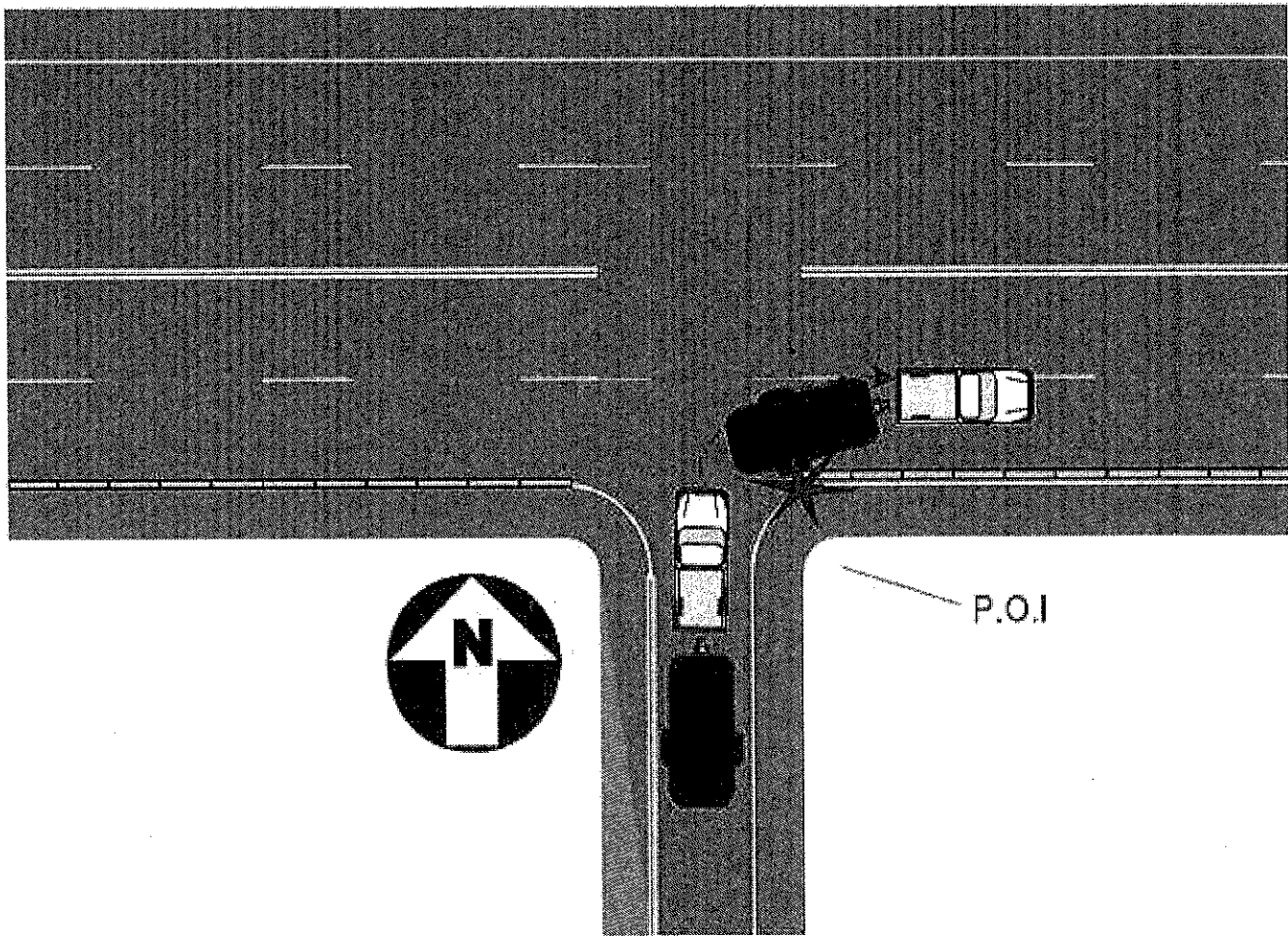


22200blk, W/B SR410 Trailer vs Gaurdrail 8/14/2013





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E263592

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

CASE # BL13001923

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 8 - 14 - 2013 1540 27 0105
N E IN
S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR 410 BLOCK NO. 22200
MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
100 00 MILES N E
FEET S W 223RD AVE E

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY GRAHAM ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS L

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

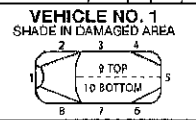
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE WA TRAILER PLATE # STATE

VEH. YEAR 2011 MAKE DODG MODEL RAM2500 STYLE PK VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

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



VEHICLE LEGAL STANDINGS YES NO

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (360) 705-7438

LAST NAME DEPT OF FIRST NAME TRANSPERTAION MIDDLE INITIAL

STREET NEW ADDRESS 310 MAPLE PARK AVE SE

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

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

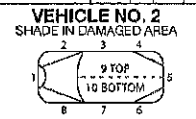
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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



VEHICLE LEGAL STANDINGS YES NO

OFFICER'S NAME (PRINT) GREEN, TODD BADGE OR ID # 00011 AGENCY PD BONNEY LAKE

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. **E263592**

CASE # BL13001923

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)

TODD GREEN

8/16/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Hoag, Robert T 00130

DATE

BADGE OR ID # 00011

ORI # WA0271400

TIME POLICE DISPATCHED 3:45 PM

TIME POLICE ARRIVED 3:55 PM

Narrative

Unit #1 was pulling out of a driveway onto SR 410 in the 22200blk. While making the right turn, the vehicles trailer struck a guardrail. The guardrail was damaged in the collision. No damage to the trailer. D.O.T responded to the scene and fixed the guardrail.

E.O.R

T.Green #00011



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 3661438

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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"/>	MIT & RUN INVOLVED <input type="checkbox"/>

CASE #

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 02 OBJECT STRUCK GUARD RAIL

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

DATE OF COLLISION 06-04-2013 230217 N E IN S W OF 0739

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB SR 169 BLOCK NO. 18 MILE POST 95

DISTANCE 25 MILES N E OF (REFERENCE OR CROSS STREET) CEDAR MNT PL SE

FEET S W

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL ENDORSEMENTS RESTRICTIONS

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

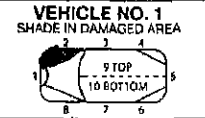
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE

LICENSE PLATE # STATE

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1997 MAKE HONDA MODEL CRV STYLE SUV VEHICLE TOWED YES NO TOWED BY ROYAL TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 20910117 CHARGE DUI



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (726) 440-4490

LAST NAME WA DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 15700 Dayton Ave N

CITY Seattle ST WA ZIP 98133

CDL ENDORSEMENTS RESTRICTIONS

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

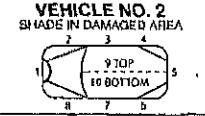
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 # CITATION # CHARGE



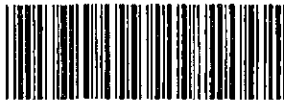
OFFICER'S NAME (PRINT) C. LITCHFIELD BADGE OR ID # 585 AGENCY WSP

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

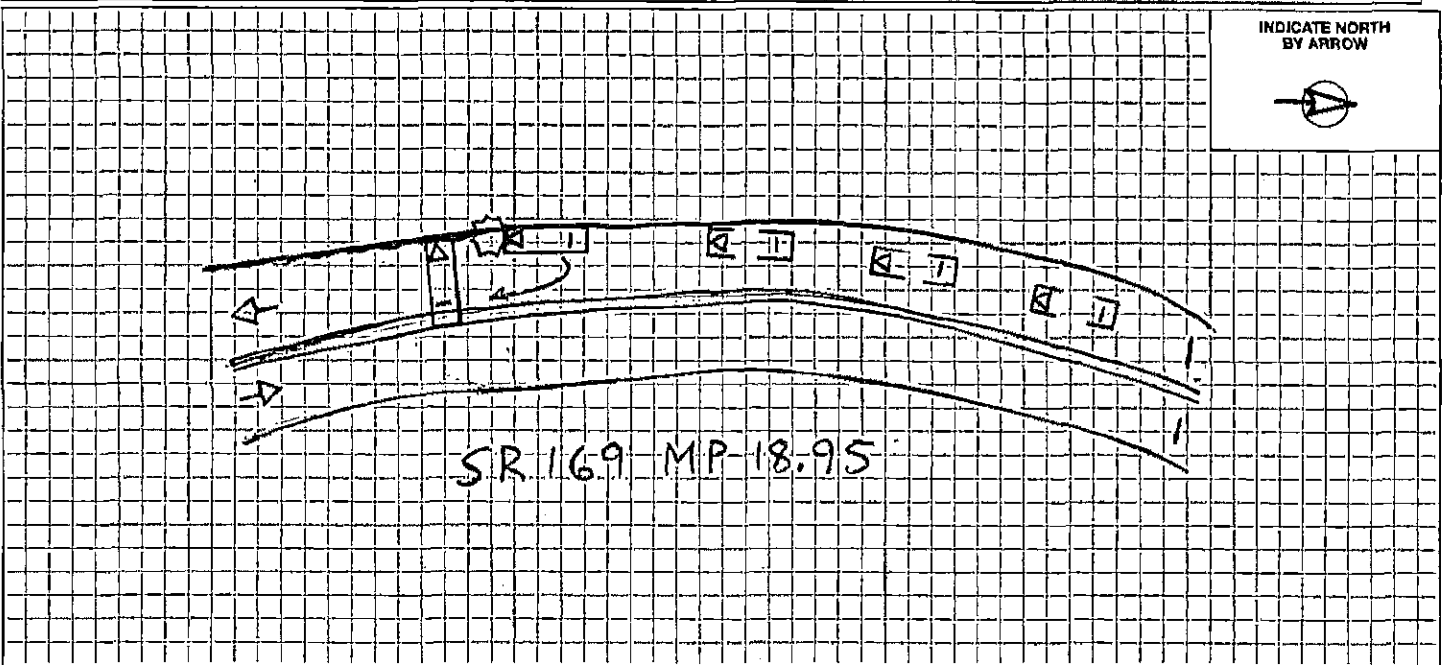
REPORT NO. **3661438**

CASE #

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 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 checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

DIAGRAM

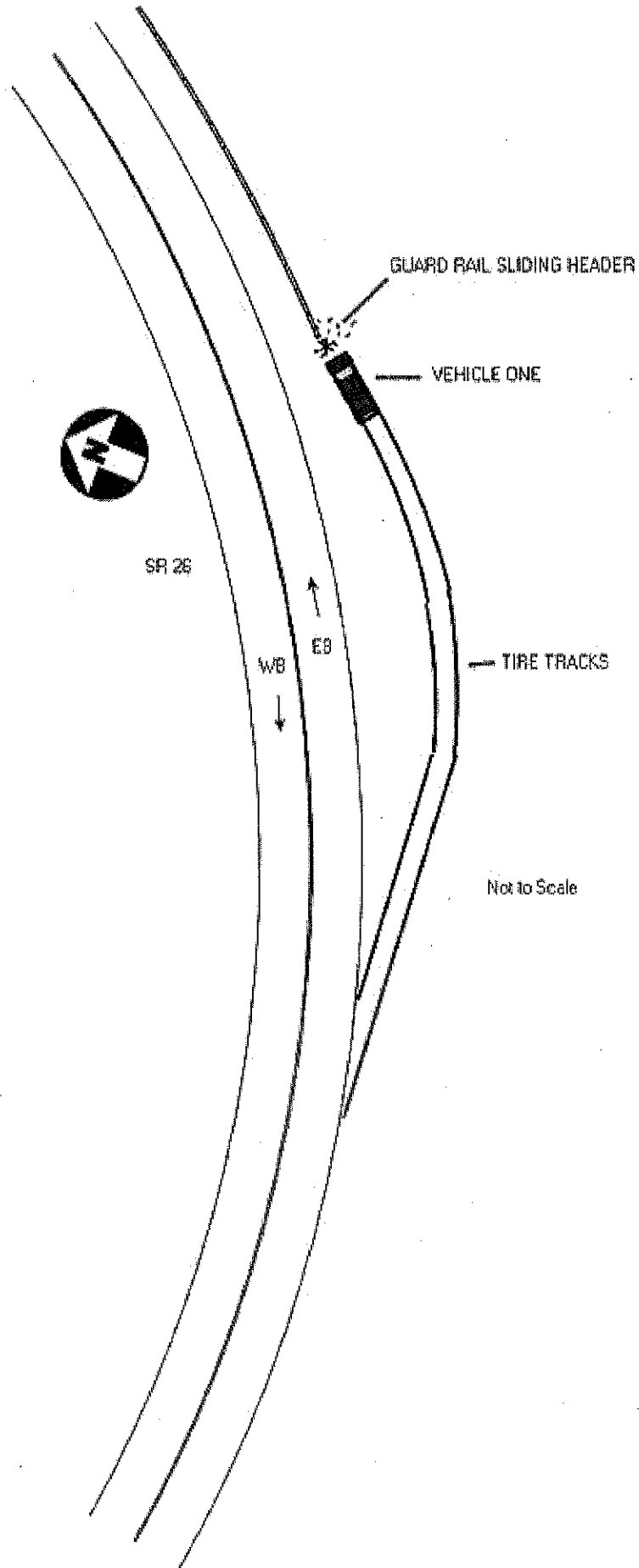


NARRATIVE

Vehicle one was driving S/B on 169 and failed to negotiate the curve. Vehicle one slammed head on into a guard rail on the right side of vehicle one. Vehicle one rotated clockwise and came to a stop in the roadway.

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>	UNIT OR DIST. DET 0209	DATED 6-5-13	PLACE SIGNED BELLEVE
APPROVED BY <i>[Signature]</i>	DATE 6/12/13		
BADGE OR ID # 545	ORI # WAWSP0209	TIME POLICE DISPATCHED 2302	TIME POLICE ARRIVED 2319





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E249562

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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	WSDOT003010
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 #
6 - 7 - 2013		0530	38	30	90
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>					

SR26 EB	BLOCK NO.	102	10
DISTANCE	OF (REFERENCE OR CROSS STREET)		
0 10	MP102		

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 <input checked="" type="checkbox"/>	
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CITY	ST	WA	ZIP
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CDL	RESTRICTIONS	J	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AFF1617	STATE	WA	VIN#	2
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2004	MAKE	HOND	MODEL	PILOT	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	COLFAX BODY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO		VEHICLE NO. 1 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	320506685	CHARGE	WHEELS OFF ROAD
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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	(509) 324-6581
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LAST NAME	WASHINGTON	FIRST NAME	DOT	MIDDLE INITIAL
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STREET NEW ADDRESS <input type="checkbox"/>	PO BOX 150
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CITY	COLFAX	ST	WA	ZIP	99111
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	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		VEHICLE NO. 2 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BLOOD, B.	BADGE OR ID #	339	AGENCY	WASHINGTON STATE PATROL
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E249562**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH
BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

B. BLOOD

6/11/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

BAKER, SGT. M. 143

DATE

BADGE OR ID #	339	ORI #	WAWSP0406	TIME POLICE DISPATCHED	5:34 AM	TIME POLICE ARRIVED	6:45 AM
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PART B 3000-345-100 R (7/06)

PAGE 2 OF 4

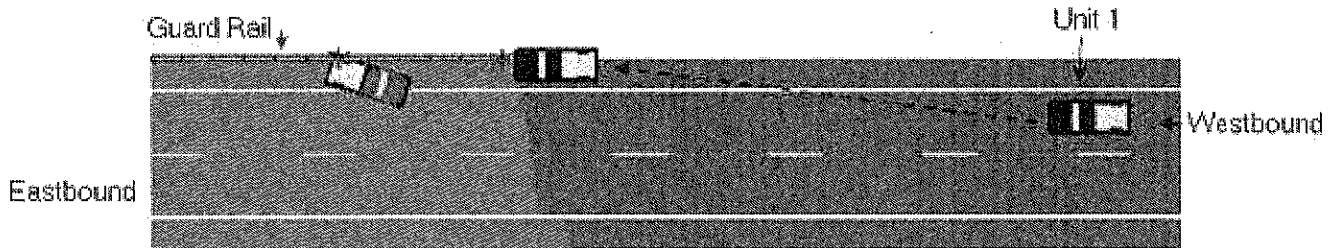
UNDER 23 UNITED STATES CODE - SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA

Narrative

Vehicle one was EB on SR26. Driver told me that he got blinded by the sun coming up just over the hill. Physical evidence indicates driver of vehicle one allowed his vehicle to drift into the EB ditch. Physical evidence indicates the driver tried to steer back onto the paved road, while braking, and collided with the sliding header of the guard rail. Damage to Department of Transportations guard rail appears to include the sliding header, anchoring cabling and one rail and post. DOT sticker applied to damaged guard rail, # WSDOT 003010. Video and still photography taken of collision scene available to show the fresh damage caused to DOT property by vehicle one (no prior damage).



State Route 530 Milepost 24





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E273418**

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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

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

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

DATE OF COLLISION 7 - 9 - 2013 0834 31 2 39 N S E W IN OF 0045

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

WESTBOUND STATE ROUT BLOCK NO. 24 13

MILE POST

DISTANCE 0 20 MILES N E OF (REFERENCE OR CROSS STREET) 103RD AVE NE

FEET S W

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

LAST NAME FIRST NAME A MIDDLE INITIAL

STREET NEW ADDRESS

CITY ARLINGTON ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 1 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES HEAD, ARM, AND TORSO

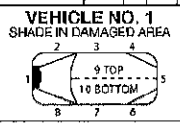
LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1985 MAKE CHEV MODEL T10 STYLE PK 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 # 3Z0735701 CHARGE IMPROPER LANE USAGE



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (206) 440-4497

LAST NAME WA DPT OF TRANSPORTATION FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS PO BOX 330310

CITY SEATTLE ST WA ZIP 98133

CDL RESTRICTIONS ENDORSEMENTS

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

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

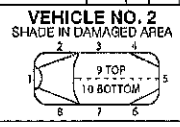
LICENSE PLATE # STATE VIN#

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) GORT, S. BADGE OR ID # 0598 AGENCY WASHINGTON STATE PATROL

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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. **E273418**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER WITNESS UNIT # 1 SEAT POS. 3 AIRBAG 1 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES HEAD, ARM, TORSO

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)

S. GORT 9/29/2013
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY PALM, S. 0962 DATE

BADGE OR ID # 0598 ORI # WAWSP0701 TIME POLICE DISPATCHED 8:34 AM TIME POLICE ARRIVED 8:50 AM

PART B

3000-345-100, B (7/09)

PAGE 2 OF 4

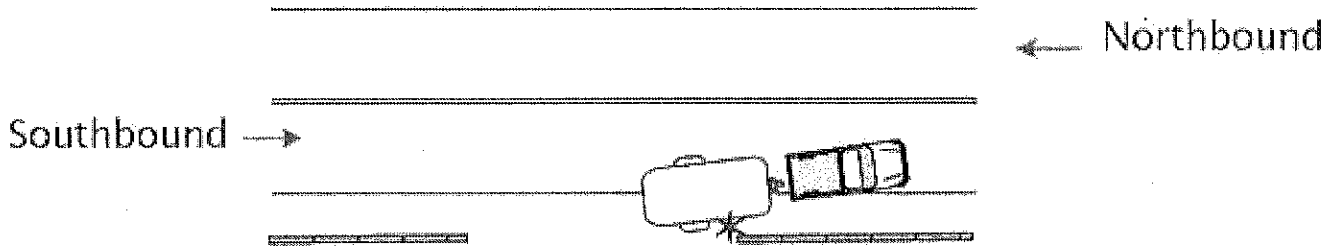
UNDER 23 UNITED STATES CODE - SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA

Narrative

Unit 1 traveling westbound on State Route 530 near milepost 24. Driver 1 and Passenger 1 state that they were talking when Driver 1 reached over to the right for his cell phone, which was near Passenger 1. Unit 1 drifts to the right as Driver 1 reaches over and crosses over the shoulder. Unit 1 then impacts the guard rail, rotates, and comes to rest facing eastbound in the westbound lane. Driver 1 and Passenger 1 are transported and interviewed at the hospital.



SR 203 milepost 9





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E252603

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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

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

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

DATE OF COLLISION 6 - 13 - 2013 1220 17 N E IN S W OF 0155

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB SR 203 BLOCK NO. MILE POST 9 10

DISTANCE 0 40 MILES N E OF (REFERENCE OR CROSS STREET) FAY RD. FEET S W

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE (425) 864-2849

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY CARNATION ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS L

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

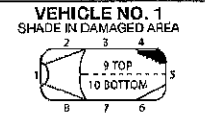
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE WA TRAILER PLATE # STATE

VEH. YEAR 2011 MAKE DODG MODEL TRUCK STYLE CB VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

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



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

LAST NAME DEPT OF TRANSPORTATION FIRST NAME WASHINGTON STATE MIDDLE INITIAL

STREET NEW ADDRESS PO BOX 47358

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

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

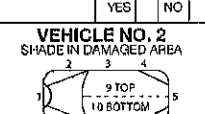
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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



OFFICER'S NAME (PRINT) BACON, E. BADGE OR ID # 430 AGENCY WASHINGTON STATE PATROL

OFFICER'S NAME (PRINT) BACON, E. BADGE OR ID # 430 AGENCY WASHINGTON STATE PATROL

OFFICER'S NAME (PRINT) BACON, E. BADGE OR ID # 430 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. **E252603**

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)

E. BACON

INVESTIGATING OFFICER'S SIGNATURE

6/25/2013

DATED

PLACE SIGNED

APPROVED BY Villanti, Sgt. B. 134

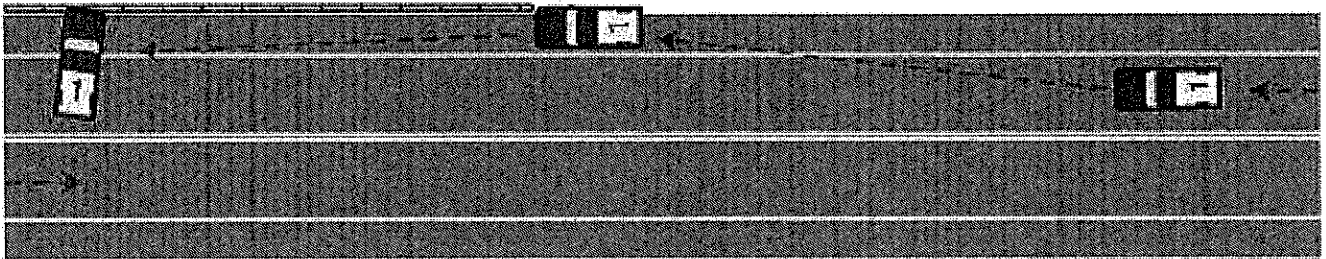
DATE

BADGE OR ID #	430	ORI #	WAWSP0214	TIME POLICE DISPATCHED	12:22 PM	TIME POLICE ARRIVED	12:50 PM
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Narrative

Vehicle was southbound on SR 203 south of Fay Rd.
According to the driver, another vehicle crossed the double yellow line.
Vehicle swerved right to avoid that vehicle.
Trailer on the vehicle struck the guardrail on the right shoulder.
Impact damaged about 20 feet of guardrail, including about 5 posts.

SR-203 Mile Post 10





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E252126

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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 WAWSP0216

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 6 - 17 - 2013 1525 17 4 00 N S E W IN OF 0335

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR-203 W/B BLOCK NO. 10 00 MILE POST

DISTANCE 0 60 MILES N E S W OF (REFERENCE OR CROSS STREET) FAY ROAD NE

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY LAKE STEVENS ST WA ZIP 98258

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 2 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 2007 MAKE GMC MODEL SIERRA STYLE VEHICLE TOWED YES NO TOWED BY MAC REDMOND TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 3Z0469562 CHARGE WHEELS OFF SHOULDER

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (425) 739-3757

LAST NAME WASHINGTON FIRST NAME STATE OF MIDDLE INITIAL

STREET NEW ADDRESS DEPARTMENT OF TRANSPORTATION 10833 NORTHUP WAY NE

CITY BELLEVUE ST WA ZIP 98004

CDL RESTRICTIONS ENDORSEMENTS

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

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. VEHICLE NO. 2 SHADE IN DAMAGED AREA

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

OFFICER'S NAME (PRINT) FORRESTER, K. BADGE OR ID # 683 AGENCY WASHINGTON STATE PATROL

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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. **E252126**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

ADDRESS & PHONE # SEX D.O.B.

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)

K. FORRESTER

6/23/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Boyle, Sgt. C. 159

DATE

BADGE OR ID # **683**

ORI # **WAWSP0216**

TIME POLICE DISPATCHED **3:31 PM**

TIME POLICE ARRIVED **4:05 PM**

PART B 3000-345-150 R (7/09)

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

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Narrative

Vehicle # 1 was west bound on SR-203 at mile post 10.

Driver of vehicle # 1 stated he was driving when he began to itch because of his exposure to insulation at work. As he was itching himself, he lost control of his vehicle, and his vehicle left the roadway to the right, striking the guardrail.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 3646894

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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 **G2** OBJECT STRUCK

TRIBAL RESERVATION

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

DATE OF COLLISION **05-11-2013** **212431** **0715**

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

NB IS MP 181 BLOCK NO. MILE POST **181.53**

DISTANCE **1.00** MILES N E OF (REFERENCE OR CROSS STREET) **INTERSTATE 405**

FEET S W

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

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

STREET NEW ADDRESS **[REDACTED]**

CITY **RENTON** ST **WA** ZIP **[REDACTED]**

CDL ENDORSEMENTS RESTRICTIONS **C**

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

ON DUTY STATUS AIRBAG **2** RESTR. **1** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES **NONE**

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

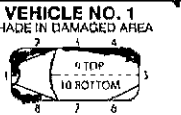
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH YEAR **2004** MAKE **GMC** MODEL **K1** STYLE **DU** VEHICLE TOWED YES NO TOWED BY **PERSONS** GOVT. VEHICLE YES NO

REGISTERED OWNER INFO **SUNN AS DRIVER**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **[REDACTED]** CHARGE **REAR 46-61-658 REBELT**

VEHICLE LEGALLY STANDING YES NO CITATION # **26756108**



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **425-248-7839**

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

STREET NEW ADDRESS **[REDACTED]**

CITY **BONNELL** ST **WA** ZIP **[REDACTED]**

CDL ENDORSEMENTS RESTRICTIONS **C**

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

ON DUTY STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES **NONE**

LICENSE PLATE # **9942WVA** STATE **WA**

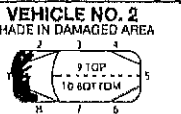
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH YEAR **2003** MAKE **SUB** MODEL **2600** STYLE **4DR** VEHICLE TOWED YES NO TOWED BY **[REDACTED]** GOVT. VEHICLE YES NO

REGISTERED OWNER INFO **[REDACTED]**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **[REDACTED]** CHARGE **46-61-140 WARE CHANGE?**

VEHICLE LEGALLY STANDING YES NO CITATION # **26756108**



OFFICER'S NAME (PRINT) **M. RINKOH** BADGE OR ID # **422** AGENCY **WSP**

PART A

PAGE 01 OF 2

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

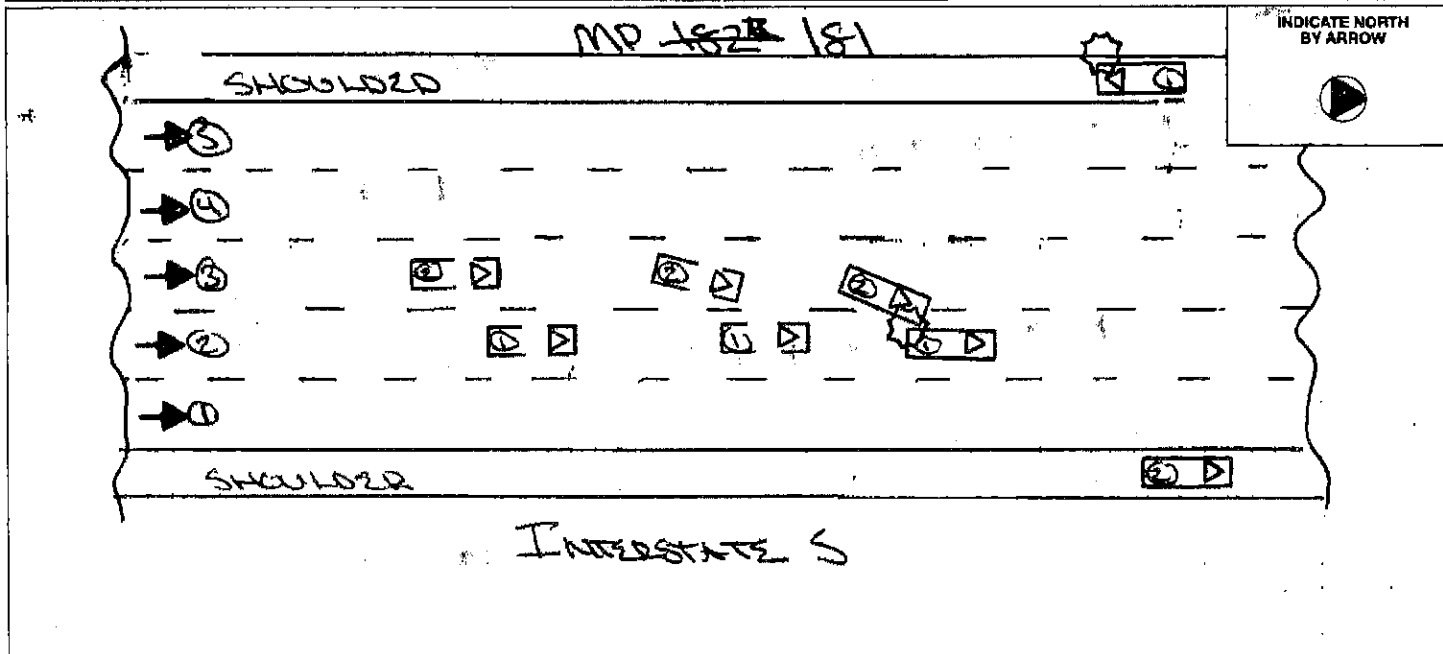
REPORT NO. 3646894

CASE #

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 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 checked="" type="checkbox"/> WITNESS <input type="checkbox"/> UNIT #										SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

DIAGRAM



NARRATIVE

UNIT #2 WAS TRAVELING ^{AS} I-5 IN LANE 3 OF 5.
 UNIT #2 CHANGED FROM LANE 3 TO 2 AND LOST CONTROL
 STRIKING UNIT 1 WHO WAS IN LANE 2
 UNIT #1 THEN STRUCK THE WEST SIDE GUARD RAIL.

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	UNIT OR DIST. DET	DATED	PLACE SIGNED
[Signature]	0702	5/12/13	EURETT / SPOKANE
APPROVED BY	DATE		
[Signature]	5-18-13		
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
422	WVMSD0702	2124	2246



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

CORRECTION

REPORT NO. 3 6 4 6 8 9 4

CASE #

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COMMERCIAL MOTOR CARRIER
UNIT #
USDOT
ICC #
VEHICLE TYPE
CARGO BODY TYPE
CARRIER NAME
CARRIER ADDRESS
CITY
ST
ZIP
NAME SOURCE
AXLES
GVWR
PLACARD
NAME IF NO NUMBER
ADDITIONAL UNITS
UNIT # 03
MOTOR VEHICLE
PEDAL-CYCLE
PEDESTRIAN
PROPERTY OWNER
DAMAGE THRESHOLD MET
PHONE 206-440-4400
LAST NAME WSDOT
FIRST NAME
MIDDLE INITIAL
STREET NEW ADDRESS PO BOX 330310
CITY SEATTLE
ST WA
ZIP 98133
CDL
ENDORSEMENTS
RESTRICTIONS
DRIVER'S LICENSE #
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REGISTERED OWNER INFO.
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TOWED BY
GOVT. VEHICLE
REGISTERED OWNER INFO.
LIABILITY INSURANCE
INSURANCE CO & POLICY #
VEHICLE VEHICLE STANDARDS
CITATION #
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I CERTIFY 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 196 07/15 DATED: 09/25/2013 PLACE SIGNED MARKSVILLE/SNOHOMISH/WA

BADGE OR ID # ORI # APPROVED BY DATE PAGE 1 OF 1