



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E280136

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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	WSDOT #007785
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION													
DATE OF COLLISION	10 - 18 - 2013	TIME (2400)	0319	COUNTY #	18	MILES	4	65	N <input checked="" type="checkbox"/>	E <input checked="" type="checkbox"/>	IN <input type="checkbox"/>	CITY #	1010
									S <input type="checkbox"/>	W <input type="checkbox"/>	OF <input checked="" type="checkbox"/>		

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB SR 307 BLOCK NO. MILE POST 4 65

DISTANCE 0 07 MILES FEET N E OF (REFERENCE OR CROSS STREET) OLD PORT GAMBLE RD S W

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 KINGSTON ST WA ZIP [REDACTED]

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # SAGESML112LA STATE WA SEX F D.O.B. MDDYYYY 6 - 1 - 1989

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

LICENSE PLATE # AJG2150 STATE WA VIN# [REDACTED]

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1997 MAKE HOND MODEL ACD4D STYLE 4D VEHICLE TOWED YES NO TOWED BY KITSAP TOWING GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # [REDACTED] VEHICLE LEGAL 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 [REDACTED]

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 8293 SPRING CREEK RD

CITY PORT ORCHARD ST WA ZIP 98366

CDL RESTRICTIONS ENDORSEMENTS

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

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 LEGAL STANDING YES NO CITATION # CHARGE VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) DIXON, A. BADGE OR ID # 348 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. **E280136**

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

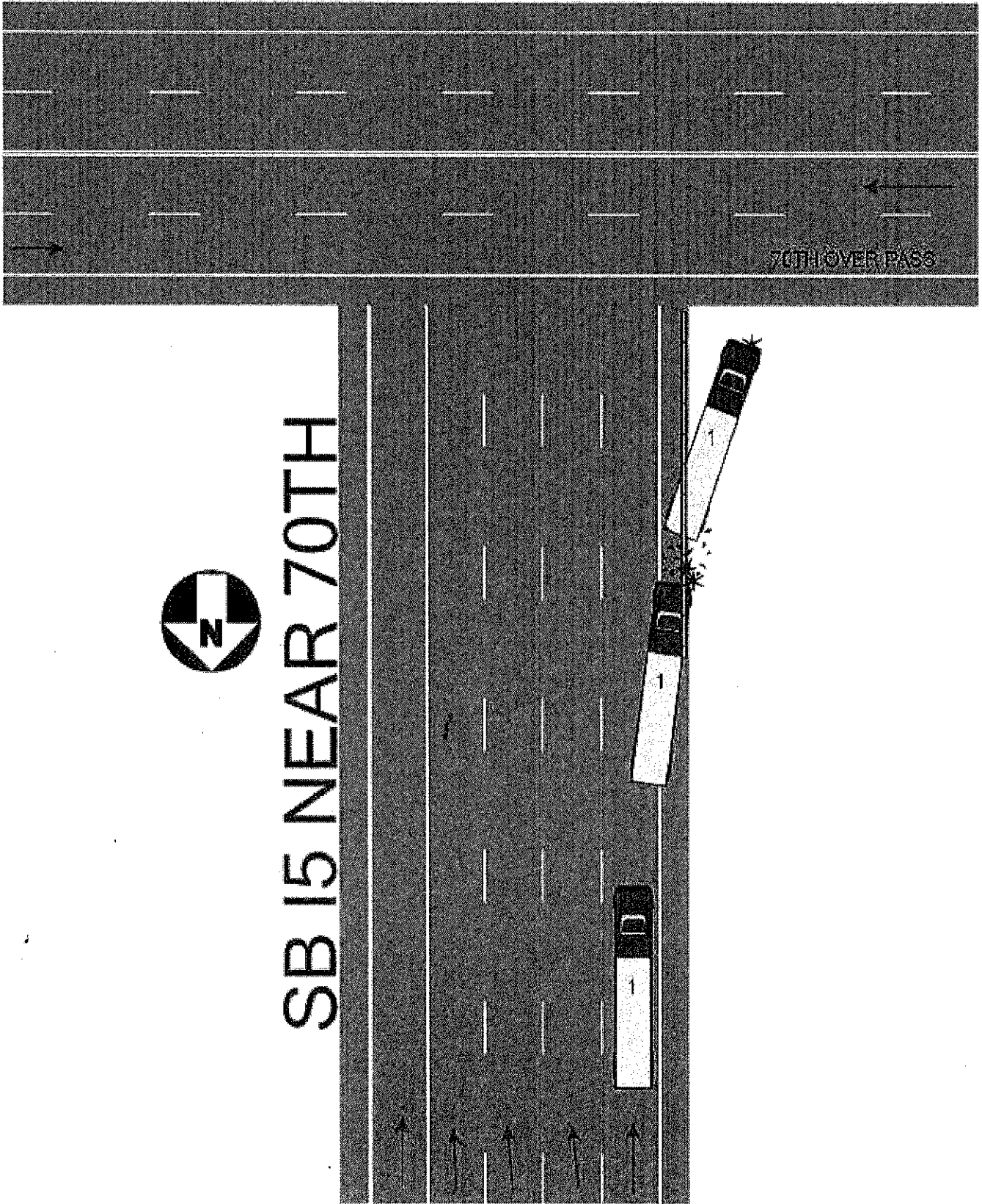
Please see subsequent narrative page(s)

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)

A. DIXON		10/26/2013	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Gordon, Sgt. S 206		DATE	
BADGE OR ID #	348	ORI #	WAWSP0802
TIME POLICE DISPATCHED	3:19 AM	TIME POLICE ARRIVED	3:38 AM

Narrative

UNIT 1 WS SB SR 307 MP 4. A DEER ENTERED THE ROADWAY FROM THE NB SHOULDER AND CAME ACROSS THE ROAD. UNIT 1 SLOWED AND ATTEMPTED TO SWERVE TO THE SB SHOULDER TO AVOID THE DEER. UNIT 1 STRUCK THE DEER. UNIT 1 OBSERVED A GUARDRAIL IN ITS PATH AND AGAIN ATTEMPTED TO SWERVE. UNIT 1 STRUCK THE GUARDRAIL AND ATTENUATOR WITH THE REAR OF THE VEHICLE CAUSING THE VEHICLE TO ROTATE CLOCKWISE AND STRUCK THE GUARDRAIL AGAIN WITH THE NOSE OF THE VEHICLE.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E274108

1 17 27

1 2

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

2 3

TRIBAL RESERVATION

3 4

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

DATE OF COLLISION 9 - 24 - 2013 2232 27 N E IN S W OF 0450

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB 15 BLOCK NO. MILE POST 138 00

4b

5

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E FEET S W 70TH OVER PASS

6 6

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

7

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

8

STREET NEW ADDRESS [REDACTED]

9 9

CITY PORTLAND ST OR ZIP 97239

11 6 0

ODL A RESTRICTIONS D ENDORSEMENTS T

DRIVER'S LICENSE # 2300326 STATE OR SEX F D.O.B. [REDACTED] - [REDACTED] - [REDACTED]

ON DUTY STATUS AIRBAG 1 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES BLACKED OUT

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

TRAILER PLATE # [REDACTED] STATE IN TRAILER PLATE # STATE

13 3

VEH. YEAR 2002 MAKE MACK MODEL SEMI STYLE SE VEHICLE TOWED YES NO TOWED BY FIFE GOVT. VEHICLE YES NO

15 2

REGISTERED OWNER INFO. UPS

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # [REDACTED]

VEHICLE FROM STANDING YES NO CITATION # 3Z0815251 CHARGE DRIVING WITH WHEELS OFF



16

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (360) 705-7000

17

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS 2502 112TH ST

19

CITY TACOMA ST WA ZIP 98445

20

GDL RESTRICTIONS ENDORSEMENTS

21

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

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

23

LICENSE PLATE # STATE VIN#

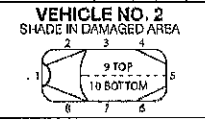
24

TRAILER PLATE # STATE TRAILER PLATE # STATE

25

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

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



26

OFFICER'S NAME (PRINT) SEYMOUR, C. BADGE OR ID # 1089 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E274108**

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)

C. SEYMOUR

10/1/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Greer, Sgt. J. 141

DATE

BADGE OR ID #	1089	ORI #	WAWSP0114	TIME POLICE DISPATCHED	10:33 PM	TIME POLICE ARRIVED	10:49 PM
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**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E274108

CASE #

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COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

UNIT # 1 **USDOT** **ICC #** **VEHICLE TYPE** **CARGO BODY TYPE**

CARRIER NAME

CARRIER ADDRESS

CITY **ST** **ZIP**

NAME SOURCE **AXLES** **GWR** **PLACARD** **+** **NAME IF NO NUMBER**

ADDITIONAL UNITS

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**

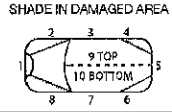
LICENSE PLATE # **STATE** **VIN#**

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**



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**

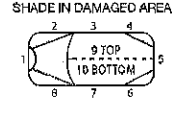
LICENSE PLATE # **STATE** **VIN#**

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)

C. SEYMOUR **10/1/2013**

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

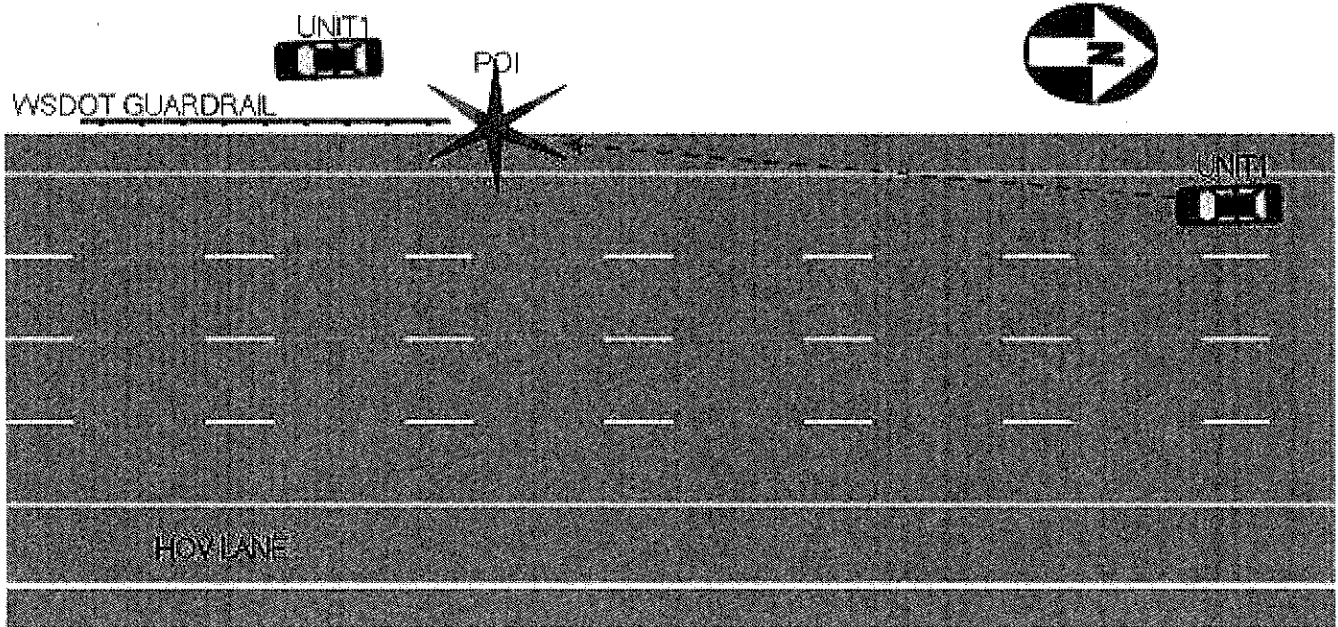
BADGE OR ID # 1089 **ORI #** WAWSP0114 **APPROVED BY** Greer **DATE** **PAGE** 3 **OF** 5

Narrative

VEH 1 WAS SB I5 IN THE RIGHT LANE NEAR MP 138. VEH 1 DRIVER HAD SOME KIND OF MEDICAL INCIDENT HAPPEN AND BLACKED OUT. VEH 1 LEFT THE ROAD WAY AND WENT OVER THE RIGHT SHOULDER. VEH 1 STRUCK A GUARD RAIL AND DITCH.

dot sticker was placed on the guard rail

SB I-5 MP138





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E264148

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

CASE # LOCAL AGENCY CODING 008620 TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION DATE OF COLLISION 8-19-2013 TIME (2400) 0026 COUNTY # 27 MILES CITY # 0450

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION SB 15 BLOCK NO. 138 MILE POST 00

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

LAST NAME FIRST NAME MIDDLE INITIAL N

STREET NEW ADDRESS

CITY SAN FRANCISCO ST CA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES BLOODY NOSE, HEAD, NECK SPINE,

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1999 MAKE VOLK MODEL JET4D STYLE 4D VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

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

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

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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 11211 41ST AVE SW

CITY TACOMA ST WA ZIP 98499

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. VEHICLE NO. 2 SHADE IN DAMAGED AREA

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

OFFICER'S NAME (PRINT) RUSHTON, T BADGE OR ID # 1073 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E264148**

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 RUSHTON 8/19/2013
 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED
 APPROVED BY Greer, Sgt. J. 141 DATE

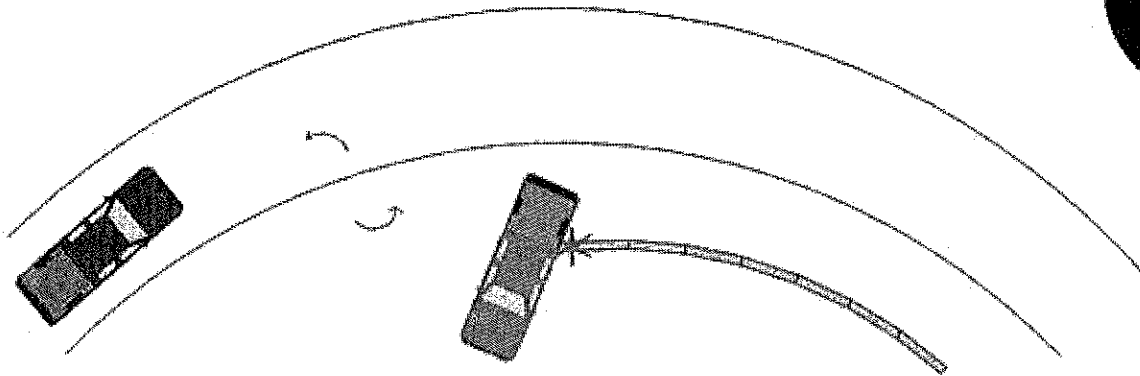
BADGE OR ID #	1073	ORI #	WAWSP0114	TIME POLICE DISPATCHED	12:26 AM	TIME POLICE ARRIVED	12:27 AM
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Narrative

UNIT 1 WAS APPARENTLY ASLEEP AND UNDER THE INFLUENCE OF ALCOHOL WHILE DRIVING. UNIT 1 WENT OFF THE ROADWAY AND ON TO THE RIGHT SHOULDER. UNIT 1 THEN COLLIDED INTO THE WSDOT GUARDRAIL. SEVERAL WOODEN POSTS WERE DESTROYED. SEVERAL FEET OF THE METAL GUARDRAIL WERE DAMAGED.

WSDOT TRACKING NUMBER STICKER WAS PLACED ON THE METAL GUARDRAIL.

RAMP FROM MILL PLAIN TO N/B I-205





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E245691

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

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

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
5 - 21 - 2013		1248	06		1350
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>					

N/B I-205	BLOCK NO.	28	30
DISTANCE	OF (REFERENCE OR CROSS STREET)		
100 00	MILL PLAIN BLVD		

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	F	D.O.B.
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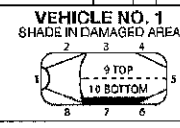
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B51581C	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	FORD	MODEL	RANGER	STYLE	PK	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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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDINGS YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	3Z0355819	CHARGE	SPEED TOO FAST
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	(360) 905-2000
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LAST NAME	WA DOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	11018 NE 51ST CIR
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CITY	VANCOUVER	ST	WA	ZIP	98682
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.
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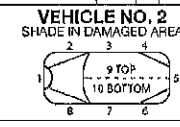
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. 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 STANDINGS YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	JORDAN, B	BADGE OR ID #	482	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. **E245691**

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)

B JORDAN

5/23/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

OLSON, SGT. G. 165

DATE

BADGE OR ID #	482	ORI #	WAWSP0509	TIME POLICE DISPATCHED	12:53 PM	TIME POLICE ARRIVED	1:00 PM
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PART B 3000-345-100 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

V1 TRAVELING W/B MILL PLAIN TO N/B I-205. DRIVER LOST CONTROL ON WET ROADWAY AND SPUN OUT. V1 STRUCK GUARDRAIL AND BECAME STUCK ON POST.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 2686283

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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

TRIBAL RESERVATION

TOTAL # OF UNITS 02 OBJECT STRUCK ONE CAR GRAND PRAIRIE

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

DATE OF COLLISION 07-08-2013 0515 29 8.45 N S E W IN OF 0140

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

NORTH BOUND T-S BLOCK NO. 239.0 MILE POST

DISTANCE 1.58 MILES N E S W OF (REFERENCE OR CROSS STREET) SAMMESH RD

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS LN

CITY ST WA ZIP

CDL ENDORSEMENTS RESTRICTIONS FINANCIAL REASONS

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

ON DUTY STATUS AIRBAG 3 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES LEFT REBS. LEFT ARM

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1993 MAKE DODGE MODEL F250 SUPER DUTY STYLE HD CRV VEHICLE TOWED YES NO TOWED BY CARLS GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. SAME

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

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 CEDAR DALE RD

CITY MOUNT 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 # CHARGE OFFICER'S NAME (PRINT) ANTHONY PASTERNAK BADGE OR ID # 979 AGENCY WSP VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) ANTHONY PASTERNAK BADGE OR ID # 979 AGENCY WSP



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

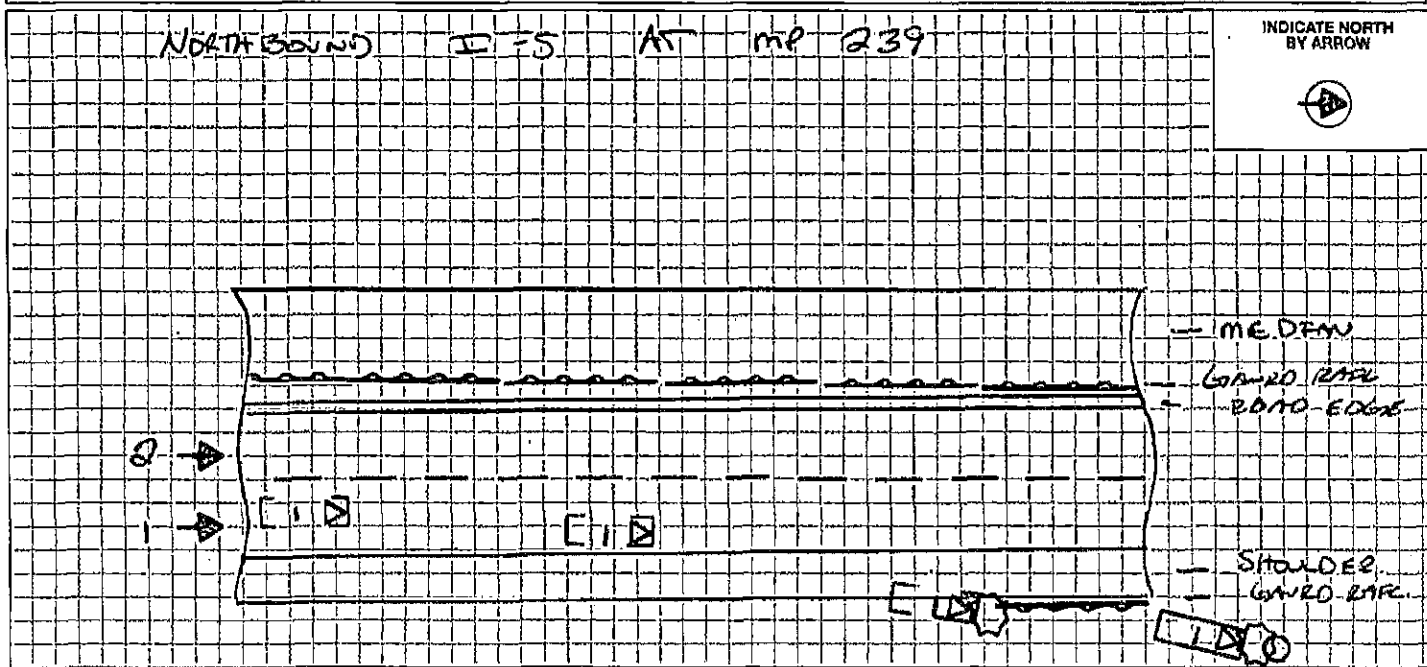
REPORT NO. **2686283**

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 ONE WAS DRIVEN BY [REDACTED] NORTHBOUND I-5 IN LANE ONE, AT MP 239. UNIT ONE LEFT THE ROADWAY TO THE EAST STRUCK THE END OF THE GUARDRAIL THE VEHICLE CONTINUED AND STRUCK A TREE, MR. [REDACTED] LEFT THE SCENE AND WAS CONTACTED SEVERAL HOURS LATER.

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

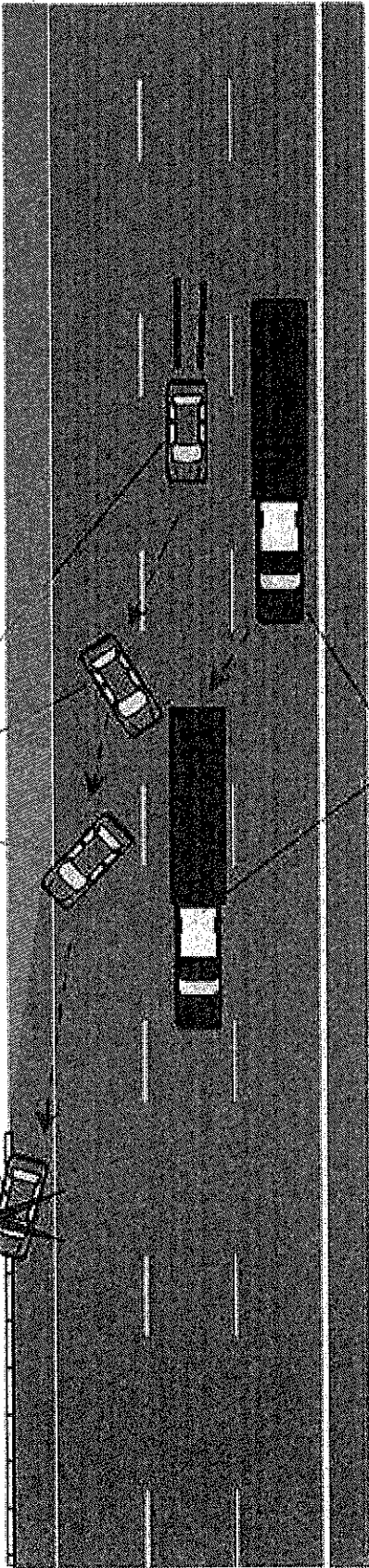
INVESTIGATING OFFICER'S SIGNATURE <i>[Signature]</i>		UNIT OR DIST. DET. 07/03		DATED 7/7/13		PLACE SIGNED SKALFT	
APPROVED BY <i>[Signature]</i> #258				DATE 7-8-13			
BADGE OR ID # 979		ORI # WAWS0703		TIME POLICE DISPATCHED 0515		TIME POLICE ARRIVED 085	

Southbound I-5 MP 14



Unit 1

Truck with trailer.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E252408**

1

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

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS **2** OBJECT STRUCK **Guardrail**

2

TRIBAL RESERVATION

3

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

DATE OF COLLISION **5** - **31** - **2013** **1633** **06** **N** **E** **IN** **1085**

S **W** **OF**

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB I-5 BLOCK NO. **14** MILE POST **00**

4a

5

DISTANCE **0** **50** MILES N E OF (REFERENCE OR CROSS STREET) **PIONEER RD**

FEET S W

6

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

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

7

STREET NEW ADDRESS [REDACTED]

CITY [REDACTED] ST **WA** ZIP [REDACTED]

8

CDL RESTRICTIONS ENDORSEMENTS

9

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

10

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

11

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

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR **2006** MAKE **BMW** MODEL **3254D** STYLE **4D** VEHICLE TOWED YES NO TOWED BY **INSURANCE TOW** GOVT. VEHICLE YES NO

14

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

15

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

16

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

17

LAST NAME **DEPARTMENT OF** FIRST NAME **TRANSPORTATION** MIDDLE INITIAL

18

STREET NEW ADDRESS **11018 NE 51ST CIRCLE**

19

CITY **VANCOUVER** ST **WA** ZIP **98682**

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

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 # [REDACTED]

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

OFFICER'S NAME (PRINT) **FORSBERG, B.** BADGE OR ID # **456** 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. **E252408**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **HOOGHKIRK, LIAM**

ADDRESS & PHONE # **3557 S 5TH WAY Ridgefield, WA 98642** SEX **M** D.O.B. **MMDDYYYY** **10** - **15** - **2011**

PASSENGER WITNESS UNIT # **1** SEAT POS. **8** AIRBAG **2** RESTR. **8** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

B. FORSBERG 6/24/2013
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY SURDAM, T 127 DATE

BADGE OR ID # 456 ORI # WAWSP0501 TIME POLICE DISPATCHED 4:33 PM TIME POLICE ARRIVED 4:49 PM

Narrative

Unit 1 traveling southbound I-5 MP 14 in the middle lane. A truck and trailer traveling southbound I-5 MP 14 in the left lane. The truck began moving into the middle lane. Unit 1 hit brakes to avoid a collision. Unit 1 slide to the right striking the guardrail.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 3270506

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

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

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 05-23-2013	184317		1.95	0335
			N <input checked="" type="checkbox"/> E <input type="checkbox"/> IN <input type="checkbox"/>	
			S <input type="checkbox"/> W <input type="checkbox"/> OF <input checked="" type="checkbox"/>	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
NB-203 (STATE ROUTE)		BLOCK NO. <input type="checkbox"/>
		MILE POST <input checked="" type="checkbox"/> 17.00
DISTANCE	OF (REFERENCE OR CROSS STREET)	
	MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/>	
	FEET <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 425 220-8419
LAST NAME	FIRST NAME		MIDDLE INITIAL	

STREET NEW ADDRESS	
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CITY	MONROE	ST	WA	ZIP	
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CDL	ENDORSEMENTS	RESTRICTIONS
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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	NONE STATED
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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	2009	MAKE	FORD	MODEL	Focus	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	KEN'S TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	SAMS, MS DRIVER	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 #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	DOT	FIRST NAME		MIDDLE INITIAL
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STREET NEW ADDRESS	PO BOX 47358
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CITY	OLYMPIA	ST	WA	ZIP	98504
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CDL	ENDORSEMENTS	RESTRICTIONS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	VEHICLE NO. 2 SHADE IN DAMAGED AREA
------------------------	-------------------------------------

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)	B. GAVIN	BADGE OR ID #	736	AGENCY	WSP
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

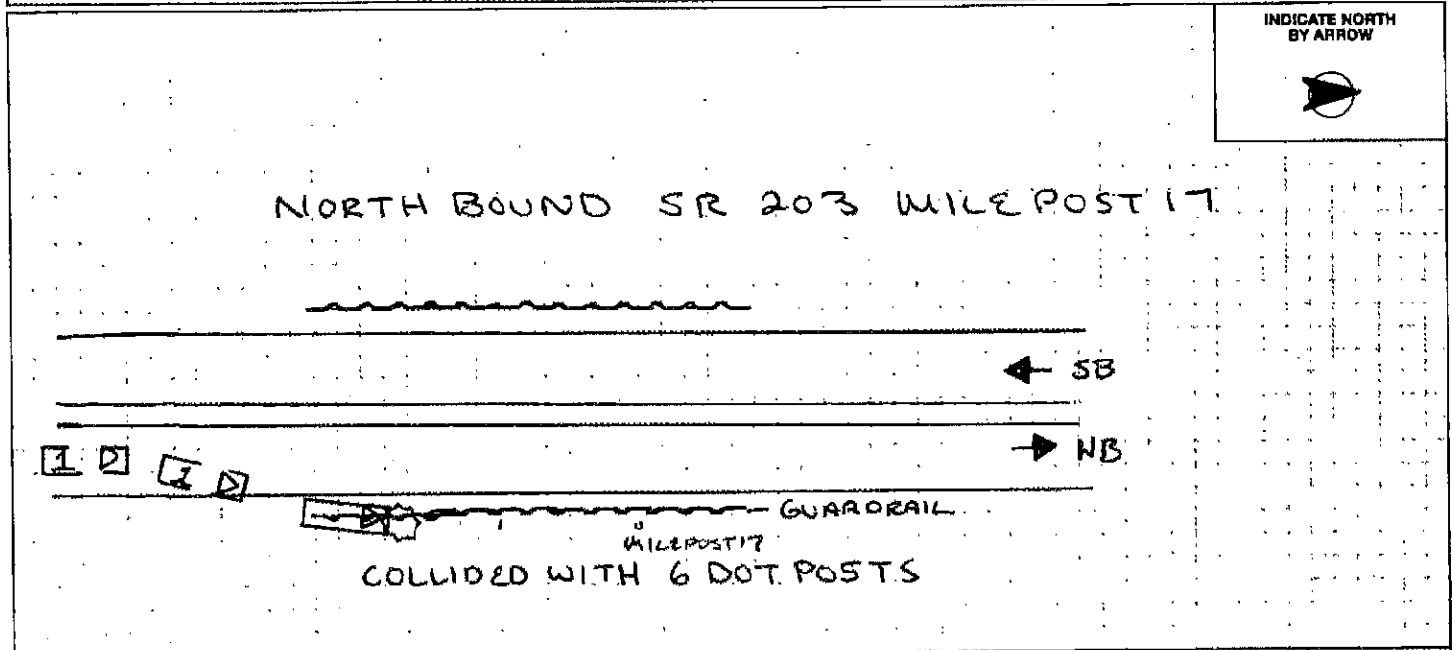
REPORT NO. 3270506

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]																																																																																			
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DIAGRAM



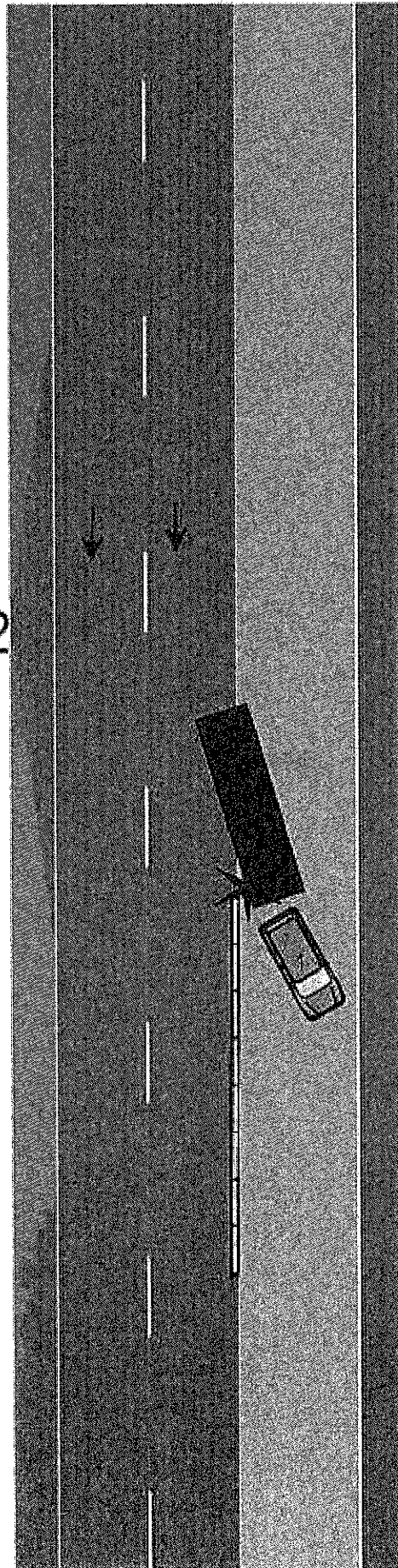
NARRATIVE

VEH1 WAS HEADED NORTHBOUND ON STATE ROUTE 203 JUST SOUTH OF WILEPOST 17. WHEN THE DRIVER OF VEH1 FELL ASLEEP DRIFTING RIGHT OVER THE RIGHT SHOULDER AND COLLIDING WITH THE GUARDRAIL DESTROYING 6 POSTS AND APPROXIMATELY 30 FT OF GUARDRAIL.

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		02/14		5/23/13		KING COUNTY	
		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY				430		DATE 5/24/13	
BADGE OR ID #		736		ORI #		WAWSP0214	
TIME POLICE DISPATCHED				1843		TIME POLICE ARRIVED	
						1919	

WB I-82





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E243319

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

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

TRIBAL RESERVATION
DATE OF COLLISION 5 - 10 - 2013 TIME (2400) 1710 COUNTY # 39 MILES CITY # 1275
ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

EB I-82 BLOCK NO. 67 MILE POST 00
DISTANCE OF (REFERENCE OR CROSS STREET)
MILES N E IN
FEET S W OF

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY KAHLLOTUS 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 WA TRAILER PLATE # STATE

VEH. YEAR 1991 MAKE TOYT MODEL LANDCRUI STYLE UT VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #
VEHICLE LEGALLY STANDING YES NO CITATION # 3Z0404360 CHARGE CHILD RESTRAINT VIOLATION
VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (509) 865-2437

LAST NAME DEPARTMENT OF FIRST NAME TRANSPORTATION MIDDLE INITIAL

STREET NEW ADDRESS 231 FORT ROAD

CITY TOPPENISH ST WA ZIP 98948

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
VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) DOWNEY, T. BADGE OR ID # 972 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



1591972

CORRECTION

REPORT NO. **E243319**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]																																																																																															
ADDRESS & PHONE #												[REDACTED]																																																																																															
PASSENGER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/>												UNIT # 1												SEAT POS. 3												AIRBAG 2												RESTR. 4												EJECT 1												HELMET USE												INJURY CLASS 1												NATURE OF INJURIES											
NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]																																																																																															
ADDRESS & PHONE #												[REDACTED]																																																																																															
PASSENGER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/>												UNIT # 1												SEAT POS. 4												AIRBAG 2												RESTR. 4												EJECT 1												HELMET USE												INJURY CLASS 1												NATURE OF INJURIES											
NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]																																																																																															
ADDRESS & PHONE #												[REDACTED]																																																																																															
PASSENGER <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/>												UNIT # 1												SEAT POS. 5												AIRBAG 2												RESTR. 4												EJECT 1												HELMET USE												INJURY CLASS 1												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. DOWNEY

5/12/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DEVERE, SGT. D. 180

DATE

BADGE OR ID #	972	ORI #	WAWSP0306	TIME POLICE DISPATCHED	5:12 PM	TIME POLICE ARRIVED	5:22 PM
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1591972

CORRECTION

REPORT NO. **E243319**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																	
ADDRESS & PHONE #		[REDACTED]																	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	6	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																	
ADDRESS & PHONE #		[REDACTED]																	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	6	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	2001
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	

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW

NARRATIVE

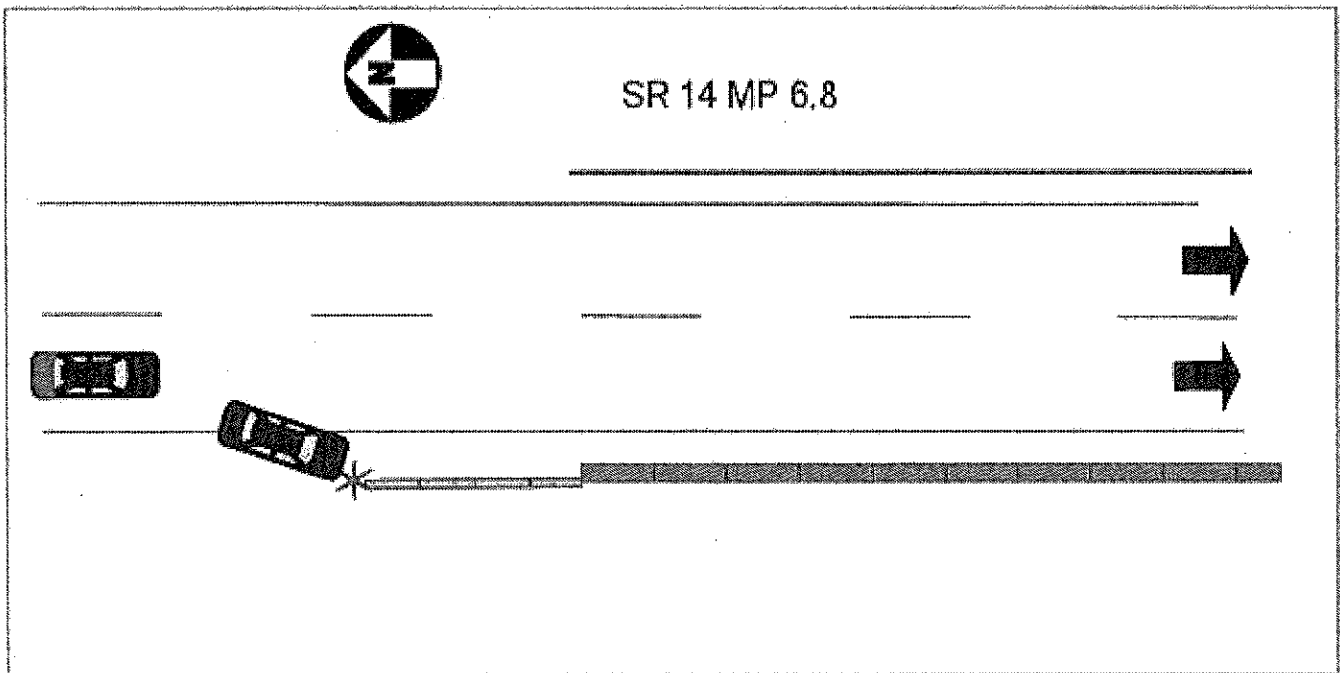
Please see subsequent narrative page(s)

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. DOWNEY	5/12/2013	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED
APPROVED BY DEVERE, SGT. D. 180		DATE
BADGE OR ID # 972	ORI # WAWSP0306	TIME POLICE DISPATCHED 5:12 PM
		TIME POLICE ARRIVED 5:22 PM

Narrative

Vehicle 1 was traveling west on I-82. Front left tire of vehicle 1 lost tread and driver lost control driving into median. Trailer hooked onto vehicle 1 struck guardrail. Trailer broke off vehicle.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E235658

1 1 4 27
2
3
1 28
2
3

1 2
2 2
3 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"/>

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

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	3 - 21 - 2013	0445	06	1350
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>				

4
40
5 2

SR 14	BLOCK NO.	6	80
DISTANCE		OF (REFERENCE OR CROSS STREET)	
0	20	MILES <input checked="" type="checkbox"/>	SR 14 MP 7
		FEET <input type="checkbox"/>	

0 1 29
30

6 2

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

7
8
9 9

STREET NEW ADDRESS				
CITY	VANCOUVER	ST	WA	ZIP
CDL	RESTRICTIONS	ENDORSEMENTS		
DRIVER'S LICENSE #	STATE	WA	SEX	M
			D.O.B.	8 - 11 - 1969

1 1 2 31
2
3
1 32
2
3

11 6 0

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

13 3

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE							
VEH. YEAR	2003	MAKE	VOLK	MODEL	JETTA	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

FROM TO 5 3 33
FROM TO 34

15 2

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	1-6464803	CHARGE	NEG DRIVING 2ND	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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16

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

4 35
36
37
38
39
40

17

LAST NAME	WSDOT	FIRST NAME	MIDDLE INITIAL
STREET NEW ADDRESS	11018 NE 51 CIR		

18

CITY	VANCOUVER	ST	WA	ZIP	98682
CDL	RESTRICTIONS	ENDORSEMENTS			

20

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

22

LICENSE PLATE #	STATE	VIN#
-----------------	-------	------

23

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

24

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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41
42

25

REGISTERED OWNER INFO.	VEHICLE NO. 2 SHADE IN DAMAGED AREA
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #
CHARGE	

26

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
CHING, B.	1190	WASHINGTON STATE PATROL

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E235658**

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)

B. CHING

4/2/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBLEY, S. 1092

DATE

BADGE OR ID #	1190	ORI #	WAWSP0501	TIME POLICE DISPATCHED	1:00 PM	TIME POLICE ARRIVED	2:30 PM
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PART B 3800-345-160 R (7/06)

PAGE 2 OF 4

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Narrative

V-1 WAS N/B I-205 ON RAMP TO E/B SR 14. V-1 TRAVELED OFF THE ROADWAY AND STRUCK IT'S FRONT INTO A GUARDRAIL.