



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E012468

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

CASE #
LOCAL AGENCY CODING
TOTAL # OF UNITS 2 OBJECT STRUCK Concrete/Jersey Barrier

DATE OF COLLISION 12 - 24 - 2008 TIME (2400) 0708 COUNTY # 08 MILES CITY # 0605
N E IN
S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
S/B I-5 BLOCK NO. 40 MILE POST 19
DISTANCE OF (REFERENCE OR CROSS STREET)
MILES N E
FEET S W 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 OR ZIP

CDL A RESTRICTIONS D ENDORSEMENTS NT

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

ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 4 NATURE OF INJURIES HEAD/LEG/RIBS

LICENSE PLATE # STATE OR VIN#

TRAILER PLATE # 9 STATE WA TRAILER PLATE # STATE

VEH. YEAR 1995 MAKE FRHT MODEL Tractor STYLE DS VEHICLE TOWED YES NO TOWED BY CARL'S TOWING GOVT. VEHICLE YES NO

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

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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 2400 TALLEY WAY

CITY KELSO ST WA ZIP 98632

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX MIDDYYYY

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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

OFFICER'S NAME (PRINT) THOMA, P. BADGE OR ID # 831 AGENCY WAWSP0505

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. **E012468**

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

P. THOMA		12/25/2008	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY	Thoma, P. 831	DATE	
BADGE OR ID #	831	ORI #	WAWSP0505
TIME POLICE DISPATCHED	7:08 AM	TIME POLICE ARRIVED	7:12 AM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E012468

CASE #

3

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

4

UNIT # 1 USDOT 571177 IOC # VEHICLE TYPE 4 CARGO BODY TYPE 2

6

CARRIER NAME

4

CARRIER ADDRESS

4

CITY S ST CA ZIP

2

NAME SOURCE 2 # AXLES 6 GVWR 80000 PLACARD + NAME IF NO NUMBER

1

ADDITIONAL UNITS

1

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

7

LAST NAME FIRST NAME MIDDLE INITIAL

8

STREET NEW ADDRESS

9

CITY ST ZIP

10

CDL RESTRICTIONS ENDORSEMENTS

11

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

12

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

13

LICENSE PLATE # STATE VIN#

14

TRAILER PLATE # STATE TRAILER PLATE # STATE

15

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

16

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

17

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

18

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

19

LAST NAME FIRST NAME MIDDLE INITIAL

20

STREET NEW ADDRESS

21

CITY ST ZIP

22

CDL RESTRICTIONS ENDORSEMENTS

23

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

24

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

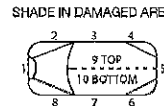
LICENSE PLATE # STATE VIN#

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



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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

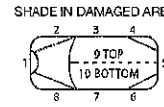
LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



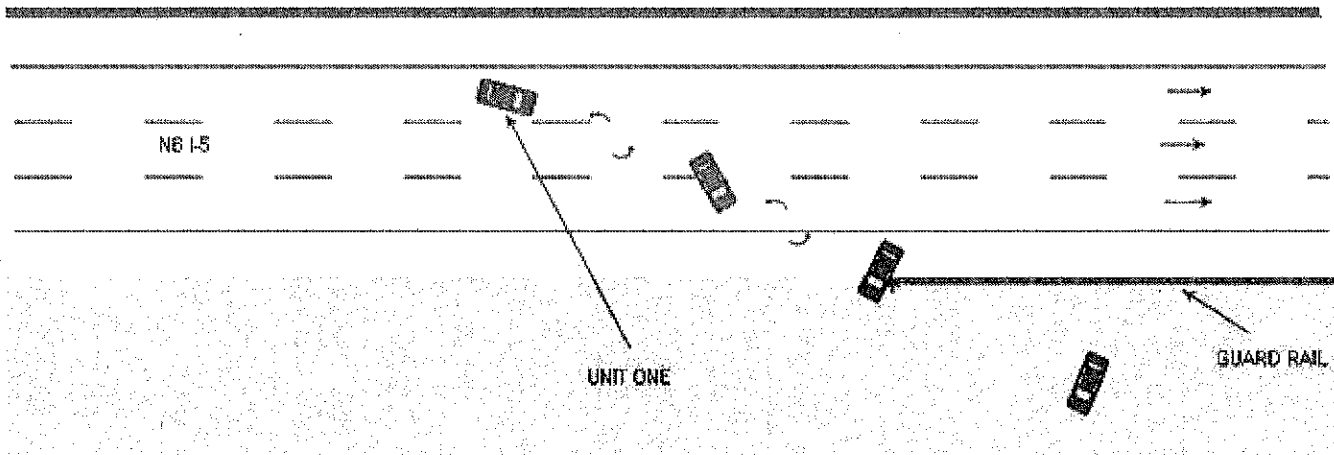
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

P. THOMA 12/25/2008 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 831 ORI # WAWSP0505 APPROVED BY Thoma DATE PAGE 3 OF 5

Narrative

VEHICLE #1 WAS TRAVELING SOUTHBOUND ON I-5 JUST NORTH OF THE ALLEN STREET OVERPASS. VEHICLE #1 LEFT THE ROADWAY TO THE LEFT, STRIKING A GUARD RAIL. VEHICLE #1 VAULTED OFF OF AN EMBANKMENT, LANDING ON ALLEN STREET. VEHICLE #1 THEN STRUCK A CONCRETE RETAINING WALL TO THE SOUTH OF ALLEN STREET.





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E117627

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

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

TRIBAL RESERVATION
DATE OF COLLISION 7-28-2011 TIME (2400) 1456 COUNTY # 08 MILES 4 50 CITY # 0605
N [X] E [] S [] W [] IN [] OF [X]

ON (PRIMARY TRAFFIC WAY) INTERSECTION [] NON-INTERSECTION [X]
I-5 BLOCK NO. 45 MILE POST 80
DISTANCE 0.30 MILES [X] FEET [] N [] E [] S [] W [X] OF (REFERENCE OR CROSS STREET) HEADQUARTERS RD

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

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

STREET NEW ADDRESS [X] [REDACTED]

CITY [REDACTED] ST WA ZIP [REDACTED]

CDL RESTRICTIONS ENDORSEMENTS

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

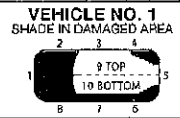
ON DUTY [] STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 5 NATURE OF INJURIES LEFT THIGH LACERATION, LEFT HIP/WRIST

LICENSE PLATE # [REDACTED] STATE OR VIN# 3 [REDACTED] 5

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2001 MAKE FORD MODEL ESCORT STYLE 4T VEHICLE TOWED YES [X] NO [] TOWED BY AFFORDABLE TOWING GOVT. VEHICLE YES [] NO [X]

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT [X] INSURANCE CO. & POLICY # [REDACTED] CITATION # 120515889 CHARGE SPEED TOO FAST



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

LAST NAME WSDOT FIRST NAME 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.

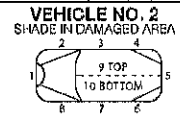
ON DUTY [] STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 [X]

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



OFFICER'S NAME (PRINT) SURDAM, T BADGE OR ID # 1208 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. **E117627**

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]

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 **M** D.O.B. MMDDYYYY [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. MMDDYYYY [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)

T SURDAM

8/1/2011

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Hobbs, G. 186

DATE

BADGE OR ID # 1208

ORI # WAWSP0504

TIME POLICE DISPATCHED 2:56 PM

TIME POLICE ARRIVED 3:05 PM

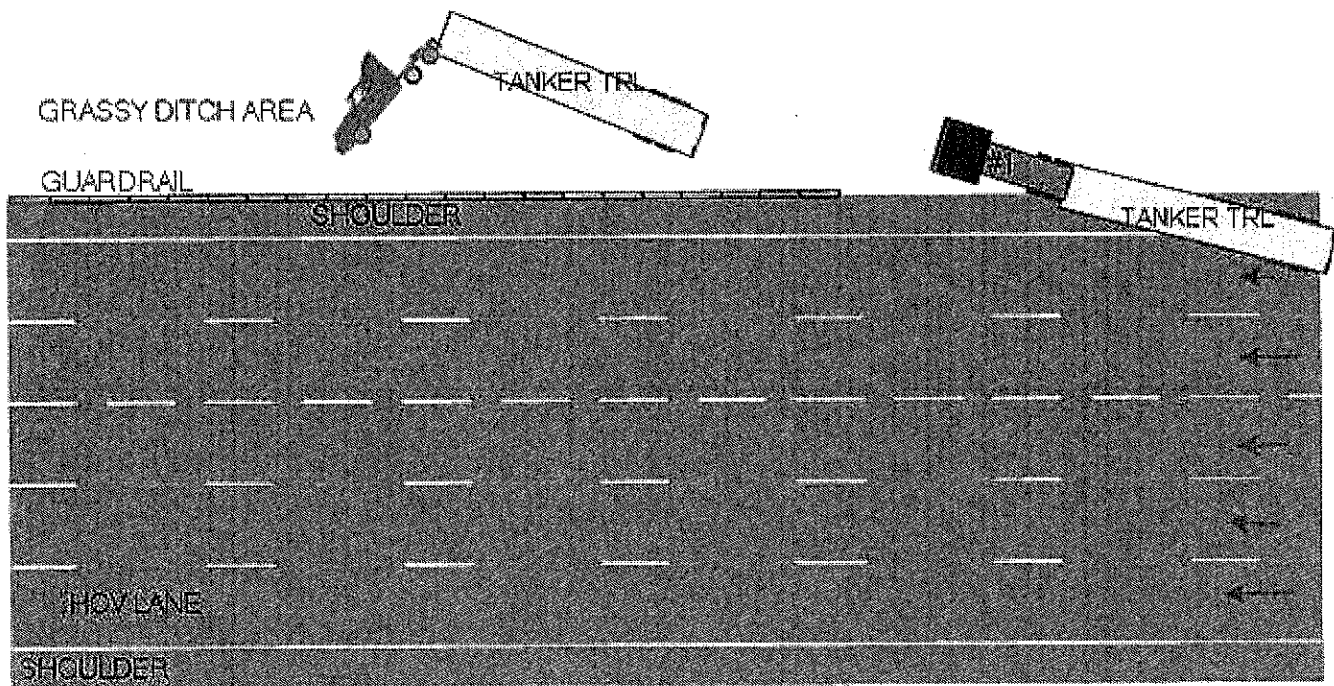
PART B 3000-345-160 R (7/08)

PAGE 2 OF 4

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Narrative

Unit one was traveling north on I-5 in the left of three lanes. Unit one went off the roadway to the left then swerved right across all three lanes striking the end of the guard rail with the drivers side of unit one. Unit one came to rest in the grass on the east side soft shoulder.



NOT DRAWN TO SCALE

SOUTHBOUND I 5 IN THE AREA OF 70TH AVENUE



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E198697

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FROM TO 1 5 33
FROM TO
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1 41
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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	10 - 12 - 2012	TIME (2400)	0449	COUNTY #	27	MILES		CITY #	1280	
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		BLOCK NO.			MILE POST		139 01

DISTANCE	0 34	MILES <input checked="" type="checkbox"/>	FEET <input type="checkbox"/>	N <input type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	70TH AVENUE						
S/B I 5		MILES <input checked="" type="checkbox"/>		FEET <input type="checkbox"/>		N <input type="checkbox"/>		E <input type="checkbox"/>		S <input checked="" type="checkbox"/>		W <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	
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STREET NEW ADDRESS	
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CITY		ST	WA	ZIP	
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CDL	A	RESTRICTIONS		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	OH	TRAILER PLATE #		STATE	
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VEH. YEAR	2006	MAKE	PTRB	MODEL	CONVENTI	STYLE	SE	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY OWNER REQUESTED		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 checked="" type="checkbox"/>	INSURANCE CO. & POLICY #		VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	2Z079131	CHARGE	NEG 2
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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	DOT	FIRST NAME	DOT	MIDDLE INITIAL	
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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	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.		VEHICLE NO. 2 SHADE IN DAMAGED AREA	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #		VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	JONES, S	BADGE OR ID #	474	AGENCY	WASHINGTON STATE PATROL
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591372

CORRECTION

REPORT NO. **E198697**

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

10/16/2012

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Camden; E 394

DATE

BADGE OR ID # 474

ORI # WAWSP0102

TIME POLICE DISPATCHED 4:51 AM

TIME POLICE ARRIVED 5:06 AM

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

PAGE 2 OF 5

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SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E198697

CASE #

1

COMMERCIAL MOTOR CARRIER

INTERSTATE

INTRASTATE

2

UNIT # 1 USDOT 134406 ICG # VEHICLE TYPE 4 CARGO BODY TYPE 3

3

CARRIER NAME

4

CARRIER ADDRESS

4a

CITY ST OH ZIP

5

NAME SOURCE 4 # AXLES 4 GVWR 80000 PLACARD 1203 + 3 NAME IF NO NUMBER

6

ADDITIONAL UNITS

UNIT # MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE

7

LAST NAME FIRST NAME MIDDLE INITIAL

8

STREET NEW ADDRESS

9

CITY ST ZIP

10

CDL RESTRICTIONS ENDORSEMENTS

11

DRIVER'S LICENSE # STATE SEX D.O.B. M/MDD/YYYY

12

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

13

LICENSE PLATE # STATE VIN#

14

TRAILER PLATE # STATE TRAILER PLATE # STATE

15

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

16

REGISTERED OWNER INFO.

17

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

18

VEHICLE LEGALLY STANDING YES/NO CITATION # CHARGE

19

UNIT # MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE

20

LAST NAME FIRST NAME MIDDLE INITIAL

21

STREET NEW ADDRESS

22

CITY ST ZIP

23

CDL RESTRICTIONS ENDORSEMENTS

24

DRIVER'S LICENSE # STATE SEX D.O.B. M/MDD/YYYY

25

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

26

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

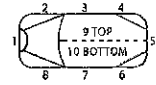
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES/NO TOWED BY GOVT. VEHICLE YES/NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES/NO CITATION # CHARGE

SHADE IN DAMAGED AREA



Vertical column of numbers 1-42 on the right side of the form.

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 10/16/2012 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATE: PLACE SIGNED

BADGE OR ID # 474 ORI # WAWSP0102 APPROVED BY Camden DATE PAGE 3 OF 5

Narrative

Vehicle #1 traveling southbound on I 5 in lane one of five in the area of 70th avenue.

Subject driving Vehicle #1 fell asleep drifted off the roadway to the right striking ten sections of guardrail and the continued off the roadway flipping over onto its side before coming to rest in the ditch.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 3175802

CASE #	
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	DOT Guardrail

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

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

DATE OF COLLISION 05-22-2009 1440 29 09.82 N E IN OF 0045

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR 9 BLOCK NO. 38 MILE POST 80

DISTANCE 0.20 MILES N E OF (REFERENCE OR CROSS STREET) MP Marker 39

FEET S W

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY Arlington ST WA ZIP

CDL ENDORSEMENTS 3 RESTRICTIONS

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

ON DUTY STATUS AIRBAG 1 RESTR. EJECT 2 HELMET USE INJURY CLASS 5 NATURE OF INJURIES Fracture - (L) elbow

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2010 MAKE HD MODEL XL200 STYLE m/c VEHICLE TOWED YES NO TOWED BY Mt. Vernon Tow GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. NAME AS DRIVER

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # Unknown

VEHICLE LEGALLY STANDING YES NO CITATION # E5989826 CHARGE Wheel off roadway

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (360) 428-1389

LAST NAME DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 4100 Cedarvale Rd

CITY Mt. Vernon ST WA ZIP 98273

CDL ENDORSEMENTS RESTRICTIONS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO.

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

VEHICLE LEGALLY STANDING YES NO OFFICER'S NAME (PRINT) Mark Francis BADGE OR ID # 990 AGENCY WSP

PAGE 01 OF 2

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

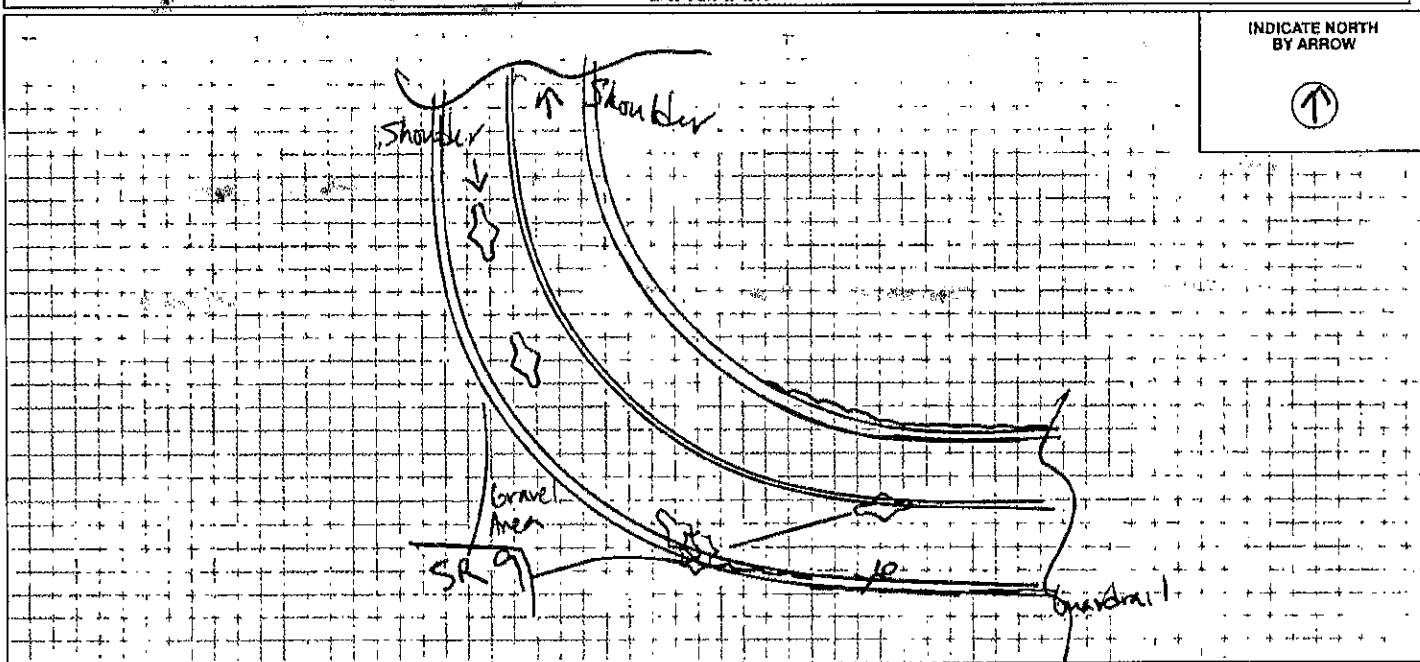
REPORT NO. 31 75802

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM



NARRATIVE

Vehicle #1 is a motorcycle Vehicle #1 was S/B SR 9 MP 38. Vehicle #1 was traveling through a (L) curve. Vehicle #1 left roadway to the (R) and struck a DOT jersey guardrail ejecting the driver.

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		0703		5-23-09		Skagit	
APPROVED BY		UNIT OR DIST. OFF		DATED		PLACE SIGNED	
[Signature]		[Signature]		[Signature]		[Signature]	
BADGE OR ID #		ORI #		TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
990		WAWSPO203		1445		1500	



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

Collision Date: 5-22-09

CORRECTION

REPORT NO.

3175802

CASE #

COMMERCIAL MOTOR CARRIER

INTERSTATE

INTRASTATE

UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

01

MOTOR VEHICLE

PEDAL-CYCLE

PEDESTRIAN

PROPERTY OWNER

DAMAGE THRESHOLD MET YES NO

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

ENDORSEMENTS

RESTRICTIONS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES NO

TOWED BY

GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT

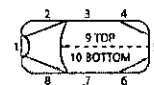
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES NO

CITATION #

CHARGE

SHADE IN DAMAGED AREA



FROM TO

33

FROM TO

34

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36

37

38

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41

42

I CERTIFY (IF CLERK) 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

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

990

ORI #

WAWSPO703

APPROVED BY

DATE

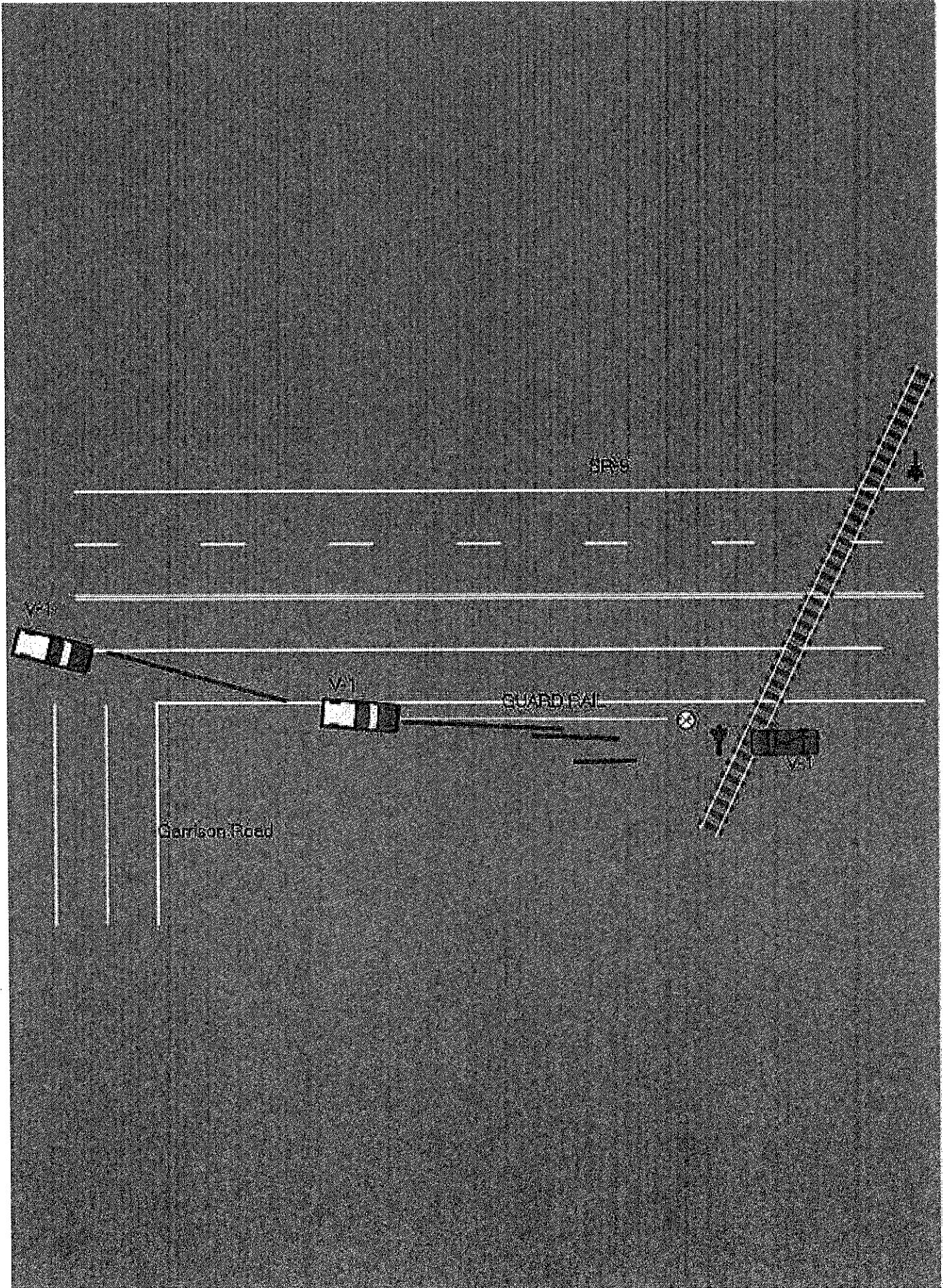
5/25/09

PAGE

1

OF

1





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E266402

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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input checked="" 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 3 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION 8 - 27 - 2013 0425 37 2 00 N S E IN W OF 1265

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR-9 BLOCK NO. 94 MILE POST 65

DISTANCE 300 00 MILES N E OF (REFERENCE OR CROSS STREET) GARRISON ROAD
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 FERNDALE ST WA ZIP

ODL RESTRICTIONS J ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 3 RESTR. 1 EJECT 1 HELMET USE INJURY CLASS 5 NATURE OF INJURIES FRACTURED FEMUR, HIP, INTERNAL

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1997 MAKE CHEV MODEL 4x4 STYLE PK VEHICLE TOWED YES NO TOWED BY B.J.S TOWING GOVT. VEHICLE YES NO

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

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # SUPERIOR COURT CHARGE PENDING

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (425) 304-6687

LAST NAME BNSF RAILWAY FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 2900 BOND ST

CITY EVERETT ST WA ZIP 98026

ODL 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 # CITATION # CHARGE

OFFICER'S NAME (PRINT) VAN DIEST, J BADGE OR ID # 0570 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. **E266402**

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 VAN DIEST	8/29/2013		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Dennis, Sgt. M. 276	DATE		
BADGE OR ID # 0570	ORI # WAWSP0704	TIME POLICE DISPATCHED 4:25 AM	TIME POLICE ARRIVED 4:25 AM

PART B

3000-395-100 R (7/09)

PAGE 2 OF 5

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



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E266402

CASE #

1

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

2

UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE

3

CARRIER NAME

4

CARRIER ADDRESS

4a

CITY ST ZIP

6

NAME SOURCE # AXLES GYWR PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

8

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

LAST NAME DEPT OF TRANSPORTATION FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 3920 AIRPORT WAY

CITY BELLINGHAM ST WA ZIP 98226

CDL RESTRICTIONS ENDORSEMENTS

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

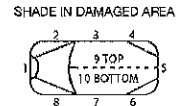
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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

14

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

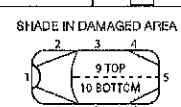
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.086)

J VAN DIEST 8/29/2013 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATE: PLACE SIGNED

BADGE OR ID # 0570 ORI # WAWSP0704 APPROVED BY Dennis DATE PAGE 3 OF 5

Narrative

V-1 was E/B SR-9 milepost 94 at a high rate of speed attempting to elude police vehicles from a traffic stop. A hollow spike strip was used. V-1 lost control and left the road to the right near Garrison Road, about 2 miles after the spike strip was used. V-1 struck the end of a guard rail shearing off numerous posts, then struck a large rail road crossing structure. V-1 flipped onto it's top as it rotated and was now facing W/B when it came to rest.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

Supplemental

REPORT NO. E266402

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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input checked="" 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 #	13012265
LOCAL AGENCY CODING	
TOTAL # OF UNITS	3
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION						
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #		
DATE OF COLLISION	8 - 27 - 2013	0425	37	2 00	N S <input checked="" type="checkbox"/> E W <input type="checkbox"/> IN OF <input checked="" type="checkbox"/>	1265

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR-9	BLOCK NO.	94 65
DISTANCE	300 00	MILES <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W
OF (REFERENCE OR CROSS STREET)	GARRISON ROAD	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS

CITY	FERNDALE	ST	WA	ZIP
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CDL	RESTRICTIONS	J	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.	M M D D Y Y Y Y
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	1	EJECT	1	HELMET USE	INJURY CLASS	5	NATURE OF INJURIES	FRACTURED FEMUR, HIP, INTERNAL
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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	CHEV	MODEL	4x4	STYLE	PK	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	B.J.S 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 #	SUPERIOR COURT	CHARGE	PENDING	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 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	(425) 304-6687
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LAST NAME	BNSF RAILWAY	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	2900 BOND ST
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CITY	EVERETT	ST	WA	ZIP	98026
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.	M M D D Y Y Y Y
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	VEHICLE NO. 2 SHADE IN DAMAGED AREA
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OFFICER'S NAME (PRINT)	VAN DIEST, J	DADGE OR ID #	0570	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



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E266402

CASE # 13012265

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COMMERCIAL MOTOR CARRIER
UNIT #
USDOT
IOC #
VEHICLE TYPE
CARGO BODY TYPE
INTERSTATE
INTRASTATE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

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

LAST NAME DEPT OF TRANSPORTATION FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 3920 AIRPORT WAY

CITY BELLINGHAM ST WA ZIP 98226

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

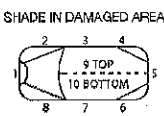
LICENSE PLATE # STATE VIN#

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



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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

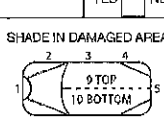
LICENSE PLATE # STATE VIN#

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



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 VAN DIEST 10/25/2013
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 0570 ORI # WAWSP0704 APPROVED BY Dennis DATE PAGE 3 OF 5

Narrative

V-1 was E/B SR-9 milepost 94 at a high rate of speed attempting to elude police vehicles from a traffic stop. A hollow spike strip was used. V-1 lost control and left the road to the right near Garrison Road, about 2 miles after the spike strip was used. V-1 struck the end of a guard rail shearing off numerous posts, then struck a large rail road crossing structure. V-1 flipped onto it's top as it rotated and was now facing W/B when it came to rest.



Eastbound State Route 16 to Burnham Drive





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1581971

REPORT NO. E219479

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INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE HIT & RUN INVOLVED

CASE # LOCAL AGENCY CODING TOTAL # OF UNITS OBJECT STRUCK

TRIBAL RESERVATION DATE OF COLLISION TIME COUNTY MILES CITY #

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION STATE ROUTE 16 BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET) BURNHAM DR

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY PORT ORCHARD ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2005 MAKE JEEP MODEL CHEROKEE STYLE UT VEHICLE TOWED TOWED BY TOWN AND COUNTRY GOVT. VEHICLE

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

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 3Z0012649 CHARGE WHEELS OFF ROADWAY

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

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

REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA

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

OFFICER'S NAME (PRINT) PIGOTT, K. BADGE OR ID # 963 AGENCY WASHINGTON STATE PATROL

1 3 1 27
2
3
1 28
2
3
0 1 29
30
1 2 31
2
3
1 32
2
3
FROM TO 7 3 33
FROM TO
4 35
36
37
38
39
40
1 41
42



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E219479**

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. PIGOTT

1/9/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

SHADES, D. 285

DATE

BADGE OR ID # 963

ORI # WAWSP0101

TIME POLICE DISPATCHED 7:46 AM

TIME POLICE ARRIVED 8:13 AM

PART B

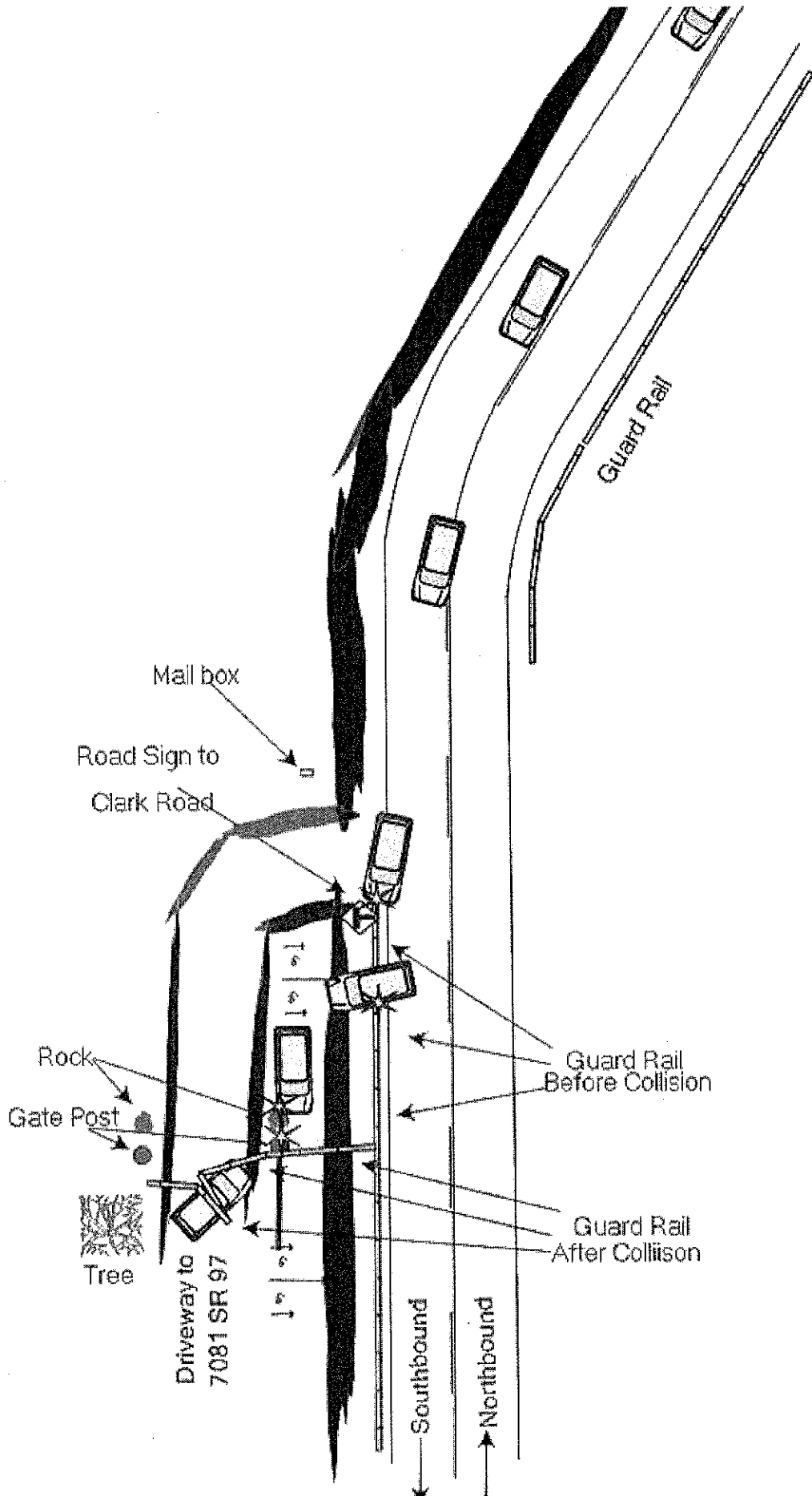
3600-345-160-R (7/06)

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 1 was Eastbound State Route 16 to Burnham Drive on the exit ramp. Vehicle 1 left the roadway to the left and struck the guard rail. Vehicle 1 went up the guard rail approximately 30 feet before coming to rest.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E013498

4

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"/>

2

TRIBAL RESERVATION

3

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

DATE OF COLLISION 1 - 11 - 2009 0319 19 4 00 N S E W IN OF 0380

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR 97 SOUTH BLOCK NO. 138 MILE POST 40

48

5

DISTANCE OF (REFERENCE OR CROSS STREET)

0 40 MILES N E FEET S W MILE MARKER 138

6

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

7

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

8

STREET NEW ADDRESS [REDACTED]

9

CITY ELLENSBURG ST WA ZIP [REDACTED]

11

CDL RESTRICTIONS ENDORSEMENTS

13

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

15

ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 5 NATURE OF INJURIES HIP / LEG

16

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

17

TRAILER PLATE # STATE TRAILER PLATE # STATE

20

VEH. YEAR 2003 MAKE HOND MODEL Pilot STYLE UT VEHICLE TOWED YES NO TOWED BY MCINTOSH TOWING GOVT. VEHICLE YES NO

21

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

23

VEHICLE LEGALLY STANDING YES NO CITATION # 9Y6007534 CHARGE NEGLIGENT DRIVING 2ND DEGREE

25

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

26

LAST NAME WASHINGTON FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 749 UNIVERSITY WAY

CITY ELLENSBURG ST WA ZIP 98926

GDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

OFFICER'S NAME (PRINT) FERRELL, C. BADGE OR ID # 847 AGENCY WAWSP0606

VEHICLE NO. 1 SHADE IN DAMAGED AREA

VEHICLE NO. 2 SHADE IN DAMAGED AREA

PAGE 01 OF 5



1591972

CORRECTION

REPORT NO. **E013498**

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]																																																																																															
PASSENGER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/>												UNIT # 1												SEAT POS. 3												AIRBAG 3												RESTR. 1												EJECT 1												HELMET USE												INJURY CLASS 5												NATURE OF INJURIES FACIAL / SHOULDER											
NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]																																																																																															
ADDRESS & PHONE #												[REDACTED]																																																																																															
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D.O.B. MMDDYYYY												[REDACTED]																																																																																															
PASSENGER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/>												UNIT # 1												SEAT POS. 3												AIRBAG 3												RESTR. 1												EJECT 1												HELMET USE												INJURY CLASS 1												NATURE OF INJURIES											
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 #												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)

C. FERRELL

1/13/2009

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

SWANSON, SGT J 122

DATE

BADGE OR ID #	847	ORI #	WAWSP0606	TIME POLICE DISPATCHED	3:20 AM	TIME POLICE ARRIVED	3:45 AM
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SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E013498

CASE #

1 4

COMMERCIAL MOTOR CARRIER

INTERSTATE INTRASTATE

2 1

UNIT # [] USDOT [] ICC # [] VEHICLE TYPE [] CARGO BODY TYPE []

3 6

CARRIER NAME []

CARRIER ADDRESS []

CITY [] ST [] ZIP []

4 []

NAME SOURCE [] # AXLES [] GVWR [] PLACARD + [] NAME IF NO NUMBER []

4a []

ADDITIONAL UNITS

5 []

UNIT # 3 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE [REDACTED]

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

STREET NEW ADDRESS [REDACTED]

6 5

CITY ELLENSBURG ST WA ZIP [REDACTED]

CDL [] RESTRICTIONS [] ENDORSEMENTS []

7 []

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

8 []

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

9 []

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

10 []

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

11 []

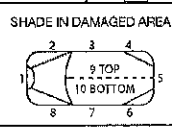
VEH. YEAR [] MAKE [] MODEL [] STYLE [] VEHICLE TOWED YES NO TOWED BY [] GOVT. VEHICLE YES NO

12 []

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

13 []

VEHICLE LEGALLY STANDING YES NO CITATION # [] CHARGE []



14 []

UNIT # [] MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE []

15 []

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

15 []

STREET NEW ADDRESS []

17 []

CITY [] ST [] ZIP []

18 []

CDL [] RESTRICTIONS [] ENDORSEMENTS []

19 []

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

19 []

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

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

21 []

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

22 []

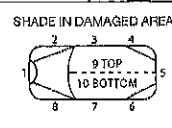
VEH. YEAR [] MAKE [] MODEL [] STYLE [] VEHICLE TOWED YES NO TOWED BY [] GOVT. VEHICLE YES NO

23 []

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

24 []

VEHICLE LEGALLY STANDING YES NO CITATION # [] CHARGE []



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 0A.72.085)

C. FERRELL 1/13/2009 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

25 []

BADGE OR ID # 847 ORI # WAWSP0606 APPROVED BY SWANSON DATE PAGE 3 OF 5

26 []

Narrative

Vehicle was southbound on SR 97 near mp 138 at a high rate of speed. Vehicle was in route to the Kittitas Valley Community Hospital as a child was having breathing difficulty. The weather was clear but the roadway was icy. Vehicle left the roadway to the right (west) driving straight into the abutment of a guard rail. Vehicle rotated clockwise about 90 degrees when the guard rail folded pushing through the vehicle from the driver's side area. As the vehicle impaled itself on this guard rail, it rotated back in a counter clockwise direction moving off an embankment to the west of the roadway. The front right of vehicle impacted a large rock and gate post which was on the driveway located at 7081 SR 97. Vehicle came to rest on its wheels on this driveway facing back towards the roadway.