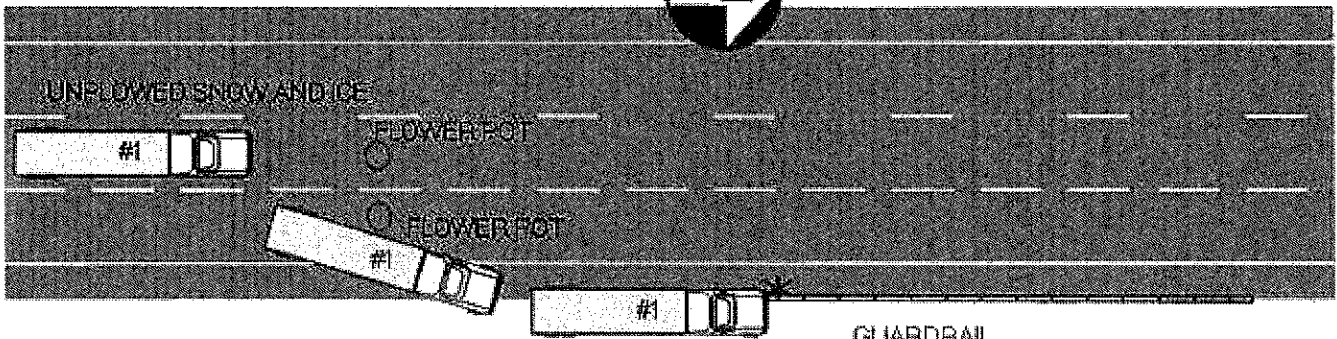


NORTHBOUND I 5 IN THE AREA OF MILE POST 39



NOT DRAWN TO SCALE

GUARDRAIL



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E309931

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

CASE #
LOCAL AGENCY CODING 012304
TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION
DATE OF COLLISION 2 - 8 - 2014 TIME (2400) 0821 COUNTY # 08 MILES CITY # 0605
ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

NB I 5 BLOCK NO. 39 00 MILE POST
DISTANCE 500.00 MILES FEET OF (REFERENCE OR CROSS STREET) GRADE ST

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

LAST NAME FIRST NAME MIDDLE INITIAL S

STREET NEW ADDRESS SR

CITY SURREY ST BC ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # 7665203 STATE BC SEX M D.O.B. MMDDYYYY

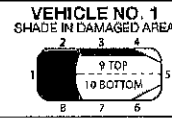
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE BC VIN#

TRAILER PLATE # STATE BC TRAILER PLATE # STATE

VEH. YEAR 2011 MAKE FRET MODEL COVENTIO STYLE SE VEHICLE TOWED YES NO TOWED BY CARLS TOWING GOVT. VEHICLE YES NO

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



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

LAST NAME DOT FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 2400 TALLEY WAY

CITY KELSO ST WA ZIP 98626

CDL RESTRICTIONS ENDORSEMENTS

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

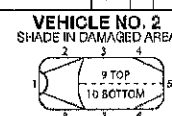
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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



OFFICER'S NAME (PRINT) JONES, S. BADGE OR ID # 474 AGENCY WASHINGTON STATE PATROL

PAGE 01 OF 5

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FROM ID 34
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E309931**

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. JONES 2/25/2014
 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED
 APPROVED BY Chapman, Sgt. M. 240 DATE

BADGE OR ID # 474 ORI # WAWSP0505 TIME POLICE DISPATCHED 8:23 AM TIME POLICE ARRIVED 8:31 AM

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

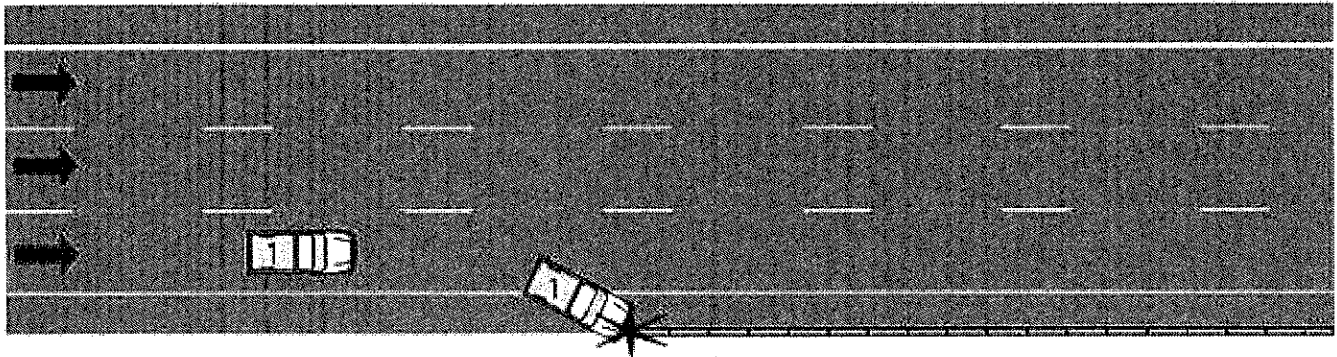
Narrative

Vehicle #1 traveling northbound on I 5 in lane two of three in the area of mile post 39.

Vehicle #1 in an attempt to miss to giant flower pots in lanes one and two moved to the right shoulder and lost control in the snow covered shoulder going of the road way to the right striking the guardrail.

This resulted in damage to the guardrail and to vehicle #1. The driver was uninjured and the semi had to be towed from the scene.

W/B SR 18 J/E WEYERHAUSER WAY





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E312262

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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

TRIBAL RESERVATION

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

DATE OF COLLISION 3 - 6 - 2014 0802 17 0443

N S E W IN OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

W/B SR 18 BLOCK NO. 0 78

MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

0 01 MILES N E J/E WEYERHAUSER WAY

FEET S W

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE

DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS L

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

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

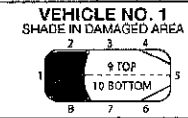
LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1999 MAKE DODG MODEL RAMCHAR STYLE PK VEHICLE TOWED YES NO TOWED BY CALLED OWN GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 4Z0158687 CHARGE SPEED TOO FAST

VEHICLE LEGALLY STANDING YES NO DAMAGE THRESHOLD MET YES NO PHONE (206) 440-4491



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER

LAST NAME WA ST FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 15700 DAYTON AVE N

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

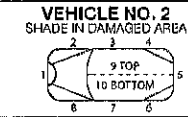
LICENSE PLATE # STATE VIN#

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 # CITATION # CHARGE

VEHICLE LEGALLY STANDING YES NO DAMAGE THRESHOLD MET YES NO PHONE



OFFICER'S NAME (PRINT) LEIFSON, J. BADGE OR ID # 520 AGENCY WASHINGTON STATE PATROL

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. **E312262**

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)

J. LEIFSON

3/6/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Steen, Sgt. W. 238

DATE

BADGE OR ID #	520	ORI #	WAWSP0207	TIME POLICE DISPATCHED	8:03 AM	TIME POLICE ARRIVED	8:36 AM
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PART B 3000-345-160 R (7/09)

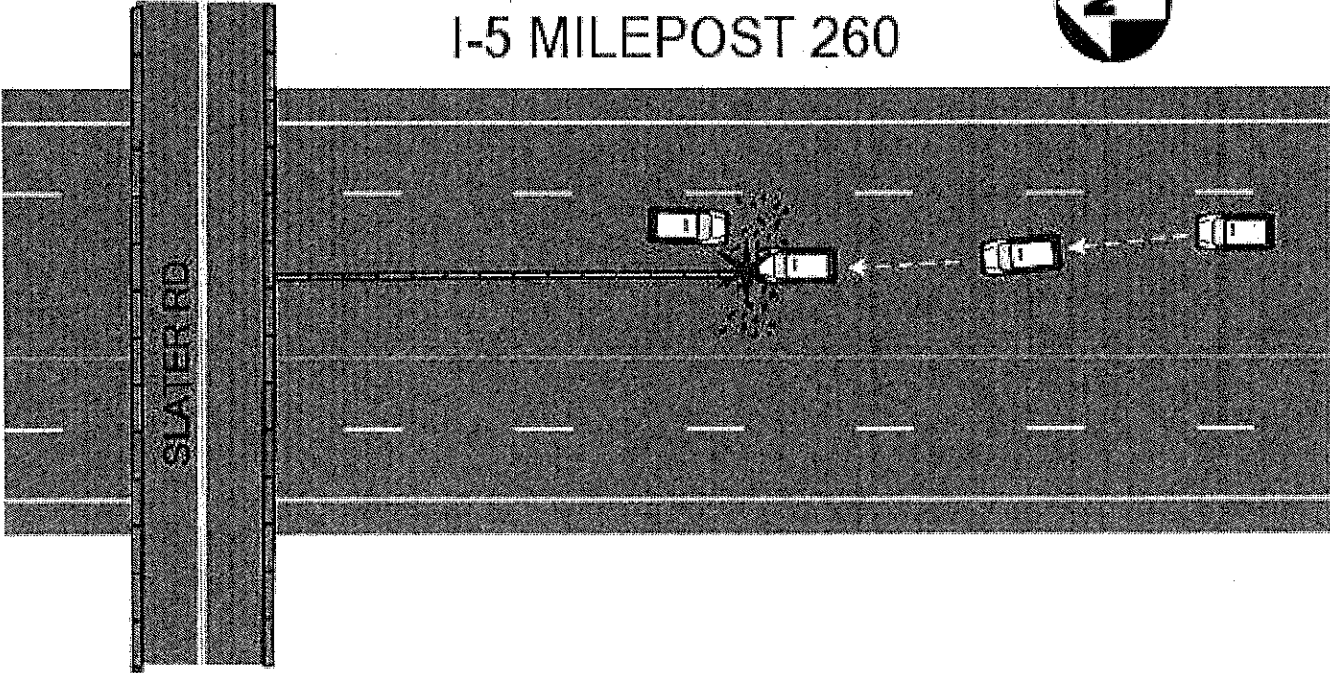
PAGE 2 OF 4

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

Narrative

Vehicle 1 traveling W/B SR 18 J/E Weyerhauser Way in lane 1 of 3. Vehicle 1 traveling too fast on the wet roadway, lost control leaving the roadway to the North and striking a guardrail.

I-5 MILEPOST 260



SLATER RD



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E313979

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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	2	OBJECT STRUCK	Guardrail

TRIBAL RESERVATION												
DATE OF COLLISION	M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
	2		23		2014				0825	37	0 40	0445

ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>
NB I-5	BLOCK NO.	<input type="checkbox"/>	MILE POST	<input checked="" type="checkbox"/>
			260	10
DISTANCE	OF (REFERENCE OR CROSS STREET)			
0 10	SLATER RD			
MILES	<input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W			

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]
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LAST NAME	[REDACTED]	FIRST NAME	[REDACTED]	MIDDLE INITIAL	W
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STREET NEW ADDRESS	[REDACTED]
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CITY	BELLINGHAM	ST	WA	ZIP	[REDACTED]
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STEEBWA136NA	STATE	WA	SEX	M	D.O.B.	[REDACTED]	[REDACTED]	[REDACTED]
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES	HAND/WRIST PAIN
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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	1998	MAKE	ISU	MODEL	AMICO	STYLE	UT	VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	ASAP TOWING	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	STEVENSON, BRANDT	VEHICLE NO. 1	SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	[REDACTED]	VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	4Z0128570	CHARGE	SPEEDING TOO FAST FOR
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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	(360) 788-2500
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LAST NAME	WA STATE DOT	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	3920 AIRPORT WAY
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CITY	BELLINGHAM	ST	WA	ZIP	98225
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.	[REDACTED]	[REDACTED]	[REDACTED]
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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	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	VEHICLE NO. 2	SHADE IN DAMAGED AREA
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OFFICER'S NAME (PRINT)	LIPTON, T.	BADGE OR ID #	559	AGENCY	WASHINGTON STATE PATROL
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PAGE 01 OF	4
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E313979**

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)

T. LIPTON

3/13/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Dennis, Sgt. M. 276

DATE

BADGE OR ID #	559	ORI #	WAWSP0704	TIME POLICE DISPATCHED	8:27 AM	TIME POLICE ARRIVED	8:27 AM
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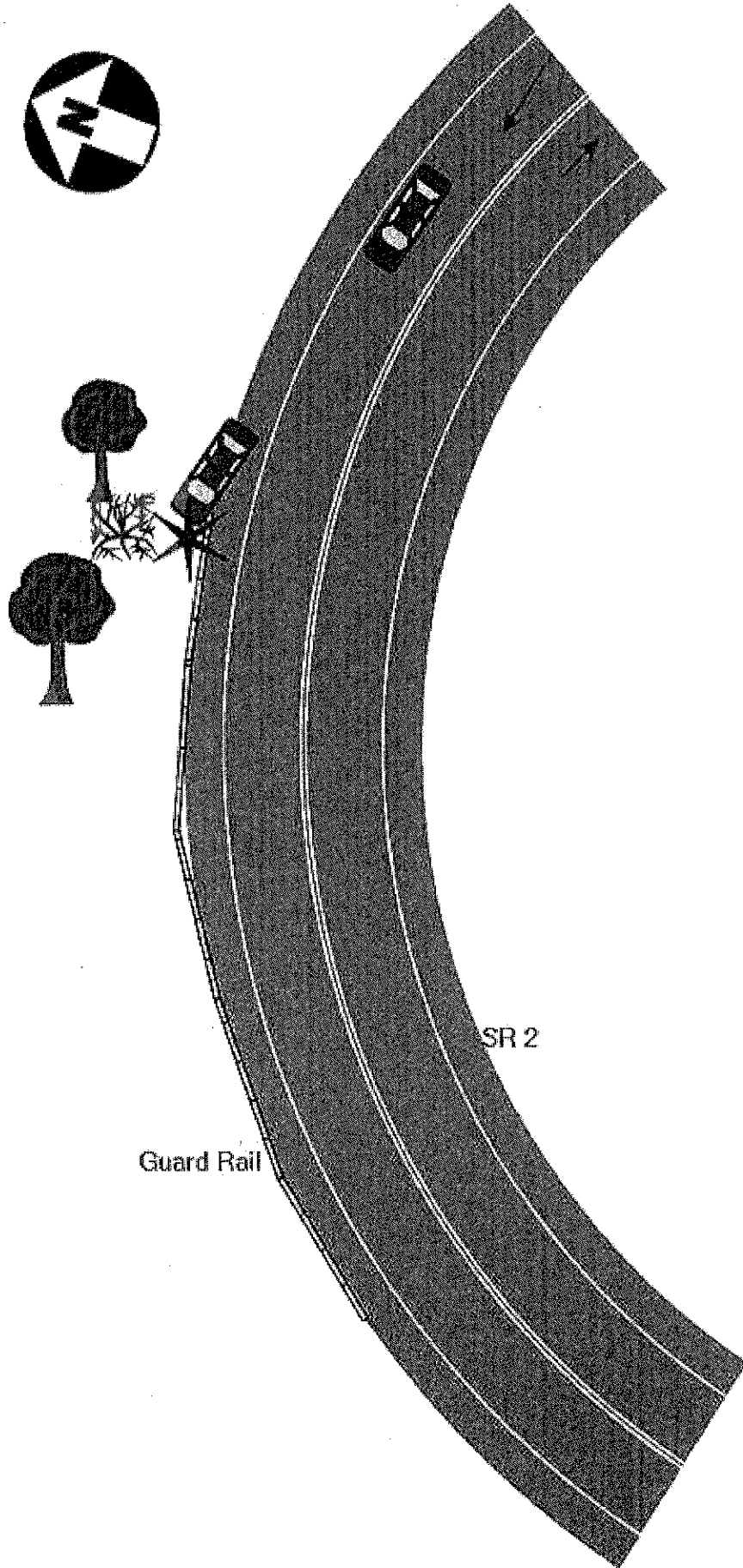
PART B 3000-345-160 R (7/06)

PAGE 2 OF 4

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

Narrative

Vehicle one traveling north on I-5 near milepost 260 in lane two of two. Vehicle one leaves the roadway to the left striking a guardrail. Vehicle one comes to rest in lane two facing south.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E308551**

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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"/>

TRIBAL RESERVATION

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS: 2 OBJECT STRUCK: Guardrail

DATE OF COLLISION: M 2 - D 10 - Y 2014 TIME (2400): 1349 COUNTY #: 17 MILES: 0.50 CITY #: 1175

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR 2 BLOCK NO. 49 MILE POST 50

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E FEET S W

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

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

STREET NEW ADDRESS: [REDACTED]

CITY: KENT ST: WA ZIP: [REDACTED]

CDL RESTRICTIONS ENDORSEMENTS

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

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

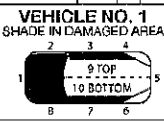
LICENSE PLATE # [REDACTED] STATE: WA VIN# [REDACTED]

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR: 2003 MAKE: SUBA MODEL: FORRESTE STYLE: UT VEHICLE TOWED YES NO TOWED BY: AAA GOVT. VEHICLE YES NO

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

VEHICLE LEGALLY STANDING YES NO CITATION #: 4Z0240474 CHARGE: SPEED TOO FAST FOR



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

LAST NAME: DOT FIRST NAME: WA MIDDLE INITIAL

STREET NEW ADDRESS: 310 MAPLE PARK AVE SE P.O. BOX 47300

CITY: OLYMPIA ST: WA ZIP: 98502

CDL RESTRICTIONS ENDORSEMENTS

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

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

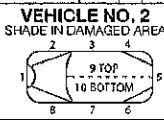
LICENSE PLATE # STATE VIN#

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): EBERLE, D. BADGE OR ID #: 0690 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. **E308551**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER WITNESS UNIT # **1** SEAT POS. **3** AIRBAG **6** 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)

D. EBERLE

2/19/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Olson, Sgt. B. 106

DATE

BADGE OR ID # 0690

ORI # WAWSP0705

TIME POLICE DISPATCHED 1:51 PM

TIME POLICE ARRIVED 3:19 PM

PART B 3000-345-100 R (7/09)

PAGE 2 OF 4

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

Narrative

The driver was WB on SR 2 approaching Skykomish. The driver was travelling too fast for the road conditions and lost control of the vehicle striking the guardrail on the WB side of the roadway.



STATE OF WASHINGTON
VEHICLE
COLLISION
REPORT



1812971

IF INVESTIGATED, ENTER THE REPORT NUMBER PROVIDED BY THE LAW ENFORCEMENT OFFICER →

REPORT NO.

C786876

FOR OFFICIAL
USE ONLY

DATE OF COLLISION
M M D D Y Y Y Y
02 08 2014

DAY OF COLLISION
SUN MON TUES WED THU FRI SAT
[] [] [] [] [] [] [X]

TIME OF COLLISION
HOUR MINUTE
10:25 [X] AM [X] PM

INVESTIGATED BY:
[] STATE PATROL [] CITY POLICE [] SHERIFF
[] OTHER POLICE [X] NO INVESTIGATION

PLACE WHERE COLLISION OCCURRED

COUNTY KITSAP
CITY OR TOWN POULSBORO
(NAME OF STREET OR HIGHWAY)

1.4 MILES [X] N [X] E [] IN [] S [] W [X] OF

COLLISION OCCURRED ON:
[] INTERSTATE [X] STATE ROUTE [] CITY STREET
[] COUNTY ROAD [] OTHER [] PRIVATE WAY

COLLISION INVOLVED
[] VEHICLE FIRE [] HIT & RUN [] STOLEN VEHICLE
TOTAL # UNITS TOTAL # INJURIES TOTAL # DEATHS

ON SR 307 (BOND RD)
INTERSECTING WITH STREET OR ROAD

AT [] OR ROAD SURFACE WEATHER
NON-INTERSECTION (STREET NAME)
BETWEEN LADYBUG PLACE NE
(STREET NAME)
AND PUG H ROAD NE

IF NOT AT INTERSECTION, ENTER DISTANCE IN FEET AND DIRECTION FROM REFERENCE
300 FEET [X] N [X] E [] S [] W
REFERENCE (STREET, BRIDGE, RR CROSSING, OTHER LAND MARK)

OF LADYBUG PLACE NE

UNIT 01 OR (IF MORE THAN 2 UNITS) (MARK ONLY ONE) [X] MOTOR VEHICLE [] PEDAL CYCLE [] PEDESTRIAN [] PROPERTY OWNER [] WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? [] YES [] NO

LAST NAME [REDACTED]
FIRST NAME [REDACTED] MIDDLE INITIAL M SEX [] M [X] F
ADDRESS NEW [REDACTED]
CITY SILVERDALE ST WA ZIP [REDACTED]
DRIVERS LICENSE # [REDACTED] STATE WA D.O.B. MM.DD.YYYY [REDACTED]
LICENSE PLATE # [REDACTED] STATE WA VIN# [REDACTED]

INJURY CLASS
[X] NO INJURY [] DISABLING INJURY (SEVERE)
[] POSSIBLE INJURY [] KILLED
[] NON-DISABLING INJURY (MINOR)
NATURE OF INJURIES:

TRAILER PLATE # STATE ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK \$ 5,500.00

VEH. YEAR MAKE (CHEV. FORD) MODEL (CAMARO, TAURAS) BODY STYLE (2 DR) OBJECT STRUCK (OTHER THAN VEHICLE)
REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL) OWNERS ADDRESS (STREET, CITY AND STATE & ZIP CODE) DATE OF BIRTH
WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF COLLISION? [X] YES [] NO INSURANCE CO. & POLICY #



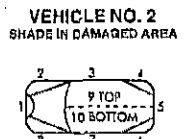
UNIT 02 OR (IF MORE THAN 2 UNITS) (MARK ONLY ONE) [X] MOTOR VEHICLE [] PEDAL CYCLE [] PEDESTRIAN [] PROPERTY OWNER [] WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? [] YES [] NO

LAST NAME [REDACTED] MIDDLE INITIAL SEX [] M [] F
FIRST NAME [REDACTED]
ADDRESS NEW []
CITY ST ZIP
DRIVERS LICENSE # STATE D.O.B. MM.DD.YYYY
LICENSE PLATE # STATE VIN#

INJURY CLASS
[] NO INJURY [] DISABLING INJURY (SEVERE)
[] POSSIBLE INJURY [] KILLED
[] NON-DISABLING INJURY (MINOR)
NATURE OF INJURIES:

TRAILER PLATE # STATE ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK \$.00

VEH. YEAR MAKE (CHEV. FORD) MODEL (CAMARO, TAURAS) BODY STYLE (2 DR) OBJECT STRUCK (OTHER THAN VEHICLE)
REGISTERED OWNER (LAST-FIRST-MIDDLE INITIAL) OWNERS ADDRESS (STREET, CITY AND STATE & ZIP CODE) DATE OF BIRTH
WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF COLLISION? [] YES [] NO INSURANCE CO. & POLICY #



INJURED PASSENGERS ▲



IF INVESTIGATED, ENTER THE REPORT NUMBER PROVIDED BY THE LAW ENFORCEMENT OFFICER → REPORT NO.

C786876

LAST NAME

FIRST NAME

ADDRESS

NATURE OF INJURIES

MIDDLE INITIAL

SEX M F

D.O.B. MM.DD.YYYY

DID UNJURES REQUIRE EXAMINATION BY A DOCTOR? YES NO

IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? YES NO

IN UNIT #

INJURY CLASS ▲

POSSIBLE INJURY NON-DISABLING INJURY MINOR DISABLING INJURY (SEVERE) KILLED

LAST NAME

FIRST NAME

ADDRESS

NATURE OF INJURIES

MIDDLE INITIAL

SEX M F

D.O.B. MM.DD.YYYY

DID UNJURES REQUIRE EXAMINATION BY A DOCTOR? YES NO

IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? YES NO

IN UNIT #

INJURY CLASS ▲

POSSIBLE INJURY NON-DISABLING INJURY MINOR DISABLING INJURY (SEVERE) KILLED

INDICATE ON THIS DIAGRAM WHAT HAPPENED

- 1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAMES.
2. NUMBER EACH UNIT AND SHOW DIRECTION OF TRAVEL BY ARROW.

SHOW NORTH BY ARROW IN CIRCLE

DESCRIBE BELOW WHAT HAPPENED: (REFER TO UNITS BY NUMBER)

Hand-drawn diagram showing vehicle positions and directions.

STREET OR HIGHWAY

Unit 1 was traveling SW on SR 307 @ L20 mph decelerating on downhill grade. Due to icy road w/ 2 inches of snow, lost traction & impacted end of guardrail. Sustained front end damage & broke end post, Unit 1 slid into lane of traffic no other vehicles in road. No injuries sustained Impact location on north side of SR 307 between Lady Knight & Pugh Rd. Airbags did not deploy no fluids leaked Unit 1 moved under own power driver self reported accid to WSP approx 11 pm REASON FOR NOT SEEING DANGER:

UNIT POSITIONS BEFORE COLLISION

Table with columns UNIT, N, S, E, W, ON (NAME OF STREET OR HIGHWAY). Unit 1 is on SR 307 (Bond Rd).

NO OF LANES IN ONE DIRECTION

AT MOMENT OF COLLISION

Table with columns UNIT, VEHICLE LEGALLY STANDING, VEHICLE LEGALLY PARKED, IF PARKED, WAS VEHICLE OCCUPIED?.

DRIVER/VEHICLE ACTIONS

- UNIT (MARK ONE OR MORE PER UNIT) NO.1 NO.2
GOING STRAIGHT AHEAD
OVERTAKING AND PASSING
MAKING RIGHT TURN
MAKING LEFT TURN
MAKING U-TURN
SLOWING
STOPPED FOR TRAFFIC
STOPPED AT SIGNAL OR STOP SIGN
STOPPED IN ROADWAY
STARTING IN TRAFFIC LANE
STARTING FROM PARKED POSITION
MERGING (ENTERING TRAFFIC)
BACKING
GOING WRONG WAY
CHANGING LANES

TRAFFIC CONTROL

- UNIT (MARK ONE PER UNIT) NO.1 NO.2
SIGNALS
STOP SIGN
YIELD SIGN
FLASHING RED
FLASHING AMBER
RR SIGNAL
OFFICER/FLAGGER
OTHER
NO TRAFFIC CONTROL

TYPE OF ROAD

- UNIT (MARK ONE PER UNIT) NO.1 NO.2
ONEWAY
TWO-WAY UNDIVIDED
TWO-WAY DIVIDED, BARRIER
TWO-WAY DIVIDED, NO BARRIER
REVERSIBLE ROAD
INTERCHANGE RAMP
ALLEY
TWO-WAY LEFT TURN LANES
DRIVEWAY

PEDESTRAIN OR PEDALCYCLIST

- WAS USING: UNIT (MARK ONE PER UNIT) NO.1 NO.2
SIDEWALK
WALKWAY
SHOULDER
MARKED CROSSWALK
UNMARKED CROSSWALK
DESIGNATED BIKE ROUTE
ROADWAY
OTHER
CLOTHING COLOR UNIT (MARK ONE PER UNIT) NO.1 NO.2
DARK
LIGHT
MIXED
RETRO-REFLECTIVE APPAREL: SHOES, PATCHES, ETC.

IF HAZARDOUS MATERIALS TRANSPORTED

NOT RELEASED (checked) RELEASED

IF IN CONSTRUCTION, MAINTENANCE, OR UTILITY WORK ZONE: (MARK ONE)

WORKERS PRESENT (checked) WORKERS NOT PRESENT TRAFFIC BACKUP FROM WORK ZONE

PEDESTRAIN OR PEDALCYCLIST POSITION BEFORE COLLISION

ON OR CROSSING FROM N S E W TO N S E W

WITNESS NAME

ADDRESS

PHONE NUMBER

WITNESS NAME

ADDRESS

PHONE NUMBER

SIGNATURE OF PERSON COMPLETING REPORT

ADDRESS

(OFFICIAL USE ONLY)

UNIT 1 WAS ON DUTY LAW ENFORCEMENT OR FIREFIGHTER (RCW 41-26.030)

DATE OF REPORT

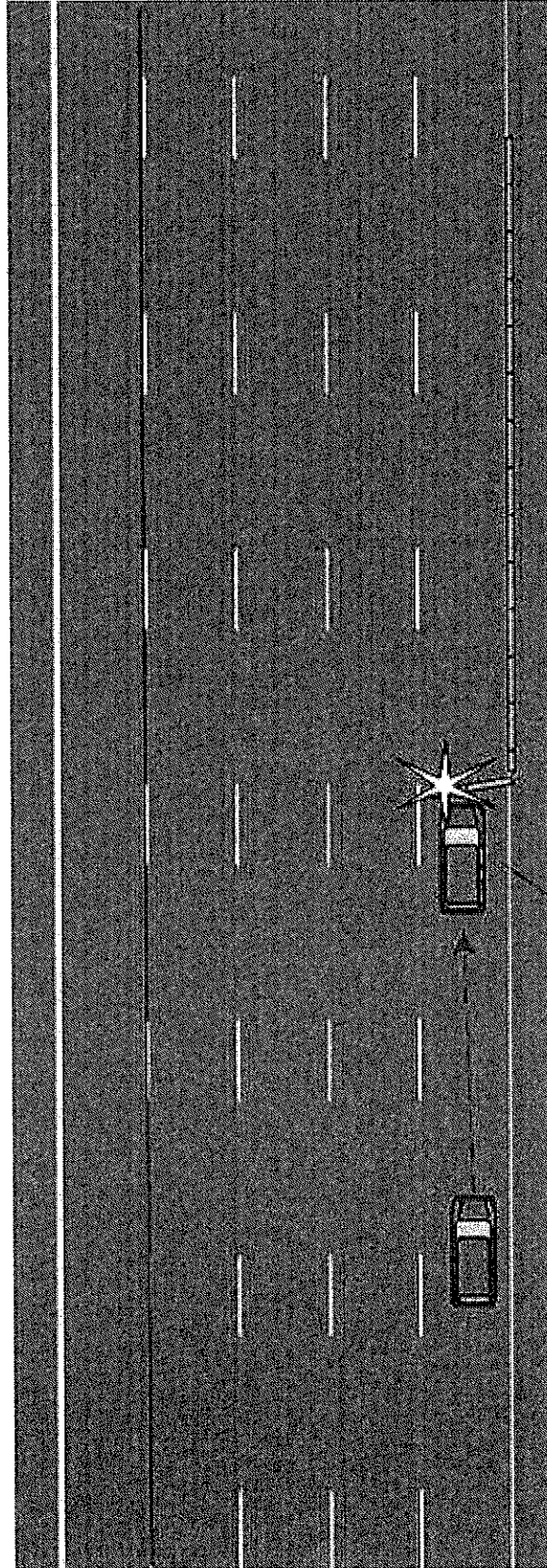
MO 02 DAY YEAR 2014

PAGE 2 OF 2

MAIL TO: WASHINGTON STATE PATROL, RECORDS SECTION, PO BOX 42628, OLYMPIA, WA 98504-2628



SB INTERSTATE 5 MP 136



UNIT 1



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E307653

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FROM 10
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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	2
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
1 - 30 - 2014		0216	27		0450

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SB I5	BLOCK NO.	136 00
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
0 50 MILES <input checked="" type="checkbox"/>	54TH
FEET <input type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
	DANIEL	

STREET NEW ADDRESS	
--------------------	--

CITY	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.
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	JEEP	MODEL	JPCH	STYLE	VEHICLE TOWED YES <input checked="" type="checkbox"/>	TOWED BY	FIFE	GOVT. VEHICLE YES <input type="checkbox"/>
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <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"/>	PHONE	(800) 737-0613
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LAST NAME	FIRST NAME	MIDDLE INITIAL
DOT		

STREET NEW ADDRESS	11211 41ST AVE SW
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CITY	TACOMA	ST	WA	ZIP	98499
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.
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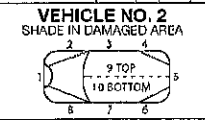
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/>
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
BOVA, B	1080	WASHINGTON STATE PATROL

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



1591972

CORRECTION

REPORT NO. **E307653**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) QUIROZ, ETHEL

ADDRESS & PHONE # (509) 731-8333 SEX F D.O.B. MMDDYYYY

PASSENGER WITNESS UNIT # 1 SEAT POS. 9 AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) QUIROZ, SOPHIA L

ADDRESS & PHONE # (509) 731-8333 SEX F D.O.B. MMDDYYYY 12 3 1988

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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 BOVA

2/15/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

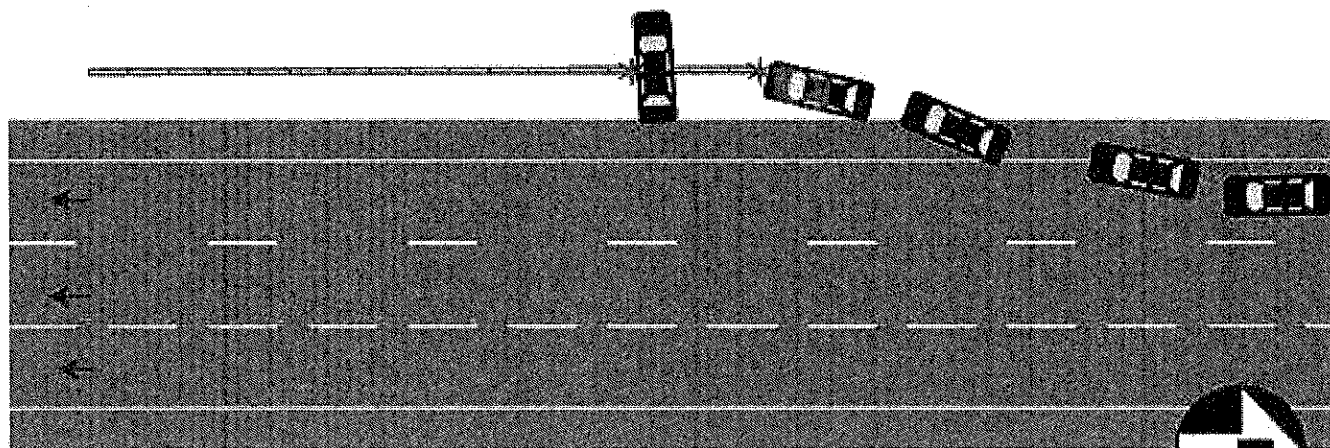
Wilson, Sgt. M. 175

DATE

BADGE OR ID # 1080 OR # WAWSP0102 TIME POLICE DISPATCHED 2:16 AM TIME POLICE ARRIVED 2:38 AM

Narrative

UNIT 1 WAS TRAVELING SB I5 NEAR MP 136. ANOTHER VEHICLE HAD PREVIOUSLY COLLIDED INTO THE GUARDRAIL, LEAVING THE METAL GUARDRAIL IN LANE 1 OF 5. UNIT 1 WAS UNPREPARED FOR THE METAL DEBRIS AND COLLIDED INTO THE PREVIOUSLY DAMAGED METAL GUARDRAIL.



NOT DRAWN TO SCALE

SOUTHBOUND I 5 IN THE AREA OF MILE POST 39





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E304361**

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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"/>

TRIBAL RESERVATION

CASE #

LOCAL AGENCY CODING 012303

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

DATE OF COLLISION 1 - 26 - 2014 TIME (2400) 0840 COUNTY # 08 MILES CITY # 0605

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB I 5 BLOCK NO. 40 MILE POST 00

DISTANCE 0.10 MILES FEET OF (REFERENCE OR CROSS STREET) ALLEN STREET

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE PONT MODEL GRAND AM STYLE 4T VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

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

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE NEG 2 DRIVING NO INSURANCE.

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

LAST NAME DOT FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 2400 TALLEY WAY

CITY KELSO ST WA ZIP 98626

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. 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) JONES, S. BADGE OR ID # 474 AGENCY WASHINGTON STATE PATROL

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591872

CORRECTION

REPORT NO. **E304361**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) LAFRENTZ, ZACHERY G

ADDRESS & PHONE # 123 PORTER RD Kalama, WA 986259698 SEX M D.O.B. MMDDYYYY 8 - 23 - 1991

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

S. JONES

2/3/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Chapman, Sgt. M. 240

DATE

BADGE OR ID # 474

ORI # WAWSP0505

TIME POLICE DISPATCHED 8:41 AM

TIME POLICE ARRIVED 8:47 AM

Narrative

Vehicle #1 traveling southbound on I 5 in lane one in the area of mile post 39.

Vehicle #1 left the roadway to the right striking the guardrail next to the right shoulder.

This resulted in sever damage to the guardrail and to the car.

The driver was transported to a local hospotal for precautionary reasons.