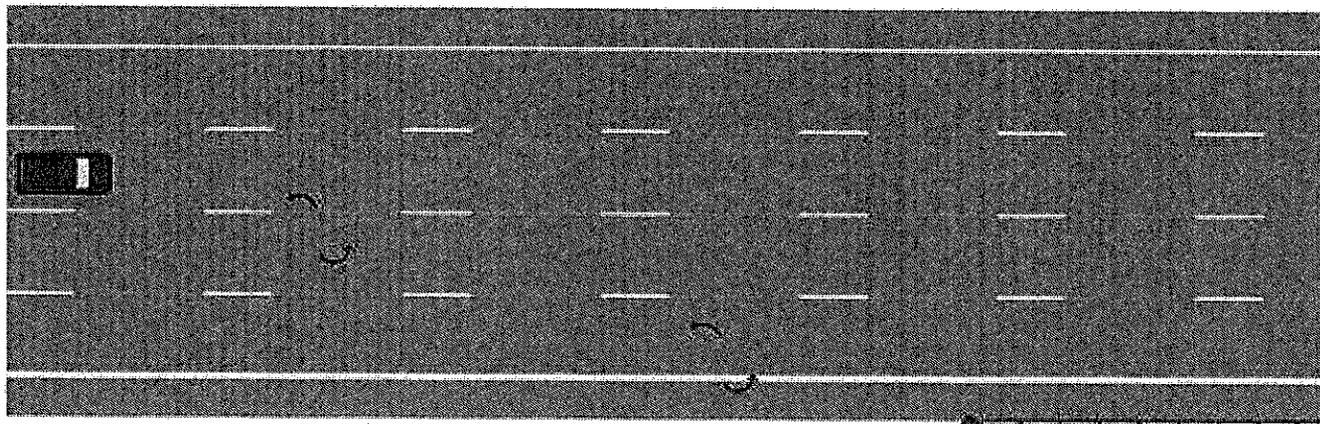


NB I-205 MP 27





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E292226

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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	013555
TOTAL # OF UNITS	1
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
12	6	2013	0700	06	1350
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		

NB I-205	BLOCK NO.	27	00
	MILE POST	<input checked="" type="checkbox"/>	
DISTANCE	OF (REFERENCE OR CROSS STREET)		
MILES <input type="checkbox"/>	FEET <input type="checkbox"/>	N <input type="checkbox"/>	E <input type="checkbox"/>
		S <input 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	VANCOUVER	ST	WA	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.
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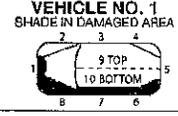
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2008	MAKE	NISS	MODEL	XTE4D	STYLE	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	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input 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		ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE		SEX		D.O.B.
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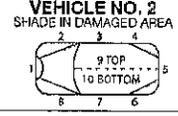
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. 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	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
HUGHES, M	718	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



1591972

CORRECTION

REPORT NO. **E292226**

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)

M HUGHES

12/13/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Jordan, B 482

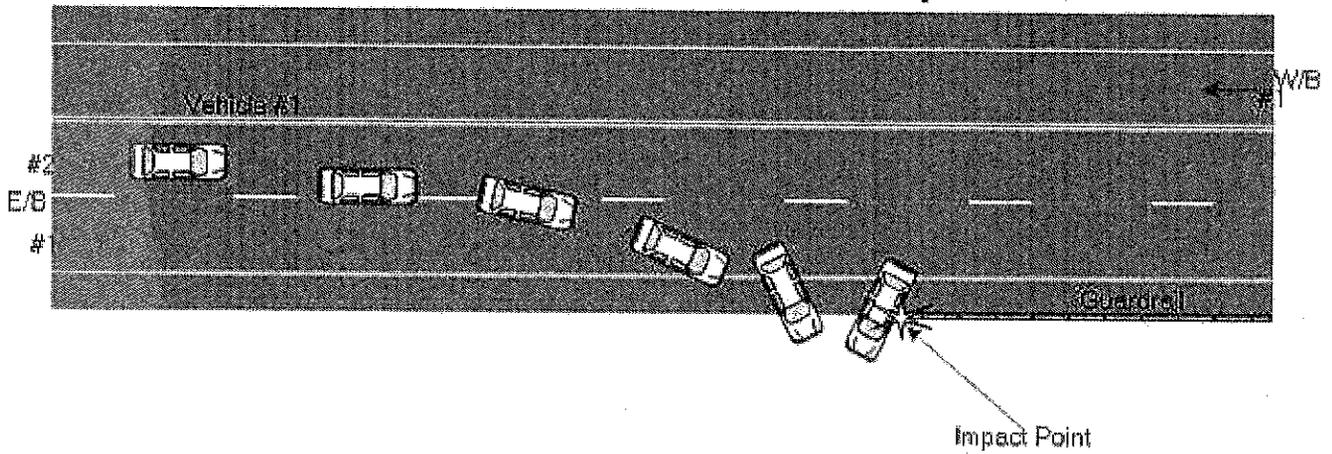
DATE

BADGE OR ID # 718 ORI # WAWSP0509 TIME POLICE DISPATCHED 8:34 AM TIME POLICE ARRIVED 9:25 AM

**Narrative**

VEHICLE ONE NB I-205 NEAR MILEPOST 27. DRIVER OF ONE LOSES CONTROL ON ICY ROADWAY, ROTATES AND LEAVES ROADWAY TO RIGHT, IMPACTING METAL GUARDRAIL.

# State Route 532 at Milepost 7





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E296993

1 0 4 27

3

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 WAWSP0708

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

4

TRIBAL RESERVATION

1

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

DATE OF COLLISION 12 - 20 - 2013 1313 31 7 50 N  E  IN  S  W  OF  1235

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

EB SR 532 BLOCK NO. MILE POST  7 00

4a

5

DISTANCE 0 31 MILES  N  E  FEET  S  W  OF (REFERENCE OR CROSS STREET) 36TH AVENUE NW

6

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

LAST NAME FIRST NAME MIDDLE INITIAL

7

STREET NEW ADDRESS

CITY STANWOOD ST WA ZIP 982929626

8

CDL RESTRICTIONS ENDORSEMENTS

9

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

10

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

11

LICENSE PLATE # STATE WA VIN#

12

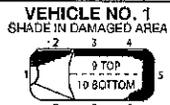
TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR 2004 MAKE SUBA MODEL LEGACY STYLE 4D VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

14

REGIS. COMPARTMENTED INSURANCE CO. CITATION # 3Z0944326



15

LIABILITY INSURANCE IN EFFECT  INSURANCE CO. CITATION # 3Z0944326 CHARGE SPEED TOO FAST

16

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

17

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS

19

CITY ST ZIP

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CDL RESTRICTIONS ENDORSEMENTS

21

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

22

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

23

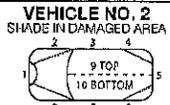
LICENSE PLATE # STATE VIN#

24

TRAILER PLATE # STATE TRAILER PLATE # STATE

25

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



26

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

OFFICER'S NAME (PRINT) ANDERSON, D BADGE OR ID # 304 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E296993**

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 # 1 SEAT POS. 3 AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 7 NATURE OF INJURIES BACK

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

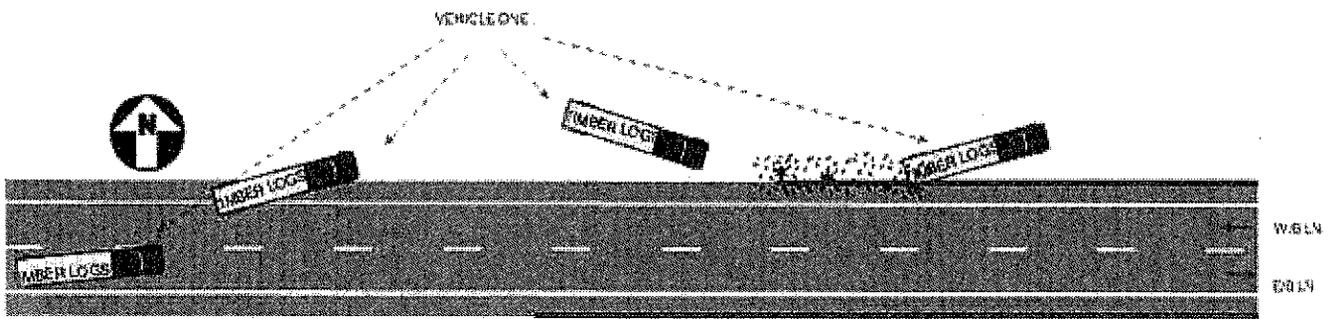
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D ANDERSON 12/31/2013  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED  
APPROVED BY Arnold, Sgt. J. 237 DATE

BADGE OR ID # 304 ORI # WAWSP0708 TIME POLICE DISPATCHED 1:16 PM TIME POLICE ARRIVED 1:30 PM

## Narrative

Vehicle #1 was traveling eastbound on State Route 532 at milepost 7 in lane two of two lanes. Vehicle #1 was changing lanes into lane one and lost control of their vehicle. Vehicle #1 struck the guardrail on the south side of the roadway. Snow and slush was on the roadway at the time of collision.



STATE ROUTE 14 NEAR MP 170



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E288307

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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	015408
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
	11 - 26 - 2013	0930	03	30 00	0610

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
STATE ROUTE 14	BLOCK NO.	169 80
	MILE POST	<input checked="" type="checkbox"/>
DISTANCE	MILES <input type="checkbox"/>	FEET <input type="checkbox"/>
	N <input type="checkbox"/>	E <input type="checkbox"/>
	S <input 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	LAGRANDE	ST	OR	ZIP	97850
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CDL	A	RESTRICTIONS	ENDORSEMENTS	T
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DRIVER'S LICENSE #	STATE	OR	SEX	M	D.O.B.	
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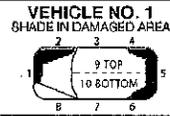
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	STATE	OR	VIN#
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TRAILER PLATE #	STATE	OR	TRAILER PLATE #	STATE
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VEH. YEAR	1991	MAKE	PETE	MODEL	COM	STYLE	DS	VEHICLE TOWED YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY ACTION	GOVT. VEHICLE YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	CITATION #	3Z0975017	CHARGE	NEGLIGENT DRIVING
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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	WSDOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	1816 N. 4TH AVE
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CITY	PASCO	ST	WA	ZIP	99301
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.
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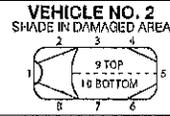
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. 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.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	CERVANTES, S.	BADGE OR ID #	402	AGENCY	WASHINGTON STATE PATROL
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1591972

CORRECTION

REPORT NO. **E288307**

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. CERVANTES	11/27/2013	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED
APPROVED BY Mihelich, Sgt. B. 219	DATE	

BADGE OR ID #	402	ORI #	WAWSP0307	TIME POLICE DISPATCHED	9:30 AM	TIME POLICE ARRIVED	9:47 AM
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SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E288307

CASE #

1

COMMERCIAL MOTOR CARRIER

INTERSTATE  INTRASTATE

2

UNIT # 1 USDOT 1200809 ICC # VEHICLE TYPE 7 CARGO BODY TYPE 9

3

CARRIER NAME [REDACTED]

4

CARRIER ADDRESS [REDACTED]

4a

CITY [REDACTED] ST OR ZIP [REDACTED]

5

NAME SOURCE 3 AXLES 5 GVWR 80000 PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

6

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

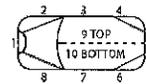
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE

SHADE IN DAMAGED AREA



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

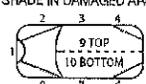
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE

SHADE IN DAMAGED AREA



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)

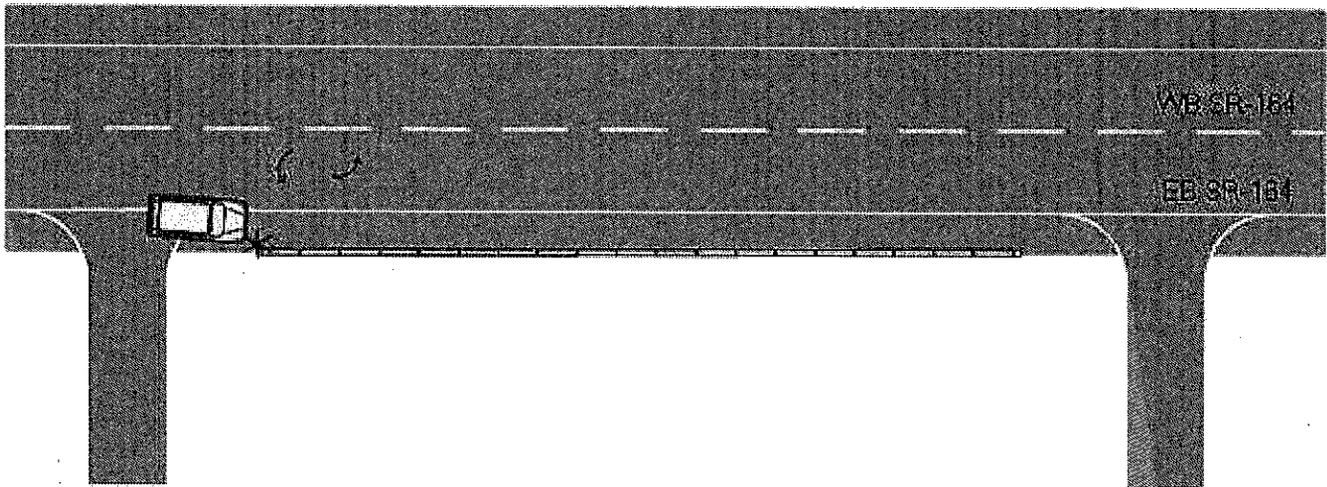
S. CERVANTES 11/27/2013

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 402 ORI # WAWSP0307 APPROVED BY Mihelich DATE PAGE 3 OF 5

## Narrative

Vehicle was traveling eastbound on State Route 14 near milepost 170. Vehicle drifted and crossed the westbound lane then off the road to the westbound shoulder. Vehicle struck guardrail and came to rest on the dirt shoulder.





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E295594

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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	WAWSP0217
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

DATE OF COLLISION	12 - 17 - 2013	TIME (2400)	0801	COUNTY #	17	MILES	0.48	CITY #	0410
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ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

SR164 BLOCK NO. 12.82

DISTANCE 0.04 MILES OF (REFERENCE OR CROSS STREET) 236TH AVE SE

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

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

STREET NEW ADDRESS [REDACTED]

CITY [REDACTED] ST WA ZIP [REDACTED]

CDL RESTRICTIONS ENDORSEMENTS

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

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

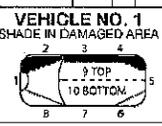
LICENSE PLATE # [REDACTED] STATE WA VIN# [REDACTED]

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2002 MAKE FORD MODEL EXPLORER STYLE UT VEHICLE TOWED YES NO TOWED BY FRED'S TOWING GOVT. VEHICLE YES NO

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

VEHICLE LEGALLY STANDING YES  NO  CITATION # 3Z1004267 CHARGE DRIVING WITH WHEELS OFF



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 333 GRIFFIN AVE

CITY ENUMCLAW ST WA ZIP 98022

CDL RESTRICTIONS ENDORSEMENTS

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

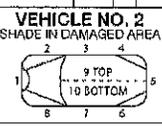
ON DUTY  STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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



OFFICER'S NAME (PRINT) TAYLOR, T BADGE OR ID # 1109 AGENCY WASHINGTON STATE PATROL

PART A

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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E295594**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH  
BY ARROW

NARRATIVE

Please see subsequent narrative page(s)

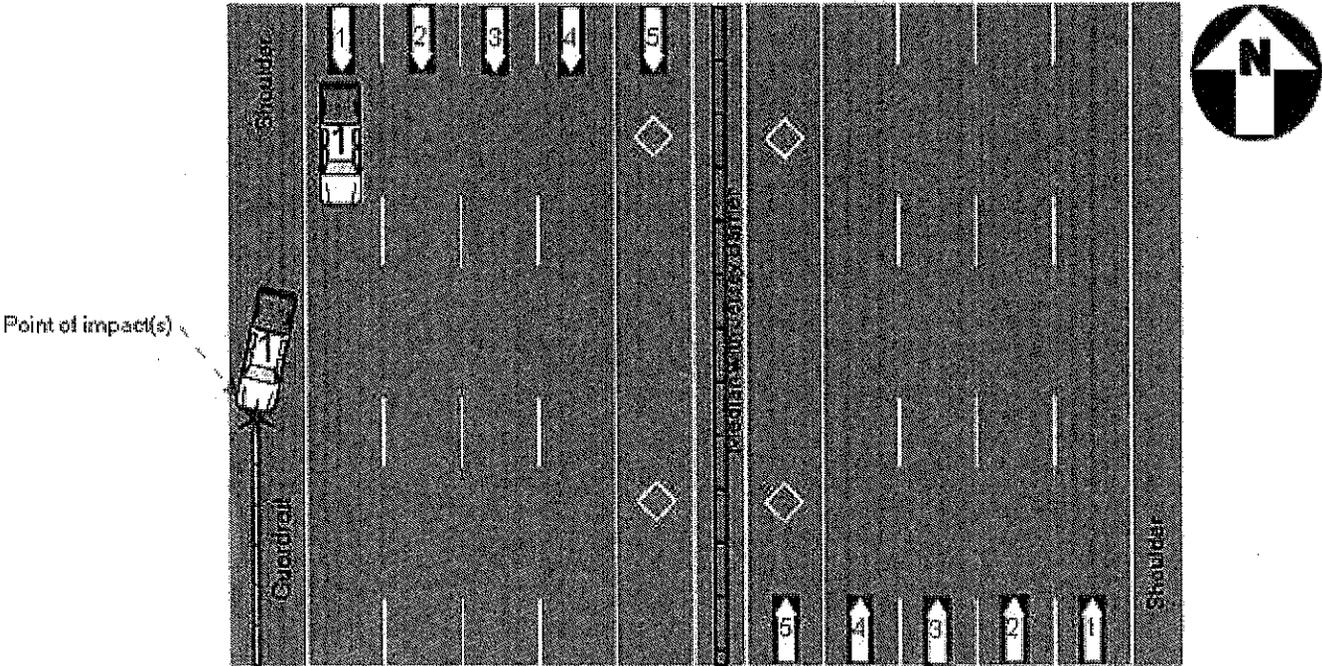
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

T TAYLOR	12/25/2013		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Mihelich, Sgt. D. 220		DATE	
BADGE OR ID # 1109	ORI # WAWSP0217	TIME POLICE DISPATCHED 8:08 AM	TIME POLICE ARRIVED 8:14 AM

## Narrative

VEHICLE ONE WAS TRAVELING EAST BOUND ON SR-164. THE DRIVER STATED HIS VEHICLE PULLED TO THE RIGHT FOR AN UNKNOWN REASON. THERE WAS NO INDICATION ON WHY THE DRIVER STRUCK THE GUARD RAIL. THE DRIVER TOOK OUT APPROXIMATELY THE GUARD RAIL FOR 18 POST.

SB I-5 54th Ave E



Drawing not to scale



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. E286098

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

TRIBAL RESERVATION

CASE #

LOCAL AGENCY CODING 008005

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

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

DATE OF COLLISION 11 - 19 - 2013 0417 27 N S E W IN OF 0450

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

SB I-5 BLOCK NO. 138 00 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

0.55 MILES FEET 54TH AVE E

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY LACEY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

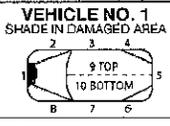
LICENSE PLATE # STATE TX VIN# 68

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2010 MAKE DODG MODEL RAM 1500 STYLE PK VEHICLE TOWED YES  NO  TOWED BY ABT TOWING GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. LAYTON, KIMBERLY

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE (800) 737-0615

LAST NAME DOT FIRST NAME WASHINGTON MIDDLE INITIAL

STREET NEW ADDRESS 2502 112TH ST E

CITY TACOMA ST WA ZIP 98445

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

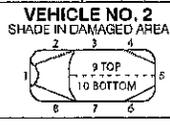
LICENSE PLATE # STATE VIN#

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



OFFICER'S NAME (PRINT) NASHLEANAS, D. BADGE OR ID # 0728 AGENCY WASHINGTON STATE PATROL

PART A

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



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E286098**

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

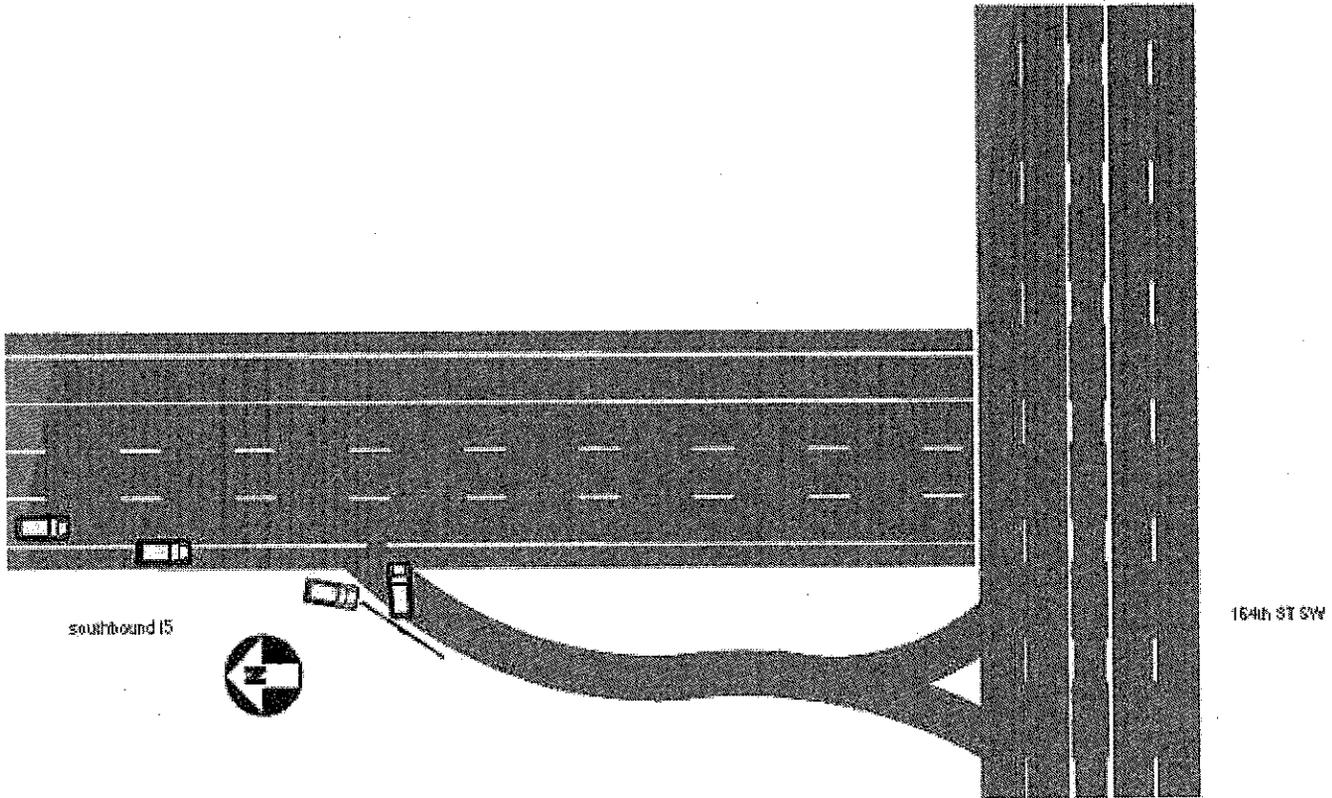
Please see subsequent narrative page(s)

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. NASHLEANAS	11/19/2013		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Nashleanas, D. 0728	DATE		
BADGE OR ID # 0728	ORI # WAWSP0112	TIME POLICE DISPATCHED 4:18 AM	TIME POLICE ARRIVED 4:33 AM

## Narrative

Vehicle #1 was traveling southbound I-5 approaching 54th Ave E. in lane 1 of 5. Vehicle #1 left the roadway to the right and struck the guardrail.





STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1691971

REPORT NO. E285711

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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 #	SO13-19677		
LOCAL AGENCY CODING	WA0310000		
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 #	
	11 - 17 - 2013	0713	31	5 00	0715	
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>			

1-5, SB	BLOCK NO.	<input checked="" type="checkbox"/>	
	MILE POST	<input type="checkbox"/>	
DISTANCE	MILES	FEET	OF (REFERENCE OR CROSS STREET)
			OFF RAMP TO 164TH

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	STANWOOD	ST	WA	ZIP

CDL	RESTRICTIONS	ENDORSEMENTS
		L

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

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	TRANSPORTED BY AID TO SWEDISH
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LICENSE PLATE #	STATE	WA	VIN#

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	2010	MAKE	HOND	MODEL	CRV	STYLE	2T	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.	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. 1 SHADE IN DAMAGED AREA

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	WSDOT	FIRST NAME	MIDDLE INITIAL

STREET NEW ADDRESS	

CITY	ST	ZIP

CDL	RESTRICTIONS	ENDORSEMENTS

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

ON DUTY <input type="checkbox"/>	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 <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

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
LEYDA, C.	1363	Snohomish County SO

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. **E285711**

CASE # SO13-19677

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 #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																
ADDRESS & PHONE #		[REDACTED]				SEX		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
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																
ADDRESS & PHONE #		[REDACTED]				SEX		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. LEYDA	11/17/2013		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Zelaya, L. 1394	DATE		

BADGE OR ID #	1363	ORI #	WA0310000	TIME POLICE DISPATCHED	7:13 AM	TIME POLICE ARRIVED	7:16 AM
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## Narrative

While investigating an unrelated accident in the 16300 block of Ash Way, Lynnwood, Wa., I heard a loud crash behind me on I-5. An unidentified citizen drove up and told me there was a "bad crash" on I-5. I did an area check for the crash and located it on the off ramp from southbound I-5 to 164th St Sw, Lynnwood, WA. A witness, [REDACTED], told me that he had been following V-1 for the last few miles. He said that V-1 kept hitting the guardrail, driving down the shoulder. He told me this had been happening for about two miles. I witnessed V-1 collide with the guardrail on the off ramp before coming to a stop.

D-1, [REDACTED], was still in the driver's seat, with his lap and shoulder belt on. He was incoherent, with a dazed expression on his face. I asked him several times for his license, registration and insurance. He was able to finally get his license out of his wallet, but was unable to provide his insurance and registration. I did not detect any odor of intoxicating beverages on his breath, but he was clearly "out of it" for lack of a better term. He could not communicate very well and every time I asked for his paperwork, he would start to reach for the glovebox or center console, but wouldn't complete the action and was very slow and deliberate about his movements. [REDACTED] told me that [REDACTED] was able to tell him that he was a diabetic. Due to my training and experience, I believed that his blood sugar levels were not where they were supposed to be. I know that diabetics can exhibit same or similar signs of impairment as someone who has been drinking intoxicating beverages and [REDACTED] appeared this way. Due to this, I called for an aid car. [REDACTED] was transported by aid to Swedish Edmonds Hospital. I later met him there and learned that his blood sugar level had in fact been low. V-1 was impounded by Sky Valley towing. EOR



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. 3176720

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

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 01 OBJECT STRUCK CAR AND RAIL

TRIBAL RESERVATION

DATE OF COLLISION 10-30-2013 TIME (2400) 101517 COUNTY # MILES CITY # 0493

ON (PRIMARY TRAFFIC WAY) INTERSECTION [ ] NON-INTERSECTION [X] INTERSTATE 5 BLOCK NO. 192 MILE POST 02

DISTANCE 2 MILES OF (REFERENCE OR CROSS STREET) STATE ROUTE 18

UNIT 01 MOTOR VEHICLE [ ] PEDAL-CYCLE [ ] DAMAGE THRESHOLD MET [ ]

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL ENDORSEMENTS RESTRICTIONS C

DRIVER'S LICENSE # STATE WA SEX F D.O.B. 01

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

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE FORD MODEL Focus STYLE SW VEHICLE TOWED YES NO TOWED BY Express Tax GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 6711175 CHARGE UNSAFE Lane Change

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL ENDORSEMENTS RESTRICTIONS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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

OFFICER'S NAME (PRINT) J. LAZUKA BADGE OR ID # 1060 AGENCY WSP

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

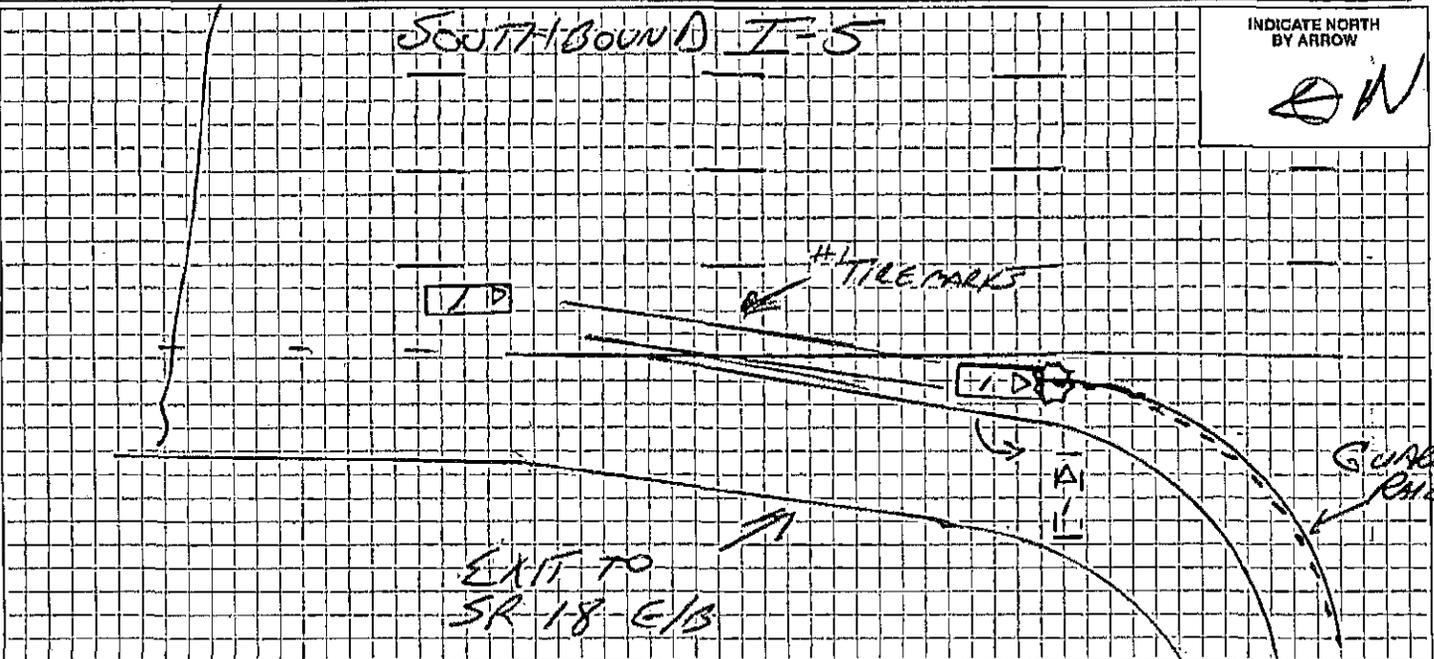
REPORT NO. 3176720

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM



NARRATIVE

UNIT 1 WAS SIB I-5 LANE 10F4. UNIT 1 LOCKED UP BRAKES AS IT EXITED THE FREEWAY LATE UNIT 1 SKIDDED THRU THE SHOULDER / GORE POINT. UNIT 1 THEN STRUCK THE END SECTION OF GUARD RAIL CAME TO AN ABRUPT STOP THE CONTINUING MOMENTUM THEN ROTATED #1 COUNTER CLOCKWISE AND THE VEHICLE CAME TO REST ACROSS THE RMP

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

INVESTIGATING OFFICER'S SIGNATURE [Signature] UNIT OR DIST. DET 2-12 DATED 103013 PLACE SIGNED KING COUNTY WA

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

BADGE OR ID #	<u>1060</u>	ORI #	<u>WAWSP0212</u>	TIME POLICE DISPATCHED	<u>1017</u>	TIME POLICE ARRIVED	<u>1017</u>
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