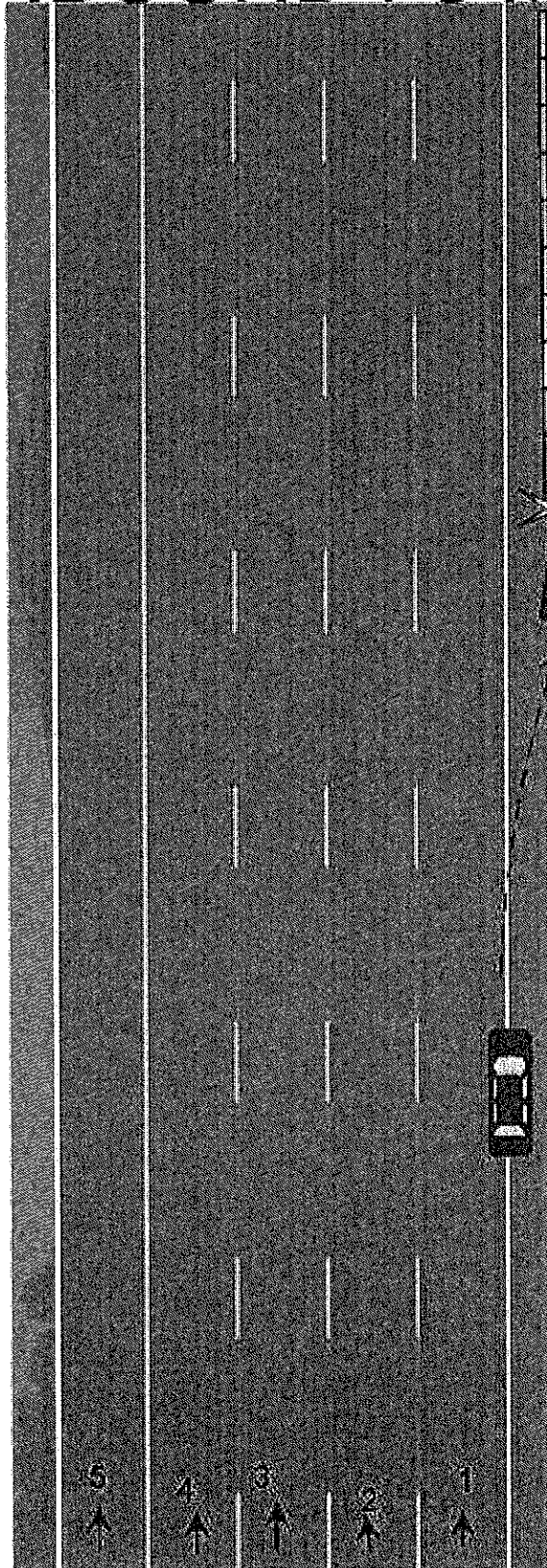


# SOUTHBOUND I-5 MP 191.6



GUARDRAIL



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E245161

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

CASE #  
LOCAL AGENCY CODING  
TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION  
DATE OF COLLISION 5 - 20 - 2013 TIME (2400) 0245 COUNTY # 31 MILES N  E  S  W  IN  OF CITY # 0420

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
SB I-5 BLOCK NO. 191 MILE POST  60

DISTANCE 300.00 MILES  N  E  FEET  S  W OF (REFERENCE OR CROSS STREET) LOWELL RD

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE (425) 583-0462

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2005 MAKE PONT MODEL GRAND STYLE 4T VEHICLE TOWED YES  NO  TOWED BY AMERICAN TOW GOVT. VEHICLE YES  NO

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY #  
VEHICLE LEGALLY STANDING YES  NO  CITATION # 3Z0327167 CHARGE NEGLIGENT DRIVING 2ND DEGREE  
VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (206) 440-4000

LAST NAME WSDOT 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. 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 #  
VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE  
VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) STATEMA, A. BADGE OR ID # 1090 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. **E245161**


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)

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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)

A. STATEMA		5/20/2013	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY	Statema, A. 1090	DATE	
BADGE OR ID #	1090	ORI #	WAWSP0702
TIME POLICE DISPATCHED	2:46 AM	TIME POLICE ARRIVED	2:55 AM

## Narrative

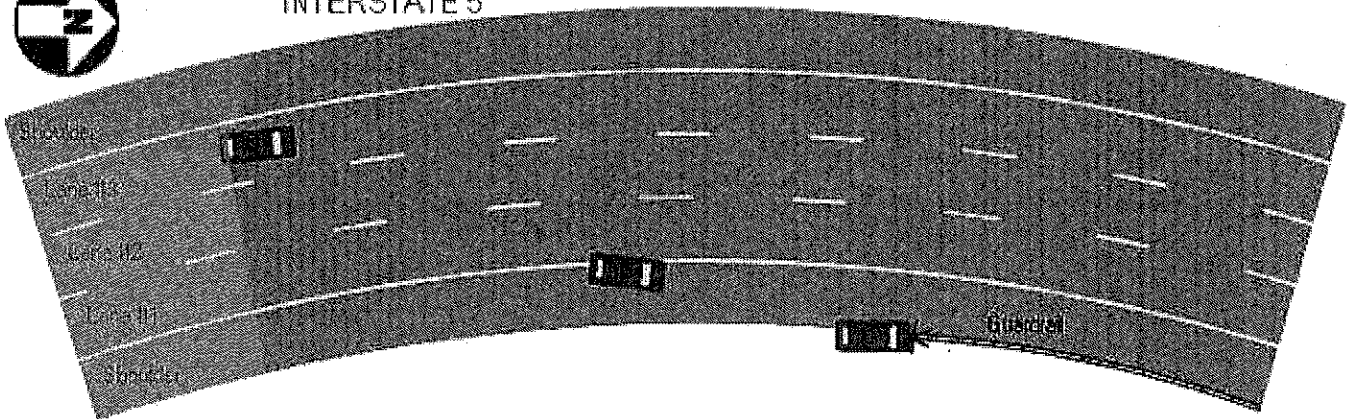
VEH 1 SOUTHBOUND I-5 MILEPOST 191.6. DRIVER 1 STATES WAS FALLING ASLEEP.

VEH 1 DRIFTS OFF ROADWAY TO RIGHT, STRIKES END OF GUARDRAIL AND COMES TO REST IN DITCH.

UNKNOWN VEHICLE, MATCHING DESCRIPTION OF VEH 1, PREVIOUSLY REPORTED AS DRIVING ON RIGHT SHOULDER JUST PRIOR TO COLLISION.



INTERSTATE 5





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1691971

REPORT NO. E241165

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

TRIBAL RESERVATION

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

DATE OF COLLISION 4 - 26 - 2013 TIME (2400) 1500 COUNTY # 08 MILES 2 60 N  S  E  W  IN  OF  CITY # 0170

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
INTERSTATE 5 BLOCK NO. 52 60 MILE POST

DISTANCE 0 60 MILES  FEET  N  E  S  W  OF (REFERENCE OR CROSS STREET) MILEPOST 52

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

LAST NAME FIRST NAME MIDDLE INITIAL S

STREET NEW ADDRESS

CITY TACOMA ST WA ZIP

CDL RESTRICTIONS B ENDORSEMENTS

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

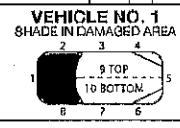
ON DUTY  STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES RIGHT ARM PAIN

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1999 MAKE SUBA MODEL LEGACY STYLE SW VEHICLE TOWED YES  NO  TOWED BY ALWAYS AVAILABLE ANYWHERE GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # CITATION # 3Z0420684 CHARGE R.C.W. 46.61.670



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

LAST NAME WASHINGTON STATE FIRST NAME D.O.T. MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

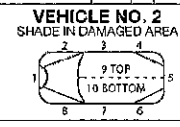
ON DUTY  STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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) GOLA, J BADGE OR ID # 1136 AGENCY WASHINGTON STATE PATROL

PART A

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E241165**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		KING, DON																
ADDRESS & PHONE # (360) 431-8315		SEX	M	D.O.B. MMDDYYYY	2	-	15	-	1946									
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)																		
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)

J GOLA	5/1/2013	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED
APPROVED BY Lane, Sgt. G. 153		PLACE SIGNED
BADGE OR ID # 1136	ORI # WAWSP0504	TIME POLICE DISPATCHED 3:01 PM
		TIME POLICE ARRIVED 3:20 PM

## Narrative

Vehicle #1 was traveling north on Interstate 5 in lane #3 (left lane). Vehicle #1 swerved to the right crossing all the lanes and off the roadway. Vehicle #1 struck the beginning of the guardrail head-on. Vehicle #1 stopped facing north. Several sections of guardrail were damaged.





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1581971

REPORT NO. 2746778

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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 01 OBJECT STRUCK Jersey barrier

TRIBAL RESERVATION

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

DATE OF COLLISION 04-30-2013 2121 06 1350

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

I-205 BLOCK NO. 30 MILE POST 90

DISTANCE 50 MILES  N  E  OF (REFERENCE OR CROSS STREET) Exit 112<sup>nd</sup> AVE

FEET  S  W

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY Vancouver ST WA ZIP

CDL ENDORSEMENTS RESTRICTIONS

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

ON DUTY  STATUS AIRBAG 9 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

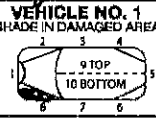
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1988 MAKE TOYT MODEL Cam STYLE 4D VEHICLE TOWED YES  NO  TOWED BY Orchards Towing GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. SAME

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES  NO  CITATION # E-6624735 CHARGE wheels off roadway



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE 360 905 2000

LAST NAME DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 11018 NE 51st CIX

CITY Vancouver ST WA ZIP 98682

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#

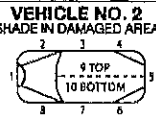
TRAILER PLATE # STATE TRAILER PLATE # STATE

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 #

VEHICLE LEGALLY STANDING YES  NO  CITATION # OFFICER'S NAME (PRINT) Ben Faylor BADGE OR ID # 1196 AGENCY WSP



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



1591972

CORRECTION

REPORT NO. **2746778**

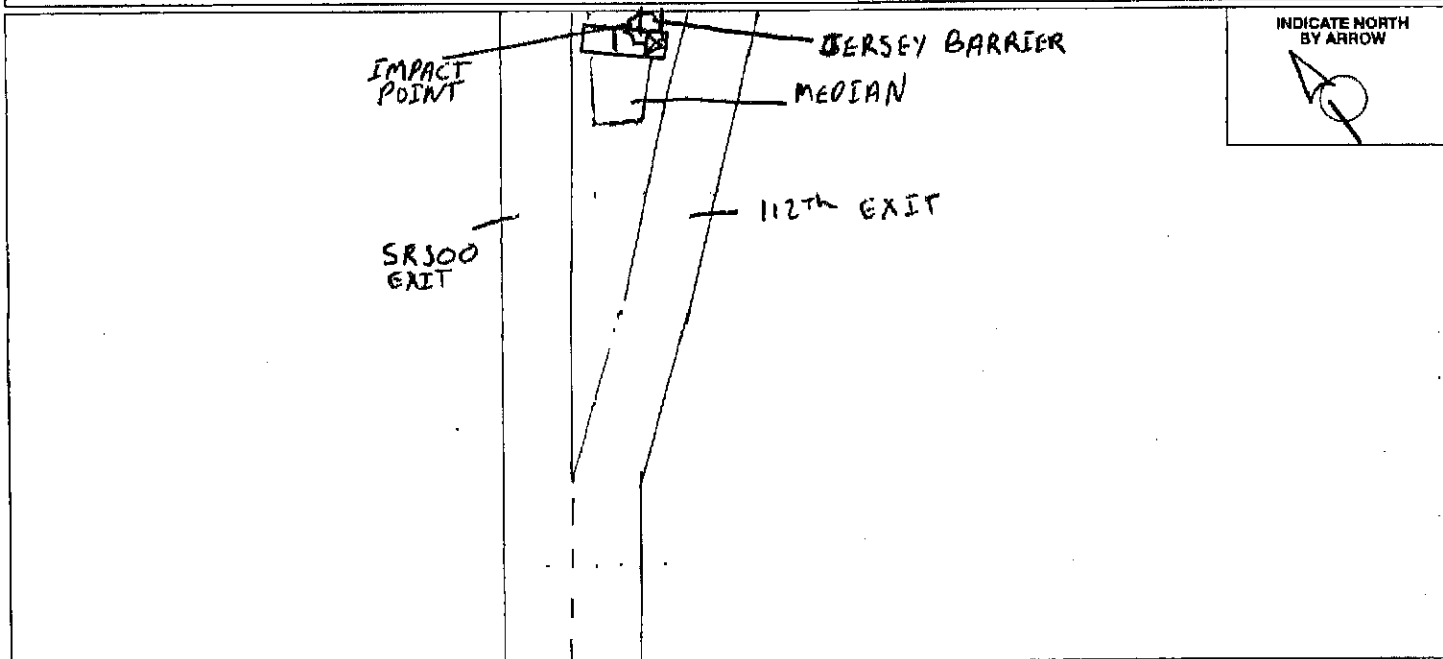
CASE #

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ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY		-		-		-	
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)										SEX		D.O.B. MMDDYYYY		-		-		-	
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)										SEX		D.O.B. MMDDYYYY		-		-		-	
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



NARRATIVE

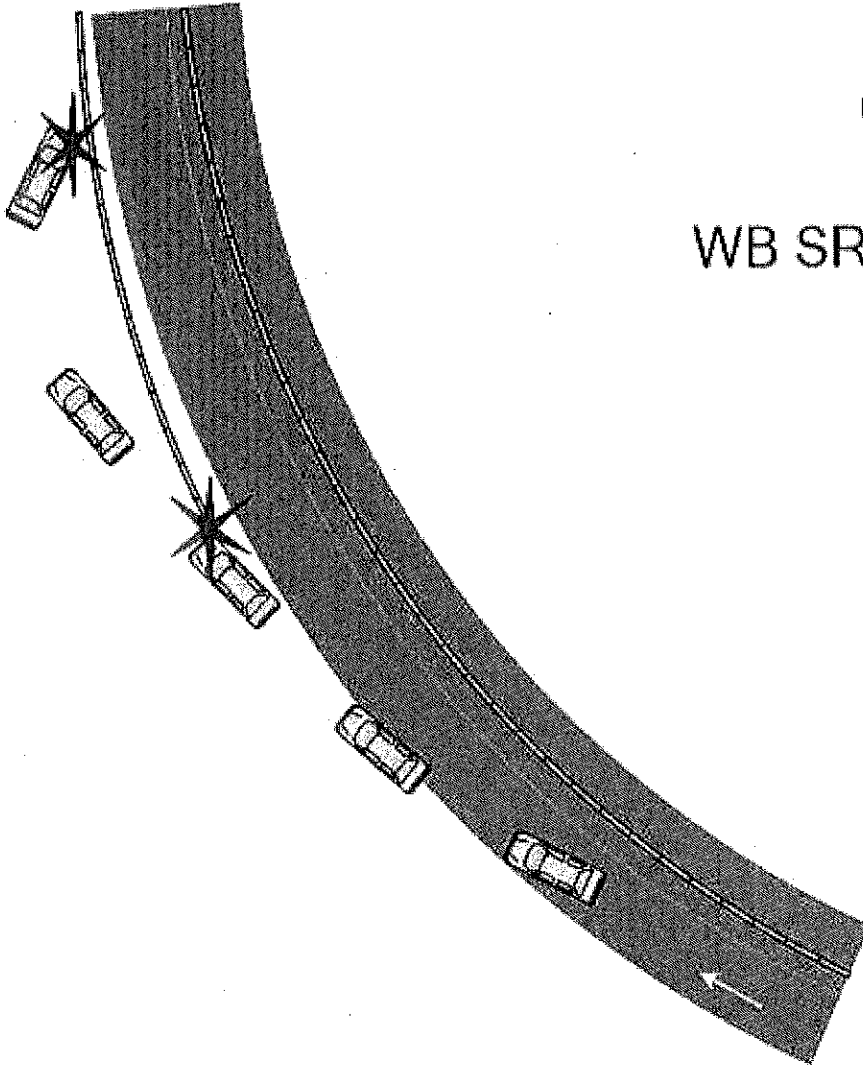
UNIT ONE WAS ON 112th AVE EXIT FROM I-205 NB SWERVED TO AVOID OBJECT IN ROAD WAY UNIT ONE LOST CONTROL OF HIS VEHICLE. UNIT ONE TRAVELED INTO THE MEDIAN AND COLLIDED WITH JERSEY BARRIER

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: 0509 DATED: 04/30/17 PLACE SIGNED: Clark

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BADGE OR ID # 1196 ORI # WAWSM 0509 TIME POLICE DISPATCHED 21:21 TIME POLICE ARRIVED 21:38



WB SR 14 to NB I-205



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E238409

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

CASE #	
LOCAL AGENCY CODING	
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
4 - 14 - 2013		2126	06		1350

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

EB SR 14 TO NB I-205

DISTANCE \_\_\_\_\_ MILES  N  E  FEET  S  W \_\_\_\_\_ OF (REFERENCE OR CROSS STREET)

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

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

STREET NEW ADDRESS \_\_\_\_\_

CITY VANCOUVER ST WA ZIP \_\_\_\_\_

CDL \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE WA SEX M D.O.B. MMDYYYY \_\_\_\_\_

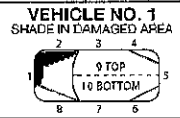
ON DUTY  STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # \_\_\_\_\_ STATE WA VIN# \_\_\_\_\_

TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

VEH. YEAR 2005 MAKE NISS MODEL MAXIMA STYLE 4T VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # \_\_\_\_\_ CITATION # 3Z0337344 CHARGE NEG 2ND



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (360) 759-1300

LAST NAME DOT FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

STREET NEW ADDRESS 11018 NE 51ST CIRCLE

CITY VANCOUVER ST WA ZIP 98682

CDL \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. MMDYYYY \_\_\_\_\_

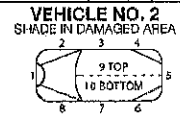
ON DUTY  STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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) BARLOW, S. BADGE OR ID # 974 AGENCY WASHINGTON STATE PATROL

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PART A

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E238409**

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. BARLOW		4/17/2013	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY	CLARK, G. 241	DATE	
BADGE OR ID #	974	ORI #	WAWSP0503
TIME POLICE DISPATCHED	9:26 PM	TIME POLICE ARRIVED	9:42 PM

## Narrative

unit 1 was traveling from eastbound SR 14 to NB I-205 ramp. unit 1 stated he had fell asleep left the roadway to the left striking the metal guardrail going off the roadway and came back towards the guardrail striking it a second time.



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. 3524870

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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	02
OBJECT STRUCK	

DATE OF COLLISION	10-16-2011	TIME (2400)	1648	COUNTY #	17	MILES		CITY #	1320
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>		NON-INTERSECTION <input checked="" type="checkbox"/>		BLOCK NO.		155.90	

DISTANCE	0.04	MILES <input checked="" type="checkbox"/>	FEET <input type="checkbox"/>	N <input type="checkbox"/>	E <input type="checkbox"/>	S <input type="checkbox"/>	W <input checked="" type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SR-599
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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"/>
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LAST NAME	[REDACTED]	FIRST NAME	[REDACTED]	MIDDLE INITIAL	[REDACTED]
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STREET NEW ADDRESS	[REDACTED]
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CITY	SEATTLE	ST.	WA	ZIP	[REDACTED]
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CDL		ENDORSEMENTS		RESTRICTIONS	
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DRIVER'S LICENSE #	[REDACTED]	STATE	WA	SEX	M	D.O.B.	[REDACTED]
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	NONE STATED
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LICENSE PLATE #	[REDACTED]	STATE	WA	VIN#	[REDACTED]
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	92	MAKE	ACUR	MODEL	VIL6	STYLE	2DR	VEHICLE TOWED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	PRIVATE TOWING	GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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REGISTERED OWNER INFO	[REDACTED]	VEHICLE NO. 1	SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	NONE	VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" 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	206-440-4491
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LAST NAME	WSDOT	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	15700 DAYTON AVE N
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CITY	SEATTLE	ST.	WA	ZIP	98133
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CDL		ENDORSEMENTS		RESTRICTIONS	
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DRIVER'S LICENSE #		STATE		SEX		D.O.B.	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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REGISTERED OWNER INFO		VEHICLE NO. 2	SHADE IN DAMAGED AREA
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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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OFFICER'S NAME (PRINT)	Taylor	BADGE OR ID #	1109	AGENCY	WSP
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1591972

CORRECTION

REPORT NO. **3524870**

CASE # \_\_\_\_\_

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

ADDRESS [REDACTED] SEX **F** D.O.B. [REDACTED]

PASSENGER  WITNESS  UNIT # **01** SEAT POS. **03** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **1** INJURY CLASS **1** NATURE OF INJURIES **NONE**

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

ADDRESS [REDACTED] SEX **F** D.O.B. [REDACTED]

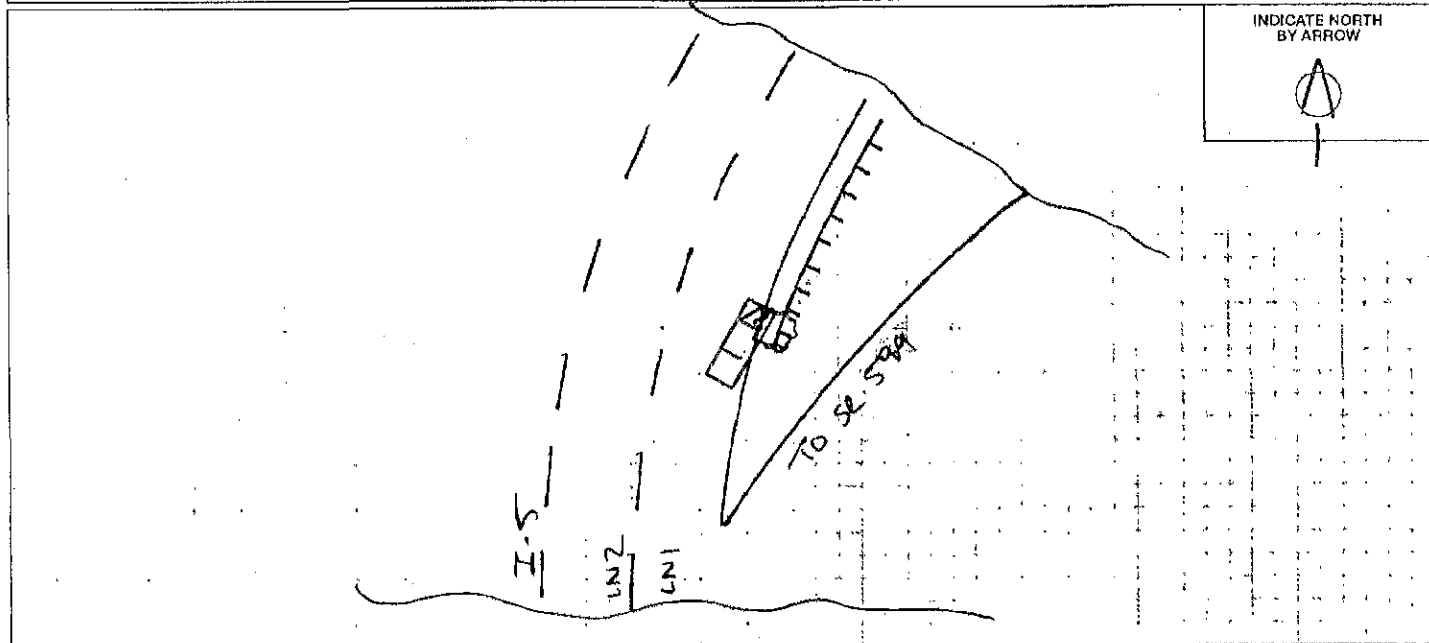
PASSENGER  WITNESS  UNIT # **01** SEAT POS. **04** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **1** INJURY CLASS **1** NATURE OF INJURIES **NONE**

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



NARRATIVE

VEHICLE ONE WAS TRAVELING N/B I-5 IN LANE 1 OF 5. THE PASSENGER IN THE RIGHT FRONT ( [REDACTED] ) GRABBED THE STEERING WHEEL AND JERKED IT TO THE RIGHT CAUSING THE VEHICLE TO STRIKE THE 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 *[Signature]* UNIT OR DIST. DET **02/07** DATED **10/16/11** PLACE SIGNED **KING**

APPROVED BY *[Signature]* DATE **10/21/11**

BADGE OR ID # **1109** ORI # **WAWSPO207** TIME POLICE DISPATCHED **1652** TIME POLICE ARRIVED **1658**





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591871

REPORT NO. 2810764

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INTERSTATE  CITY STREET   
STATE ROUTE  OTHER   
COUNTY RD  PRIVATE WAY

FIRE RESULTED   
STOLEN VEHICLE   
HIT & RUN INVOLVED

CASE # \_\_\_\_\_  
LOCAL AGENCY CODING \_\_\_\_\_  
TOTAL # OF UNITS 01 OBJECT STRUCK GUARDRAIL

TRIBAL RESERVATION \_\_\_\_\_  
DATE OF COLLISION 05-03-2013 TIME (2400) 1733 COUNTY # 19 MILES 10.05 CITY # 0220  
N  E  IN  S  W  OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
WIB E-90 BLOCK NO. \_\_\_\_\_ MILE POST 74.95

DISTANCE 05 MILES  N  E  FEET  S  W OF (REFERENCE OR CROSS STREET) WIB E-90 MP 75

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

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. \_\_\_\_\_

ON DUTY  STATUS \_\_\_\_\_ AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE \_\_\_\_\_ INJURY CLASS 6 NATURE OF INJURIES Bruises/Scratches on Arms from Airbag

LICENSE PLATE # \_\_\_\_\_ STATE WA

TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

VEH. YEAR 2001 MAKE SUBARU MODEL LEG STYLE 4D VEHICLE TOWED YES  NO  TOWED BY OWNER'S REQUEST GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO SAME VEHICLE NO. 1 SHADE IN DAMAGED AREA  
LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # \_\_\_\_\_  
VEHICLE LEGALLY STANDING YES  NO  CITATION # I6735971 CHARGE 46.61.140

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE 509-674-4443

LAST NAME DOT FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

STREET NEW ADDRESS 151 South Bullfrog Road

CITY Cle Elum ST WA ZIP 98922

CDL \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

LICENSE PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ VIN# \_\_\_\_\_

TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

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

REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA  
LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # \_\_\_\_\_  
VEHICLE LEGALLY STANDING YES  NO  CITATION # \_\_\_\_\_ CHARGE \_\_\_\_\_

OFFICER'S NAME (PRINT) J.P. BRYANT BADGE OR ID # 445 AGENCY WSP

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

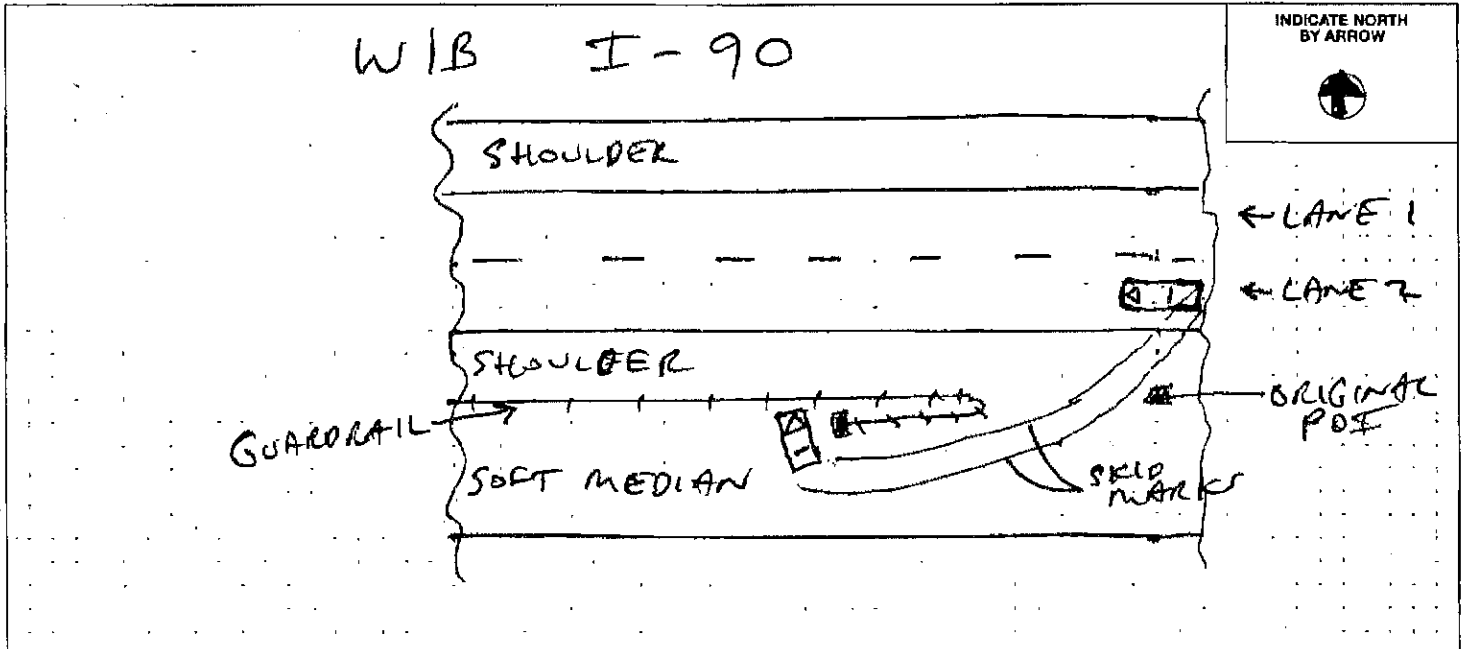
REPORT NO. **2810764**

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



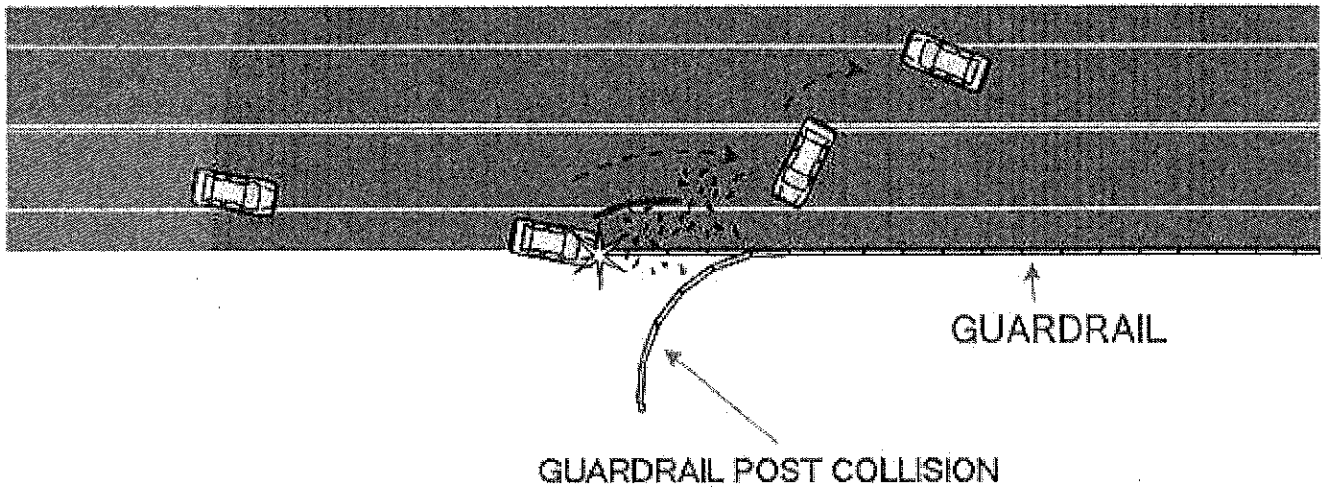
NARRATIVE

Vehicle #1 was traveling WB I-90 in lane 2 of 2. Vehicle #1 crossed over the fog line to the south and struck the edge of a DIRT GUARDRAIL. Vehicle #1 damaged approximately 60 feet of guardrail and 9 metal posts before it came to rest facing north bound in the median.

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>J.P. Bryant</i>	UNIT OR DIST. DET <b>06/07</b>	DATED <b>5-6-13</b>	PLACE SIGNED <b>Ellensburg WA</b>
APPROVED BY <i>[Signature]</i>	DATE <b>5/8/13</b>	BADGE # <b>445</b>	ORI # <b>WAWSPO667</b>
TIME POLICE DISPATCHED <b>1735</b>	TIME POLICE ARRIVED <b>1756</b>		

# STATE ROUTE 532 MP 8.60





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E203493

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2 1  
3 6

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

CASE #	
LOCAL AGENCY CODING	
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION													
DATE OF COLLISION	10 - 26 - 2012	TIME (2400)	0245	COUNTY #	31	MILES	2	40	N <input type="checkbox"/>	E <input checked="" type="checkbox"/>	IN <input type="checkbox"/>	CITY #	1235
									S <input type="checkbox"/>	W <input type="checkbox"/>	OF <input checked="" type="checkbox"/>		

4  
4a  
5

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>					
SR 532	BLOCK NO.	8	60				
DISTANCE	0	14	MILES <input checked="" type="checkbox"/>	N <input type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	28TH AVE W
			FEET <input type="checkbox"/>	S <input type="checkbox"/>	W <input checked="" type="checkbox"/>		

0 1 29  
30

6 1

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

7

STREET NEW ADDRESS	[REDACTED]				
CITY	STANWOOD	ST	WA	ZIP	[REDACTED]

1 1 2 31

8

CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	[REDACTED]	STATE	WA	SEX	F	D.O.B.	[REDACTED]
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10

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES	BACK PAIN
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11 5 5

LICENSE PLATE #	[REDACTED]	STATE	WA	VIN#	[REDACTED]
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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13 4

VEH. YEAR	2004	MAKE	HOND	MODEL	ACCORD	STYLE	4T	VEHICLE TOWED YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	NORTH COUNTY TOWING	GOVT. VEHICLE YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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FROM 7 3 33

14

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	[REDACTED]
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FROM 34

15 2

VEHICLE LEGALLY STANDING YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	CITATION #	2Z0761154	CHARGE	DRIVING WITH WHEELS OFF
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16

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	(206) 440-4000
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17

LAST NAME	WA STATE DOT	FIRST NAME		MIDDLE INITIAL	
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18

STREET NEW ADDRESS	PO BOX 330310				
CITY	SEATTLE	ST	WA	ZIP	98133

36

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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX		D.O.B.	
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21

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 #	[REDACTED]
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26

VEHICLE LEGALLY STANDING YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	CHARGE	OFFICER'S NAME (PRINT)	WATKINS, D.	BADGE OR ID #	310	AGENCY	WASHINGTON STATE PATROL
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UNDER 23 UNITED STATES CODE - SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E203493**

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)

D. WATKINS	11/4/2012		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY YIM, C. 0259	DATE		

BADGE OR ID #	310	ORI #	WAWSP0715	TIME POLICE DISPATCHED	2:45 AM	TIME POLICE ARRIVED	3:01 AM
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## Narrative

UNIT 1 WAS TRAVELING EB ON SR 532 AT MP 8. FOR UNKNOWN REASONS UNIT 1 DRIFTED OFF THE RIGHT SHOULDER OF THE ROADWAY AND STRUCK THE GUARDRAIL. UNIT 1 SPUN CLOCKWISE AND CAME TO REST FACING NORTHWEST IN THE WESTBOUND LANE OF THE ROAD. THE DRIVER OF UNIT 1 STATED SHE DID NOT REMEMBER THE COLLISION AND ONLY REMEMBERED WAKING UP POST COLLISION. THERE WAS NO SIGNS OF BRAKING SEEN PRIOR TO IMPACT WITH THE GUARDRAIL.



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591871

REPORT NO. 3522354

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

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK

TRIAL RESERVATION

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

DATE OF COLLISION 03-04-2013 0943 17 N  E  IN  OF 0825  
S  W

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

SB SR 203 BLOCK NO. MILE POST 9.00

DISTANCE OF (REFERENCE OR CROSS STREET)

00.82 MILES  N  E  LK JOY ROAD  
FEET  S  W

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE 425 442 1338.

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY DUVALL ST WA ZIP

CDL ENDORSEMENTS RESTRICTIONS C

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

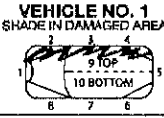
ON DUTY  STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE STATED

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2008 MAKE CHEV MODEL MALI STYLE 4D VEHICLE TOWED YES  NO  TOWED BY AAA GOVT. VEHICLE YES  NO

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



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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY DUVALL ST WA ZIP

CDL ENDORSEMENTS RESTRICTIONS C

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

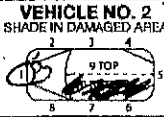
ON DUTY  STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE STATED

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2008 MAKE GMC MODEL ACA STYLE 4D VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. SAME. LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY # 3ASECO X5141969 CITATION # NA CHARGE NA.



OFFICER'S NAME (PRINT) M. PORTER BADGE OR I.D. # 1153 AGENCY WSP

PART A

PAGE 01 OF 2



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. 3522354

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER  WITNESS  UNIT # 02 SEAT POS. 11 AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE

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

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

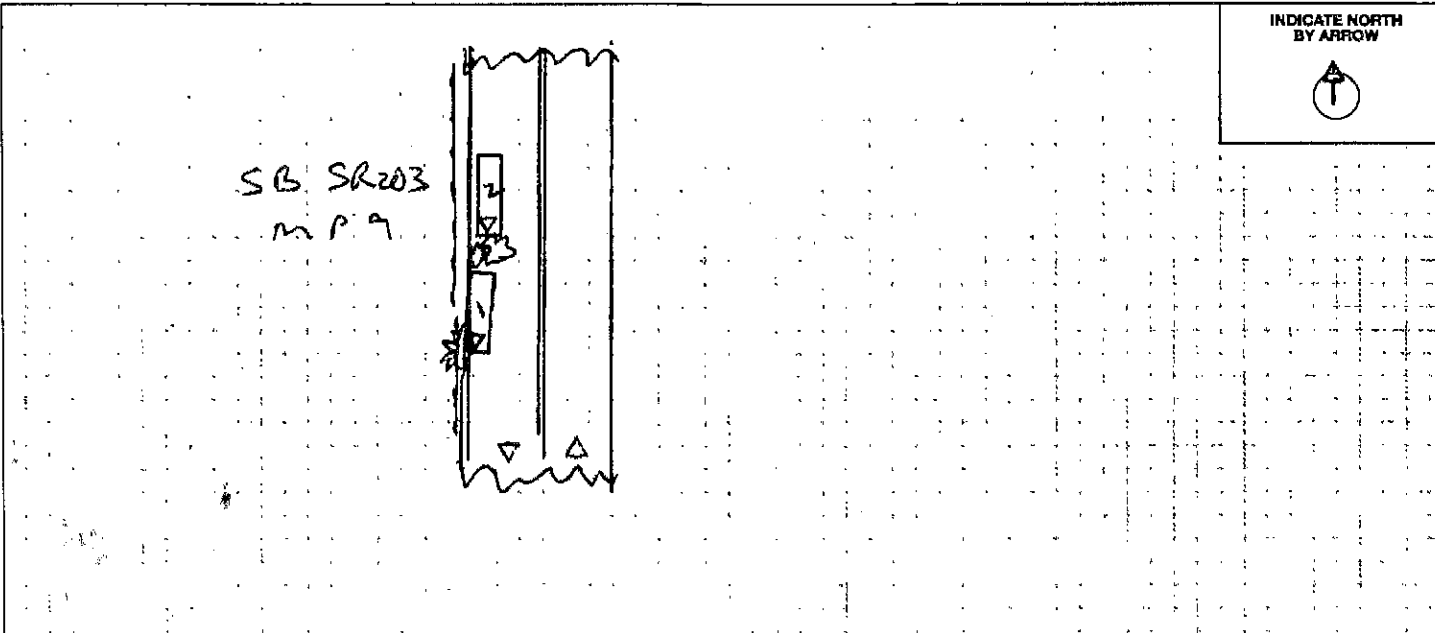
PASSENGER  WITNESS  UNIT # 02 SEAT POS. 11 AIRBAG 2 RESTR. 5 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE

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



NARRATIVE

UNITS 1 + 2 TRAVELING SB SR 203 MP 9. UNIT 1 IMPACTS THE GUARD RAIL ON THE RIGHT SIDE WHICH KNOCKS OFF THE DOOR. UNIT TWO DRIVES OVER THE DOOR, WHICH IMPACTS THE BOTTOM OF HER SEAT.

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 0215 DATED 3-4-13 PLACE SIGNED KEN/6

APPROVED BY [Signature] H434 (TID) DATE 3/8/13

BADGE OR ID # 1153 ORI # WAWSPO215 TIME POLICE DISPATCHED 09:43 TIME POLICE ARRIVED 10:23





SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

CORRECTION

REPORT NO.

3 5 2 2 3 5 4

CASE #

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COMMERCIAL MOTOR CARRIER

INTERSTATE  INTRASTATE

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 # 3 MOTOR VEHICLE  PEDAL CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE 425-739-357

LAST NAME WA DOT FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

STREET NEW ADDRESS  10833 NORTHTRUP WAY NE

CITY BE/BLU ST WA ZIP 98004

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. \_\_\_\_\_ SHADE IN DAMAGED AREA

LIABILITY INSURANCE  DEFECT \_\_\_\_\_ INSURANCE CO & POLICY # \_\_\_\_\_ CITATION # \_\_\_\_\_ CHARGE \_\_\_\_\_

VEHICLE DAMAGE  YES  NO  CITATION # \_\_\_\_\_ CHARGE \_\_\_\_\_

UNIT # \_\_\_\_\_ MOTOR VEHICLE  PEDAL CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

STREET NEW ADDRESS  \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CDL \_\_\_\_\_ 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. \_\_\_\_\_ SHADE IN DAMAGED AREA

LIABILITY INSURANCE  DEFECT \_\_\_\_\_ INSURANCE CO & POLICY # \_\_\_\_\_ CITATION # \_\_\_\_\_ CHARGE \_\_\_\_\_

VEHICLE DAMAGE  YES  NO  CITATION # \_\_\_\_\_ CHARGE \_\_\_\_\_

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

INVESTIGATING OFFICER'S SIGNATURE [Signature] UNIT OR DIST DET 0215 DATED: 8-7-13 PLACE SIGNED KING

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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. 3533122

01 27

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 # 13-003676

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK GAURD RAIL

TRIBAL RESERVATION

DATE OF COLLISION 03-08-2013 TIME (2400) 232629 MILES 18.50 COUNTY # 0260 CITY # 0260

ON (PRIMARY TRAFFIC WAY) SB SR 530 INTERSECTION  NON-INTERSECTION  BLOCK NO. 609 MILE POST

DISTANCE 2.7 MILES  FEET  OF (REFERENCE OR CROSS STREET) CHANTEL LN.

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

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

STREET NEW ADDRESS [REDACTED]

CITY DARRINGTON ST WA ZIP [REDACTED]

GDL [REDACTED] ENDORSEMENTS [REDACTED] RESTRICTIONS [REDACTED]

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

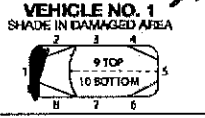
ON DUTY  STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE STATED

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

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

VEH. YEAR 2010 MAKE GARD MODEL F450 STYLE PIU VEHICLE TOWED YES  NO  TOWED BY CHAZLS TOWING GOVT. VEHICLE YES  NO

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # [REDACTED] VEHICLE EQUALS STANDING YES  NO  CITATION # 20898268 CHARGE DUE



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE 360-848-7230

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

STREET NEW ADDRESS 4100 CEDARDALE RD

CITY MOUND VERNON ST WA ZIP 98274

GDL [REDACTED] ENDORSEMENTS [REDACTED] RESTRICTIONS [REDACTED]

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

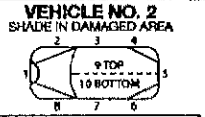
ON DUTY  STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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

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

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

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # [REDACTED] VEHICLE EQUALS STANDING YES  NO  CITATION # [REDACTED] CHARGE [REDACTED]



OFFICER'S NAME (PRINT) J.M. ADDAE BADGE OR ID # 326 AGENCY WSP

PART A 3000-345-168 R (7/08) 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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

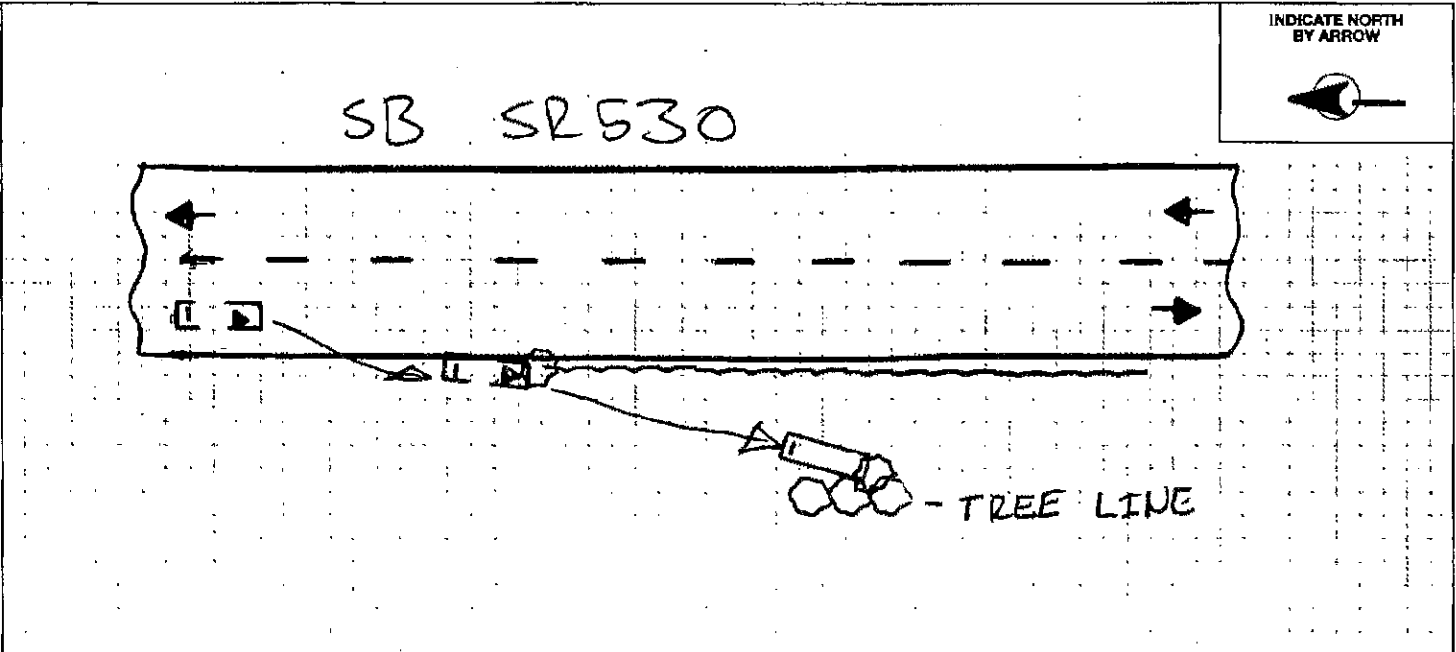
REPORT NO. **3533122**

CASE # **13-003076**

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

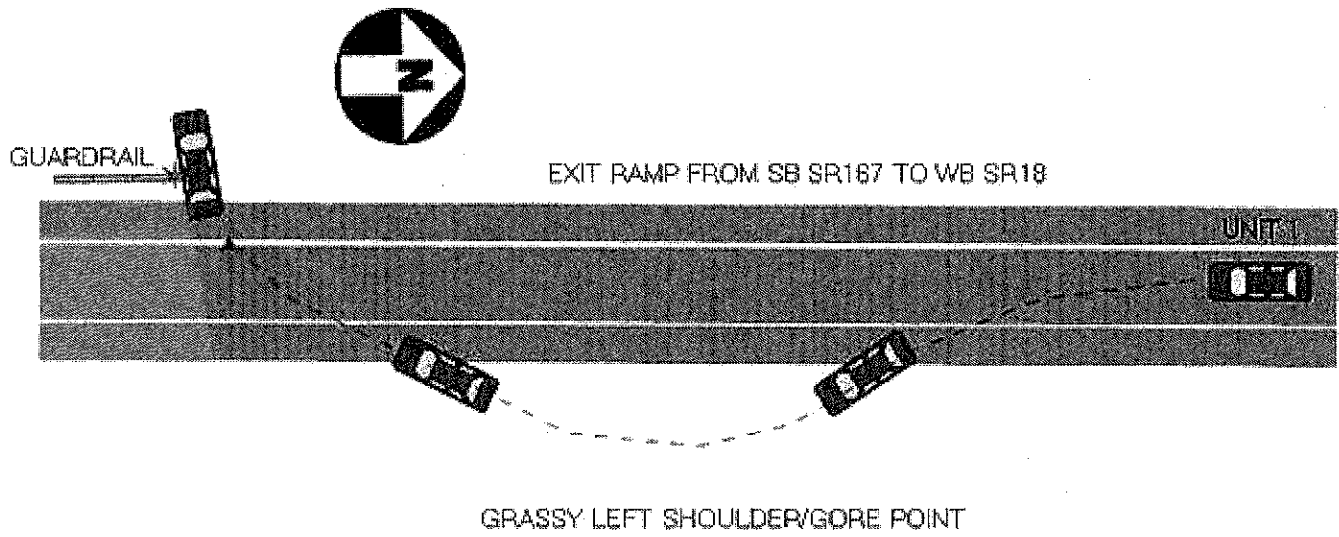


NARRATIVE

VEHICLE ONE WAS TRAVELING SOUTH ON SR530 NEAR MP61. VEHICLE ONE LOST CONTROL, DRIVING OFF THE ROAD TO THE RIGHT. VEHICLE ONE STRUCK A GARD RAIL AND CONTINUED DOWN INTO A DITCH. VEHICLE ONE RIPPED APPROXIMATELY 50FT OF RAIL OUT OF THE GROUND BEFORE COMING TO A STOP WHEN IT STRUCK A TREE LINE IN THE DITCH. THE DRIVER OF VEHICLE ONE WAS IMPAIRED BY ALCOHOL.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

INVESTIGATING OFFICER'S SIGNATURE	<b>07-11</b> UNIT OR DIST. DET	<b>03-10-13</b> DATED	<b>SKAGIT COUNTY</b> PLACE SIGNED
APPROVED BY	DATE <b>3-10-13</b>		
BADGE OR ID # <b>326</b>	ORI # <b>WAWSR 0711</b>	TIME POLICE DISPATCHED <b>2326</b>	TIME POLICE ARRIVED <b>0009</b>





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E233976

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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	PIPE 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	

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	2 - 27 - 2013	1913	17	0055

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SB SR167	BLOCK NO.	14 34
	MILE POST	<input checked="" type="checkbox"/>

DISTANCE	0 01	MILES <input checked="" type="checkbox"/>	N <input type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
	FEET <input type="checkbox"/>	S <input checked="" type="checkbox"/>	W <input type="checkbox"/>		WB SR18

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	DES MOINES	ST	WA	ZIP
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.	M M D D Y Y Y Y
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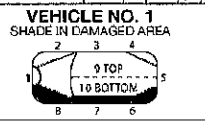
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	4	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	639WYJ	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2007	MAKE	HOND	MODEL	ACD4D	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY INSURANCE TOW	GOVT VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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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	(206) 440-4491
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LAST NAME	WA ST DOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	15700 DAYTON AVE N
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CITY	SEATTLE	ST	WA	ZIP	98133
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.	M M D D Y Y Y Y
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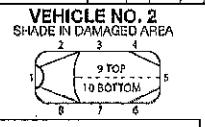
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. 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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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
MATTOX, B	1072	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. **E233976**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX F

D.O.B.  
MMDDYYYY

PASSENGER  WITNESS

UNIT #

1

SEAT  
POS. 3

AIRBAG 2

RESTR. 4

EJECT 1

HELMET  
USE

INJURY  
CLASS 7

NATURE OF INJURIES

LEFT KNEE PAIN - AID

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)

B MATTOX

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

3/24/2013

DATED

PLACE SIGNED

APPROVED BY

Villanti, B. 134

DATE

BADGE OR ID # 1072

ORI # WAWSP0206

TIME POLICE DISPATCHED 7:14 PM

TIME POLICE ARRIVED 7:22 PM

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**

U1 WAS TRAVELING SB SR167 TO WB SR18. U1 BRAKED AND ATTEMPTED TO AVOID HITTING A K9. U1 LOST CONTROL AND ENTERED THE MEDIAN ON THE LEFT, CAME BACK ACROSS THE RAMP SIDEWAYS AND STRUCK THE GUARDRAIL ON THE RIGHT SIDE OF THE RAMP WITH THE LEFT REAR DRIVER'S SIDE.