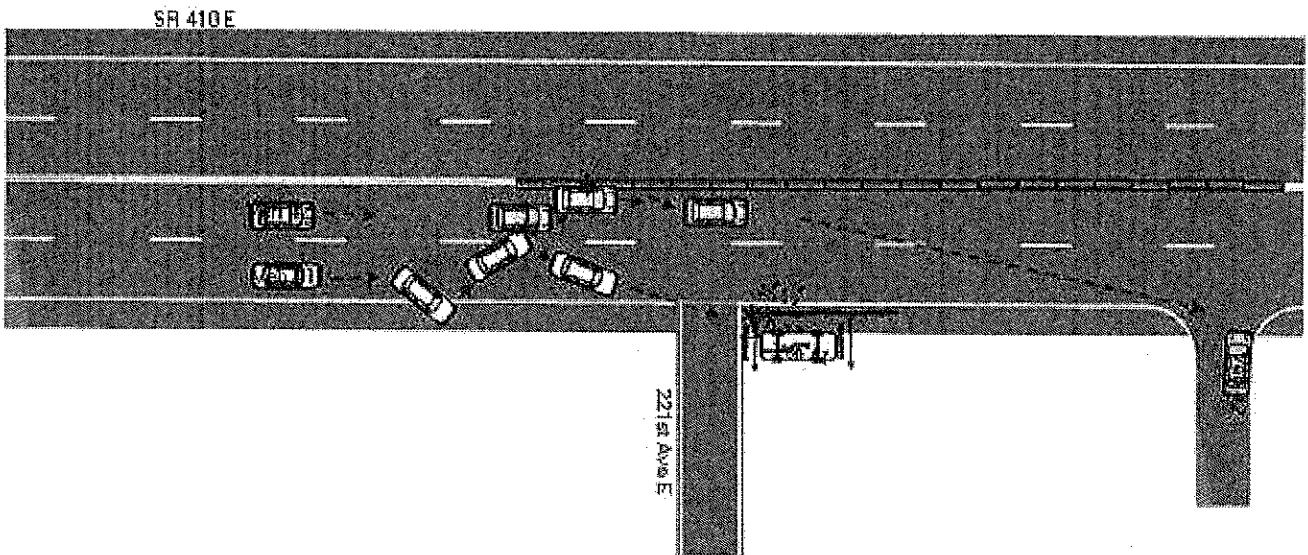




BL14002704

Not to Scale





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E388002

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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 # BL14002704

LOCAL AGENCY CODING

TOTAL # OF UNITS 3 OBJECT STRUCK Guardrail

DATE OF COLLISION 12 - 23 - 2014 TIME (2400) 2306 COUNTY # 27 MILES CITY # 0105

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR 410 E BLOCK NO. 22100 MILE POST

DISTANCE 5.00 MILES OF (REFERENCE OR CROSS STREET) 221ST AVE E

UNIT 01 MOTOR VEHICLE DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS L

DRIVER'S LICENSE # STATE WA SEX M D.O.B. 12 - 5 - 1995

ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 7 NATURE OF INJURIES PAINS

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2003 MAKE FORD MODEL MUSTANG STYLE P2 VEHICLE TOWED YES NO TOWED BY CASCADE TOW GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CHARGE SPEED TOO FAST FOR

VEHICLE LEGALLY STANDING YES NO CITATION # 4Z1103184

UNIT 02 MOTOR VEHICLE 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 M D.O.B. NATURE OF INJURIES

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

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2014 MAKE HYUN MODEL VELOSTER STYLE 3P VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CHARGE OFFICER'S NAME (PRINT) JOHNSTON, TOBIE BADGE OR ID # 00363 AGENCY PD BONNEY LAKE

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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. **E388002**

CASE # BL14002704

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LARSON, DAVID M																
ADDRESS & PHONE #		13605 116TH AVE CT E Puyallup, WA 98374 (253) 732-5330				SEX	M	D.O.B. MMDDYYYY	3	-	19	-	1987					
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)																		
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)

TOBIE JOHNSTON

12/30/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Hoag, Robert T 00130

DATE

BADGE OR ID # 00363 ORI # WA0271400 TIME POLICE DISPATCHED 11:09 PM TIME POLICE ARRIVED 11:12 PM



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E388002

CASE # BL14002704

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COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

UNIT # _____ USDOT _____ ICC # _____ VEHICLE TYPE _____ CARGO BODY TYPE _____

CARRIER NAME _____

CARRIER ADDRESS _____

CITY _____ ST _____ ZIP _____

NAME SOURCE # AXLES _____ GVWR _____ PLACARD + _____ NAME IF NO NUMBER _____

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (253) 538-3240

LAST NAME DEPT OF TRANSPORTATION FIRST NAME _____ MIDDLE INITIAL _____

STREET NEW ADDRESS 2502 112TH ST E

CITY TACOMA ST WA ZIP 98445

CDL _____ RESTRICTIONS _____ ENDORSEMENTS _____

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

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

LICENSE PLATE # _____ STATE _____ VIN# _____

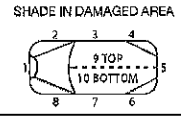
TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

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

REGISTERED OWNER INFO. _____

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

VEHICLE LEGALLY STANDING YES NO CITATION # _____



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# _____

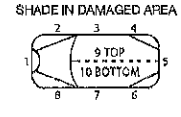
TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

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 # _____ CHARGE _____

VEHICLE LEGALLY STANDING YES NO CITATION # _____



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)

TOBIE JOHNSTON 12/30/2014

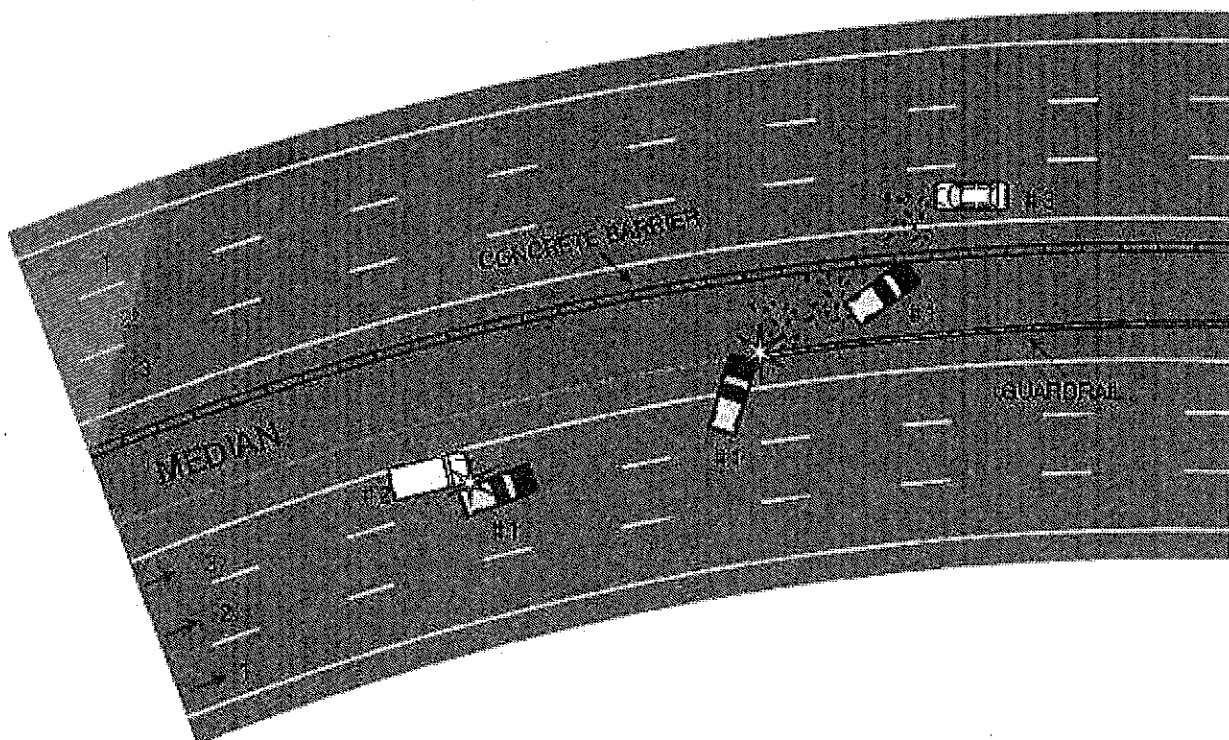
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 00363 ORI # WA0271400 APPROVED BY Hoag DATE PAGE 3 OF 5

Narrative

Vehicle #1 was traveling eastbound in the right lane and Vehicle #2 was traveling eastbound in the left lane, both were traveling in the 22000 block of SR 410 E. Vehicle #1 hydroplaned, lost control of vehicle, went up over a curb, corrected and then struck Vehicle #2 on its passenger side, pushing Vehicle #2 into the cement jersey barrier. Vehicle #1 then traveled to the right going over a curb and off the roadway, crashing through a guardrail, down an embankment and landing on its top. Driver of Vehicle #1 was cited for Speed too Fast for Conditions.

I-5 MP 207





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E384955

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

CASE #

LOCAL AGENCY CODING 032460

TOTAL # OF UNITS 4 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

DATE OF COLLISION 12-11-2014 TIME (2400) 2027 COUNTY # 31 MILES CITY # 0045

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SB I-5 BLOCK NO. 207 MILE POST 87

DISTANCE 0.10 MILES OF (REFERENCE OR CROSS STREET) KING THOMPSON RD

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY KENT ST WA ZIP

CDL RESTRICTIONS B ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 3 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 2002 MAKE FORD MODEL R10PU STYLE 4C VEHICLE TOWED YES NO TOWED BY NORTH COUNTY TOWING GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0885450 CHARGE FLD SIGNAL STOPS/TURNS- VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (206) 595-7658

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY REDMOND ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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 2012 MAKE FORD MODEL E250 STYLE CG VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

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

OFFICER'S NAME (PRINT) WATKINS, D. BADGE OR ID # 310 AGENCY WASHINGTON STATE PATROL

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PART A

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E384955**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH
BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

D. WATKINS

12/19/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY SLOAN, SGT. M. 196

DATE

BADGE OR ID # 310 ORI # WAWSP0715 TIME POLICE DISPATCHED 8:27 PM TIME POLICE ARRIVED 8:27 PM

PART B 3090-345-160 R (7/06)

PAGE 2 OF 5

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



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E384955

CASE #

1 1

COMMERCIAL MOTOR CARRIER

INTERSTATE INTRASTATE

2 1

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

3 6

CARRIER NAME

CARRIER ADDRESS

CITY **ST** **ZIP**

4

NAME SOURCE **# AXLES** **GVWR** **PLACARD** + **NAME IF NO NUMBER**

4a

ADDITIONAL UNITS

6

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

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

STREET NEW ADDRESS [REDACTED]

6 5

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

CDL **RESTRICTIONS** **ENDORSEMENTS**

7

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

8

ON DUTY **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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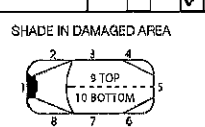
TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**

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VEH. YEAR 2011 **MAKE** MERZ **MODEL** C300 **STYLE** 4D **VEHICLE TOWED** YES NO **TOWED BY** **GOVT. VEHICLE** YES NO

12

LIABILITY INSURANCE IN EFFECT **INSURANCE CO & POLICY #** [REDACTED] **VEHICLE LEGALLY STANDING** YES NO **CITATION #** **CHARGE**



13 3

UNIT # 4 **MOTOR VEHICLE** **PEDAL-CYCLE** **PEDESTRIAN** **PROPERTY OWNER** **DAMAGE THRESHOLD MET** YES NO **PHONE** (206) 440-4000

15 2

LAST NAME WA STATE DOT **FIRST NAME** **MIDDLE INITIAL**

STREET NEW ADDRESS PO BOX 330310

CITY SEATTLE **ST** WA **ZIP** 98133

CDL **RESTRICTIONS** **ENDORSEMENTS**

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

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

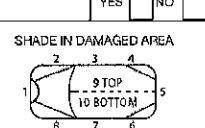
LICENSE PLATE # **STATE** **VIN#**

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**



23

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

D. WATKINS **12/19/2014**

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

25

BADGE OR ID # 310 **ORI #** WAWSP0715 **APPROVED BY** SLOAN **DATE** **PAGE** 3 **OF** 5

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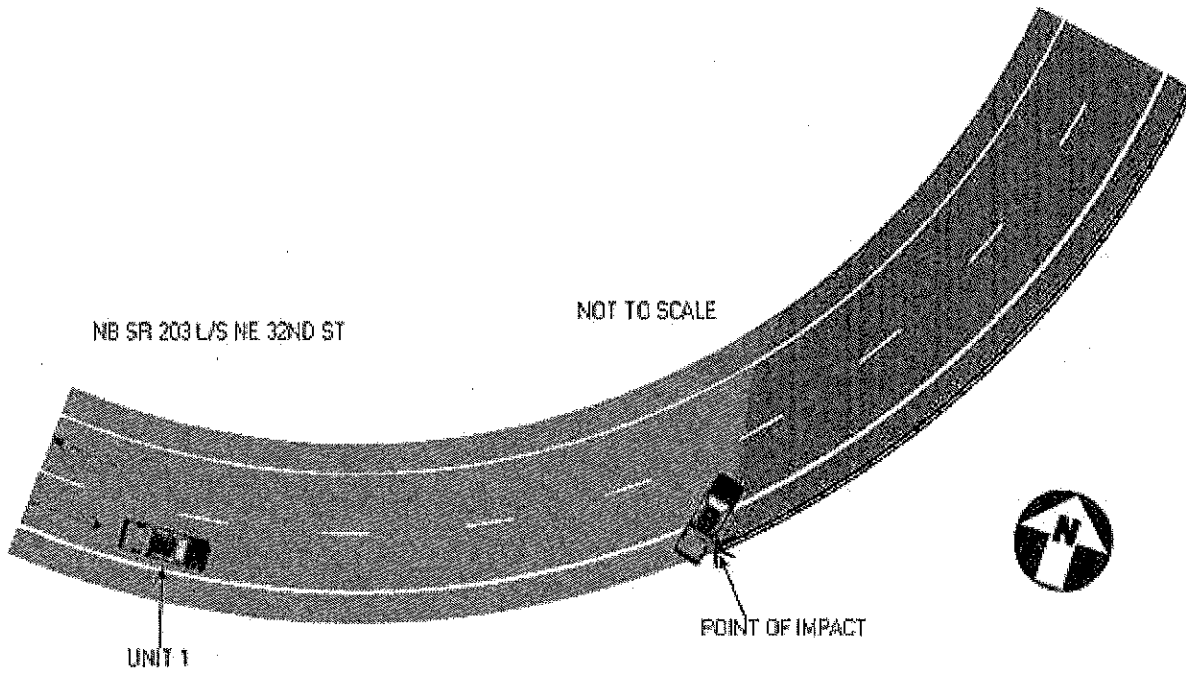
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Narrative

UNITS 1,2 WERE TRAVELING SB ON I-5 AT MP 207. UNIT 1, TRAVELING IN LANE 2 OF 3 ATTEMPTED TO CHANGE LANES TO LANE 3 OF 3. UNIT 1 STRUCK THE RIGHT FRONT OF UNIT 2 WHICH WAS TRAVELING IN LANE 3 OF 3. UNIT 1 LOST CONTROL AND SLID OFF THE LEFT SHOULDER STRIKING THE GUARDRAIL AND COMING TO REST IN THE MEDIAN. DEBRIS FROM THE IMPACT TRAVELED OVER THE CONCRETE BARRIER AND INTO THE NORTHBOUND LANE. UNIT 3, TRAVELING NB ON I-5 IN LANE 3 OF 3 WAS STRUCK BY DEBRIS FROM THE COLLISION.

UNIT 1 SUSTAINED HEAVY DAMAGE TO THE FRONT OF THE VEHICLE. UNIT'S 2 AND 3 SUSTAINED MINOR DAMAGE.

UNIT 1 MADE AN UNSAFE LANE CHANGE WHICH RESULTED IN THE COLLISION.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E383829

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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

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

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

DATE OF COLLISION 12 - 8 - 2014 0740 17 N S E W IN OF 0155

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

N203 BLOCK NO. 4 00 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

2000 00 MILES N E S W FEET NE 32ND ST

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. MMDYYYY

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

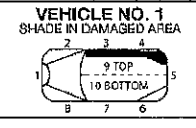
LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2006 MAKE DODG MODEL RAM2500 STYLE CW VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES NO CITATION # 4Z1039868 CHARGE SPEED TOO FAST FOR



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 15700 DAYTON AVE

CITY SEATTLE ST WA ZIP 98133

CDL RESTRICTIONS ENDORSEMENTS

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

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

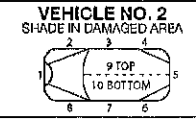
LICENSE PLATE # STATE VIN#

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) WILLIAMS, T. BADGE OR ID # 368 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. **E383829**

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)

T. WILLIAMS 12/15/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

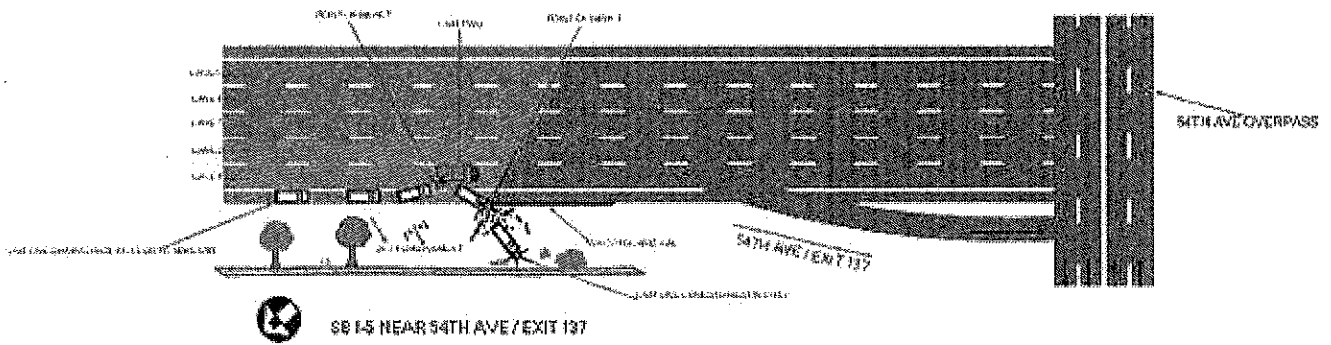
APPROVED BY Cozzitorto, Sgt. P. 145 DATE

BADGE OR ID # 368 ORI # WAWSP0218 TIME POLICE DISPATCHED 7:41 AM TIME POLICE ARRIVED 7:55 AM

Narrative

UNIT 1 WAS TRAVELING NB ON SR 203 JUST SOUTH OF NE 32ND ST IN CARNATION. THE ROADS WERE WET AND SLIPPERY. UNIT 1 WAS TRAVELING TOO FAST FOR THE ROAD CONDITIONS AND LOST CONTROL OF THE REAR END WHILE MANEUVERING A CORNER. THE REAR PASSENGER SIDE COLLIDED WITH A METAL GUARDRAIL, PULLING THE GUARDRAIL INTO THE ROADWAY.

DOT # 026185





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E361778

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

CASE # 14-017490

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 3 OBJECT STRUCK Guardrail

DATE OF COLLISION 9 - 30 - 2014 TIME (2400) 1552 COUNTY # 27 MILES CITY # 1280

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SB I-5 BLOCK NO. 137 MILE POST 45

DISTANCE 100.00 MILES OF (REFERENCE OR CROSS STREET) 54TH AVE

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY VANCOUVER ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE OR VIN

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE CHEV MODEL EXPRESS STYLE VN VEHICLE TOWED YES NO TOWED BY FIFE RECOVERY GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0836740, 4Z0836741 CHARGE NEGLIGENT DRIVING 2ND

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

LAST NAME FIRST NAME DOLORES MIDDLE INITIAL G

STREET NEW ADDRESS

CITY LYNNWOOD ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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 2004 MAKE INTL MODEL CARCARR STYLE CC VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

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

OFFICER'S NAME (PRINT) DORN, M. BADGE OR ID # 586 AGENCY WASHINGTON STATE PATROL

VEHICLE NO. 1 SHADE IN DAMAGED AREA

VEHICLE NO. 2 SHADE IN DAMAGED AREA

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. **E361778**

CASE # 14-017490

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #												SEX	M	D.O.B. MMDDYYYY	-	-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #												SEX	M	D.O.B. MMDDYYYY	-	-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
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.72.055)

M. DORN

10/3/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Sager, Sgt. J. 234

DATE

BADGE OR ID #	586	ORI #	WAWSP0112	TIME POLICE DISPATCHED	3:52 PM	TIME POLICE ARRIVED	4:00 PM
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**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E361778

CASE # 14-017490

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COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

UNIT # 2 **USDOT** 2320385 **ICG #** **VEHICLE TYPE** 3 **CARGO BODY TYPE** 4

CARRIER NAME SAME

CARRIER ADDRESS

CITY **ST** **ZIP**

NAME SOURCE 1 **AXLES** 3 **GVWR** 25500 **PLACARD** **NAME IF NO NUMBER**

ADDITIONAL UNITS

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

LAST NAME DOT **FIRST NAME** WASHINGTON STATE **MIDDLE INITIAL**

STREET NEW ADDRESS 2502 112TH STREET EAST

CITY TACOMA **ST** WA **ZIP** 98445

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**

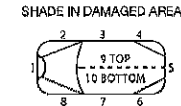
LICENSE PLATE # **STATE** **VIN#**

TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**

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

REGISTERED OWNER INFO.

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.** M/MDDYYYY

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

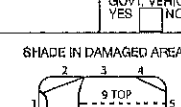
LICENSE PLATE # **STATE** **VIN#**

TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**

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

REGISTERED OWNER INFO.

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.** 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.

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.** 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.

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.** 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.

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.** 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.

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.** 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.

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.** 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.

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.** 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.

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.** 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.

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.** 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.

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

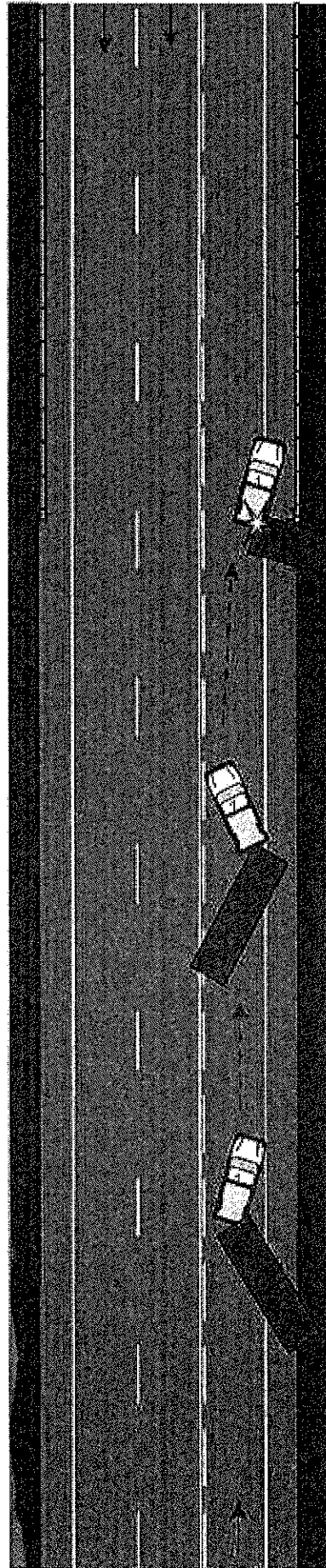
CITY **ST** **ZIP**

CDL **RESTRICTIONS** **ENDORSEMENTS**

DRIVER'S LICENSE #

Narrative

UNIT ONE TRAVELING DOWN SHOULDER OF ROAD WAY AS HE NEARS THE EXIT FOR 54TH AVE / 137. UNIT ONE DRIVER ENTERS FROM SHOULDER AND INTO LANE ONE, STRIKING UNIT TWO. UNIT ONE BOUNCES OFF OF UNIT TWO AND TRAVELS BACK TOWARDS SHOULDER. UNIT ONE IMPACTS INTO WA DOT GUARD RAIL (30-40 FEET) AND TRAVELS DOWN INTO AN EMBANKMENT COMING TO REST. UNIT ONE DRIVER STATED THAT HE WANTED TO TAKE THE EXIT TO 54TH AND THAT TRAFFIC WAS BAD SO HE TRAVELED ONTO THE SHOULDER.



SR 2



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E360454**

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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 005403**

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 #

9 - 27 - 2014 1326 04 10 40 N S E W IN OF 0680

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

EB SR 2 BLOCK NO. **88** MILE POST **80**

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E FEET S W

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

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

STREET NEW ADDRESS [REDACTED]

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

CDL RESTRICTIONS ENDORSEMENTS

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

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

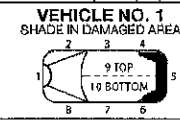
LICENSE PLATE # [REDACTED] STATE **WA** VIN# [REDACTED]

TRAILER PLATE # [REDACTED] STATE **WA** TRAILER PLATE # STATE

VEH. YEAR **2006** MAKE **FORD** MODEL **F1PU** STYLE **CW** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

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

VEHICLE LEGALLY STANDING YES NO CITATION # **4Z0888509** CHARGE **DEFECTIVE BRAKES**



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **(509) 667-2800**

LAST NAME **WA DOT** FIRST NAME **WENATCHEE** MIDDLE INITIAL

STREET NEW ADDRESS **2830 EUCLID AVE**

CITY **WENATCHEE** ST **WA** ZIP **98801**

CDL RESTRICTIONS ENDORSEMENTS

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

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

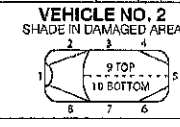
LICENSE PLATE # STATE VIN#

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) **ANDERSON, J.** BADGE OR ID # **319** 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. **E360454**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER WITNESS UNIT # 1 SEAT POS. 3 AIRBAG 2 RESTR. 4 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)

J. ANDERSON

9/29/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Schneider, Sgt. K. 0110

DATE

BADGE OR ID # 319

ORI # WAWSP0605

TIME POLICE DISPATCHED 1:35 PM

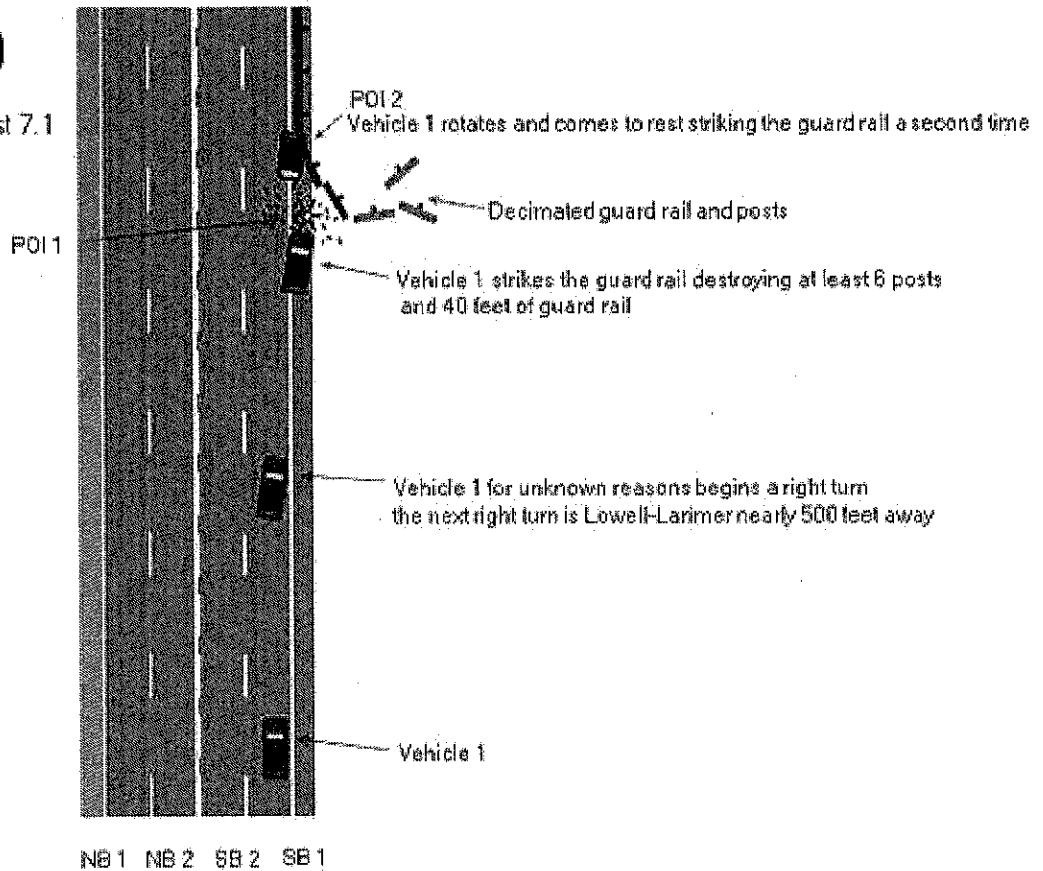
TIME POLICE ARRIVED 1:49 PM

Narrative

VEHICLE 1 WAS TRAVELING EB SR 2 IN LANE 1 OF 1. VEHICLE 1 WAS TOWING A TRAILER WITH A CAR LOADED ON THE TRAILER. THE HOOD OF THE CAR BEING TOWED ON THE TRAILER OPENED IN THE WIND. VEHICLE 1 APPLIED THE BRAKES AND BEGAN TO SLOW. THIS CAUSED THE TRAILER TO BEGIN TO SWERVE. THE TRAILER THEN SWUNG TO THE RIGHT AS VEHICLE 1 CONTIUED TO SLOW. THE TRAILER WAS SIDEWAYS AS IT LEFT THE ROADWATY ONTO THE DIRT SHOULDER AND STRUCK THE GUARD RAIL. THE TRAILER WAS THEN RIPPED OFF THE BALL HITCH. FURTHER INVESTIGATION ON SCENE REVEALED THAT THE TRAILER HITCH WAS RATED AT ONLY 5000 LBS, WHICH WAS EXCEEDED GREATLY BY THE WEIGHT OF THE TRAILER AND VEHICLE LOADED ON IT. THE WEIGHT OF THE TRAILER AND VEHICLE LOADED ON IT TOTALED 7400 LBS. AN INSPECTION OF THE TRAILER REVEALED THAT THE BRAKES ON THE TRAILER DID NOT FUNCTION.



State Route 9 at Mile Post 7.1





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E359149

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

1 0 1 2 0 2 3 5 1 28 2 3 19 29 30 31 1 2 32 1 2 33 1 34 35 1 36 37 9 7 38 8 39 40 41 1 42

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

CASE # 14-016922 LOCAL AGENCY CODING WSP0706 TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIAL RESERVATION DATE OF COLLISION 9-22-2014 TIME (2400) 1025 COUNTY # 31 MILES 2 CITY # 1180

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION STATE ROUTE 9 BLOCK NO. 7 10

DISTANCE 0.13 MILES OF (REFERENCE OR CROSS STREET) LOWELL-LARIMER

UNIT 01 MOTOR VEHICLE DAMAGE THRESHOLD MET

LAST NAME FIRST NAME MIDDLE INITIAL A

STREET NEW ADDRESS

CITY EVERETT ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 6 RESTR. 2 EJECT 1 HELMET USE 2 INJURY CLASS 7 NATURE OF INJURIES SORENESS

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2015 MAKE CADI MODEL SEVILLE STYLE 4D VEHICLE TOWED TOWED BY GOVT. VEHICLE

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING CITATION # 4Z0847775, 4Z0847775 CHARGE OP MOT VEH W/OUT INS.

UNIT 02 MOTOR VEHICLE PROPERTY OWNER DAMAGE THRESHOLD MET

LAST NAME DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 15700 DAYTON AVE. NORTH

CITY SHORELINE ST WA ZIP 98133

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 TOWED BY GOVT. VEHICLE

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

VEHICLE LEGALLY STANDING CITATION # CHARGE

OFFICER'S NAME (PRINT) BADDIE OR ID # AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1691972

CORRECTION

REPORT NO. **E359149**

CASE # 14-016922

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)

R. LEE 9/24/2014
 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED
 APPROVED BY Caiola, Sgt. C. 163 DATE

BADGE OR ID #	725	ORI #	WAWSP0706	TIME POLICE DISPATCHED	10:31 AM	TIME POLICE ARRIVED	10:37 AM
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Narrative

Vehicle 1 is traveling southbound on State Route 9 at Mile Post 7.1 in lane 1 of 2. The roadway in this area is very straight and has no turns. ***The driver is under the influence of alcohol and drugs. The driver believes that the guard rail is a right turn and begins to perform a right turn. The next available right turn is Lowell-Larimer which is nearly 500 feet away. Vehicle 1 strikes the guard rail and posts at a high rate of speed. There is no evidence in the roadway to suggest that the vehicle performed any braking or evasive steering. Vehicle 1 destroys approximately 6 posts and 40 feet of guard rail. Vehicle 1 rotates clock wise and comes to rest after the rear of the vehicle strikes the guard rail a second time. The actions of the driver shows a blatant disregard for the safety of others. Driver of Vehicle 1 is subsequently arrested for DUI. The driver sustained soreness from the collision.