UNIT #	SEAT AIRBAG	RESTR. EJECT	HELMET INJURY NATURE OF	INJURIES
		DIAGRAM		
Please see subsequer	nt diagram page			INDICATE NORTH BY ARROW
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I CERTIFY (DECLARIS) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

S. DURAN				9/10/2013	_				
INVESTIGATING OF	FICER'S SIGNATURE		UNIT OR DIST. DET	DATED		PLACE SIGNED			
APPROVED BY W	ilson, Sgt. M. 175				DATE				
BADGE OR ID #	nosa	OBLA	MAMSBATA	TIME DOLLA	of Disparcusts	2:24 DM	TIME BOLLOE ARRIVED	2:20 DM	

#### **Narrative**

Unit 1 was wast bound State Route 16 Mp 2 just East of S Orchard St. Driver of Unit 1 feel asleep and lost control of the vehicle. thec rolled severla times before colliding with the guard rail.

DOTproperty # 008202 was placed at the end of the guard rail. (undamaged end)

	STATE OF WASHINGTON POLICE TRAFFIC SOLLISION REPORT NO. 3595595	322
1	STATE ROUTE CITY STREET STOLEN	3
2 ] ] 3 ] ]	TRIBAL RESERVATION TOTAL # OF O 2 OBJECT STRUCK G-CARO RAPL	28
4	ON (PRIMARY TRAFFIC WAY)	3
48	DISTANCE  OF (REFERENCE OF CROSS STREET)  OF (REFERENCE OF CROSS STREET)	29
5	UNIT 01 MOTOR VEHICLE CYCLE CYCLE	30
6	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS C	
7 B	COL ENDORSEMENTS RESTRICTIONS	2 . 31
90	DRIVER'S LICENSE #  STATE  SEX M D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT / HELMET SINJURY I NATURE OF INJURIES LASS	32
"DO	PLATE # STATE WA	3
12	TRAILER PLATE B STATE STATE STATE	*
13 <b>3</b>	VEH. YEAR MAKE OULS MODEL STYLE VEHICLE TOWED BY UST TOW. GOVT, VEHICLE NO. 1  PREGISTERIED OWNER INFO  WESTERIED OWNER INFO  WESTERIED OWNER INFO  WESTERIED OWNER INFO  WESTERIED OWNER INFO  B POLICE  B PO	3 2 33 FROM TO
15 2	VEHICLE VES NO CHARGE LINES OF ROW DIGOTOM PROPERTY DAMAGE DIGOTOM PHONE	34
16	LAST NAME WSONT FIRST NAME MIDDLE INITIAL	36
17	STREET 151 S. BULLGROL RO.	37
18	CITY CLF FLUM ST WA ZIF 98972	38
19	CDL ENIXORSEMENTS RESTRICTIONS	39
20	DRIVER'S UCENSE # SEX D.O.B	<u></u>
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY CLASS NATURE OF INJURIES	
22	LICENSÉ PLATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE  VEH. YEAR MAKE MODEL STYLE VEHICLE TOWER TOWER DY	41
24	REGISTERED OWNER INFO.  VENICLE NO. 2	42
[	LUBILITY INSURANCE INSURANCE CO A POLICY *  VEHICLE YES IND CITATION *  CHARGE  SHADE IN DAMAGED AFEA  9 TOP  18 BOTTOM *	
25	OFFICER'S NAME (PRINT)  AGENCY  AGENCY	

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





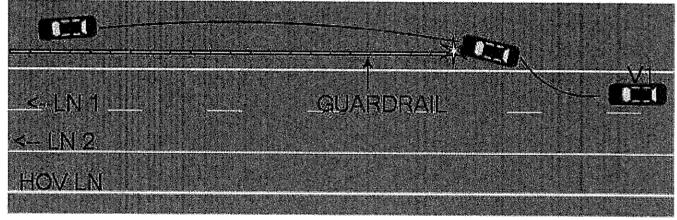
CORRECTION	

REPORT NO. 3595595

					11972			40E #									
NAME			A <u>D</u> [	OITION	L PERSC	ONS INVO	DLVE	D (PASS	ENGE	PS AND	OR V	VITNESS	ES ON	LY)			
LAST, FIRST, MIDDL	A INITIAL)	بركة		<u> </u>	.,				ļ,	-					<del></del>		
AD												SEX /	D.O MM20	.B. YYYY	عسما		
PASSENGER 📴	WITNESS	UNIT #		SEAT POS.	03	AIRBAG	3	RESTR,	4	EJECT	1	HELMET		INJURY CLASS	1		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDL	E INITIAL)										_						
AODRESS & PHONE	#										-	SEX	O.0	.В.	T	]_[	
PASSENGER 🗌	WITNESS	UNIT #	<u> </u>	SEAT POS.		AIRBAG		RESTR.		EJECT	Ţ <u></u>	HELMET		INJURY	†		VATURE OF INJURIES
NAME (LAST, FIRST, MIDDL	E INITIAL)															, <u> </u>	
ADDRESS & PHONE			_									SEX	D.0 MMD0	.в.	T	<u> </u>	
PASSENGER [	WITNESS [	UNIT #		SEAT	<del></del>	1,,,,,,,			<u>-</u>		 I	<u> </u>	<del></del>		<u> </u> 	] <b>-</b> [_ ] []	ATURE OF INJURIES
PASSENGER []	WIINESS [	ONLE	<u>.                                    </u>	SEAT POS.	<u> </u>	AIRBAG		RESTR.		EJECT	ļ., <u>.</u>	HELMET USE		CLASS	<u>_</u>	<u> </u>	
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			<u> </u>	_ - -								<u></u>	<u> </u>	<u> </u>			INDICATE NORTH BY ARROW
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CERTIFY (DECL مسيد	ARE) UNDER I	PENALTY	of Perjur	Y UNDE	R THÉ LAW	S OF THE	STATE	E OF WAS	HING:	TON THAT	THE	FOREGO	ING IS	TRUE A	ND CC	RRE	CT. (RCW 9A.72.085)
T				_	6/1			8/	20	1/3			12	111	7/9	1	-
APPROVED BY	FFICER'S SIGN	ATURE		UN	NT OR DIST,	DET		DATE	07		<u> </u>	PLX	CE SIG	NED			
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# SB SR 167 MP 24.5



9	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E265011	1 4 27					
1 1	INTERSTATE GITY STREET FIRE RESULTED STOLEN LOCAL AGENCY	2					
2 1	COUNTY PID PRIVATE WAY HIT & RUN INVOLVED CODING	1 28					
<u></u>	TRIBAL RESERVATION TOTAL # OF 2 OBJECT STRUCK G	2					
3 4	DATE OF   COLLISION   8   - 19   - 2013   0505   17	3					
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. DATE OF THE PROPERTY OF THE P						
48	MILE POST V	1 9 29					
5	O 08 MILES N E 180TH						
	UNIT 01 MOTOR PEDAL- OYCLE DAMAGE THRESHOLD MET PHONE PHONE	30					
6 1	LAST NAME FIRST NAME MIDDLE INITIAL						
	STREET NEW ADDRESS.						
7	CITY KENT ST WA ZIR	1 2 31					
8	CDL RESTRICTIONS ENDORSEMENTS	2					
9	DRIVER'S LICENSE # STATE WA SEX M D.O.B	3					
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	32					
1160	LICENSE PLATE # STATE VVA VIN# J	2					
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	3					
13 1	VEH. YEAR 1994 LEXS 4D STYLE VEHICLE TOWED TOWED BY SOVT, VEHICLE TOWED TOWED BY						
14	REGISTERED OWNER INFO. HARBIN, PAMELA  LIABUTY INSURANCE CO  ASSOCIATION OF THE PROPERTY INSURANCE CO  ASSOCIATION						
15 1	VEHICLE VES NO CITATION # CHARGE NEGLIGENT DRIVING 2ND DECREE						
16	UNIT 02 MOTOR PEDAL PEDESTRIAN PROPERTY PHONE (206) 440-4491						
	LAST NAME WA DOT FIRST NAME MIDDLE INITIAL	36					
17	STREET NEW ADDRESS 15700 DAYTON AVE N	37					
18	GITY SEATTLE ST WA ZIP 98133	39					
19	CDL RESTRICTIONS ENDORSEMENTS	40					
20	DRIVER'S LICENSE # SEX MMDDYYYY						
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES						
22	LICENSE PLATE # STATE VIN#						
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41					
24	VEH, YEAR MAKE MODEL STYLE VEHICLE YOURD TOWED BY GOVT. VEHICLE YES NO PEGISTERED OWNER INFO.  REGISTERED OWNER INFO.  VEHICLE NO. 2 SHADE IN DAMAGED AREA	42					
	LIAGLITY INSURANCE CO A POLICY # 1970P 5						
25	CFFICER'S NAME (PRINT)  DADGE ON ID # AGENCY						
26	LYNCH, K. 1029 WASHINGTON STATE PATROL PAGE 01 OF 5						

PART A 3000-345-159 R (7/06)
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





CORRECTION

REPORT NO. **E265011** 

CASE#

	ADDITIONAL PERSONS	INVOLVED (PASSENGE	RS AND/OR WITNESSI	ES ONLY)	
NAME (LAST, FIRST, MIDDLE INITIAL)					
ADDRESS & PHONE #			ŞEX	D.O.B. MMDDYYYY	
PASSENGER WITNESS UNIT#	SEAT AIR	BAG RESTR.	EJECT HELMET	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)					
ADDRESS & PHONE #				DOB.	
			SEX	D.O.B. MMODYYYY	-
PASSENGER WITNESS UNIT #	SEAT PÖS. AIR	BAG 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. AIR	BAG RESTR.	EJECT HELMET USE	INJURY CLASS	NATURE OF INJURIES
		DIAGRAM	000		
Disconnection		•			INDICATE NORTH BY ARROW
Please see subsequent	diagram page		•		
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		NARRATIVE			
Please see subsequent	narrative page(s)				
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		· •			**************************************
I CERTIFY (DECLARE) UNDER PENALTY OF	PERJURY UNDER THE LAWS OF	THE STATE OF WASHINGT	ON THAT THE FOREGO	ING IS TRUE AND CO	RRECT. (RCW 9A.72.085)
K. LYNCH		8/23/20	13		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST, DET	DATED		CE SIGNED	**************************************
APPROVED BY ROBERTS, C. 919			DATE	1	
BANGE OR ID # 1020	DBI# 1/1/A/A/SD0206	714	E POLICE DISPATORIED   5.1	DE AM THE	BOLICE APRILED 5:46 AM

# **Other Descriptions**

UNIT LEVEL DESCRIPTIONS:

[VEHICLE ACTION DESCRIPTION] - DRIVING OFF ROADWAY (Unit 1)

## Narrative

V1 was traveling SB SR 167 MP 24.5 in lane 1. V1 left the roadway to the west, striking the guardrail and coming to rest in the ditch.