



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E236384

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FROM 10 8 4 33
FROM 10
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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 #	13-002876
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	2	OBJECT STRUCK	Guardrail
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TRIBAL RESERVATION	
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DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
	3 - 5 - 2013	0653	31	0 50	0745

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
EB SR 531	BLOCK NO.	4 60
	MILE POST	<input checked="" type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
0 30 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input checked="" type="checkbox"/>	172ND ST NW

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

STREET NEW ADDRESS	[REDACTED]
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CITY	STANWOOD	ST	WA	ZIP	982927801
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CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	WA	SEX	F	D.O.B.	[REDACTED]
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	6	NATURE OF INJURIES	FACE IMPACT AND POSSIBLE ARM INJURY
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LICENSE PLATE #	AFP0358	STATE	WA	VIN#	[REDACTED]
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	1997	MAKE	HOND	MODEL	CIVCP	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	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
[REDACTED]	[REDACTED]

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	3Z0091357	CHARGE	NEG DRIVING 2, NO INSURANCE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE #	(206) 440-4497
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LAST NAME	WA DEPT OF TRANSPORTATION	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	PO BOX 330310
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CITY	SEATTLE	ST	WA	ZIP	98113
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CDL	RESTRICTIONS	ENDORSEMENTS

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

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	VEHICLE NO. 2 SHADE IN DAMAGED AREA
[REDACTED]	[REDACTED]

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
GORT, S.	0598	WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1691972

CORRECTION

REPORT NO. **E236384**

CASE # 13-002876

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

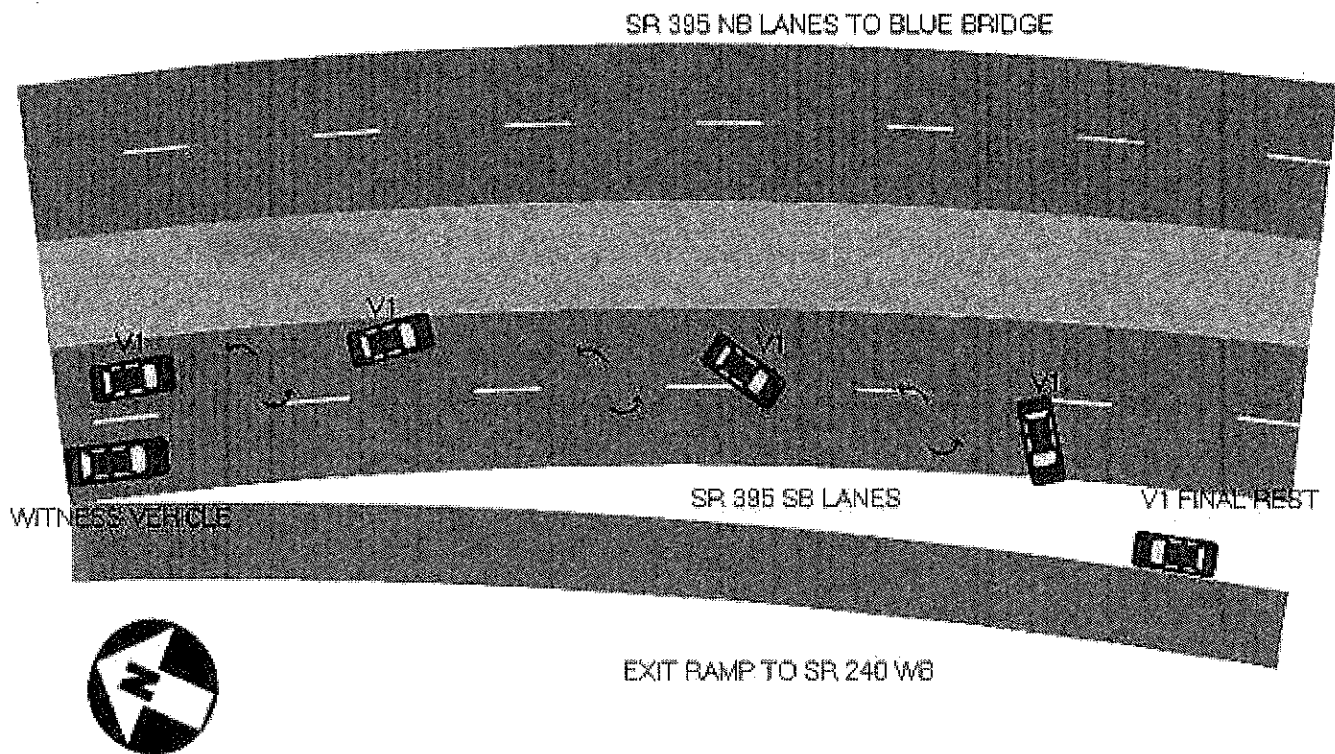
Please see subsequent narrative page(s)												

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. GORT				4/5/2013						
INVESTIGATING OFFICER'S SIGNATURE				UNIT OR DIST. DET		DATED		PLACE SIGNED		
APPROVED BY Knott, Sgt. J. 126						DATE				
BADGE OR ID #	0598	ORI #	WAWSP0701	TIME POLICE DISPATCHED	6:53 AM	TIME POLICE ARRIVED	7:03 AM			

Narrative

Unit 1 travels eastbound on State Route 531 near milepost 4.6. Unit 1 drifts to the right and impacts the guard rail end cap, causing the vehicle to rotate. Unit 1 remains blocking eastbound SR 531 until a tow is able to remove it due to extensive damage sustained. Driver 1 stated that she was "tired" that morning and that she could feel herself "nodding off" prior to the collision. When questioned further, she stated that the last thing she remembers is traveling on SR 531 "before the curve", which is approximately 0.2 miles west of the collision location. Driver 1 states directly that she does not have insurance for the vehicle and a check with DOL reveals that she is DWLS 3rd degree. Driver 1 refused transport by aid, stated that she would go to hospital with her mother.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E223938

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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	13-001 133-001
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
1	- 27	- 2013	03		0610
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		

SR 395	BLOCK NO.	8	80
	MILE POST	<input checked="" type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
100 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>	SR 240

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	KENNEWICK	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.	1	EJECT	1	HELMET USE	2	INJURY CLASS	6	NATURE OF INJURIES	LEFT SHOULDER, LEFT ARM, RIBS, LUNG
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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	1998	MAKE	HOND	MODEL	ACCORD	STYLE	4T	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	ACTION TOWING, PASCO	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 LEGAL STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	PENDING	CHARGE	DRIVING UNDER INFLUENCE AND
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	(509) 545-2202
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LAST NAME	DEPT OF TRANSPORTATION	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	1816 N 4TH ST
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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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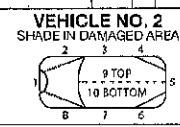
LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGAL STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
GRANT, S.	354	WASHINGTON STATE PATROL



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FROM 10 1 5 33
FROM 10
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9 7 37
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42



1591972

CORRECTION

REPORT NO. **E223938**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER WITNESS UNIT # **1** SEAT POS. **9** AIRBAG **2** RESTR. **1** EJECT **3** HELMET USE **2** INJURY CLASS **6** NATURE OF INJURIES
LACERATION OVER RIGHT

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

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

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

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

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

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

1/31/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

WILSON, SGT. D. 267

DATE

BADGE OR ID # 354

ORI # WAWSP0308

TIME POLICE DISPATCHED 5:23 AM

TIME POLICE ARRIVED 5:25 AM



1591972

CORRECTION

REPORT NO. **E223938**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

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

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

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

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

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

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

S. GRANT

1/31/2013

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

WILSON, SGT. D. 267

DATE

BADGE OR ID #

354

ORI #

WAWSP0308

TIME POLICE DISPATCHED

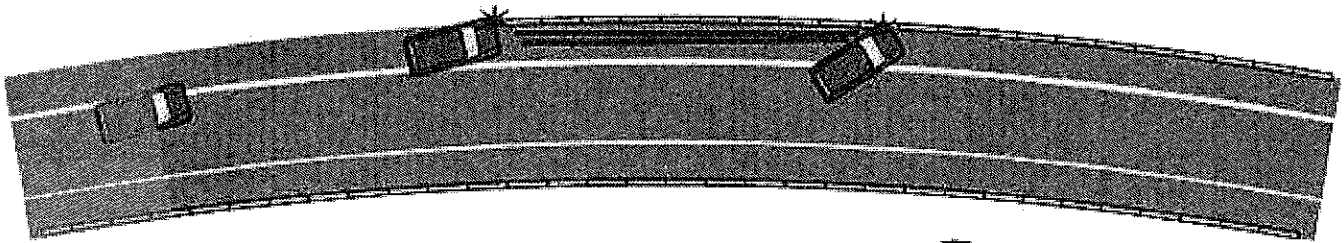
5:23 AM

TIME POLICE ARRIVED

5:25 AM

Narrative

VEHICLE 1 WAS SB ON SR395 AT A HIGH RATE WHEN THE DRIVER LOST CONTROL STRUCK THE INSIDE GUARD RAIL, OVERCORRECTED AND CROSSED BOTH LANES GOING THROUGH THE OUTSIDE GUARDRAIL AND DOWN AN EMBANKMENT. THE VEHICLE WAS DESTROYED IN THE COLLISION AND WASHINGTON DEPARTMENT OF TRANSPORTATION HAD 9 SECTIONS OF GUARDRAIL AND 11 POST DAMAGED IN THE COLLISION. TWO OF THE THREE OCCUPANTS IN THE VEHICLE WERE INJURED AND TRANSPORTED BY AMBULANCE TO LOURDES MEDICAL CENTER AS A RESULT OF THE COLLISION. VEHICLE WAS TOWED BY ACTION TOWING OF PASCO



Eastbound State Route 16 to Burnham Drive





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E219479

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1 2 3 1 2 3 0 1 2 3 1 2 3 7 3 4 1 2

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

TRIBAL RESERVATION

TOTAL # OF UNITS 1 OBJECT STRUCK Guardrail

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

DATE OF COLLISION 1 - 8 - 2013 0746 27 N S E W IN OF 0490

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

STATE ROUTE 16 BLOCK NO. 14 96 MILE POST

DISTANCE 0.15 MILES N E S W OF (REFERENCE OR CROSS STREET) BURNHAM DR

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

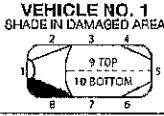
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2005 MAKE JEEP MODEL CHEROKEE STYLE UT VEHICLE TOWED YES NO TOWED BY TOWN AND COUNTRY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. 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 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

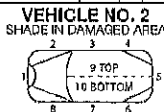
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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



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



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)

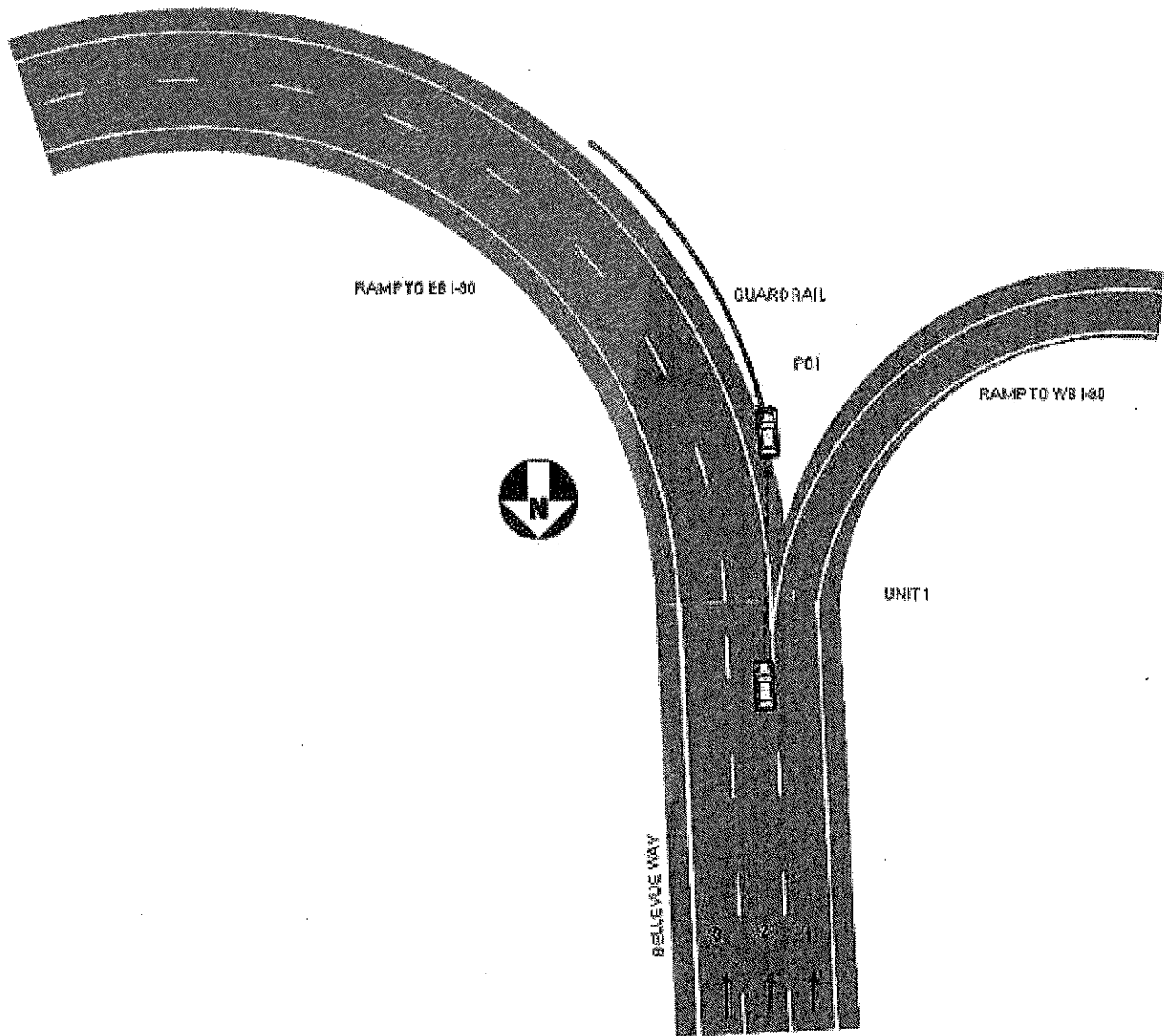
K. PIGOTT 1/9/2013
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY SHADES, D. 285 DATE

BADGE OR ID # 963 ORI # WAWSP0101 TIME POLICE DISPATCHED 7:46 AM TIME POLICE ARRIVED 8:13 AM

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. E218283

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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	WAWSP0218
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

2 2

3 4

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12 - 22 - 2012	0255	17	0075

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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
BELLEVUE WAY	BLOCK NO.	9 00
DISTANCE	OF (REFERENCE OR CROSS STREET)	
0 01 MILES	EB I-90	

0 1 29

6 2

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	MERCER ISLAND	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.	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	9	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	STATE	WA	VIN#
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12

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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13 6

VEH. YEAR	2006	MAKE	TOYT	MODEL	PRIHB	STYLE	4H	VEHICLE TOWED YES <input checked="" type="checkbox"/>	TOWED BY	IBSEN	GOVT. VEHICLE YES <input type="checkbox"/>
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FROM TO 1 5 33

14

REGISTERED OWNER INFO.	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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FROM TO 34

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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	CITATION #	C0888220	CHARGE	DUI
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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"/>	PHONE	(425) 739-3757
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LAST NAME	DOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	10833 NORTHRUP WAY NE
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CITY	BELLEVUE	ST	WA	ZIP	98004
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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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23

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"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/>
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42

26

REGISTERED OWNER INFO.	VEHICLE NO. 2 SHADE IN DAMAGED AREA		
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #	CITATION #	CHARGE
OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY	
JAMES, P	1239	WASHINGTON STATE PATROL	



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E218283**

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)

P JAMES		1/3/2013	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Alexander, Sgt. J. 247	DATE		
BADGE OR ID #	1239	ORI #	WAWSP0218
TIME POLICE DISPATCHED	2:56 AM	TIME POLICE ARRIVED	3:03 AM

Narrative

VEHICLE ONE WAS TRAVELING SB BELLEVUE WAY ON THE RAMP TO EB I-90. VEHICLE ONE TRAVELED STRAIT THROUGH THE GORE POINT AND THE MEDIAN AND COLLIDED WITH THE END OF A GUARDRAIL.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 3467933

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

CASE # _____

LOCAL AGENCY CODING _____

TOTAL # OF UNITS 02 OBJECT STRUCK GAURDRAIL/UNDERPASS

DATE OF COLLISION 12-05-2012 TIME (2400) 1000 COUNTY # 31 MILES 2.08 N E IN S W OF 0045

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB IS BLOCK NO. 208 MILE POST 67

DISTANCE 0.0 MILES N E FEET S W OF (REFERENCE OR CROSS STREET) OF SRS30 OVERPASS 530/115

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

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET NEW ADDRESS _____

CITY _____ ST _____ ZIP _____

CDL CLASS 5 ENDORSEMENTS 15 RESTRICTIONS 21

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

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

LICENSE PLATE # _____ STATE BC VIN# _____

TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

VEH. YEAR 2007 MAKE GMC MODEL FLDCK STYLE _____ VEHICLE TOWED YES NO TOWED BY DICK'S CLASS C GOVT. VEHICLE YES NO

REGISTERED OWNER INFO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # _____

VEHICLE LEGALLY STANDING YES NO CITATION # 270898882 CHARGE DEFECTIVE EQUIP.

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 PO BOX 330310

CITY SEATTLE ST WA ZIP 98133

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 # _____

VEHICLE LEGALLY STANDING YES NO CITATION # _____ CHARGE _____

VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) J. SAUCERMAN BADGE OR ID # 332 AGENCY WSP

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. 3467933

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.

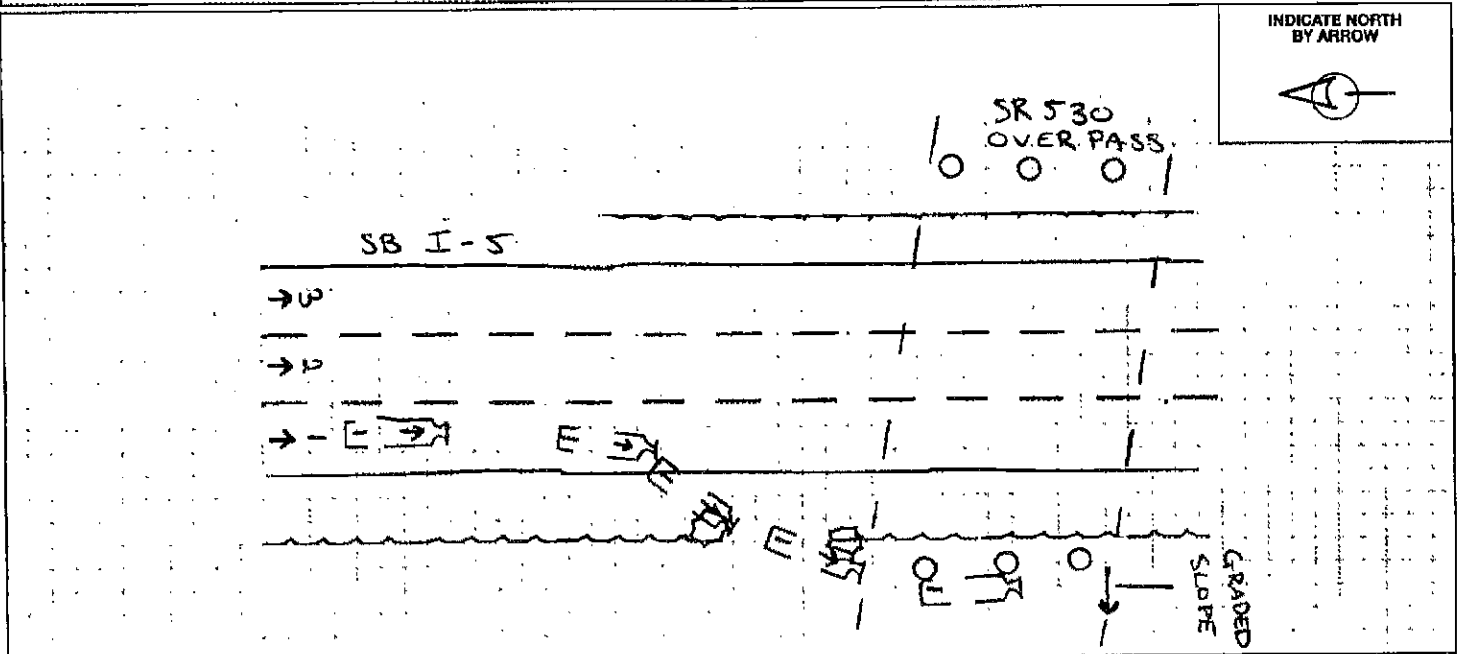
EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

DIAGRAM



NARRATIVE

UNIT 1 TRAVELING SB ON I-5. DRIVER STATED; TRAVELING IN LN 1 OF 3 WHEN FRONT DRIVER'S SIDE TIRE BLEW. DRIVER ATTEMPTED TO EXIT ROADWAY AND OVER CORRECTED. UNIT 1 STRUCK GUARDRAIL AND CAME TO REST UNDER OVERPASS TO HWY 530 ON 2 SUPPORT PILLARS.

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

0709
UNIT OR DIST. DET

12/5/12
DATED

SNODOMISH CO/WA
PLACE SIGNED

APPROVED BY

R. Hesse

DATE

12/13/12

BADGE OR ID #

332

ORI #

WAWSP0709

TIME POLICE DISPATCHED

0958

TIME POLICE ARRIVED

1006



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 2945911

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

CASE # _____

LOCAL AGENCY CODING _____

TOTAL # OF UNITS 02 OBJECT STRUCK GUARD RAIL

TRIBAL RESERVATION _____

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

DATE OF COLLISION 11-11-2017 0646 39 6.00 N E IN S W OF 1310

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

STATE ROUTE 22 BLOCK NO. MILE POST 1.00

DISTANCE 10 MILES FEET N E OF (REFERENCE OR CROSS STREET) Interstate 82 S W

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

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

STREET NEW ADDRESS [REDACTED]

CITY TOPPENISH ST WA ZIP [REDACTED]

CDL _____ ENDORSEMENTS _____ RESTRICTIONS _____

DRIVER'S LICENSE # [REDACTED] STATE WA SEX M D.O.B. 06-19-1979

ON DUTY STATUS AIRBAG 9 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 01 MAKE DAEW MODEL UG STYLE 4DR VEHICLE TOWED YES NO TOWED BY HADDED JP GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # NONE VEHICLE NO. 1 SHADE IN DAMAGED AREA

VEHICLE LEGALLY STANDING YES NO CITATION # 609 2883 CHARGE SPEED TOO FAST 100 MPH

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE 805-2437

LAST NAME DEPT OF TRANSPORTATION FIRST NAME _____ MIDDLE INITIAL _____

STREET NEW ADDRESS 2385 231 FORT RD

CITY TOPPENISH ST WA ZIP 98748

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 # _____ VEHICLE LEGALLY STANDING YES NO CITATION # _____ CHARGE _____

OFFICER'S NAME (PRINT) S. MEIER BADGE OR ID # 328 AGENCY WSP

PART A 3000-345-159 R (7/08)

PAGE 01 OF 02

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1591972

CORRECTION

REPORT NO. **2945911**

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 _____ - _____ - _____

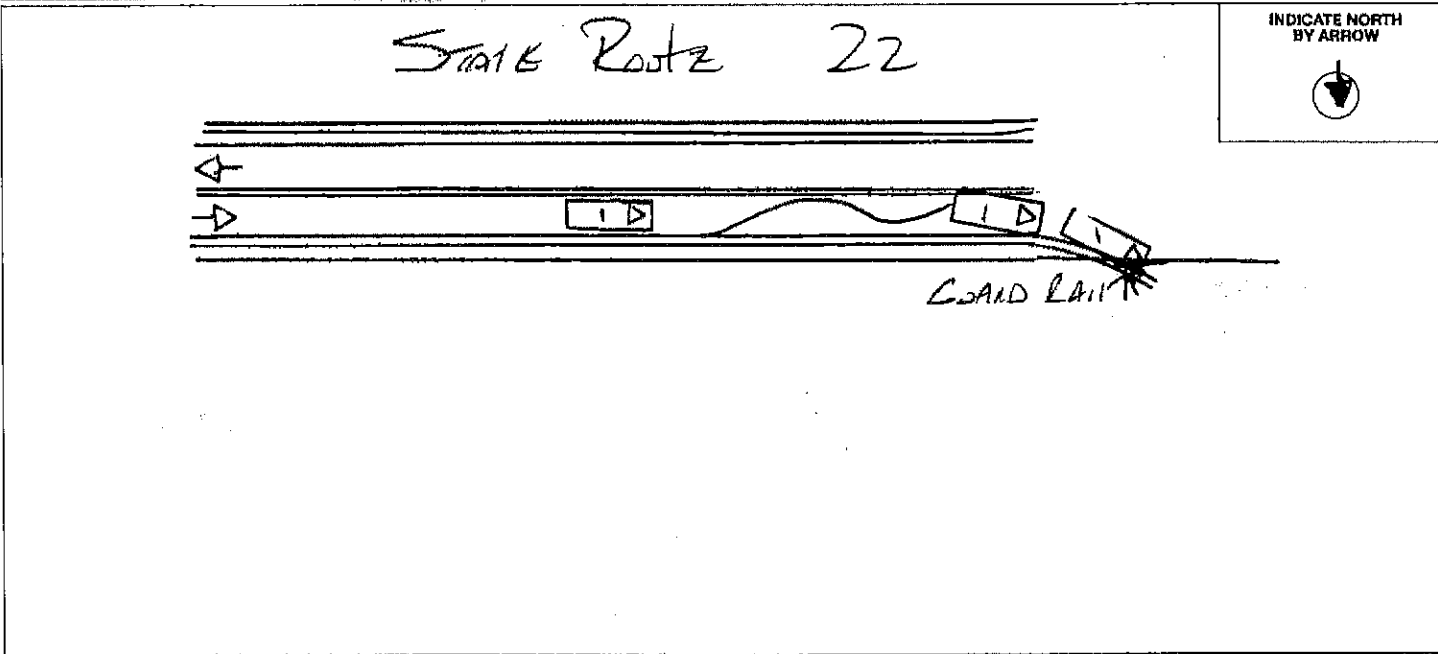
PASSENGER WITNESS UNIT # _____ SEAT POS. _____ AIRBAG _____ RESTR. _____ EJECT _____ HELMET USE _____ INJURY CLASS _____ NATURE OF INJURIES _____

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



NARRATIVE

VEHICLE WAS TRAVELING WB 51 22 NEAR UP ON AN OVERPASS. THE DRIVER ~~FOR~~ LOST CONTROL OF HIS VEHICLE AND STRUCK THE GUARD RAIL AT THE END OF THE OVERPASS. THE DRIVER SAID THE OTHER PERSON WAS KY.

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 0304 DATED 11/14/12 PLACE SIGNED YALOMA

APPROVED BY [Signature] DATE 11-14-12

BADGE OR ID # 328 ORI # WAUSP 0304 TIME POLICE DISPATCHED 0644 TIME POLICE ARRIVED 0736



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

CORRECTION

REPORT NO. 2980662

CASE #

COMMERCIAL MOTOR CARRIER

INTERSTATE INTRASTATE

UNIT # 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 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

TRAILER PLATE # STATE TRAILER PLATE # STATE

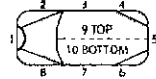
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT. VEHICLE

REGISTERED OWNER INFO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CHARGE

VEHICLE LEGALLY STANDING CITATION #

SHADE IN DAMAGED AREA



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

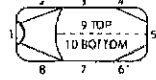
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT. VEHICLE

REGISTERED OWNER INFO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CHARGE

VEHICLE LEGALLY STANDING CITATION #

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)

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

BADGE OR ID # OFFICER # APPROVED BY DATE PAGE OF



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. 2980662

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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	011
OBJECT STRUCK	GUARDRAIL

DATE OF COLLISION: M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

10-21-2012 1845 18 1.00 N S E W IN OF 1010

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

513 SR 307 BLOCK NO. 1.00 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

50.00 MILES N E FEET S W MILEPOST 1 MARKER

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

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

STREET NEW ADDRESS [REDACTED]

CITY: POUULSBO ST WA ZIP [REDACTED]

CDL ENDORSEMENTS RESTRICTIONS

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

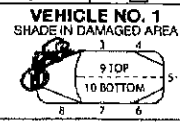
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE STATED

LICENSE PLATE [REDACTED] STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1998 MAKE FORD MODEL EXPLORER STYLE UT VEHICLE TOWED YES NO TOWED BY FITSAP TOW GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # NO INSURANCE CITATION # 6645116 CHARGE WHEELS OFF ROAD



UNIT 02 MOTOR VEHICLE PEDAL CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE 360-874-3050

LAST NAME DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 8293 SPRING CREEK RD

CITY PORT ORCHARD ST WA ZIP 98367

CDL ENDORSEMENTS RESTRICTIONS

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

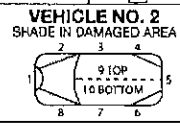
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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. BARRACLOUGH BADGE OR ID # 1220 AGENCY WSP

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **2980662**

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 _____ - _____ - _____

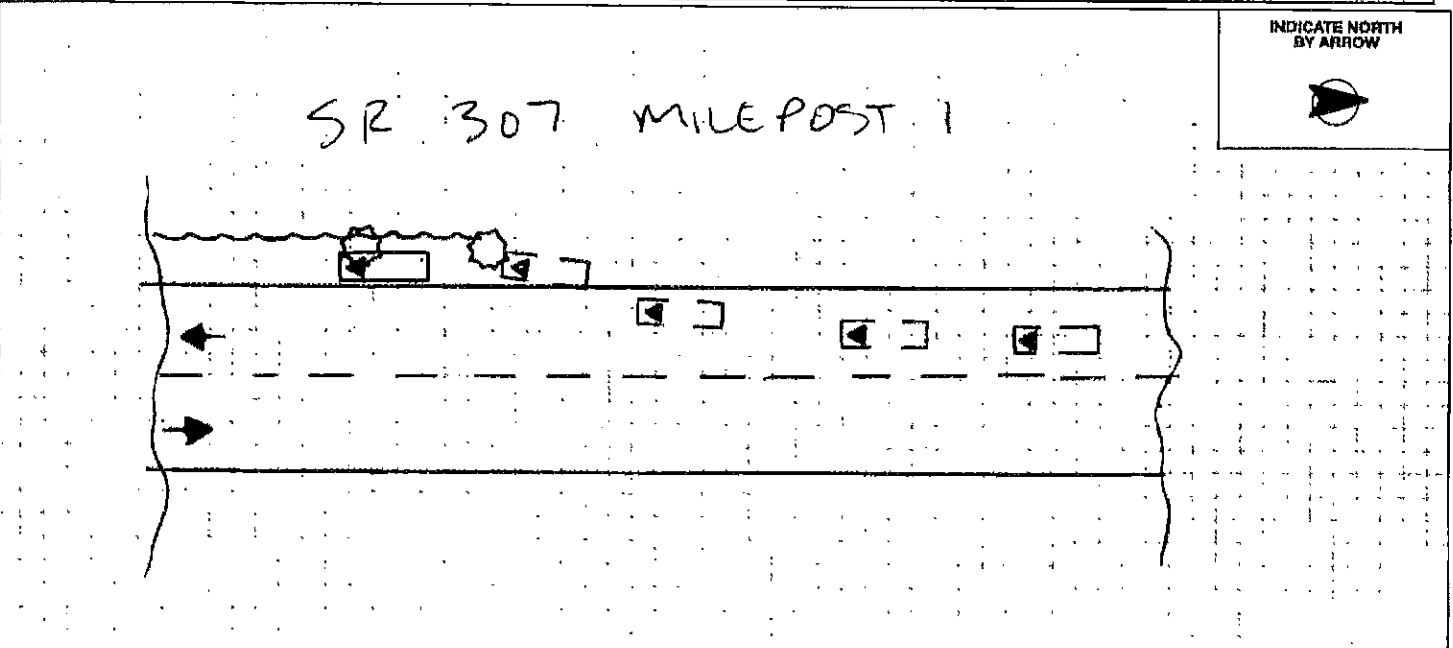
PASSENGER WITNESS UNIT # _____ SEAT POS. _____ AIRBAG _____ RESTR. _____ EJECT _____ HELMET USE _____ INJURY CLASS _____ NATURE OF INJURIES _____

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



NARRATIVE

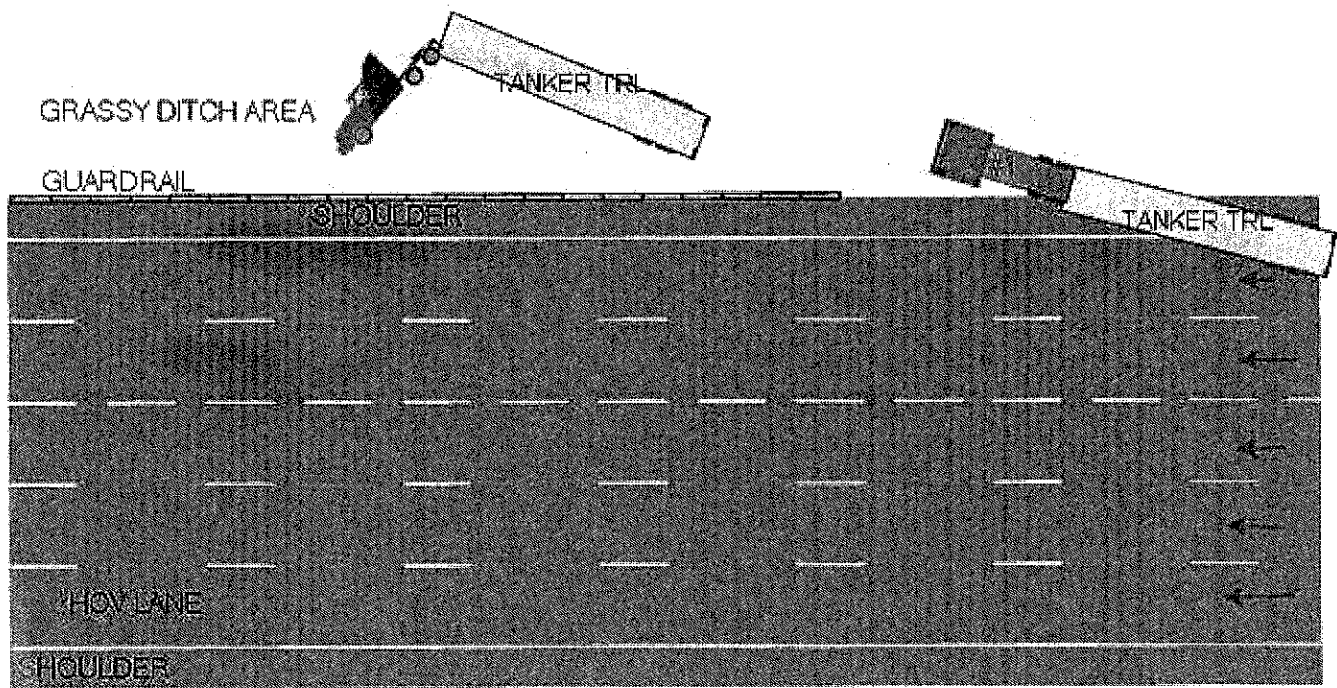
UNIT 1 WAS SOUTHBOUND SR 307 AT MILE POST 1. DRIVER OF UNIT 1 STATED SHE THOUGHT AN ANIMAL RAN IN FRONT OF HER, SO SHE BRAKED AND SWERVED, STRIKING GUARDRAIL WITH FRONT RIGHTSIDE OF HER VEHICLE. A ALSO STATED LATER SHE MAY HAVE BEEN "PLAYING WITH THE RADIO".

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]* 0901 UNIT OR DIST. DET DATED 10-28-12 PLACE SIGNED KITS AP

APPROVED BY *[Signature]* SGT Kent Hestep DATE 10/28/12

BADGE OR ID # 1220 ORI # WAWSP0901 TIME POLICE DISPATCHED 1845 TIME POLICE ARRIVED 1850



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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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
N S	<input type="checkbox"/> <input type="checkbox"/>
E W	<input type="checkbox"/> <input type="checkbox"/>
IN OF	<input checked="" type="checkbox"/> <input type="checkbox"/>

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
S/B I 5	BLOCK NO.	139 01
MILE POST	<input checked="" type="checkbox"/>	
DISTANCE	0.34	MILES <input checked="" type="checkbox"/>
FEET		<input type="checkbox"/>
N S	<input type="checkbox"/> <input checked="" type="checkbox"/>	
E W	<input type="checkbox"/> <input type="checkbox"/>	
OF (REFERENCE OR CROSS STREET)	70TH AVENUE	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	[REDACTED]
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LAST NAME	[REDACTED]	FIRST NAME	[REDACTED]	MIDDLE INITIAL	[REDACTED]
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STREET NEW ADDRESS	[REDACTED]
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CITY	KENT	ST	WA	ZIP	[REDACTED]
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CDL	A	RESTRICTIONS		ENDORSEMENTS	T, X
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DRIVER'S LICENSE #	[REDACTED]	STATE	WA	SEX	M	D.O.B.	[REDACTED]
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	[REDACTED]	STATE	WA	VIN#	[REDACTED]
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TRAILER PLATE #	[REDACTED]	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	
------------------------	--	-------------------------------------	--

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	[REDACTED]	VEHICLE LEGAL 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	
---------	--	--------------------------------------	-------------------------------------	--	--	-------	--

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 LEGAL 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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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. **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



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E198697

CASE #

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

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

CARRIER NAME [REDACTED]

CARRIER ADDRESS [REDACTED]

CITY [REDACTED] ST [REDACTED] ZIP [REDACTED]

NAME SOURCE 4 AXLES 4 GVWR 80000 PLACARD 1203 + 3 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. SHADE IN DAMAGED AREA

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

VEHICLE LEGALLY STANDING YES NO

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. SHADE IN DAMAGED AREA

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.72.085)

S JONES 10/16/2012

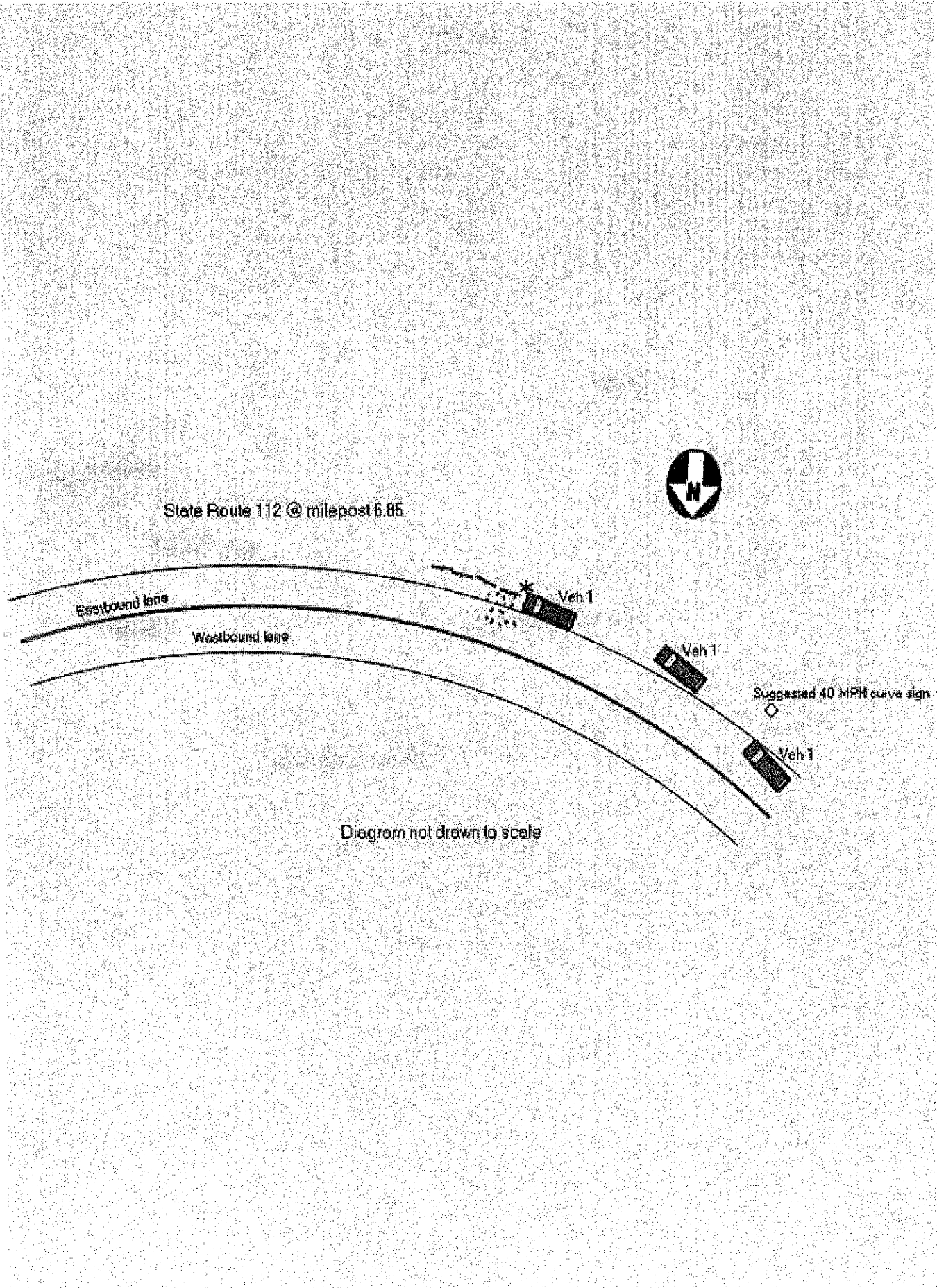
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

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. E199736

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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 checked="" type="checkbox"/>

CASE # C0818416

LOCAL AGENCY CODING WAWSP0811

TOTAL # OF UNITS 2 OBJECT STRUCK TWO SECTIONS OF GUARD RAIL

TRIBAL RESERVATION

DATE OF COLLISION: M M D D Y Y Y Y 10 - 14 - 2012
 TIME (2400) 1245 COUNTY # 05 MILES 37.00
 CITY # 0465
 N E IN
 S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
 STATE ROUTE 112 BLOCK NO. 6 MILE POST 85

DISTANCE 0.08 MILES OF (REFERENCE OR CROSS STREET) MILEPOST 6
 FEET N E 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 [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. 1 EJECT 1 HELMET USE 9 INJURY CLASS 1 NATURE OF INJURIES

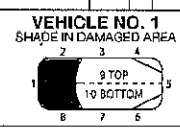
LICENSE PLATE # [REDACTED] STATE WA VIN# [REDACTED]

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2003 MAKE DODG MODEL CARAVAN STYLE VN VEHICLE TOWED YES NO TOWED BY SOL DUC TOWING GOVT. VEHICLE YES NO

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

VEHICLE LEGALLY STANDING YES NO CITATION # C0818416 & I6532756 CHARGE DUI, HIT & RUN PROPERTY



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

LAST NAME WADOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 1707 S "C STREET

CITY PORT ANGELES ST WA ZIP 98362

CDL RESTRICTIONS ENDORSEMENTS

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

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

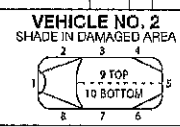
LICENSE PLATE # STATE VIN#

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 #

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) NELSON, A. BADGE OR ID # 780 AGENCY WASHINGTON STATE PATROL

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E199736**

CASE # C0818416

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. NELSON	10/20/2012	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED
APPROVED BY YACKLIN, SGT. B. 131	PLACE SIGNED	
DATE		

BADGE OR ID #	780	ORI #	WAWSP0812	TIME POLICE DISPATCHED	12:54 PM	TIME POLICE ARRIVED	1:00 PM
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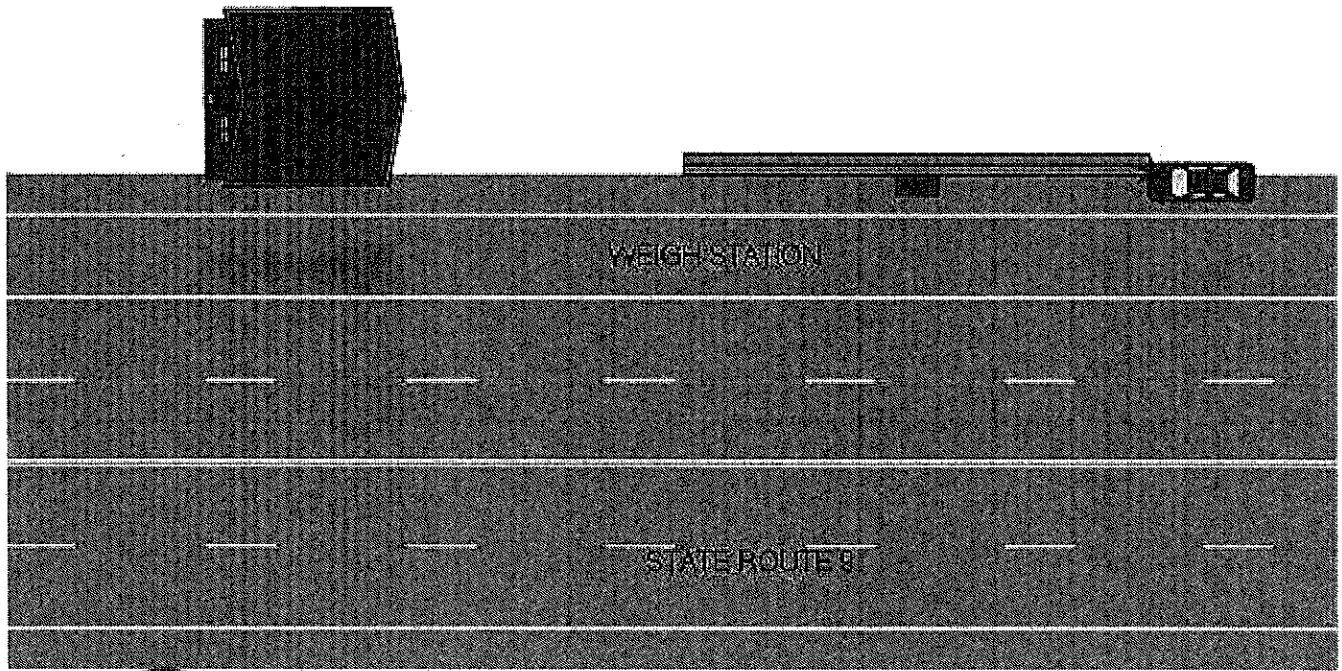
Other Descriptions

UNIT LEVEL DESCRIPTIONS:

[TRAFFIC CONTROL DESCRIPTION] - SUGGESTED 40 MPH CURVE SGN (Unit 1)

Narrative

Vehicle one was traveling east in the eastbound lane of State Route 112 near milepost 6.8. Vehicle one veered into the eastbound ditch and collided with a guardrail. Vehicle one continued traveling eastbound where it eventually became disabled with a left rear flat tire near milepost 7.4, at Ray's Grocery. Vehicle one sustained extensive front end damage. WADOT'S guardrail sustained extensive damage, two broken support posts, and two sections of rail.



DRAWING IS NOT TO SCALE



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E384213

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

CASE # 14-03109
LOCAL AGENCY CODING 0664
TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION
DATE OF COLLISION 12-15-2014 TIME (2400) 1201 COUNTY # 31 MILES CITY # 0664
N S E W IN OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
STATE ROUTE 9 BLOCK NO. 2800 MILE POST

DISTANCE 300.00 MILES FEET OF (REFERENCE OR CROSS STREET) SOPER HILL RD

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1997 MAKE BUIC MODEL LESABRE STYLE 4D VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. OWNED BY DRIVER VEHICLE NO. 1 SHADE IN DAMAGED AREA

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

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

LAST NAME WADOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 310 MAPLE PARK AVE SE

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. M 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. VEHICLE NO. 2 SHADE IN DAMAGED AREA

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

OFFICER'S NAME (PRINT) CHRISTENSEN, CHAD BADGE OR ID # 075 AGENCY PD LAKE STEVENS

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E384213**

CASE # 14-03109

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)

CHAD CHRISTENSEN

12/16/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Brooks, Ron 013

DATE

BADGE OR ID #	075	ORI #	WA0311900	TIME POLICE DISPATCHED	12:02 PM	TIME POLICE ARRIVED	12:39 PM
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Other Descriptions

COLLISION LEVEL DESCRIPTIONS:

[LOCATION CHARACTER DESCRIPTION] - WEIGH STATION

Narrative

Driver of Unit1 pulled into the weigh station in the 2800 SR 9 to adjust his seatbelt. Upon adjusting his seatbelt driver of Unit failed to see the gaurdrail and made contact with the guardrail. Unit sustained damage to the front passenger side of Unit 1 and the gaurdrail sustained significant damage.