



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E275852

1 2 3 27

1

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

CASE #

LOCAL AGENCY CODING 009464

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

2

3

TRIBAL RESERVATION

DATE OF COLLISION 10-7-2013 TIME (2400) 0650 COUNTY # 39 MILES 4 CITY # 1485

4

4a

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION S/R 24 BLOCK NO. 4 MILE POST

5

DISTANCE 500 MILES BEAUDRY RD

0 1 29

6

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET LAST NAME FIRST NAME JOSE MIDDLE INITIAL G

30

7

STREET NEW ADDRESS 200 S TOMPKINS ST

8

CITY YAKIMA ST WA ZIP

1 2 31

9

CDL RESTRICTIONS ENDORSEMENTS

9 1

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

10

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

32

11

LICENSE PLATE # STATE WA VIN#

11 5 5

TRAILER PLATE # STATE TRAILER PLATE # STATE

12

VEH. YEAR 2003 MAKE FORD MODEL F1PU STYLE PK VEHICLE TOWED YES NO GOVT. VEHICLE YES NO

FROM TO 3 3 33

13

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

FROM TO 34

14

UNIT 02 MOTOR VEHICLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE (509) 577-1600

15

LAST NAME DEPT. OF TRANSPORTATION FIRST NAME MIDDLE INITIAL

4 35

16

STREET NEW ADDRESS 2809 RUDKIN RD

36

17

CITY YAKIMA ST WA ZIP 98903

37

18

CDL RESTRICTIONS ENDORSEMENTS

38

19

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

39

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

40

21

LICENSE PLATE # STATE VIN#

22

TRAILER PLATE # STATE TRAILER PLATE # STATE

1 41

23

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

42

24

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

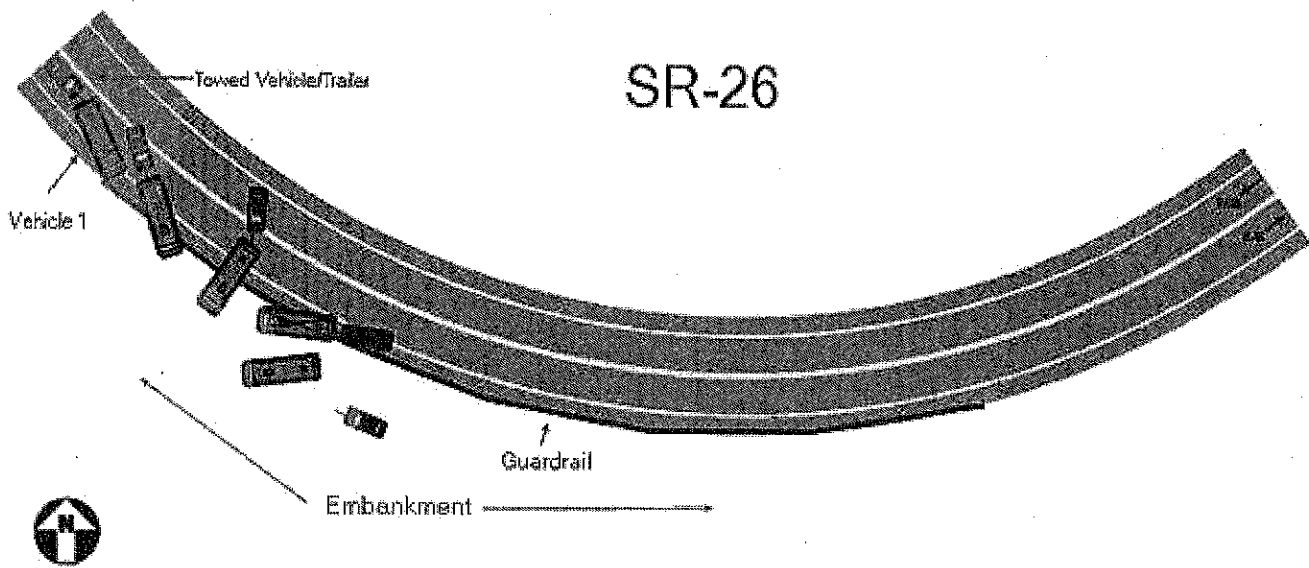
25

VEHICLE LEGALLY STANDING CITATION # CHARGE DRIVING WITH WHEELS OFF OFFICER'S NAME (PRINT) BARRY, J BADGE OR ID # 1044 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

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.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E278220

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 000883

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

2

3

DATE OF COLLISION: M M D D Y Y Y Y 10 - 9 - 2013 TIME (2400) 1155 COUNTY # 01 MILES 1 09 CITY # 1390

N E IN
S W OF

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR-26 E/B BLOCK NO. 82 MILE POST 10

4a

5

DISTANCE 0 10 MILES N E
FEET S W MP 82

6

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

7

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

8

STREET NEW ADDRESS [REDACTED]

9

CITY OCEAN SHORES ST WA ZIP [REDACTED]

9

CDL RESTRICTIONS B ENDORSEMENTS O

10

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

11

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

12

LICENSE PLATE # [REDACTED] STATE WA VIN# 1 [REDACTED]

13

TRAILER PLATE # [REDACTED] STATE WA TRAILER PLATE # STATE

14

VEH. YEAR 1996 MAKE BOUN MODEL 28/MH STYLE MH VEHICLE TOWED YES NO TOWED BY ADAMS TOWING GOVT. VEHICLE YES NO

15

REGISTERED OWNER INFO. C [REDACTED]

16

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

17

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

18

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

19

LAST NAME WA DOT FIRST NAME MIDDLE INITIAL

20

STREET NEW ADDRESS 2714 N MAYFAIR ST

21

CITY SPOKANE ST WA ZIP 99207

22

CDL RESTRICTIONS ENDORSEMENTS

23

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

24

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

25

LICENSE PLATE # STATE VIN#

26

TRAILER PLATE # STATE TRAILER PLATE # STATE

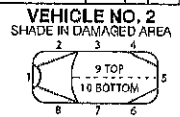
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

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

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

OFFICER'S NAME (PRINT) WICKHAM, J. BADGE OR ID # 331 AGENCY WASHINGTON STATE PATROL



1 1 6 27
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E278220**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

ADDRESS & PHONE # [REDACTED] (206) 289-1888 SEX F D.O.B. [REDACTED]

PASSENGER WITNESS UNIT # 1 SEAT POS. 3 AIRBAG 1 RESTR. 4 EJECT 2 HELMET USE INJURY CLASS 6 NATURE OF INJURIES BROKEN ANKLE

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

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

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

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

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

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

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)

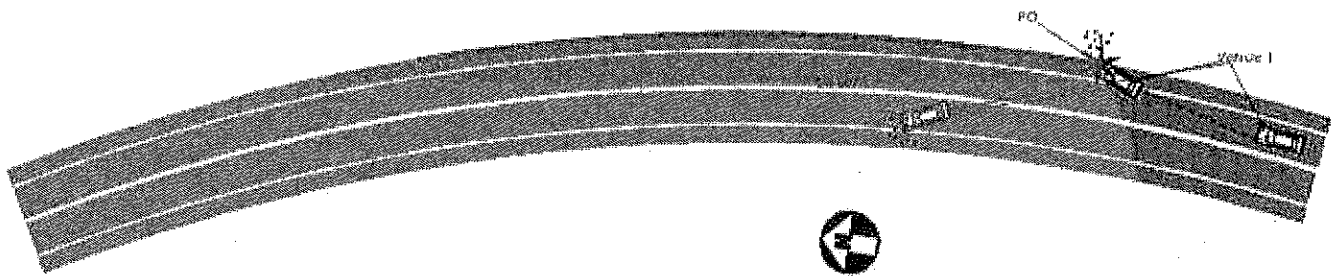
J. WICKHAM 10/18/2013
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Wilbur, Sgt. D. 199 DATE

BADGE OR ID # 331 ORI # WAWSP0407 TIME POLICE DISPATCHED 11:57 AM TIME POLICE 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

REPORT NO. **E270530**

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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 #	13-013129		
LOCAL AGENCY CODING	008577		
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 #
9 - 12 - 2013		2110	27	1.00	1125
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		

SR 507	BLOCK NO.	34	00
MILE POST	<input checked="" type="checkbox"/>		
DISTANCE	OF (REFERENCE OR CROSS STREET)		
0.30 MILES <input checked="" type="checkbox"/>	N <input checked="" type="checkbox"/>	E <input type="checkbox"/>	312TH
FEET <input type="checkbox"/>	S <input type="checkbox"/>	W <input type="checkbox"/>	

0 1 29

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 (360) 894-0865
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LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET NEW ADDRESS	

CITY	YELM	ST	WA	ZIP

1 1 2 31

CDL	RESTRICTIONS	J	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.	MDDDDYY
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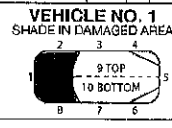
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	BODY
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LICENSE PLATE #	AMP4075	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2013	MAKE	KIA	MODEL	SOUL	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY LUCKY	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 & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	REFERRED	CHARGE	DUI
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FROM TO 1 5 33

FROM TO 34

UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE (253) 983-7574
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LAST NAME	WSDOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	11211 41ST AVE SW
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CITY	TACOMA	ST	WA	ZIP	98499
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1 35

36

CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.	MDDDDYY
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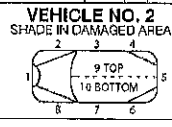
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. 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
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1 41

42

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
BIDOT, P.	0311	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. **E270530**

CASE # 13-013129

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)

P. BIDOT

9/17/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Brazas, Sgt. R. 250

DATE

BADGE OR ID #	0311	ORI #	WAWSP0115	TIME POLICE DISPATCHED	9:17 PM	TIME POLICE ARRIVED	9:31 PM
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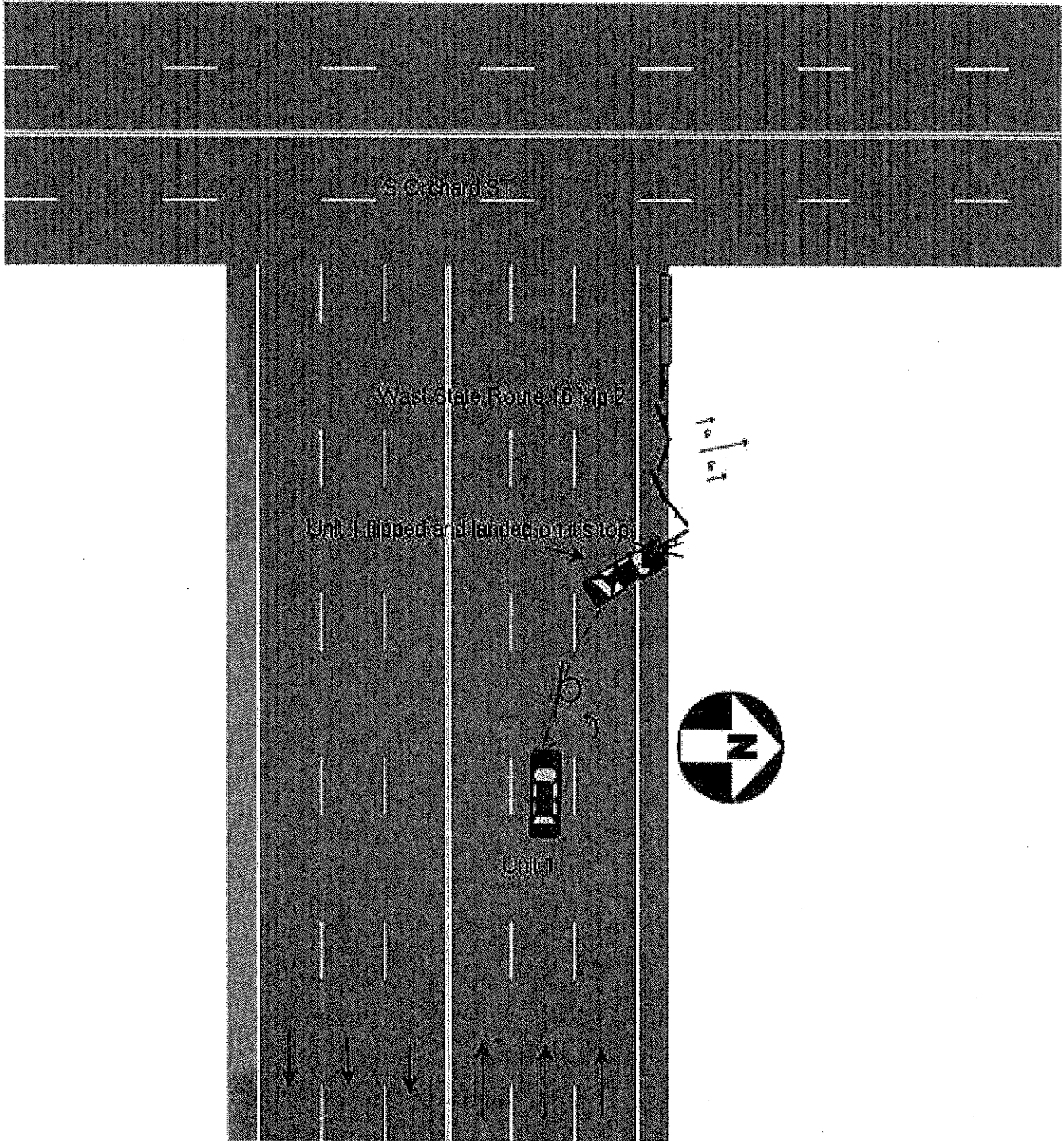
PART B 3000-345-160 R (7/06)

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 traveling NB on SR 507 when he left the roadway to the right striking a guard rail.





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E268772

1 3 2 27

1 1

INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE HIT & RUN INVOLVED

2 1

3 1

TRIBAL RESERVATION

4

4a

5

DATE OF COLLISION 8 - 31 - 2013 TIME (2400) 1520 COUNTY # 27 MILES CITY # 1280

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION WEST STATE ROUTE 16 BLOCK NO. 2 00

DISTANCE 200 00 MILES FEET OF (REFERENCE OR CROSS STREET) S ORCHARD ST

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE (425) 381-6855

6 1

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

7

CITY MONROE ST WA ZIP 2

8

CDL RESTRICTIONS ENDORSEMENTS

9 9

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

10

ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

11 6 0

LICENSE PLATE # STATE WA VIN#

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 3

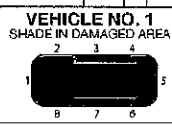
VEH. YEAR 1998 MAKE PLYM MODEL NEON STYLE 4T VEHICLE TOWED TOWED BY GOVT. VEHICLE

14

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

15 2

VEHICLE LEGALLY STANDING YES NO CITATION # 3Z0739442 CHARGE NEG 2ND



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE (800) 737-0615

16

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

17

STREET NEW ADDRESS 11211 41ST AVE SW

18

CITY TACOMA ST WA ZIP 98499

19

CDL RESTRICTIONS ENDORSEMENTS

20

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

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

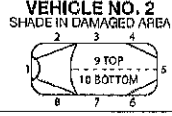
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT. VEHICLE

25

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

26

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE OFFICER'S NAME (PRINT) DURAN, S. BADGE OR ID # 0924 AGENCY WASHINGTON STATE PATROL



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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1691972

CORRECTION

REPORT NO. **E268772**

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. DURAN

9/10/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Wilson, Sgt. M. 175

DATE

BADGE OR ID #	0924	ORI #	WAWSP0102	TIME POLICE DISPATCHED	3:21 PM	TIME POLICE ARRIVED	3:28 PM
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PART B 3000-345-160 R (7/09)

PAGE 2 OF 4

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

Narrative

Unit 1 was west bound State Route 16 Mp 2 just East of S Orchard St. Driver of Unit 1 fell asleep and lost control of the vehicle. The vehicle rolled several times before colliding with the guard rail.

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



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. 3595595

32

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"/>

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK GUARD RAIL

2

TRIBAL RESERVATION

3

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

DATE OF COLLISION 08-30-2013 0130 19 6.00 N S E W IN OF 20220

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

INTERSTATE 90 BLOCK NO. MILE POST 75

4a

5

DISTANCE 1.00 MILES N E S W OF REFERENCE OR CROSS STREET EAST 74

6

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

7

CITY MOUNTAIN HOME ST ID ZIP

8

CDL ENDORSEMENTS RESTRICTIONS

9

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

10

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

11

LICENSE PLATE # STATE WA

12

TRAILER PLATE # STATE

13

VEH. YEAR 2002 MAKE VOLVO MODEL GL STYLE 4DR VEHICLE TOWED YES NO TOWED BY WILLEKES TOW. GOVT. VEHICLE YES NO

14

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 707310686 CHARGE WHEELS OFF ROAD

15

VEHICLE LEGALLY STANDING YES NO VEHICLE NO. 1 SHADE IN DAMAGED AREA

16

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE 509 671-4443

17

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS 101 S. BULLAROW RD.

19

CITY CLALLUM ST WA ZIP 98922

20

CDL ENDORSEMENTS RESTRICTIONS

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

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 # CITATION # OFFICER'S NAME (PRINT) R. D. LAMONT BADGE OR ID # 1004 AGENCY WSP



1591972

CORRECTION

REPORT NO. 3595525

CASE # _____

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) _____

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

PASSENGER WITNESS UNIT # 1 SEAT POS. 03 AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE _____ INJURY CLASS 1 NATURE OF INJURIES NONE

NAME (LAST, FIRST, MIDDLE INITIAL) _____

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

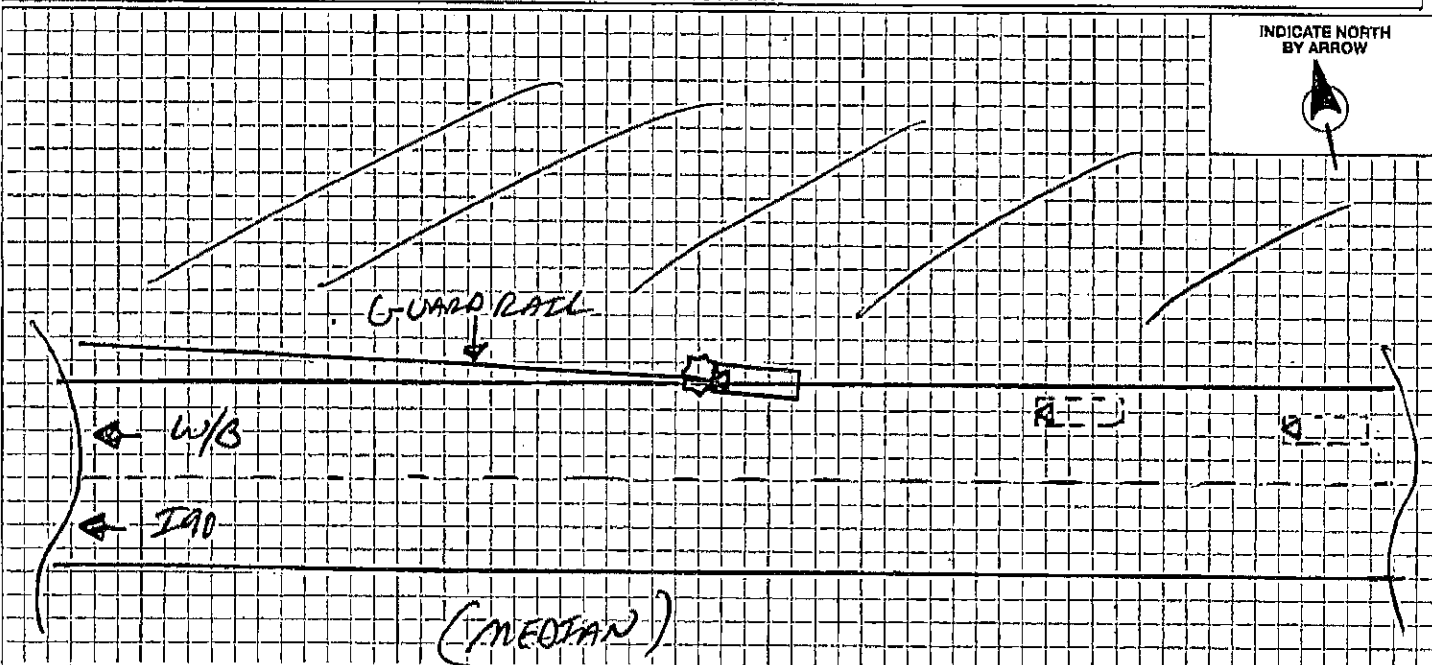
PASSENGER WITNESS UNIT # _____ SEAT POS. _____ AIRBAG _____ RESTR. _____ EJECT _____ HELMET USE _____ INJURY CLASS _____ NATURE OF INJURIES _____

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



NARRATIVE

THE VEH. WAS TRAVELING W/B IN IAD. THE DRIVER FELL ASLEEP AND LEFT THE ROAD TO THE RIGHT AND IMPACTED A GUARD RAIL HEAD ON.

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)

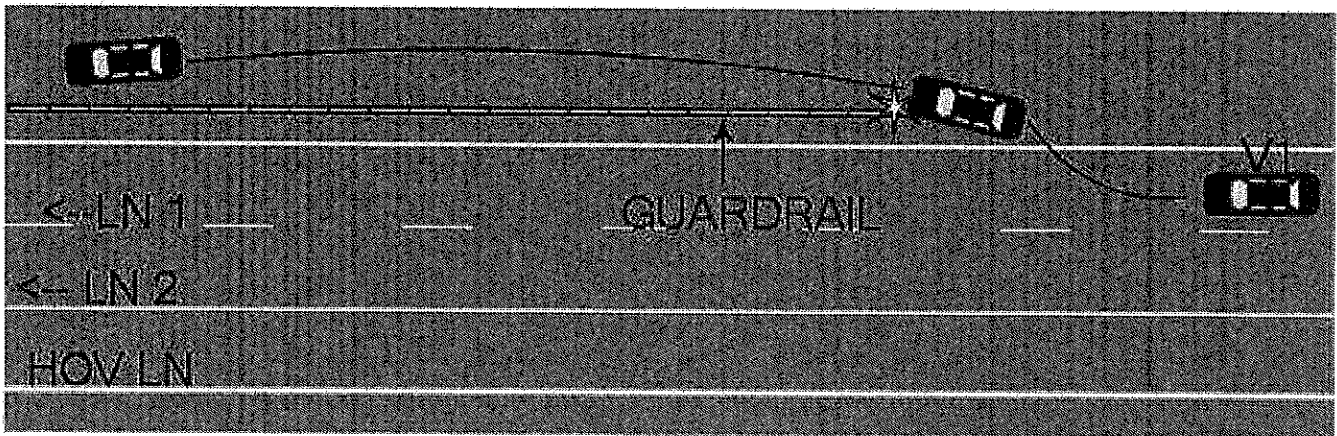
INVESTIGATING OFFICER'S SIGNATURE [Signature] UNIT OR DIST. DET 6/7 DATED 8/30/13 PLACE SIGNED WATERBURY

APPROVED BY _____ DATE _____

BADGE OR ID # 1024 ORI # WALWSP 0607 TIME POLICE DISPATCHED 0130 TIME POLICE ARRIVED 0145



SB SR 167 MP 24.5





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E265011

1 1 4 27
2
3
1
2
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

TOTAL # OF UNITS 2 OBJECT STRUCK g

2

TRIBAL RESERVATION

3

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

DATE OF COLLISION 8 - 19 - 2013 0505 17 N S E W IN OF 1070

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB SR 167 BLOCK NO. 24 MILE POST 50

4a

5

DISTANCE 0.08 MILES N E S W OF (REFERENCE OR CROSS STREET) 180TH

6

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

7

CITY KENT ST WA ZIP

8

CDL RESTRICTIONS ENDORSEMENTS

9

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

10

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

11

LICENSE PLATE # STATE WA VIN#

12

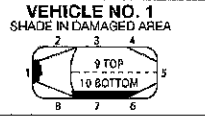
TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR 1994 MAKE LEXS MODEL 4D STYLE 4D VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

14

REGISTERED OWNER INFO. HARBIN, PAMELA



15

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES NO CITATION # 3Z0733437 CHARGE NEGLIGENT DRIVING 2ND DEGREE

16

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

17

LAST NAME WA DOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS 15700 DAYTON AVE N

19

CITY SEATTLE ST WA ZIP 98133

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

22

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

23

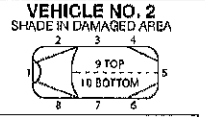
LICENSE PLATE # STATE VIN#

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) LYNCH, K. BADGE OR ID # 1029 AGENCY WASHINGTON STATE PATROL

1 9 29

1 2 31

1 2 32

1 5 33

1 34

4 35

36

37

38

39

40

1 41

42



1591972

CORRECTION

REPORT NO. **E265011**

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)

K. LYNCH	8/23/2013		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY ROBERTS, C. 919	DATE		

BADGE OR ID #	1029	ORI #	WAWSP0206	TIME POLICE DISPATCHED	5:05 AM	TIME POLICE ARRIVED	5:16 AM
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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.