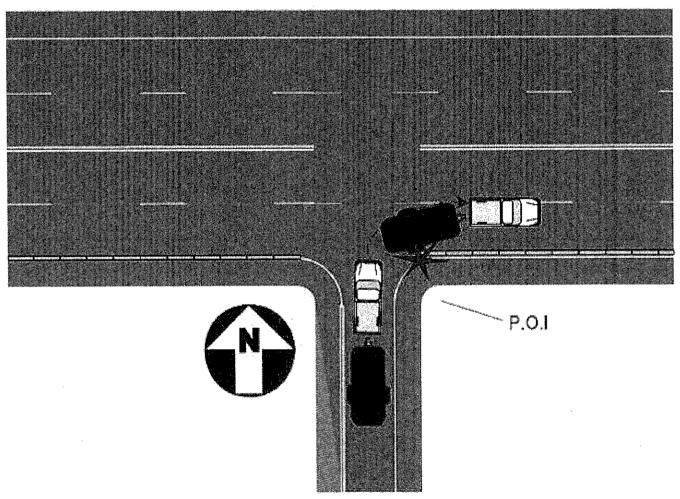
22200blk, W/B SR410 Trailer vs Gaurdrail 8/14/2013



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1 0 27
	INTERSTATE CITY STREET V FIRE RESULTED CASE # BL13001923	2
1 1	STATE ROUTE OTHER STOLEN LOCAL AGENCY	3
2 1	COUNTY RD PRIVATE WAY INVOLVED TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail	1 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY # MILES OTTY #	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION	
4a	SR 410 BLOCK NO. 1 22200 MILE POST 22200	0 3 29
5	100 00 MILES N E 223RD AVE E	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO VEHICLE PHONE	30
6 2	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS.	
7	CITY GRAHAM ST WA ZIP	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS L	2
9 2	DRIVER'S LICENSE # STATE WA SEX M D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	32
11	LICENSE PLATE # STATE WA VIN#	3
12	TRAILER PLATE # STATE WA TRAILER PLATE # STATE	*[
13 9	VEH. YEAR 2011 DODG RAM2500 PK VEHICLE TOWED BY GOVT VEHICLE NO VEHICLE NO 1 SHADE IN DAMAGED AREA	FROM TO 333
14	LIABILITY INSURANCE INSURANCE OF 8 POLICY YERIAL YES NO CHARGE CHARGE	34
15 2	UNIT 02 MOTOR CYCLE PEDESTRIAN PEDESTRIAN DAMAGE THRESHOLD MET PHONE (360) 705-7438	4 35
16	LAST NAME DEPT OF FIRST NAME TRANSPERTAION MIDDLE INITIAL	36
17	STREET 310 MAPLE PARK AVE SE	37
18	OITY OLYMPIA ST WA ZIP 98504	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # STATE SEX D.C.B. MMDDYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET SNJURY CLASS	
22	LICENSE PLATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO REGISTERED OWNER INFO.	42
,	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE AREA A POLICY # Property A Policy #	
25	VEHICLE YES NO CITATION # CHARGE CHARGE CHARGE CHARGE	
26	OFFICER'S NAME (PRINT) GREEN, TODD BADGE OR ID # 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





REPORT NO.

E263592

CASE#

BL13001923

	ADDITIONAL PERSONS	NVOLVED (PASSEN	SERS AND/OR WI	TNESSES ONLY)	
NAME (LAST, FIRST, MIDDLE INITIAL)					
ADDRESS & PHONE #			٤	D,O,B,	
PASSENGER WITNESS UNIT #	SEAT POS. AI	RBAG RESTR.	EJECT	HELMET INJURY USE CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)					
ADDRESS & PHONE #			5	D.O.B.	
PASSENGER WITNESS UNIT #	SEAT POS. A	IRBAG RESTR.	EJECT	HELMET INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)					
ADDRESS & PHONE #				D.O.B.	
PASSENGER WITNESS UNIT #	SEAT A	IRBAG RESTR.	EJECT	HELMET INJURY USE CLASS	NATURE OF INJURIES
		DIAGRAM			
	<u> </u>				INDICATE NORTH BY ARROW
Please see subsequent	diagram page	•			BY ARROW
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		NARRATIV	E		
Please see subsequent	narrative page(s)				
					
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I CERTIFY (DECLARE) UNDER PENALTY OF TODD GREEN	* PERJURY UNDER THE LAWS (OF THE STATE OF WASHI -8/16/		TUREGUING IS TRUE AN	ND GORREGT, (HGW \$A.72.085)
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DE		2013	PLACE SIGNED	
APPROVED BY Hoag, Robert T 001	· · · · · · · · · · · · · · · · · · ·		DATE		
BADGE OR ID # 00011	oni# WA0271400	, , , , , , , , , , , , , , , , , , , ,	TIME POLICE DISPATO	HED 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 NO. 3661438	27
	INTERSTATE CITY STREET FIRE RESULTED CASE #	2
1	STATE ROUTE A OTHER OTHE	3
2	TRIBAL RESERVATION C Z OBJECT GUARD RAIL	28
36	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	2
	DATE OF 0 6 - 0 4 - 2 0 1 3 2 3 0 2 1 7 S. W. OF 0 0 7 3 9	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION INTERS	[[]]
48	DISTANCE OF (REFERENCE OR CROSS STREET)	1929
5	Z5 MILES NO E CEDAR MNT PL SE	
	UNIT 01 MOTOR PEDAL- CYCLE DAMAGE THRESHOLD MET	30
65	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS	
7	CITY ST WA ZIP	1 2 31
8	COL ENDORSEMENTS RESTRICTIONS	2
99	ORIVER'S LICENSE # STATE WA SEX F MMDDYYYY	3
10	ON DUTY STATUS - AIRBAG 2 RESTR. 4 EJECT HELMET USE CLASS NATURE OF INJURIES NONE	32
1150	UCENSE, PLATE # STATE	2
12	TRAILER PLATE # STATE PLATE # STATE	3 4
134	VEH, YEAR 7 MAKE HONDA MODEL RV STYLE UV VEHICLE TOWED BYROYAL TOWING GOVT, VEHICLE TOWED VES NO TOWED BYROYAL TOWING YES NO TOWED BYROYAL TOWING	1 5 33
14 —	WHICH NO. 1 SHADE IN DAMAGED AREA LURIUTY INSUPANCE INSUPANCE INSUPANCE	FROM TO
15 2	VENICE VES NO CHARGE DUI	34
16	UNIT 02 MOTOR CYCLE PEDAL- PEDESTRIAN DEPROPERTY DAMAGE THRESHOLD MET PHÔNE CYCLE PHÔNE CYCLE OWNER DAMAGE THRESHOLD MET CYCLE PHÔNE CYCLE PHÔNE CYCLE PHÔNE CYCLE CYCLE OWNER DAMAGE THRESHOLD MET CYCLE CYCLE CYCLE OWNER OW	35
	LAST NAME WA DOT FIRST NAME MIDDLE INITIAL	9 7 37
17	STREET NEW ADDRESS - 15760 Dayton AVE N	38
18	city Seattle st WA ZIP 98133	39
19	CDL ENDORSEMENTS RESTRICTIONS	40
20	DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY	<u> </u>
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURY CLASS	
22	LICENSE PLATE VINW	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24 — —	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVE VEHICLE NO TOWED BY YES NO TOWER INFO.	42
<u>1</u>	FEGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGE DATE LABURY INSURANCE CO & POLICY I 1970P 1	
25	VEHICLE YES NO CITATION I CHARGE	
26	GRIGER'S NAME (PRINT) C. LITCH FIELD BADGE OR ID S85 AGENCY SP	

UNDER 23 HNHTED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCASS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA



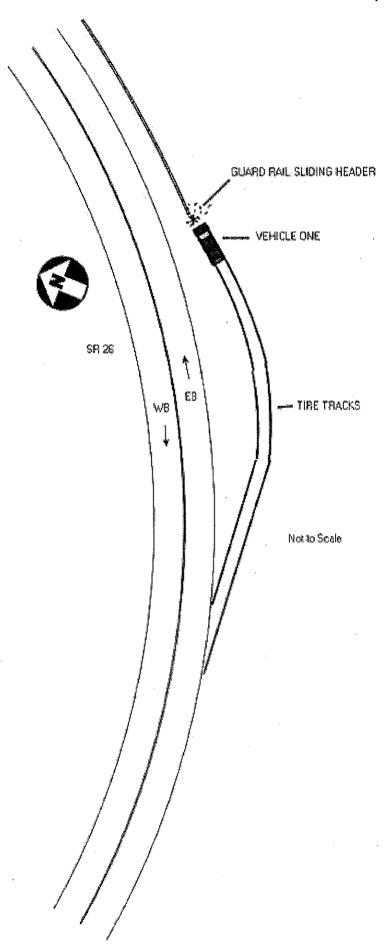


REPORT NO. 3661

3661438

CASE #

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INVESTIGATING OFFICE	CEH S SIGNATU	HE	·	UN	IT OR DIST.	UEI .	<u> </u>	AŢED		 -	DATE	PL			
<u> </u>												<u>_</u>	112/1	<u> </u>	
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	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 CASE #	5 0 27
1 1 2 1	INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE CODING WSDOT003010 COUNTY RD PRIVATE WAY DITTERSTATE ROUTE OF TOTAL # OF UNITS 2 OBJECT STRUCK GUARDING CODING	3 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY # MILES OCITY # OCITY	3
4 4	ON (PRIMARY TRAFFIC WAY) SR26 EB BLOCK NO. 102 10 DISTANCE OF (REFERENCE OR CROSS STREET)	0 1 29
5	UNIT 01 MILES V N E W MP102 DAMAGE THRESHOLD MET YES N NO PHONE. YES N N PHONE.	30
66	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS!	
7	CITY FORMATION ST WA ZIP	1 2 31
8	CDL RESTRICTIONS J ENDORSEMENTS	2
9	DRIVER'S LICENSE#	3
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1	32
11 6 5	LIGENSE AFF1617 STATE VVA VIN# 2	3
12	TRAILER PLATE # STATE STATE STATE	
13 2	VEH. YEAR 2004 MAKE HOND PILOT UT VEHICLE TOWED BY COLFAX BODY VEHICLE NO. 1	7 3 33
14	SHADE IN DAMAGED AREA LIABILITY INSURANCE INSURANCE OD S POLICY A 1 1 1 1 1 1 1 1 1 1 1 1 1	34
15 2	VERGLE VEST VEST NO CITATION # 3Z 0506685 CHARGE WHELS OFF ROAD UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY ✓ DAMAGE THRESHOLD MET VEST NO PHONE (509) 324-6581	4 35
16	LAST NAME WASHINGTON FIRST NAME DOT MIDDLE INITIAL	30
17	STREET PO BOX 150	37
18	ONY COLFAX ST WA ZIP 99111	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # SEX MMDDYYYY -	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE STATE STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO DECISITEDED OWNED INTO	42
	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE (CO) NEFFECT (A FOLICY *) NEFFECT (A FOLICY *)	
25	VEHICLE YES NO CITATION # CHARGE	
26	OFFICER'S NAME (PRINT) BLOOD, B. BAGE OR ID # AGENCY WASHINGTON STATE PATROL	

PAGE 01 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





REPORT NO.

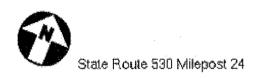
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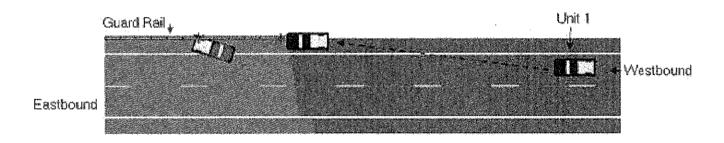
CASE#

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AME AST, FIRST, MIDDL	E INITIAL)														
DDRESS & PHONE	#									SEX		D.O.B. MMDDYYYY			
		" " '	1 (r 1						_	NATURE OF INJUR	IES
ASSENGER	WITNESS	UNIT #		SEAT POS.	AIRBA	3	RESTR.	E	JECT	HELI US	MET :	INJURY CLASS		TATORE OF MISSI	······································
AME AST, FIRST, MIDDL	E INITIAL)		-												
DRESS & PHONE	t)						-		-	SEX		D.O.B. MMD6YYYY		-	
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AME ST, FIRST, MIDDL	E INITIAL)														
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SSENGER 🗌	WITNESS	UNIT#		SEAT POS.	AIRBA	g	RESTR.		EJECT	HEL	SE SE	INJURY CLASS		NAI ONE OF MOOR	UCO
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B. BLOOD								1/201		•					
	OFFICER'S SIG	NATURE		UV	IT OR DIST. DET		O/ I DATE		-		PLAC	DE SIGNED			
			1 1/12		and the second second					DATE			-,-,		
	BAKER, S	۱۱ . ا	1. 1 4 3												
BADGE OR ID	339		ORI#	WA	WSP0406			TIME	POLICE	DISPATCHED	5:3	84 AM	TIME	OLICE ARRIVED	6:45 AM

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).





0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	REPORT NO. E273418	1 2 3 27
11	INTERSTATE GITY STREET RESULTED RESULTED STOLEN VEHICLE COUNTY PD PRIVATE WAY NOUVED HIT & RUN INVOLVED	CASE # LOCAL AGENCY CODING	3 28
2 1 3 1	TRIBAL RESERVATION	TOTAL # OF 2 OBJECT Guardrail	CITY # 2 0045 3
4	WESTBOUND STATE ROUT	ENCE OR CROSS STREET)	4 13 0 1 29
5	0 20 MILES V N E V 103R UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE	DAMAGE THRESHOLD MET PHONE	30
6 1	LAST NAME	FIRST NAME A	IIDDLE NITIAL
7	CITY ARLINGTON	ST WA ZIP 9	, 1 2 31
6	COL RESTRICTIONS	ENDORSEMENTS	2
9 9	DRIVER'S LICENSE #	STATE WA SEX M D.O.B. MADDYYYY 1 HELMET INJURY 6 NATURE OF INJURIES	1 32
10	ON DUTY STATUS AIRBAG 1 RESTR. 4 EJECT LICENSE PLATE # STATE WA	1 HELMET CLASS 6 HEAD, ARM, AND TORSO	2
11 5 5	TRAILER PLATE # STATE	TRAILER STA	TIE 3
13 2	VEH. YEAR 1985 CHEV MODEL STYLE PK REGISTER LIABULTY INSURANCE INSURANCE CO SPOLICY R	VEHICLE TOWED BY VENCE NO VEHICLE SHADE IN DAI VEHICLE SHADE IN	
15 2	UNIT 02 MOTOR PEDAL- PEDESTRIAN PEDESTRIAN	CHARGE IMPROPER LANE USAGE PROPERTY OWNER CHARGE PROPERTY ON 10 PHONE (206) 440-4497	9 TOP 34 BOTTOM 34 35
16	LAST NAME WA DPT OF TRANSPORTATION	FIRST NAME N	MIDDLE NITIAL 36
17	STREET PO BOX 330310		38
	CITY SEATTLE CDL RESTRICTIONS	ST WA ZIP 98133	39
20	DRIVER'S UCENSE #	STATE SEX D.O.B	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS	
22	LICENSE PLATE #	VIN#	
23	TRAILER STATE	TRAILER PLATE# STA	ATE 1 41
24	VEH, YEAR MAKE MODEL STYLE REGISTERED OWNER INFO.	VEHICLE TOWED TOWED BY YES NO TOWED BY VEHICLE SHADE IN DA	GOVT VEHICLE YES NO 42 E NO. 2 MAGED AREA
25	INSURANCE CO & POLICY # VEHICLE YES NO CITATION # OFFICIER'S NAME (PRINT) GORT, S.		3 4 9 TOP 9 BOTTOM 7 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





REPORT NO. **E273418**

CASE #

	ADDITIONAL PERSOI	NS INVOLVED (PASSENG	ERS AND/OR W	ITNESSES ONLY)	
NAME (LAST, FIRST, MIDDLE INITIAL)					
ADDRESS & PHONE #	90270			SEX M D.O.B.	
PASSENGER WITNESS UNIT#	1 SEAT 3	AIRBAG 1 RESTR. 4	EJECT 1	HELMET INJURY CLASS	6 NATURE OF INJURIES HEAD, ARM, TORSO
NAME (LAST, FIRST, MIDDLE INITIAL)					
ADDRESS & PHONE #				SEX D.O.B.	
PASSENGER WITNESS UNIT #	SEAT POS.	AIRBAG RESTR.	EJECT	HELMET INJURY USE CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)					
ADDRESS & PHONE #				SEX D.O.B.	
					NATURE OF INJURIES
PASSENGER WITNESS UNIT#	SEAT POS.	AIRBAG RESTR.	EJECT	HELMET INJURY USE CLASS	TVALUATE OF INSOPILEO
		DIAGRAM			
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		NARRATIV	E		
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L I CERTIFY (DECLARE) UNDER PENALTY OF	F PERJURY UNDER THE LAW	S OF THE STATE OF WASHIN	IGTON THAT THE	FOREGOING IS TRUE AN	ID CORRECT. (RCW 9A.72.085)
S. GORT		9/29/2			
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST.			PLACE SIGNED	
APPROVED BY PALM, S. 0962	-		DATE		
BADGE OR ID # 0598	ORI# WAWSP07	<u>'</u> 01	TIME POLICE DISPATO	OHED 8:34 AM	TIME POLICE ARRIVED 8:50 AM

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

	and the section of th	Northbound
Southbound		
		•

	COLLISION REPORT 1591971 REPORT NO. LZ3Z003	1 7 27
12	INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE LOCAL AGENCY CODING	3
2 2	COUNTY PD PRIVATE WAY	1 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	3
4	ON (PRIMARY TRAFFIC WAY) SB SR 203 BLOCK NO. 9 10	0 1 29
5	DISTANCE OF (REFERENCE OR CROSS STREET) O 40 MILES V N E FAY RD.	
	UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE PHONE (425) 864-2849	30
§ 1	LAST NAME FIRST NAME MIDDLE INITIAL	,
	STREET NEW ADDRESS 5	. 1 2 4
7	CITY CARNATION ST VVA ZEP	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS L	3
9	DRIVER'S LICENSE# STATE WA SEX F MADDYYY	1 32
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	2
11 5 0	LICENSE STATE WA VIN#	3
12	TRAILER PLATE # STATE WA TRAILER PLATE # STATE	
13 2	VEH. YEAR 2011 MAKE DODG TRUCK STYLE CB VEHICLE TOWED BY GOVT, VEHICLE TOWED BY VEHICLE NO. 1	1 5 33
14	SHADE IN DAMAGED AREA LABLITY INSURANCE \$ POLICY # VEHICLE VECTOR AND COLOR TO BOTTOM TO BOTTOM TO BOTTOM SHADE IN DAMAGED AREA 1 9 TOP 10 BOTTOM TO BOTTOM	FROM TO 34
15 2	FRAINT B 7 6	4 35
16	UNIT 02 VEHICLE CYCLE PEDESTRIAN OWNER VEST NO	36
17	LAST NAME DEPT OF TRANSPORTATION FIRST NAME VVASRIINGTON STATE INITIAL	37
 	STREET PO BOX 47358	38
18	OITY OLYMPIA ST WA ZIP 98504	39
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LICENSE # SEX MMDDYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO REGISTERED OWNER INFO.	42
استعلمت	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED ARBA LIABILITY INSURANCE ARBA A FOLICY # INSURANCE O A FOLICY #	
25	VEHICLE YES NO CITATION # CHARGE	
26	BACON, E. BACON, E. BACON, E. BACON, E. BAGENCY WASHINGTON STATE PATROL	

PAGE 01 OF 4
UNDER 23 UNITED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE
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REPORT NO.

E252603

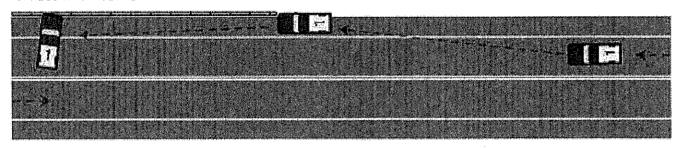
CASE #

		ADDITIONAL PERS	ONS INVOLV	ED (PASSENG	RS AND/OR	WITNESSES	ÓNLY)			
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #			-			SEX MI	D.O.B. WDDYYYY	-	_	
PASSENGER WITNESS U	NIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	N	ATURE OF INJUI	RIES
NAME (LAST, FIRST, MIDDLE INMAL)										
ADDRESS & PHONE #						SEX M	D.O.B. MODYYYY			
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NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #						SEX MI	D.O.B. MDDYYYY			
PASSENGER WITNESS U	INIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	N	ATURE OF INJU	RIES
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Please see subse	quent	narrative page(s)							
	•					·				
I CERTIFY (DECLARE) UNDER PE	NALTY OF	PERJURY UNDER THE LA	WS OF THE ST	ATE OF WASHIN	GTON THAT TH	HE FOREGOIN	G IS TRUE AN	ID CORRE	CT. (RCW 9A	.72.085)
E. BACON				6/25/2	013					
INVESTIGATING OFFICER'S SIGNAT	TURE	UNIT OR DIS	ST. DET	DATED			SIGNED			
APPROVED BY Villanti, Sgt.	В. 134				DAT	ষি				
BADGE OR ID # 430		ORI# WAWSPO	1214		TME POLICE DISP	ATCHED 12:2	22 PM	TIME POL	ICE ARRIVED	12:50 PM

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





(2)	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E252126	1 4 7 27
1 1	INTERSTATE CITY STREET RESULTED STOLEN CASE #	2
	STATE ROUTE V OTHER VEHICLE LOCAL AGENCY WAWSP0216 CODING WAWSP0216	3
2 1	TRIBAL BESERVATION TOTAL # OF UNITS 2 CBJECT Guardrail Guardrail	1 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # DATE OF COLLISION 6 - 17 - 2013 1525 17 4 00 S W OF V 0335	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. D	
48	MILE POST VV/B	0 1 29
5	O 60 MILES N E FAY ROAD NE	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO PHONE	30
6 1	LAST NAME FIRST NAME MIDDLE INITIAL	•
	STREET NEW ADDRESS 2	
7	CITY LAKE STEVENS ST WA ZIP 98258	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	Z
§ 9	DRIVER'S LICENSE# STATE WA SEX M D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE CLASS 1 NATURE OF INJURIES	1 32
	LICENSE LAND LENGTH LAND LENGT	2
11 5 5	TRAILER STATE TRAILER STATE	3
12	PLATE # PLATE # PLATE # SINIE VEH. YEAR 2007 MAKE SIERA STYLE VEHICLE TOWED BY MAC REDMOND TOWING GOVIL VEHICLE NO VES N	FROM TO
13 2	REGISTERED OWNER IN DAMAGED AREA	3 7 33 FROM TO
14	LABLITY INSURANCE O SPOLICY # 10 BOTTOM 5	34
15 2	Control Con	4 35
16	LAST NAME WASHINGTON FIRST NAME STATE OF MIDDLE INITIAL	36
17	STREET NEW ADDRESS DEPARTMENT OF TRANSPORTATION 10833 NORTHUP WAY NE	37
18	OITY BELLEVUE ST WA ZIP 98004	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S STATE SEX D.O.B.	40
21	OUR TOTAL ADDRESS PROTE FROM HELMET INJURY NATURE OF INJURIES	
22		
	LICENSE PLATE # STATE VIN#	[
23	TRAILER PLATE # STATE TRAILER PLATE # STATE STAT	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE NO. 2 REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA	42
	LIAGUITY INSURANCE INSURANCE O & POLICY # 9 TOP 5	
25	OFFICER'S NAME (PRINT) DAGGE OR ID 9 AGENCY	
26	FORRESTER, K. 683 WASHINGTON STATE PATROL	

PAGE 01 OF 4
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REPORT NO.

E252126

2 CASE#

	ADDITIONAL PERSO	NS INVOLVED	(PASSENGERS	AND/OR W	VITNESSE	S ONLY)			
NAME LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #					sex M	D.O.B.			
	1 SEAT 3	AIRBAG 2 F	RESTR. 4 E	лест 1	HELMET USE	INJURY CLASS	1	NATURE OF INJUR	NES
	POS. 3	MINDAG Z	1E3111. 4 C	acot 1	USE	CLASS			
NAME LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #					SEX M	O.O.B.		-	
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	POS.	AMIDAG	120111.	SLO1	USE	CLASS			
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ADDRESS & PHONE #					SEX	D.O.B. MMDDYYYY	_		
PASSENGER WITNESS UNIT #	SEAT POS.	AIRBAG	RESTR. E	JECT	HELMET USE	INJURY CLASS		NATURE OF INJUR	NES
ASSERGER WITHESS OTHER	POS.	<u> </u>		.0207	USE	CLASS			
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Please see subsequent	diagram page							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ICATE NORTH BY ARROW
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Please see subsequent	narrative page(s			٠					
	w band at the	1							
									
									
CERTIFY (DECLARE) UNDER PENALTY OF	PERJURY UNDER THE LAW	/S OF THE STATE			FOREGO	ING IS TRUE AN	4D COP	RRECT. (RCW 9A	.72.085)
K. FORRESTER			6/23/201	3					
APPROVED BY DOWN ON A CO. A CO.	UNIT OR DIST.	, DET	DATED	DATE		CE SIGNED			
Boyle, Sgt. C. 159									
	LODIA TATAVACEDOS	340		DOLLOS DIADAT		24 DM	~ AC F	OUTCE ADDIVED	4:05 DM

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 NO. 3646894	1 8 2 27												
1	INTERSTATE AUT CITY STREET FIRE FIRE FIRE FIRE FIRE FIRE FIRE FIRE	3 28												
2 \	TRIBAL NOT C 2 OBJECT STRUCK M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #													
	DATE OF GS - 11 - 2613 212431	3												
4a	MS IS mp 181 BLOCK NO. [] 181.53	C3\ 29												
5	DISTANCE OF (REFERENCE OR CROSS STREET) OF (REFERENCE OR CROSS STREET)													
	UNIT 01 MOTOR REPEAL- CYCLE DAMAGE THRESHOLD MET VES NO DA	2 30												
g 🚺	LAST NAME FIRST NAME MIDDLE INITIAL IS													
·	STREET NEW ALDRESS CONTROL OF THE PROPERTY OF	[]												
7	CITY RANGES ST WA ZIP COMMENT	1 2 31												
8	CDL ENDORSEMENTS RESTRICTIONS	2												
99	DRIVER'S LICENSE # STATE SEX N B.O.B. MMDDYYYY	3 32												
10	ON DUTY STATUS AIRBAG 7 RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES	2 2												
1160	LICENSE PLATE # VIN#	3												
12 60	TRAILER PLATE # STATE TRAILER PLATE # STATE													
13 -2	VEH YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT VEHICLE YES NO VEHICLE NO. 1	10 TO 33												
14 2	SHADE IN DAMAGED AREA LABILITY INSURANCE INSURANCE CO SPOLICY TOP 1 TO	FROM 10												
15 2	VEHICLE TES NO CHARGE TES NO CHARGE TESTON , 10 ROTTOM)	711.												
16 7	UNIT 02 VEHICLE X GYOLE PEDESTRIAN COVINER VES NO UNIT 475 - 245 - 7439	4 35 14 36												
	LAST NAME FIRST NAME MIDDLE INTIAL	37												
17	STREET NEW ADDRESS C	38												
18	CITY BOOKSEL ST WANTED	39												
19	CDL ENDORSEMENTS RESTRICTIONS C	43												
20	DRIVER'S LICENSE # SEX C MMDDVYYY	1												
21	ON DUTY STATUS AIRBAG 7 RESTR. L EJECT 1 HELMET USE CLASS 1													
22	LICENSE Q Q Q X VX STATE W	•												
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1												
24	VEH YEAR MAKE MODEL SIYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO DELETED OWNER INFO. 2	3 \ 42												
	SHADE IN DAMAGE ON A POLICY A	W.												
25	VEHICLE YES NO CHARGE SANDING OFFICIENTS NAME (PRINT) BADGE OR ID: VEHICLE 10 601 FOM 8 / 6 OFFICIENTS NAME (PRINT)													
26	M. RULLOH PAGE 01 OF 7													

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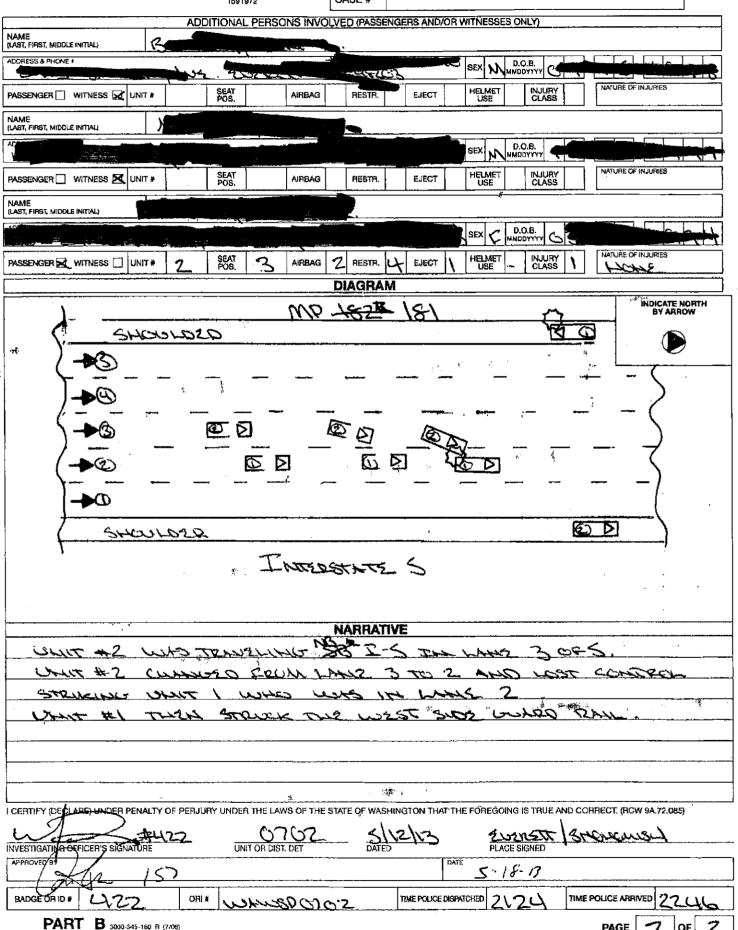


REPORT NO.

PAGE

OF

CASE #



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12	REQISTERED OW	NER INFO															,		81	ADE II	א אאאם א	OED A	REA	L			
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