



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E228993

1 2 3 27

1 1

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

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Concrete/Jersey Barrier

2 1

TRIBAL RESERVATION

3 1

DATE OF COLLISION 2 - 26 - 2013 TIME (2400) 1355 COUNTY # 17 MILES CITY # 1140

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION [ ] NON-INTERSECTION [X] S/B I-5 BLOCK NO. 175 MILE POST 00

4a

5

DISTANCE 300.00 MILES [ ] N [X] E [ ] FEET [ ] S [ ] W [ ] OF (REFERENCE OR CROSS STREET) NE 175TH ST.

0 1 29

6 1

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

LAST NAME M FIRST NAME E MIDDLE INITIAL E

STREET NEW ADDRESS [REDACTED]

7

CITY NEW YORK ST NY ZIP [REDACTED]

1 2 31

8

CDL RESTRICTIONS ENDORSEMENTS

9 9

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

10

ON DUTY [ ] STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

1 2 32

11 6 0

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

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 3

VEH. YEAR 2012 MAKE TOYT MODEL CAMRY STYLE 4T VEHICLE TOWED YES [X] NO [ ] TOWED BY BOBS TOWING GOVT. VEHICLE YES [ ] NO [X]

FROM 10 1 5 33

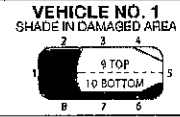
14

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT [X] INSURANCE CO & POLICY # GEICO INS. 4240874299

FROM 10 34

15 1

VEHICLE LEAVING STANDING YES [ ] NO [ ] CITATION # 3Z0204338 CHARGE WHEELS OFF ROADWAY



16

UNIT 02 MOTOR VEHICLE [ ] PEDAL-CYCLE [ ] PEDESTRIAN [ ] PROPERTY OWNER [X] DAMAGE THRESHOLD MET YES [X] NO [ ] PHONE (206) 440-4490

4 35

17

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

18

STREET NEW ADDRESS 6431 CORSON AVE S.

19

CITY SEATTLE ST WA ZIP 98108

36

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

37

22

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

38

23

LICENSE PLATE # STATE VIN#

39

24

TRAILER PLATE # STATE TRAILER PLATE # STATE

1 41

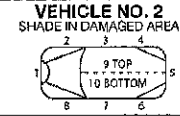
25

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

42

26

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



OFFICER'S NAME (PRINT) KING, N. BADGE OR ID # 705 AGENCY WASHINGTON STATE PATROL

PART A



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E228993**

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)

N. KING

2/27/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ZIMMER, SGT J 286

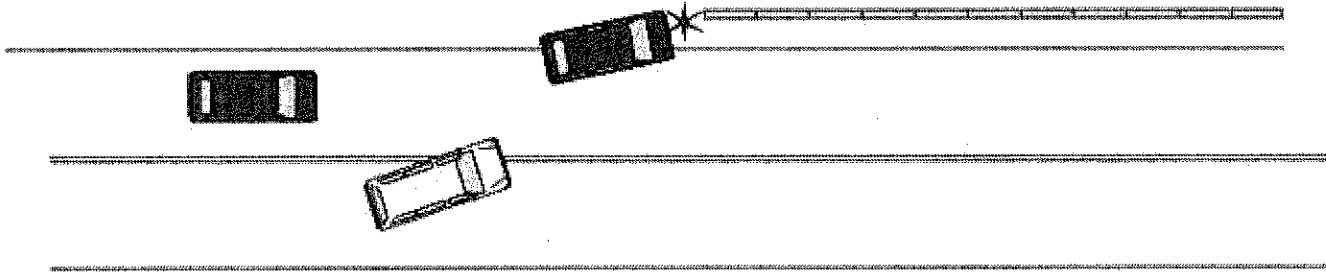
DATE

BADGE OR ID #	705	ORI #	WAWSP0204	TIME POLICE DISPATCHED	1:56 PM	TIME POLICE ARRIVED	2:04 PM
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## Narrative

Vehicle #1 traveling s/b I-5 approaching Ne. 175th street in lane 1 of 5.

Vehicle #1 drifted onto the right shoulder, where it collided with the metal guard railing on its front bumper/hood area. This caused the vehicle to rotate 90 degrees facing west and skid into the median where it came to rest. 3 4x4 posts were destroyed and 3 sections of metal guard railing damaged as a result of the collision.



N/B SR 503 MP 10



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E221695

1 17 27

1 1

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

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

2 1

TRIBAL RESERVATION

3 1

DATE OF COLLISION: M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

1 - 12 - 2013 1503 06 0 50 N  E  IN  S  W  OF  0060

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

N/B SR 503 BLOCK NO. 10 MILE POST  10

4a

5

DISTANCE 10.00 MILES  N  E  OF (REFERENCE OR CROSS STREET) FEET  S  W NE ROPER RD

6 2

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

LAST NAME FIRST NAME MIDDLE INITIAL J

STREET NEW ADDRESS

7

CITY YACOLT ST WA ZIP 98675

8

CDL RESTRICTIONS ENDORSEMENTS

9 9

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

10

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

11 5 5

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 2

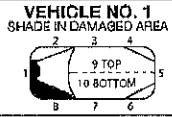
VEH. YEAR 1998 MAKE SUBA MODEL LEGSW STYLE SW VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. BARTKOWSKI, JON

14

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY #

VEHICLE LEGALLY STANDING YES  NO  CITATION # 3Z0041054 CHARGE PASSING IN NO PASSING ZONE



15 2

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

16

LAST NAME WA DOT FIRST NAME MIDDLE INITIAL

17

STREET NEW ADDRESS 11018 NE 51ST CIR

18

CITY VANCOUVER ST WA ZIP 98682

19

CDL RESTRICTIONS ENDORSEMENTS

20

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

21

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

22

LICENSE PLATE # STATE VIN#

23

TRAILER PLATE # STATE TRAILER PLATE # STATE

24

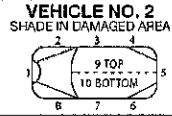
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO.

25

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. & POLICY #

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



26

OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY

JORDAN, B 482 WASHINGTON STATE PATROL

1 12 31

1 32

FROM 10 5 1 33

FROM 10 4 34

4 35

36

37

38

39

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1 41

42

PART A



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E221695**

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 #

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)

B JORDAN

1/20/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Olson, Sgt. G. 165

DATE

BADGE OR ID #

482

ORI #

WAWSP0509

TIME POLICE DISPATCHED

3:03 PM

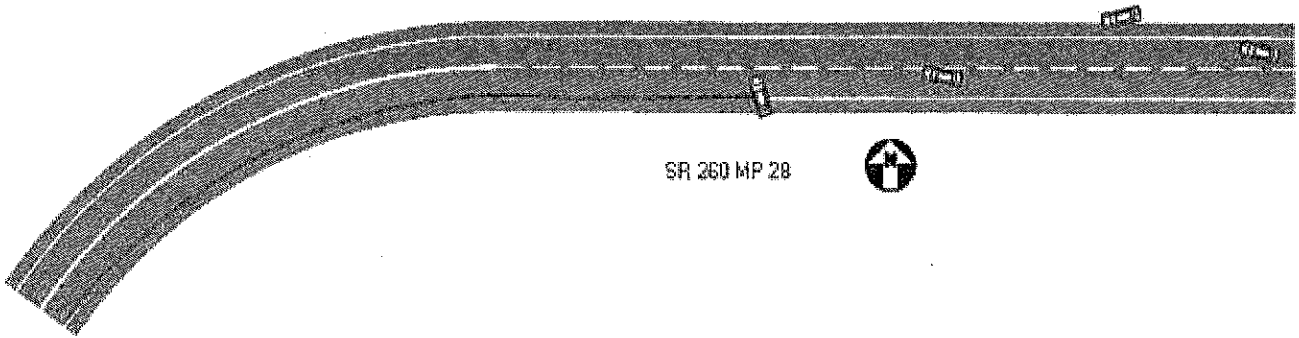
TIME POLICE ARRIVED

3:11 PM

## Narrative

V1 TRAVELING N/B SR 503 MP 10. THE VEHICLE IN FRONT OF V1 SLOWED AND ACTIVATED RIGHT TURN SIGNAL. V1 BEGAN TO PASS IN NO PASSING ZONE. THE DRIVER OF THE FRONT VEHICLE ACTIVATED LEFT TURN SIGNAL AND BEGAN TO TURN LEFT. DRIVER OF V1 SWERVED TO AVOID STRIKING OTHER VEHICLE AND STRUCK GUARDRAIL.





SR 260 MP 28





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E225618

1 2 3 27  
2  
3  
1 28  
2  
3

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

CASE #  
LOCAL AGENCY CODING  
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 #  
2 - 1 - 2013 1132 11 5 00 N  E  IN  S  W  OF  0595

ON (PRIMARY TRAFFIC WAY) INTERSECTION  .NON-INTERSECTION   
W/B SR 260 BLOCK NO. 28 00 MILE POST

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

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

LAST NAME FIRST NAME MIDDLE INITIAL L

STREET NEW ADDRESS

CITY KENNEWICK ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

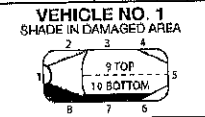
ON DUTY  STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # 059XGF STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2008 MAKE HOND MODEL CIV2D STYLE CP VEHICLE TOWED YES  NO  TOWED BY AAA GOVT. VEHICLE YES  NO

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



VEHICLE LEGALLY STANDING YES  NO  CITATION # 3Z0198824 CHARGE WHEELS OFF ROADWAY

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (509) 545-2202

LAST NAME WA STATE DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 1816 N. 4TH AVE

CITY PASCO ST WA ZIP 99301

CDL RESTRICTIONS ENDORSEMENTS

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

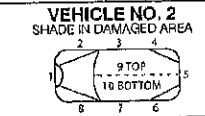
ON DUTY  STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 #



VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE

OFFICER'S NAME (PRINT) ZANE, J. BADGE OR ID # 1157 AGENCY WASHINGTON STATE PATROL

0 1 29

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1 2 31

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3 7 33

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4 35

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E225618**

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

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)

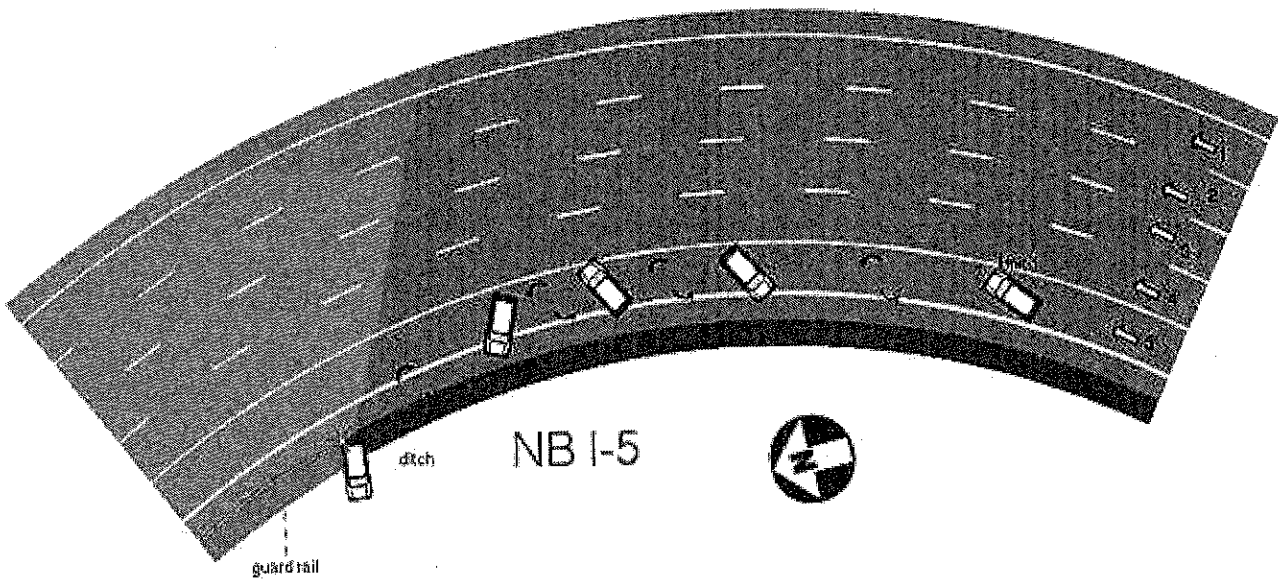
J. ZANE \_\_\_\_\_ 2/8/2013 \_\_\_\_\_  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY WILSON, SGT. D. 267 \_\_\_\_\_ DATE \_\_\_\_\_

BADGE OR ID # 1157 ORI # WAWSP0308 TIME POLICE DISPATCHED 11:32 AM TIME POLICE ARRIVED 12:18 PM

## Narrative

Unit 1 was W/B SR 260 MP 28 when the driver left the roadway to the right. The driver over corrected to the left and crossed both lanes of travel and struck a DOT guardrail.





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E154582

1 0 4 27  
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1 28  
2  
3  
0 1 29

1 2  
2 2  
3 1  
4  
4a  
5

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

CASE #  
LOCAL AGENCY CODING  
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 #  
2 - 14 - 2012 1343 17 N S E W IN OF 1139

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
NB I-5 BLOCK NO. 152 MILE POST 18

DISTANCE 0.10 MILES  N  E  S  W OF (REFERENCE OR CROSS STREET) S. 188TH ST

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY SEATTLE 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 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE AK VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2012 MAKE TOYT MODEL 4D STYLE 4T VEHICLE TOWED YES  NO  TOWED BY PETES GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. US CAR, RENTAL. LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # RENTAL. CHARGE SPEED TOO FAST

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (253) 372-3900

LAST NAME WA DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 26620 68TH AVE S

CITY KENT ST WA ZIP 98032

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 # 220188991 CHARGE

OFFICER'S NAME (PRINT) MERTENS, BRENT BADGE OR ID # 542 AGENCY WASHINGTON STATE PATROL

1 1 2 31  
2  
3  
1 32  
2  
3  
FROM TO 5 1 33  
FROM TO  
34  
4 35  
36  
37  
38  
39  
40  
1 41  
42



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E154582**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]																									
ADDRESS & PHONE #												SEX		M		D.O.B. MMDDYYYY		1		-		1		-		1985											
PASSENGER		<input checked="" type="checkbox"/>		WITNESS		<input type="checkbox"/>		UNIT #		1		SEAT POS.		3		AIRBAG		2		RESTR.		4		EJECT		1		HELMET USE				INJURY CLASS		1		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)

BRENT MERTENS

2/17/2012

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Clark, SGT C 188

DATE

BADGE OR ID #

542

ORI #

WAWSP0208

TIME POLICE DISPATCHED

1:44 PM

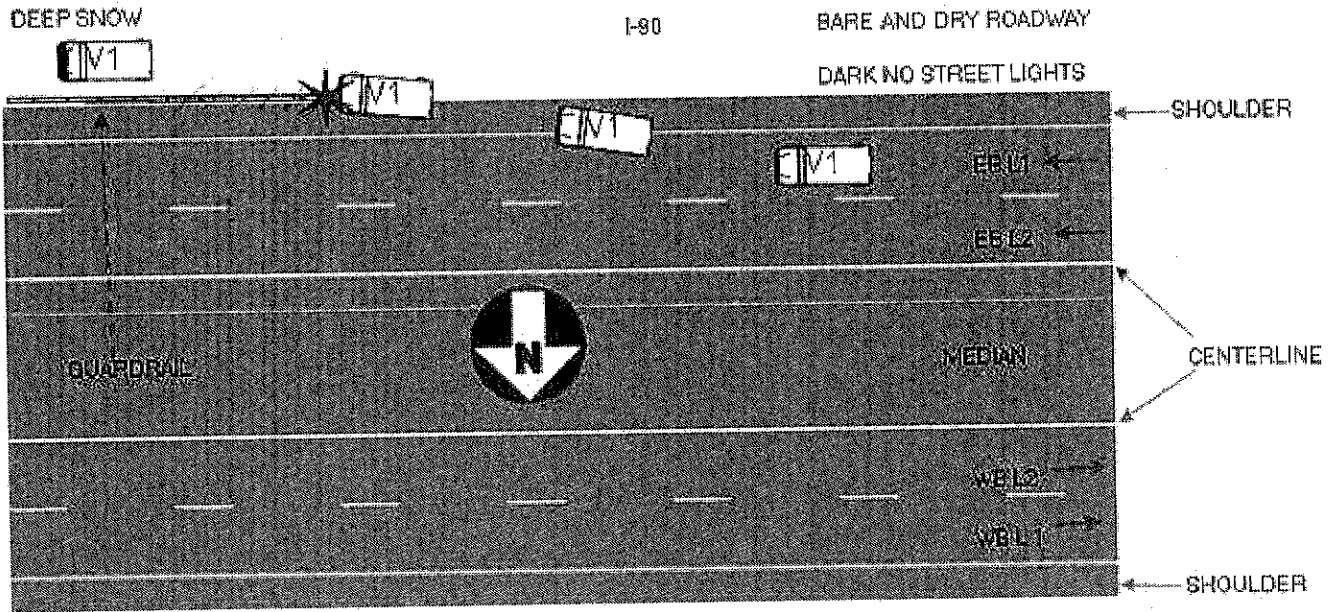
TIME POLICE ARRIVED

1:54 PM

## Narrative

Unit 1 was traveling NB in lane 5 of 5. Unit 1 was going too fast for conditions and lost control. Unit 1 spun several times going into the ditch colliding into a guard rail.







STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E222038

1

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

2

TRIBAL RESERVATION

3

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

DATE OF COLLISION 1 - 16 - 2013 0340 19 12 00 N  E  IN  S  W  OF  0220

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

EB I-90 BLOCK NO. 72 60 MILE POST

4a

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES  N  E  FEET  S  W

5

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

6

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

STREET NEW ADDRESS [REDACTED]

7

CITY WAPATO ST WA ZIP [REDACTED]

8

CDL RESTRICTIONS ENDORSEMENTS

9

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

10

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

11

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

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

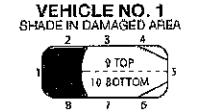
13

VEH. YEAR 2005 MAKE GMCT MODEL U-HAUL STYLE EN VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

14

REGISTERED OWNER INFO. U HAUL

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # CITATION # 3Z0024730 CHARGE WHEELS OFF ROADWAY



15

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (509) 577-1907

16

LAST NAME WASHINGTON STATE DOT FIRST NAME MIDDLE INITIAL

17

STREET NEW ADDRESS 151 SOUTH BULLFROG RD

18

CITY CLE ELUM ST WA ZIP 98922

19

CDL RESTRICTIONS ENDORSEMENTS

20

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

21

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

22

LICENSE PLATE # STATE VIN#

23

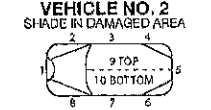
TRAILER PLATE # STATE TRAILER PLATE # STATE

24

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

REGISTERED OWNER INFO.

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



25

OFFICER'S NAME (PRINT) SEIM, E. BADGE OR ID # 0885 AGENCY WASHINGTON STATE PATROL

26

UNDER 23 WASHINGTON STATE 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. **E222038**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

M

D.O.B.  
MMDDYYYY

PASSENGER  WITNESS

UNIT #

1

SEAT  
POS.

3

AIRBAG

1

RESTR.

4

EJECT

1

HELMET  
USE

INJURY  
CLASS

1

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)

E. SEIM

1/22/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Conaway, Sgt. K. 124

DATE

BADGE OR ID #

0885

ORI #

WAWSP0607

TIME POLICE DISPATCHED

3:41 AM

TIME POLICE ARRIVED

4:20 AM

PART B

PAGE 2 OF 4

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

## Narrative

VEHICLE 1 WAS TRAVELING EAST ON I-90. THE ROAD WAS BARE AND DRY, THERE WAS DEEP SNOW OFF OF THE ROADWAY. THE DRIVER OF VEHICLE 1 DROVE OFF OF THE ROADWAY TO THE RIGHT AND STRUCK THE START OF THE GUARDRAIL. THE GUARDRAIL HAD BLACK AND YELLOW CROSSHATCHING. VEHICLE 1 DROVE INTO THE DEEP SNOW ON THE RIGHT SHOULDER AND WAS STUCK. THE DRIVER ATTEMPTED TO SAY IT WAS ICY. THE ROAD WAS NOT ICY AT ALL AND IT APPEARED THAT THE DRIVER FELL ASLEEP, BUT HE DID NOT ADMIT TO THAT.

# Scene not observed



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E214091

1 0 4 27  
2 4 8

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

CASE # S12-14446

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Concrete/Jersey Barrier

TRIBAL RESERVATION

DATE OF COLLISION 12-17-2012 TIME (2400) 1905 COUNTY # 19 MILES 27.50 CITY # 0220

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
I-90 WB BLOCK NO. 56 MILE POST 50

DISTANCE OF (REFERENCE OR CROSS STREET)

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET  PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY RENTON ST WA ZIP

CDL RESTRICTIONS J ENDORSEMENTS

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

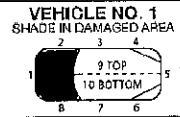
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN# 21

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2012 MAKE HYUN MODEL SON4D STYLE 4D VEHICLE TOWED YES NO TOWED BY RENTON TOW GOVT. VEHICLE YES NO

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



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET  PHONE (509) 674-4443

LAST NAME STATE OF WASH. FIRST NAME DEPT OF TRANS. MIDDLE INITIAL

STREET NEW ADDRESS 161 SOUTH BULLFROG ROAD

CITY CLE ELUM ST WA ZIP 98922

CDL RESTRICTIONS ENDORSEMENTS

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

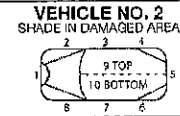
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING CITATION # CHARGE



OFFICER'S NAME (PRINT) FOSTER, NATHAN BADGE OR ID # 33 AGENCY Kittitas County SO

1  
2  
3

1  
2  
3

1  
2

1 1 2 31

1  
2  
3

1  
2

FROM TO 3 7 33

FROM TO 4 36

4 36

37

38

39

40

1 41

42



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E214091**

CASE # S12-14446

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)

NATHAN FOSTER

12/18/2012

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

HOCTOR, ROB H 10

DATE

BADGE OR ID #	33	ORI #	WA0190000	TIME POLICE DISPATCHED	8:15 PM	TIME POLICE ARRIVED	8:55 PM
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PART B

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

On 12/17/12 I was dispatched to assist WSP with a non injury accident. I was advised WSP that the vehicle which had been involved in the collision had driven to exit 54 where the driver was standing by for contact. When I arrived the driver stated that while traveling WB near MP 58 he lost control of the vehicle due to the weather and road conditions and drove into the right side snow bank, causing damage to the front passenger side of the vehicle. The driver stated that the impact then forced him across both lanes of traffic and he struck the left side snowbank causing damage to the front drivers side. The driver stated that he then tried to drive his vehicle to the next exit and at MP 56.5 he lost control of the vehicle again and collided with the right side guardrail. The driver stated that this caused a substantial amount of damage to the front passenger side of the vehicle but he was still able to drive the vehicle to the gore point of WB exit 54. The driver then waited there for my arrival.

A diagram of the scene could not be completed due to the fact that the scene was not observed