

NB SR 167



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E225512

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

1 2 3 1 2 3 0 1 2 3 1 2 3 5 1 1 9 7 1 41 42

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	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
2 - 7 - 2013	0155	17	1	00	0615
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		

NB SR 167	BLOCK NO.	18	00
MILE POST	<input checked="" type="checkbox"/>		
DISTANCE	OF (REFERENCE OR CROSS STREET)		
1.00 MILES	277TH		

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
---------	---------------------------------------------------	--------------------------------------	------------------------------------------------------------------------------------------	-------

LAST NAME	FIRST NAME	MIDDLE INITIAL	A
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STREET NEW ADDRESS	
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CITY	KENT	ST	WA	ZIP	
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CDL	RESTRICTIONS	J	ENDORSEMENTS	L
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DRIVER'S LICENSE #	STATE	WA	SEX	F	D.O.B.	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	6	NATURE OF INJURIES	CUT LIP
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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	1997	MAKE	OLDS	MODEL	BRAVADA	STYLE	UT	VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	NONE NONE
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VEHICLE LEGAL STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	3Z0041488	CHARGE	46.61.502/46.20.342
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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	DOT	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	15700 DAYTON AVE
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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.
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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	TOWED BY	GOVT. VEHICLE
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGAL STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
CARR, S.	460	WASHINGTON STATE PATROL

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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E225512**

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.72.065)

S. CARR

2/8/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Carr, S. 460

DATE

BADGE OR ID # 460

ORI # WAWSP0207

TIME POLICE DISPATCHED 1:56 AM

TIME POLICE ARRIVED 2:01 AM

PART B 3000-345-160 R (7/06)

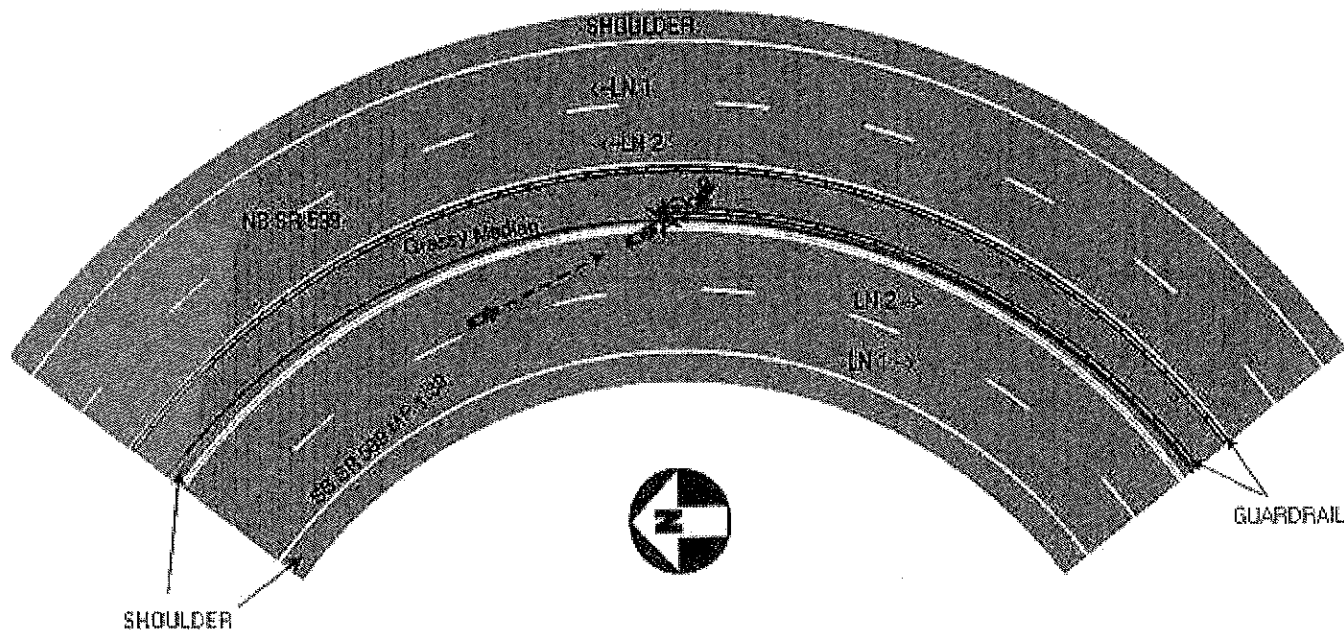
PAGE 2 OF 4

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**

VEH 1 DRIVEN BY [REDACTED] WAS NORTHBOUND STATE ROUTE 167 JUST NORTH OF 277TH IN LANE TWO OF THREE. [REDACTED] STATED THAT SHE CHANGED LANES FROM TWO INTO ONE, "BUT THE RIGHT LANE CAME UP TO QUICKLY." [REDACTED] ADMITTED TO DRINKING AND WAS EXHIBITING SIGNS OF IMPAIRMENT. [REDACTED] REFUSED TO DO ANY SFTS. VEH 1 LEFT THE ROADWAY CROSSING LANE ONE AND THEN STRIKING A GUARDRAIL BEFORE VEH 1 THEN ROTATED BACK INTO LANE ONE ENDING FACING EAST PERPENDICULAR TO THE ROADWAY.







STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E200418

1 0 4 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 10 - 18 - 2012 TIME (2400) 1430 COUNTY # 17 MILES \_\_\_\_\_ CITY # \_\_\_\_\_  
N  E  IN  S  W  OF

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
SB SR 599 BLOCK NO. \_\_\_\_\_ MILE POST  1 39

4a

5

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

6 5

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

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

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

7

CITY TACOMA ST WA ZIP \_\_\_\_\_

8

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

9 9

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

10

ON DUTY  STATUS \_\_\_\_\_ AIRBAG 1 RESTR. 1 EJECT 2 HELMET USE 1 INJURY CLASS 6 NATURE OF INJURIES HEMATOMAS

11 6 0

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

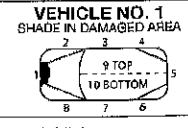
TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

13 1

VEH. YEAR 1998 MAKE HOND MODEL GL1500A STYLE MB VEHICLE TOWED YES  NO  TOWED BY \_\_\_\_\_ GOVT. VEHICLE YES  NO

14

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



15 1

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (206) 440-4491

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

STREET NEW ADDRESS 15700 DAYTON AVE N

18

CITY SEATTLE ST WA ZIP 98133

19

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

20

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

21

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

22

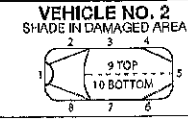
LICENSE PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ VIN# \_\_\_\_\_

23

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

24

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



25

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

26

OFFICER'S NAME (PRINT) LYNCH, K. BADGE OR ID # 1029 AGENCY WASHINGTON STATE PATROL

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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E200418**

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)

K. LYNCH

10/23/2012

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

BUETTNER, SGT. J. 176

DATE

BADGE OR ID # 1029

ORI # WAWSP0206

TIME POLICE DISPATCHED 2:32 PM

TIME POLICE ARRIVED 2:37 PM

PART B 3000-345-160 R (7/06)

PAGE 2 OF 4

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## Narrative

V1 was traveling SB SR 599 MP 1.39 in lane 2. V1 left the roadway to the left, striking the guardrail. V1 came to rest in the median. Witnesses contacted state no other vehicles involved or a factor in the collision.





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

Supplemental

REPORT NO. E200418

1 1 2 1 3 1 4 4a 5 6 5 7 8 9 9 10 11 6 0 12 13 1 14 15 1 16 17 18 19 20 21 22 23 24 25 26

1 0 4 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42

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

CASE #

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

DATE OF COLLISION 10-18-2012 TIME (2400) 1430 COUNTY # 17 MILES CITY #

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION SB SR 599 BLOCK NO. 1 39 MILE POST

DISTANCE 0.39 MILES OF (REFERENCE OR CROSS STREET) SR 599 MP 1

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY TACOMA ST WA ZIP 98445

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 1 RESTR. 1 EJECT 2 HELMET USE 1 INJURY CLASS 5 NATURE OF INJURIES HEMATOMAS, BROKEN BONES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1998 MAKE HOND MODEL GL1500A STYLE MB VEHICLE TOWED TOWED BY GOVT. VEHICLE

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE (206) 440-4491

LAST NAME WA STATE DOT FIRST NAME 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 TOWED BY GOVT. VEHICLE

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) LYNCH, K. BADGE OR ID # 1029 AGENCY WASHINGTON STATE PATROL

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E200418**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

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

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

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

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

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

K. LYNCH

11/25/2012

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

BUETTNER, SGT. J. 176

DATE

BADGE OR ID # 1029

ORI # WAWSP0206

TIME POLICE DISPATCHED 2:32 PM

TIME POLICE ARRIVED 2:37 PM

PART B 3000-345-160 R (7/09)

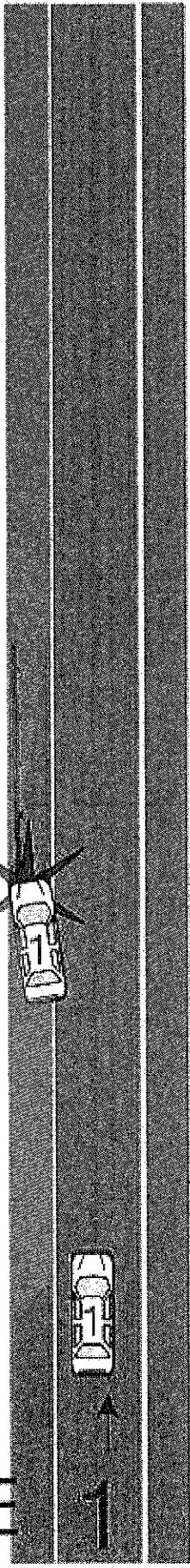
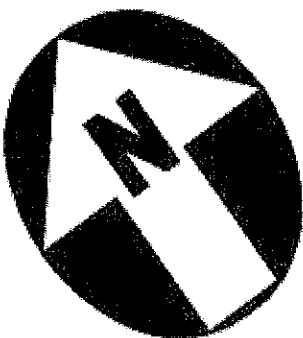
PAGE 2 OF 4

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## Narrative

V1 was traveling SB SR 599 MP 1.39 in lane 2. V1 left the roadway to the left, striking the guardrail. V1 came to rest in the median. Witnesses contacted state no other vehicles involved or a factor in the collision.

# NB I-5 TO SR 522



DRAWING NOT TO SCALE

1



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E213354**

1 0 1 27  
2  
3  
1 28  
2  
3

1  
2  
3  
4

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

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
 DATE OF COLLISION 12 - 8 - 2012 0211 17 N S E W IN  OF 1140

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
 NB I-5 BLOCK NO. 170 82  
 MILE POST

DISTANCE 0.25 MILES  N  E  OF (REFERENCE OR CROSS STREET)  
 FEET  S  W  TO SR 522

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

LAST NAME FIRST NAME MIDDLE INITIAL H

STREET NEW ADDRESS

CITY SEATTLE ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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 2009 MAKE NISS MODEL ALTIMA STYLE 4D VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. MURPHY, JOHN VEHICLE NO. 1 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES  NO  CITATION # 2Z0894506 2Z0894507 CHARGE DRIVING WITH WHEEL OFF

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

LAST NAME WADOT FIRST NAME 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. 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) SMITH, K. BADGE OR ID # 841 AGENCY WASHINGTON STATE PATROL

0 1 29

30

1 2 31

32

5 2 33

34

1 35

36

1 7 37

38

39

40

1 41

42





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E213354**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

K. SMITH

12/14/2012

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Stewart, Sgt. C. 221

DATE

BADGE OR ID #	841	ORI #	WAWSP0202	TIME POLICE DISPATCHED	2:11 AM	TIME POLICE ARRIVED	2:18 AM
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PART B 3000-348-100 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

Vehicle # 1 was traveling northbound Interstate 5 (I-5) to State Route 522 (Lake City Way) lane one of one. Vehicle # 1 left the road to the west striking an attenuator (guardrail) on the left shoulder. Vehicle # 1 continued northeast up the off ramp and came to a stop.



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. 3539785

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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 GUARD RAIL

TRIBAL RESERVATION \_\_\_\_\_

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

DATE OF COLLISION 12-09-2012 1613 31 N  E  IN  S  W  OF 0045

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

IS SB BLOCK NO. 206 MILE POST 24

DISTANCE 24 MILES  N  E  OF (REFERENCE OR CROSS STREET) MP MARKER 206

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

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

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

CITY ARLINGTON ST WA ZIP \_\_\_\_\_

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

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

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

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

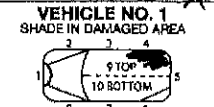
TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

VEH. YEAR 1996 MAKE FORD MODEL TAURUS STYLE 4D VEHICLE TOWED YES  NO  TOWED BY FOUR SEASONS GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. \_\_\_\_\_ L

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # \_\_\_\_\_

VEHICLE LEGALLY STANDING YES  NO  CITATION # 16720959 CHARGE SPEED TOO FAST



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

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

STREET NEW ADDRESS PO Box 330310

CITY SEATTLE ST WA ZIP 98133

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

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

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

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

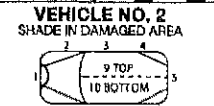
TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

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

REGISTERED OWNER INFO. \_\_\_\_\_

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # \_\_\_\_\_

VEHICLE LEGALLY STANDING YES  NO  CITATION # \_\_\_\_\_ CHARGE \_\_\_\_\_



OFFICER'S NAME (PRINT) E GERBER BADGE OR ID # 509 AGENCY WSP



1591972

CORRECTION

REPORT NO. **3539785**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

ADDRESS & PHONE # **SAME AS #1** SEX **F** D.O.B. **[REDACTED]**

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

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

ADDRESS & PHONE # **SAME AS #1** SEX **M** D.O.B. **[REDACTED]**

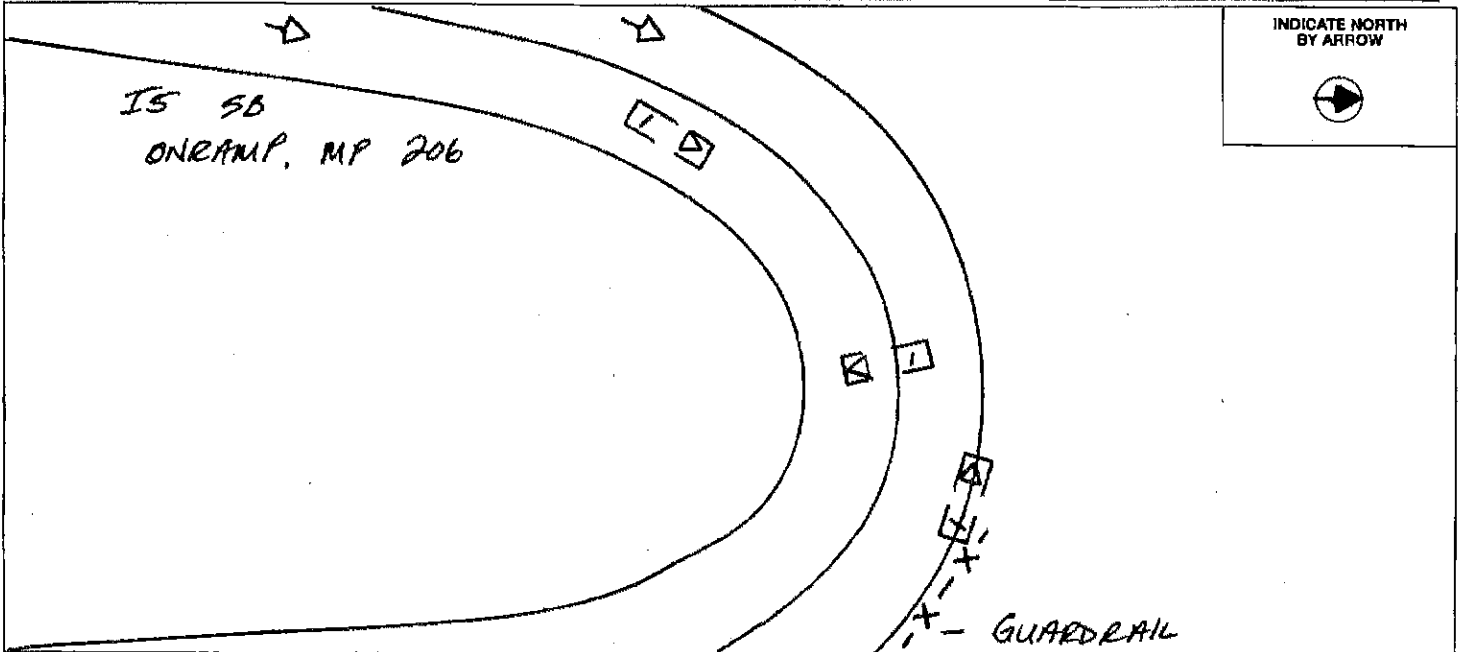
PASSENGER  WITNESS  UNIT # **01** SEAT POS. **6** AIRBAG **1** RESTR. **8** EJECT **1** HELMET USE **-** INJURY CLASS **1** NATURE OF INJURIES **NONE**

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

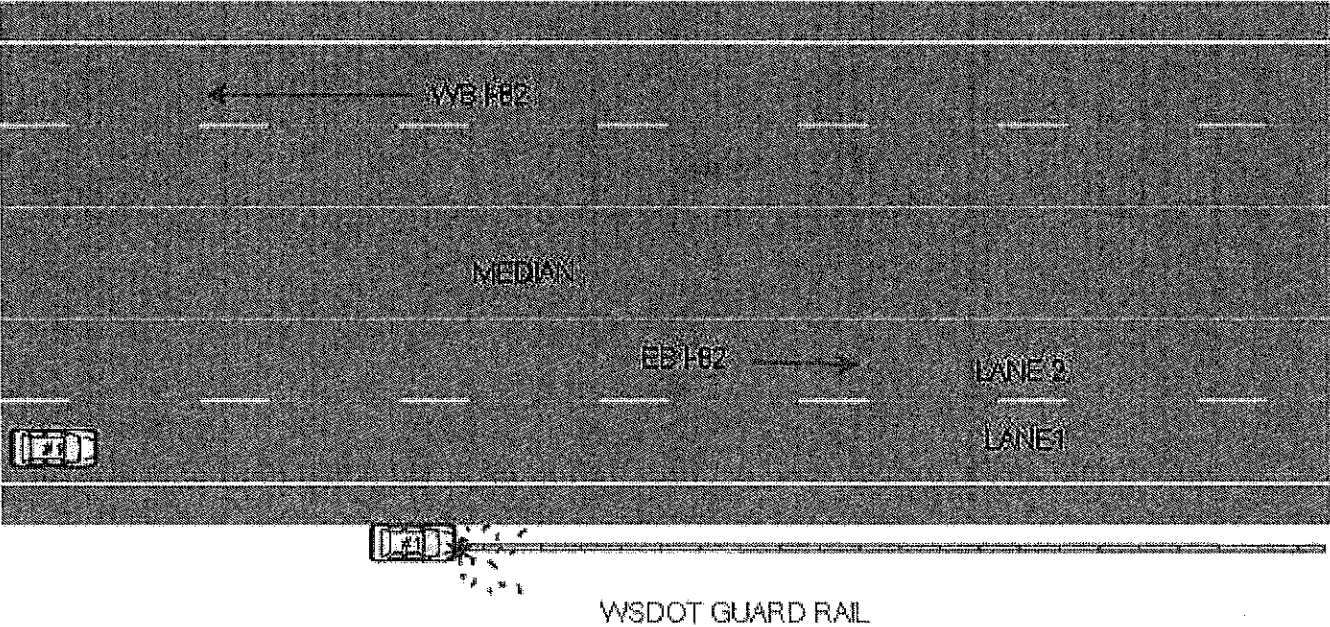
Vehicle #1 was attempting to merge onto IS southbound from mile post 206. Vehicle #1 lost control and collided with the guardrail on the onramp, coming to rest facing the wrong direction. Driver of Vehicle #1 stated, "I must have been going too fast, and I just lost control."

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 **[Signature]** 07/01 UNIT OR DIST. DET DATED **12/9/12** WSP MARYSVILLE PLACE SIGNED

APPROVED BY **[Signature]** 126 DATE **12/9/12**

BADGE OR ID # **509** ORI # **WAWSP 0701** TIME POLICE DISPATCHED **1613** TIME POLICE ARRIVED **1629**







STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E210966

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INTERSTATE <input checked="" type="checkbox"/>	CITY STREET <input type="checkbox"/>	PIPE 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 checked="" 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	12 - 4 - 2012	2118	39	5 00
N S	<input checked="" type="checkbox"/>	E W	<input type="checkbox"/>	IN OF
				<input checked="" type="checkbox"/>

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
182	BLOCK NO.	42 50
	MILE POST	<input checked="" type="checkbox"/>
DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
	FEET	

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	R
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STREET NEW ADDRESS	1
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CITY	SUNNYSIDE	ST	WA	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	F	D.O.B.	MMDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	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	1996	MAKE	HOND	MODEL	ACCORD	STYLE	4T	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	PETIT TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	220864436	CHARGE	DUI & HIT/RUN
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	(509) 577-1600
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LAST NAME	WSDOT	FIRST NAME		MIDDLE INITIAL
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STREET NEW ADDRESS	2809 RUDKIN
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CITY	UNION GAP	ST	WA	ZIP	98903
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.	MMDYYYY
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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.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
WELCH, RICHARD	838	WASHINGTON STATE PATROL

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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E210966**

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)

RICHARD WELCH

12/5/2012

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Tri, Sgt. G. 0231

DATE

BADGE OR ID #	838	ORI #	WAWSP0301	TIME POLICE DISPATCHED	9:30 PM	TIME POLICE ARRIVED	9:30 PM
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PART B

3000-346-160 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 WAS EASTBOUND ON I82 IN LANE 1 OF 2. VEHICLE #1 DRIFTED OFF THE RIGHT SHOULDER. VEHICLE #1 STRUCK A WSDOT GUARD RAIL WITH ITS FRONT. THE DRIVER/VEHICLE LEFT THE SCENE. THE DRIVER/VEHICLE #1 WAS STOPPED ABOUT 2.5 MILES FROM THE SCENE. THE DRIVER WAS ARRESTED FOR DUI AND HIT/RUN.



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. 3517194

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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	GUARD RAIL

TRIBAL RESERVATION	
M M D D Y Y Y Y	1 0 - 2 4 - 2 0 1 2
TIME (2400)	1 9 5 8
COUNTY #	3 6
MILES	3 9 . 0 0
N S	<input type="checkbox"/> <input type="checkbox"/>
E W	<input type="checkbox"/> <input checked="" type="checkbox"/>
IN OF	<input type="checkbox"/> <input checked="" type="checkbox"/>
CITY #	1 3 6 5

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
W/B	SA 12	
BLOCK NO.		
MILE POST		2 9 6 . 5 2
DISTANCE	4 0 0	
MILES	<input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/>	
FEET	<input checked="" type="checkbox"/> S <input type="checkbox"/> W	
OF (REFERENCE OR CROSS STREET)	HUMORIST RD.	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	PHONE
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	[REDACTED]

LAST NAME	ZHUK	FIRST NAME	[REDACTED]	MIDDLE INITIAL	S
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STREET NEW ADDRESS	[REDACTED]
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CITY	RICHLAND	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	3	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	None Stated
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LICENSE PLATE #	[REDACTED]	STATE	WA
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	02	MAKE	TOYOTA	MODEL	PV	STYLE	REG	VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	A STAX	GOV. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	NAME	LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	[REDACTED]	VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	C 083387Z	CHARGE	RCV 4661.502	VEHICLE NO. 1	SHADE IN DAMAGED AREA
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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	PHONE
					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(509)-545-2202

LAST NAME	WSDOT	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	1816 N. 4 <sup>TH</sup> AVE
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CITY	PASCO	ST	WA	ZIP	99301
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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		GOV. VEHICLE	YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
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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		VEHICLE NO. 2	SHADE IN DAMAGED AREA
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OFFICER'S NAME (PRINT)	Kelty, S	BADGE OR ID #	858	AGENCY	WSP
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. 3517194

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 RESTRL. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

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

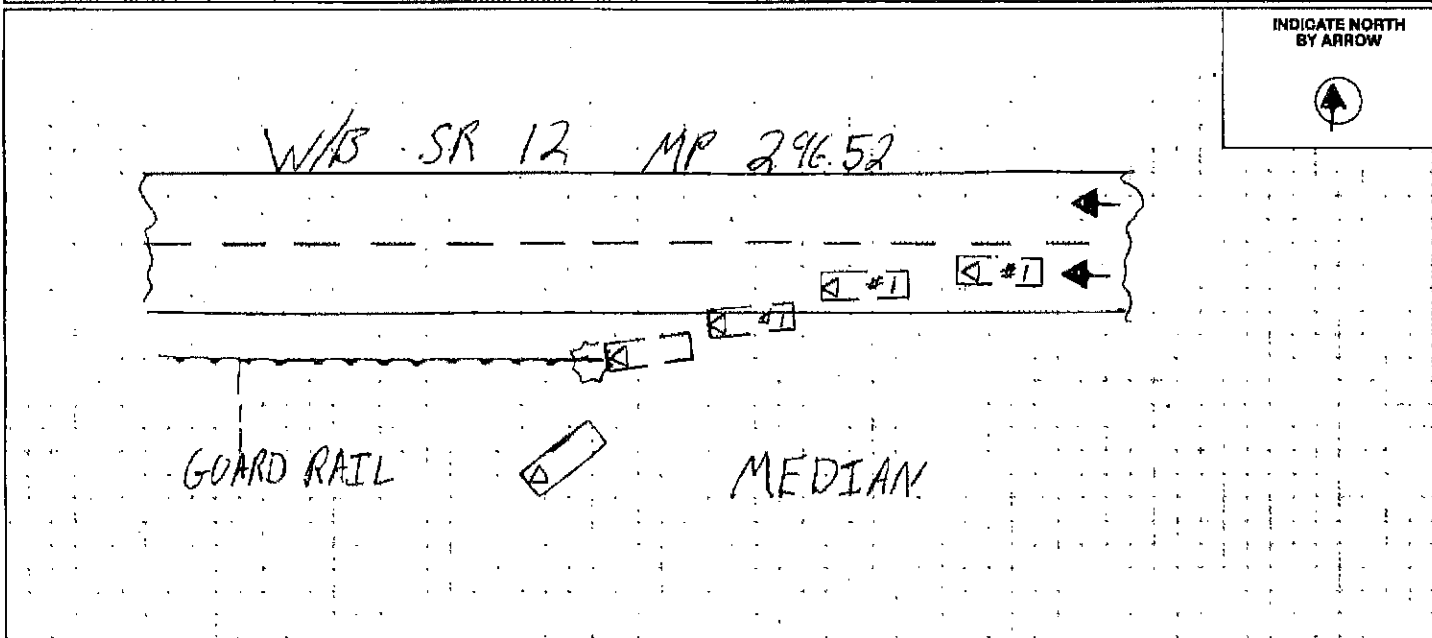
PASSENGER  WITNESS  UNIT # SEAT POS. AIRBAG RESTRL. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM



NARRATIVE

Unit #1 was traveling west bound on SR 12 where it left the road way to the south striking a guard rail landing 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.72.065)

INVESTIGATING OFFICER'S SIGNATURE #858 UNIT OR DIST. DET C13 07 DATED 10/25/12 PLACE SIGNED Benton Co.

APPROVED BY B. Munkie 219 DATE 10/26/12

BADGE OR ID # 858 ORI # WA15SP0307 TIME POLICE DISPATCHED 2010 TIME POLICE ARRIVED 2029





SR 26





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E192717

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42

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	00259
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail and Mileage Sign

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
9 - 15 - 2012		0600	38	28 10	0230
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		

EB SR 26	BLOCK NO.	105	10
	MILE POST	<input checked="" type="checkbox"/>	
DISTANCE	OF (REFERENCE OR CROSS STREET)		
0 10 MILES <input checked="" type="checkbox"/>	MILE POST 105		
	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"/>	NO <input type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET NEW ADDRESS	

CITY	ST	CT	ZIP

CDL	RESTRICTIONS	ENDORSEMENTS

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

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES	SORE BACK
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LICENSE PLATE #	STATE	WA	VIN#

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	2000	MAKE	HOND	MODEL	CRV	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	COLFAX AUTO BODY	GOVT. VEHICLE YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	ZABEL, JEFFREY	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	VEHICLE LEGALITY STANDING YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	220703263, 264	CHARGE	NEG 2, MIP
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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
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LAST NAME	TRANSPORTATION	FIRST NAME	DEPT OF	MIDDLE INITIAL

STREET NEW ADDRESS	PO BOX 150
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CITY	COLFAX	ST	WA	ZIP	99111
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CDL	RESTRICTIONS	ENDORSEMENTS

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

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

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 LEGALITY STANDING YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	POWER, D	BADGE OR ID #	816	AGENCY	WASHINGTON STATE PATROL
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OFFICER'S NAME (PRINT)	POWER, D	BADGE OR ID #	816	AGENCY	WASHINGTON STATE PATROL
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OFFICER'S NAME (PRINT)	POWER, D	BADGE OR ID #	816	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. **E192717**

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 POWER

9/17/2012

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

HUDSON, SGT. B. 133

DATE

BADGE OR ID #	816	ORI #	WAWSP0406	TIME POLICE DISPATCHED	6:02 AM	TIME POLICE ARRIVED	6:36 AM
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PART B 3000-346-160 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 was traveling east on SR 26. Vehicle 1 left the roadway to the right and struck the end of a guard rail and a mileage sign post. More than 32 feet of the guardrail was peeled back by the compression end cap on the end of the guard rail. A minimum of 6 steel guard rail posts were broken or damaged. Both mileage sign posts were broken and the sign damaged.



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. 3471115

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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	

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 10-06-2012	0632	17		0410

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR-164	BLOCK NO. <input type="checkbox"/>	MILE POST <input checked="" type="checkbox"/> 12.78

DISTANCE	OF (REFERENCE OR CROSS STREET)
03 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W	236TH AVE SE

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	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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CDL	ENDORSEMENTS	RESTRICTIONS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	INJURY CLASS	NATURE OF INJURIES	UNKNOWN
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	05	MAKE	CHEV	MODEL	-	STYLE	PIU	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	FREDS TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	UNKNOWN	VEHICLE LEGALLY TOWING 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	WSDOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	15700 DAYTON AVE N
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CITY	ST	ZIP
SEATTLE	WA	98133

CDL	ENDORSEMENTS	RESTRICTIONS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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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 #	OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
T. Taylor	1109	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

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1681972

CORRECTION

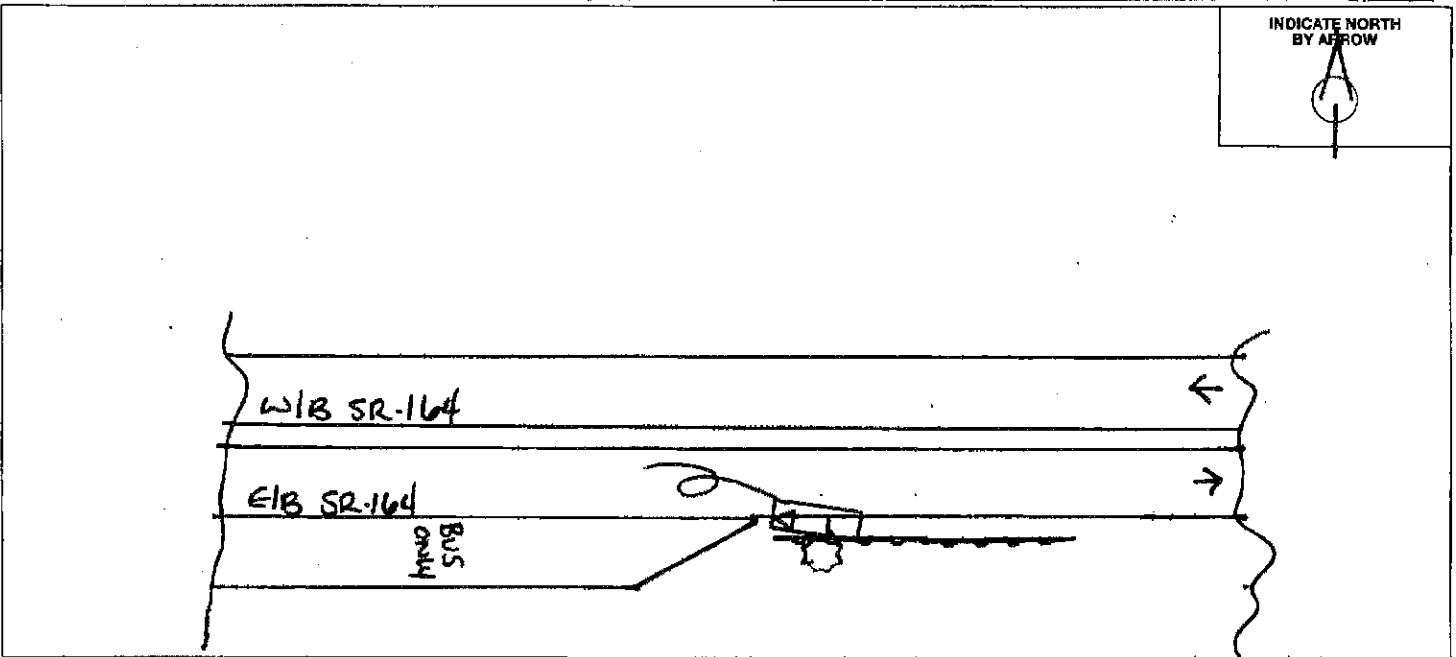
REPORT NO. **3471115**

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



INDICATE NORTH BY ARROW



NARRATIVE

VEHICLE ONE WAS TRAVELING E/B SR-164 AND SPUN OFF THE ROADWAY. VEHICLE ONE STRUCK THE GUARD RAIL AND TOOK OUT 20-30 FEET OF GUARD RAIL (POST AS WELL). DRIVER LEFT THE SCENE PRIOR TO POLICE ARRIVAL. ENGINE WAS COLD UPON ARRIVAL.

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

INVESTIGATING OFFICER'S SIGNATURE <i>[Signature]</i>	UNIT OR DIST. DET <i>0217</i>	DATED <i>10/6/12</i>	PLACE SIGNED <i>KING COUNTY</i>
APPROVED BY <i>[Signature]</i>	DATE <i>10/10/12</i>		
BADGE OR ID # <i>1109</i>	ORI # <i>WAWSP0217</i>	TIME POLICE DISPATCHED <i>0632</i>	TIME POLICE ARRIVED <i>0652</i>



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591871

REPORT NO. 3500400

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3 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 # C0868951

LOCAL AGENCY (COUNTY)

TOTAL # OF LISTS 02 SUBJECT (STREET) GUARDRAIL

DATE OF COLLISION 07-20-2012 TIME (2400) 0725 COUNTY # 17 MILES 07.81 CITY # 1175

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

SR-2 BLOCK NO. MILE POST 56.80

DISTANCE 0.10 MILES  N  E  S  W OF (REFERENCE OR CROSS STREET) DECEPTION FALLS

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET (NEW ADDRESS)

CITY LEAVENWORTH ST. WA ZIP

EDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # STATE WA SEX F D.O.B. MM/DD/YY

ON DUTY  STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES SORE NECK, BACK, HEP

LICENSE # STATE WA VIN#

TRAILER (PLATE #) STATE TRAILER (PLATE #) STATE

VEH. YEAR 2006 MAKE DODGE MODEL DURAN STYLE UT VEHICLE TOWED YES  NO  TOWED BY SKY VALLEY GOVT. VEHICLE YES  NO

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

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CHARGE WHEELS OFF ROADWAY

VEHICLE DAMAGE YES  NO  CITATION # 6645744

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 ST. ZIP

EDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # STATE SEX D.O.B. MM/DD/YY

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 # CHARGE

VEHICLE DAMAGE YES  NO  CITATION # OFFICER'S NAME (PRINT) JONATHAN KRAJCAR BADGE OR ID # 698 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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. 3500400

CASE # C0868951

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

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

ADDRESS & PHONE # SAME AS OTHER WITNESS SEX [REDACTED] D.O.B. [REDACTED]

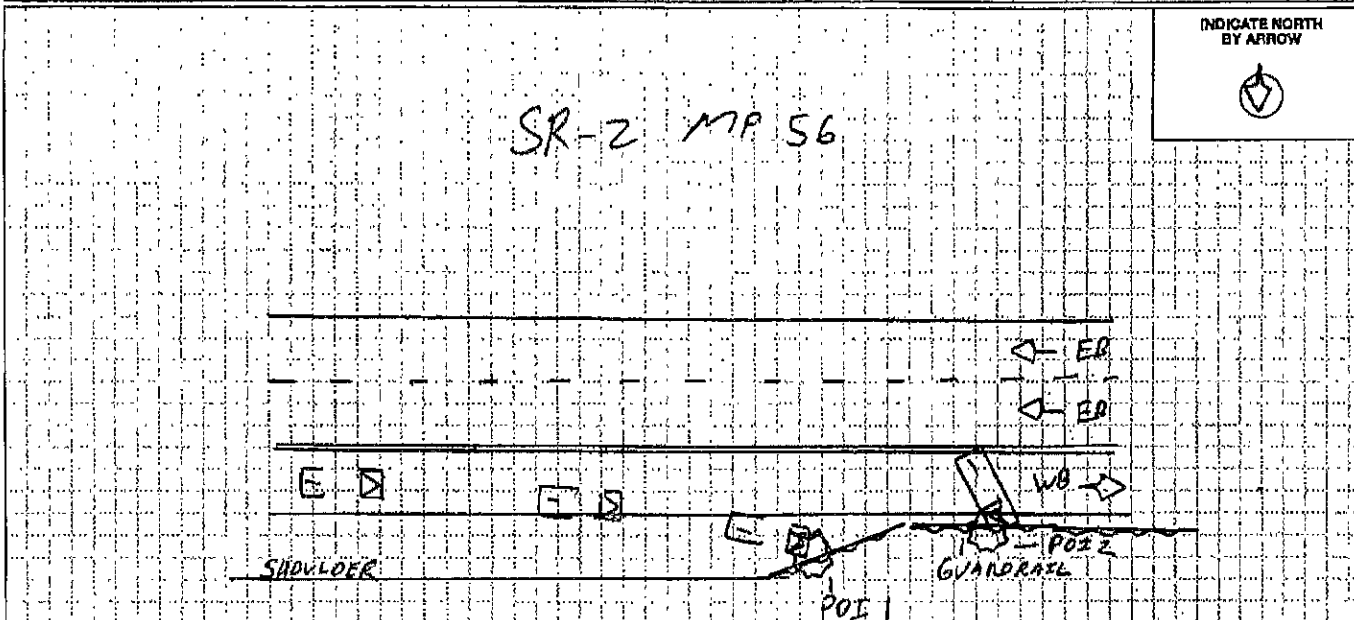
PASSENGER  WITNESS  UNIT # [REDACTED] SEAT POS. [REDACTED] AIRBAG [REDACTED] RESTR. [REDACTED] EJECT [REDACTED] HELMET USE [REDACTED] INJURY CLASS [REDACTED] NATURE OF INJURIES [REDACTED]

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

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

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

DIAGRAM



NARRATIVE

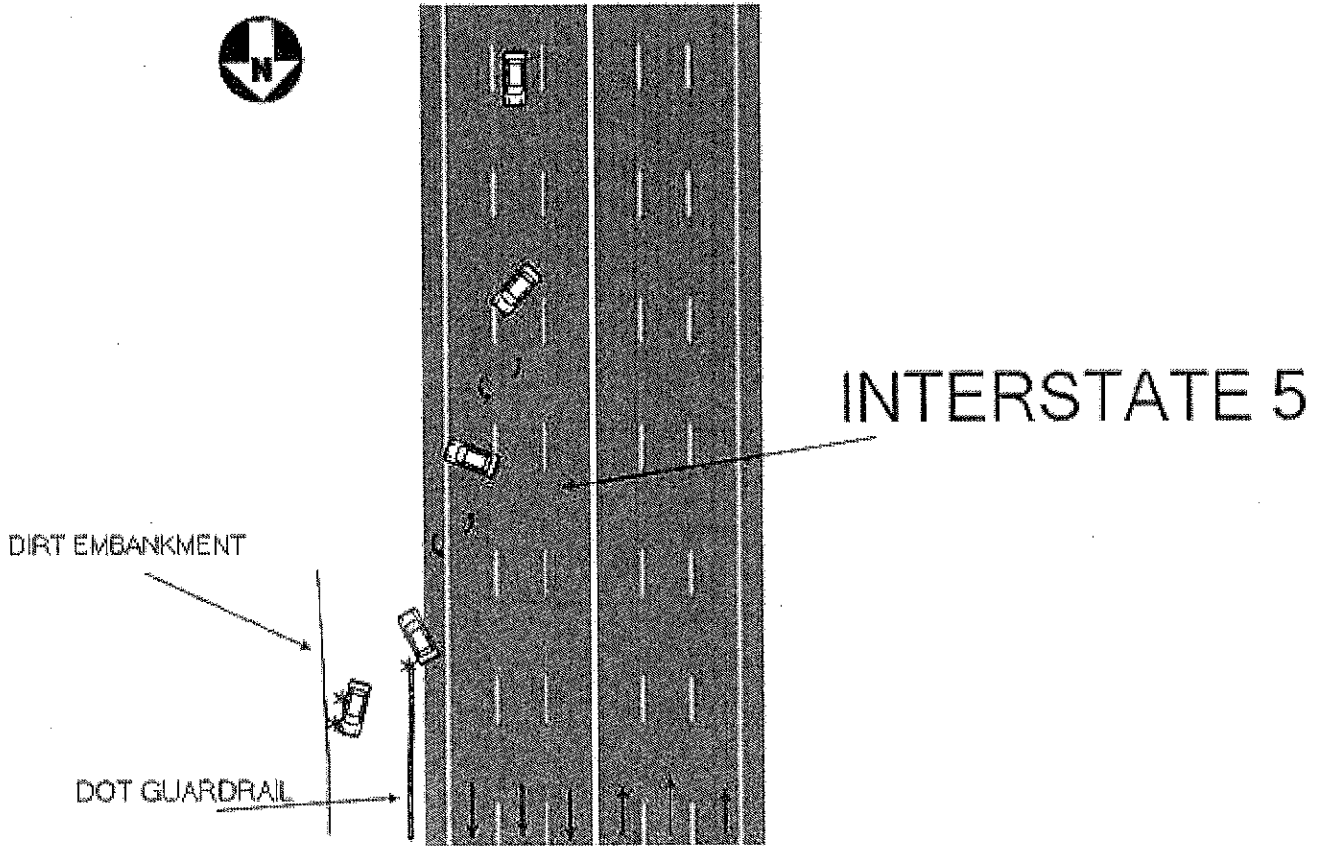
#1 WAS TRAVELING WB SR-2 AT MP 56. #1 DRIEPTER OFF ONTO THE WB SHOULDER AND STRUCK THE GUARDRAIL. A STATED SHE HAD FALLEN ASLEEP.

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] 715 UNIT OR DIST. DET 7-20-12 DATED MONROE, WA PLACE SIGNED

APPROVED BY [Signature] DATE

BADGE OR ID # 698 ORI # WAWSP0705 TIME POLICE DISPATCHED 0729 TIME POLICE ARRIVED 0835





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E154799

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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 - 17 - 2012	1707	08	3 80	1470
				N <input checked="" type="checkbox"/> S <input type="checkbox"/>	E <input type="checkbox"/> W <input type="checkbox"/>
				IN <input type="checkbox"/>	OF <input checked="" type="checkbox"/>

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
INTERSTATE 5	BLOCK NO.	25
	MILE POST	80

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

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	PHONE
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET NEW ADDRESS	

CITY	KELSO	ST	WA	ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.	
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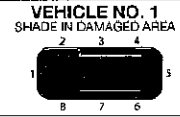
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	5	NATURE OF INJURIES	POSSIBLE BROKEN PELVIS, LEG INJURIES
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LICENSE PLATE #	STATE	WA	VIN#	
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	2005	MAKE	FORD	MODEL	FOC3D	STYLE	3D	VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	J/B TOWING	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" 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 #	270048545	CHARGE	WHEEL OFF ROADWAY
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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	PHONE
					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

LAST NAME	DOT	FIRST NAME	MIDDLE INITIAL

STREET NEW ADDRESS	2400 TALLEY WAY
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CITY	KELSO	ST	WA	ZIP	98626
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CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX	D.O.B.	
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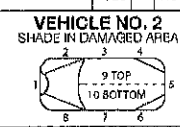
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	YES <input type="checkbox"/> 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
KNUDSON, W	737	WASHINGTON STATE PATROL

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





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1691972

CORRECTION

REPORT NO. **E154799**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **DAOUD, EI HAB S**

ADDRESS & PHONE # (509) 432-4588 SEX **M** D.O.B. **MMDDYYYY** **10** - **1** - **1980**

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)

W KNUDSON 2/18/2012  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Schmidt, SGT B 121 DATE

BADGE OR ID # 737 ORI # WAWSP0505 TIME POLICE DISPATCHED 5:07 PM TIME POLICE ARRIVED 5:27 PM

PART B

3000-345-160-2 (7/09)

PAGE 2 OF 4

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## Narrative

Vehicle #1 northbound Interstate 5 mile post 25.8 in lane 2 of 3. Wet and rainy roadway conditions, along with inattention of the driver caused vehicle #1 to swerve to the right crossing lane 1, off of the roadway. While Vehicle #1 was rotating clockwise it struck a DOT guardrail damaging approximately 15 feet of DOT property. Vehicle #1 came to rest against a small dirt embankment.