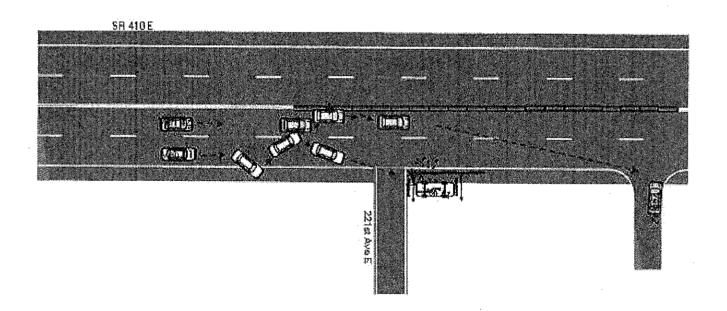


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| | COLLISION REPORT | 0 4 27 |
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| 34 | RESERVATION | 2 |
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| 4 | ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. 22100 | |
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| 17 | LAST NAME FIRST NAME MIDDLE STREET TOTAL TOTAL | 37 |
| 18 | NEW ADDRESS | 38 |
| 19 | CDL RESTRICTIONS ENDORSEMENTS | 39 |
| 20 | DRIVER'S LICENSE # VVA SEX M D.O.B | 40 |
| 21 | ON DUTY STATUS AIRBAG 4 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES | |
| 22 | LICENSE PLATE # VIN | |
| 23 | TRAILER PLATE # STATE TRAILER PLATE # STATE | 1 41 |
| 24 | VEH. YEAR 2014 MAKE MODEL STYLE VEHICLE TOWED TOWED BY CONTINUE OF VESTICAL OF | 1 42 |
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| 25 | VERICIE YES NAME (PRINT) STANDING CHARGE CH | |
| 26 | JOHNSTON, TOBIE 00363 PD BONNEY LAKE PAGE 01 OF 5 | |
| UNDER 23 | PAGE 01 OF 5 3 UNITED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EV | VIDENCE |

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AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA





E388002 REPORT NO.

BL14002704

| | | | | 91972 | 39W) W H | CASE # | Bl | _14002 | 704 | ·- | | | | | | | | |
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| ADDRESS & PHONE # 13605 116TH AVE (| CT E Puya | illup, WA | 98374 (2 | 253) 732-5 | 330 | | | | 5 | sex M | D.O MMDD | .B. YYYY | 3 | | 19 | - | 198 | 37 |
| | S UNIT | # | SEAT POS. | | AIRBAG | RESTR. | | EJECT | ŀ | USE USE | | INJURY CLASS | | NA | TURE OF | FINJUF | UE8 | |
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| | | | | | | REPORT NO. | E388002 |
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| | | 013197 | | CASE # | BL140027 | 04 | |
| COMMER | CIAL MOTOR | CARRIER | | | | INTERSTATE | |
| UNIT # | USDOT | | | 100 # | | VEHICLE TYP | E CARGO BODY TYPE |
| CARRIER NAME | | | | | | | |
| CARRIER ADDRESS | | · · · · · · · · · · · · · · · · · · · | | | | | |
| CITY | | | | | ST | ZIP | · · |
| NAME SOURCE | # AXLES | GVWR | | PL | | + | iame if no number |
| ADDITION | NAL UNITS | · · · · | | | | | |
| UNIT # | 3 MOTOR VEHICLE | CYOLE | PEDESTRI | AN PROF | ERTY IR V | | ^{DNE} (253) 538-3240 |
| LAST NAME | DEPT OF TH | | ATION | FIF | ST NAME | | MIDDLE INITIAL |
| | 25 02 112T⊢ | ISTE | | | | | |
| CITY T/ | ACOMA | | | | ST | WA ZIP 98445 | |
| CDL | | | RESTRICTIONS | | | ENDORSEMENTS | |
| DRIVER'\$ LICENSE # | | | | STATE | SEX | D.O.B. MMD0YYYY | ni ni |
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| LICENSE PLATE # | | | STATE | VIN# | | | · · · · · · · · · · · · · · · · · · · |
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| сіту 7 | ГАСОМА | | | | | | ST V | VA ZIP 98445 | 5 | | | | |
| CDL | | · | RESTRICT | TONS | | | | ENDORSEMENTS | | | | | 1 |
| DRIVER'S LICENSE # | | | | | 5 | STATE | SEX | D.O.B. MMDDYYYY |] |]- | | | 2 |
| ON DUTY | STATUS | AIRBAG RE | STR. | EJECT | н | ELMET IN USE C | JURY LASS | NATURE OF INJURI | ES | | | | 3 |
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| REGISTERED (| | NCE CO CY# | | | | | | | \$ | HADE IN DA | 3 4 | AREA | FROM TO |
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| UNIT # | f Moto | | P | EDESTRIAN | | PROPERTY OWNER | DAMAGE YES | THRESHOLD MET PI | HONE | • | <u>, , , , , , , , , , , , , , , , , , , </u> | | FROM TO |
| LAST NAME | | | | | | FIRST NAME | | , | | N | MIDDLE INITIAL | | |
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| | STATUS | AIRBAG RE | STR, | EJECT | ŀ | ielmet in Use c | IJURY LASS | NATURE OF INJUR | ies | | | | |
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| VEH, YEAR | MAKE | MODEL | | STYLE | | YEHICLE TOWE | D TOWED | ЗҮ | | | GOVT, YES | | |
| REGISTERED | OWNER INFO. | ANCE CO CY # | | , | | | | | * | | 3 4 | AREA | |
| IN EFFECT VEU CLE YES LEGALLY STANDING | | | | | | CHARGE | | | | | 9 TOP BOTTOM 7 6 | - - - | |
| | ICLARE) UNDER PENAL JOHNSTON | lty of Perjury Unc | ER THE LAW | S OF THE S | | washington tha 12/30/2014 | THE FORE | OING IS TRUE AND CO | RRECT. (RCW | 9A.72.065) | | | |
| ., | NG OFFICER'S SIGN | IATURE ü | NIT OR DIST | T DET | | ATED: | | PLACE SIG | INED | | | | |
| BADGE OR ID # | 00363 | ORI WAO | 271400 | | , - , | APPROV Hoag | ED BY | DATE | PAGE | 3 | OF | 5 | |
| DER 23 UNITE | | | | | | | | F BE USED I NY JURISD | | | | | |

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

MEDIAN



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| , Q | STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT | REPORT NO. E384955 | 1 2 3 27 |
|---|--|--|------------------|
| 1 | | | ² 0 5 |
| 2 | | 4 OBJECT Guardrail | 1 1 8 26 |
| 36 | M D D Y Y TIME (2400) COUNTY DATE OF COLLISION 12 - 11 - 2014 2027 31 | | 3 |
| 4 | ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION | BLOCK NO. 207 87 MILE POST Image: Contract of the second sec | 202 |
| 4a 5 | DISTANCE O MILES V N V E KING THOMPSO | STREET) | └ <u></u> |
| | UNIT 01 MOTOR VEHICLE CYCLE | | 0 1 30 |
| ۶ 5 | LAST NAME FIRST | NAME MIDDLE NITAL | |
| | STREET NEW ADDRESS | | |
| 7 | | st WA ZIP | י 1 2 א z |
| 8 | CDL RESTRICTIONS B | | 3 |
| 9 9 10 9 | ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE | WA SEX M D.O.B. INJURY INJURY INJURIES | 1 2 3 |
| | LICENSE PLATE # WA VIN# | | 2 |
| ¹¹ 7 0 ¹² 7 0 | TRAILER TR | AAILER ATE # STATE | 3 |
| 133 | VEH. YEAR 2002 FORD RIDPU 4C YEAR | | |
| 14 3 | | VEHICLE NO. 1 SHADE IN DAMAGE AREA 2 3 9 TOP 3 5 | FROM TO |
| 15 2 | | SIGNAL STOPS/TURNS- PHONE (206) 595-7658 | 4 3 |
| 16 2 | | NAME MIDDLE INITIAL | 4 3 |
| 17 | STREET NEW ADDRESS | | 3 |
| 18 | OTTY REDMOND | ST WA ZIP | 3 |
| 19 | CDL RESTRICTIONS | ENDORSEMENTS | 3 |
| 20 | DRIVER'S LICENSE # | WA SEX M D.O.B | • |
| 21 | ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET | INJURY 1 NATURE OF INJURIES | |
| 22 | LICENSE STATE WA VIN# | | |
| 23 | PLATE # PL | AILER STATE STATE | 4 |
| 24 | VEH, YEAR 2012 FORD E250 CG VEHIC | | 1 4 |
| , | LIABULITY INSURANCE INSUFANCE CO. IN EFFECT & POLICY # VENCLE Y ES NO CITATION # CHARGE | SHADE IN DAMAGED AREA 2 3 4 2 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 25 | DFFICER'S NAME (PRINT) BAD | DGE OR ID # AGENOY 10 WASHINGTON STATE PATROL | |
| ²⁶ UNDER 2; | PART A 3000-345-159 B (7/06) | | VIDENC |





REPORT NO.

E384955

CASE # ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.Ó.B. MMDDYYYY SEX NATURE OF INJURIES HELMET USE INJURY ÇLAŞŞ SEAT POS. UNIT # AIRBAG RESTR. EJECT PASSENGER [WITNESS NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYYY SEX NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS PASSENGER WITNESS UNIT # AIRBAG RESTR. EJEĆT NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYYY SEX NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS PASSENGER WITNESS UNIT # AIRBAG RESTR. EJECT DIAGRAM INDICATE NORTH BY ARROW Please see subsequent diagram page 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 DATE SLOAN, SGT. M. 196 BADGE OR ID # 310 ORI # WAWSP0715 TIME POLICE DISPATCHED 8:27 PM TIME POLICE ARRIVED 8:27 PM PART B 3000-345-160 R (7/08) 2 5 OF PAGE

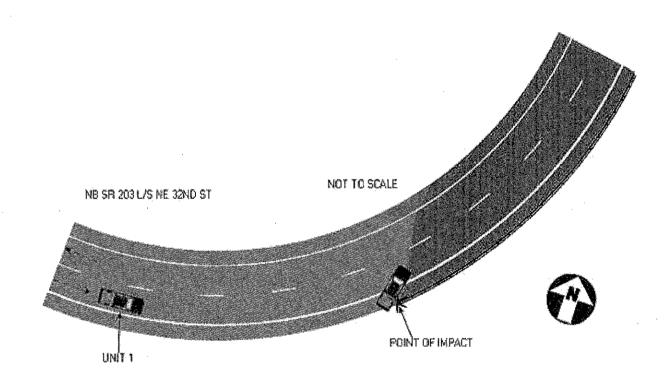
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| | COMMERCIAL MOTOR CARRIER INTERSTATE INTERSTATE UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE | 3 |
| | UNIT # USDOT ICC # VEHICLE TYPE CARGO BODT TYPE CARRIER CARRIER | 1 |
| | NAME | 2 |
| | CARRIER ADDRESS | 3 |
| ר | CITY ST ZIP | |
|] | NAME SOURCE * AXLES GVWR PLACARD + MAME IF NO NUMBER | 0 |
|] | ADDITIONAL UNITS | |
|] | UNIT # 3 MOTOR VEHICLE PEDAL- PEDESTRIAN PROPERTY VENICLE PROPERTY | |
| | LAST NAME FIRST NAME MIDDLE INITIAL | |
| ٦ | | |
| | CITY ST WA ZIP | |
| | CDL RESTRICTIONS ENDORSEMENTS | |
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| י ר | ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET UNJURY 1 NAJURE OF INJURIES | 3 |
| j | LICENSE PLATE # VVA VIN# | 1 |
| | TRAILER PLATE # STATE STATE STATE | 2 |
| 0 | VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO VEHICLE TOWED BY YSS NO V | 3 |
| | SHADE IN DAMAGED AREA | |
|] | LABILITY INSURANCE CO H EFFECT INSURANCE CO & POLICY # VEHALLS YES TO NO CITATION # OHARGE | FROM |
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| | LAST NAME WA STATE DOT FIRST NAME MIDDLE INITIAL | 4 |
| | STREET PO BOX 330310 | |
| 7 | CITY SEATTLE ST WA ZIP 98133 | |
| | CDI. RESTRICTIONS ENDORSEMENTS | |
|] | DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY | |
|] | CN DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS | |
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| 1 | | |
| | PLATE # STATE PLATE # STATE | |
| | VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT VEHICLE TOWED BY VEHICLE TOWED BY VEHICLE TOWED BY VES NO | |
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| | LABILITY INSURANCE INSURANCE CO IN EFFECT VELICITY # VELICITY # VELICITY # VELICITY # CHARGE | |
| | I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (ROW 9A.72.085) | |
| | D. WATKINS 12/19/2014 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED | |
| | BADGE 310 ORI WAWSP0715 SLOAN DATE PAGE 3 OF 5 | |

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.



| Ø | STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 | 1 0 4 27 |
|----------|--|------------|
| 12 21 | INTERSTATE GITY STREET FIRE STATE ROUTE OTHER STOLEN STOLEN VEHICLE HT & RUN COUNTY PD PRIVATE WAY INT & RUN TRIBAL TOTAL # OF 2 OBJECT UNITS 2 OBJECT STRUCK | |
| 32 | M D D Y Y Y TIME (2400) COUNTY # MILES N E IN Ø DATE OF COLLISION 12 - 8 - 2014 0740 17 | 3 |
| 4 4a | ON (PRIMARY TRAFFIC WAY) INTERSECTION INTERSECTION INTERSECTION N203 BLOCK NO. HILE POST HILE POST DISTANCE OF (REFERENCE OR CROSS STREET) HILE POST HILE POST | 0 1 29 |
| 5 | | 31 |
| 65 | | |
| | | |
| 7 | CITY ST WA ZIP | 1 2 31 |
| 8 | CDL RESTRICTIONS ENDORSEMENTS | 2 |
| 99 | DRIVER'S LICENSE # VVA SEX F D.O.B. MMDDDYYYY | 3 |
| 10 | ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE CLASS 1 | |
| 11 5 5 | LICENSE STATE WA VIN# | 2 |
| 12 | TRAILER TRAILER STATE TRAILER PLATE # STATE STATE | °L |
| 13 3 | VEH. YEAR 2006 MAKE MODEL STYLE VEHICLE TOWED BY VES NO DEC VEHICLE NO. 1 BEODER HAR AMAGE NO DEC VEHICLE NO. 1 SHADE NAMAGED AREA | |
| 14 | LAGULTY INSURANCE CO | |
| 15 | VERICIE STANDWIG VEN CHARGE 4Z10398663 CHARGE STANDWIG CHARGE | 4 3 |
| 16 | LAST NAME WSDOT FIRST NAME MIDDLE | 3 |
| 17 | STREET NEW ADDRESS 15700 DAYTON AVE | 3 |
| 18 | CITY SEATTLE ST WA ZIP 98133 | 34 |
| 19 | CDL RESTRICTIONS ENDORSEMENTS | 4 |
| 20 | DRIVER'S LICENSE # STATE SEX D.O.B, MMDDYYYY | <u> </u> |
| 21 | ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE NJURY CLASS | |
| 22 | LICENSE PLATE # VIN# | |
| 23 | TRAILER PLATE # STATE TRAILER PLATE # STATE STATE | 1 4 |
| 24 | VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT. VEHICLE VEH. YEAR NO NO TOWED BY VEHICLE TOWED NO | 4 |
| I | REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA SHADE IN DAMAGED AREA IABILITY INSURANCE INSURANCE CO IN EFFECT IN OUCLY # | kan na man |
| 25 | IN SEFECT & POLICY # | |
| 26 | OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY WILLIAMS, T. 368 WASHINGTON STATE PATROL | |
| | | |





CASE #

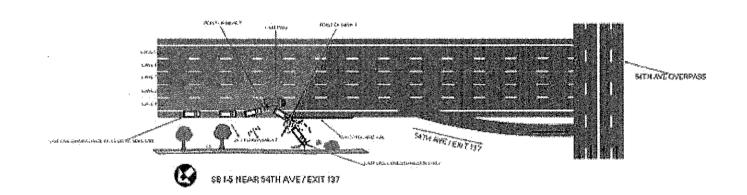
REPORT NO.

E383829

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYYY SEX NATURE OF INJURIES HELMET USE INJURY CLASS SEAT EJECT UNIT # AIRBAG BESTR. PASSENGER WITNESS NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMODYYYY SEX NATURE OF INJURIES SEAT POS. HELMET INJURY CLASS UNIT # AIRBAG RESTR. EJECT PASSENGER WITNESS NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYYY SEX NATURE OF INJURIES HELMET USE INJURY CLASS UNIT # SEAT POS. AIRBAG RESTR. EJECT PASSENGER WITNESS DIAGRAM INDICATE NORTH BY ARROW Please see subsequent diagram page 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 DATED PLACE SIGNED INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATE APPROVED BY Cozzitorto, Sgt. P. 145 7:41 AM 7:55 AM BADGE OR ID # 368 ORI# WAWSP0218 TIME POLICE DISPATCHED TIME POLICE ARRIVED

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



| 1 INTERSTATE | 1 3 4 27 |
|---|-------------------|
| a M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # A DATE OF 9 - 30 - 2014 1552 27 | 206 3 15228 |
| 4 BLOCK NO. 137 45 4a OF (REFERENCE OR CROSS STREET) 137 45 5 100 00 MILES N E 54TH AVE | 2 2 |
| | |
| | 0 1 30 |
| 0 1 LAST NAME MIDDLE INITIAL | |
| 7 CITY VANCOUVER ST WA ZIP | 1231 |
| 8 CDL RESTRICTIONS ENDORSEMENTS | 2 |
| 9 9 DRIVER'S LICENSE # STATE WA SEX M MADDYYYY COMP - COMPANY | 3 1 1 2 32 |
| 10 9 ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMEN CLASS 1 | 2 |
| 11 PLATE # STATE TRAILER 12 6 0 STATE TRAILER | |
| 13 3 VEH. YEAR 2000 MAKE CHEV MODEL EXPRESS STYLE VN VEHICLE TOWED VES TOWED BY FIFE RECOVERY QOVT.VEHIC VES 13 BEGISTER OF VEHICLE TOWED TOWED BY FIFE RECOVERY VEHICLE TOWED VES TOWED BY FIFE RECOVERY VEHICLE TOWED VES 13 BEGISTER OF VEHICLE TOWED TOWED BY FIFE RECOVERY VEHICLE TOWED VES VEHICLE TOWED 13 BEGISTER OF VEHICLE TOWED SHADE IN DAMAGED AREA | |
| 15 1 VENCLE VES N° □ CITATION # 4ZO836740, 4ZO836741 CHARGE NEGLIGENT DRIVING 2ND 1 1 1 1 1 8 7 5 15 1 NIT 02 MOTOR VEHICLE ✓ PEDAL- CYCLE PEDESTRIAN PROPERTY CWNER DAMAGE THRESHOLD MET VES PHONE PHONE 0 0 | <u> </u> |
| 16 1 EIRST NAME DOLORES MIDDLE INITIAL | G 4 36 |
| 17 STREET NEW ADDRESS COMPANY | 38 |
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| ZI STATE V VA SEX IVI MMDDYYYY - 21 ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES | |
| 22 LICENSE VIN | |
| 23 TRAILER PLATE # STATE STATE STATE STATE | 1 41 |
| 24 VEH, YEAR 2004 MAKE MODEL STYLE VEHICLE TOWED BY SOVT VEHIC PEOPLE DUMNEE INFO. TO WE BY VEHICLE TOWED BY VEHICLE TOWED BY VEHICLE TOWED BY VEHICLE TOWED BY VEHICLE NO. 2 SHADE IN DAMAGED AREA VEHICLE NO. 2 SHADE IN DAMAGED AREA 2 3 4 | |
| 25 VEHICLE YES NO CITATION # CHARGE | |
| 26 OFFICER'S NAME PRINT) BADGE CR ID # AGENCY 26 DORN, M. 586 WASHINGTON STATE PATRO PART A 3000-345-158 F. 7/000 PART A 3000-345-158 F. 7/000 INDER 23 UNITED STATES CODE - SECTION 409. THIS DATA CANNOT BE USED IN DISCOVERY OF A | — |

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14-017490

CASE #

REPORT NO.

E361778

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE (M D.O.B. SEX NATURE OF INJURIES HELMET USE INJURY WITNESS SEAT POS. RESTR. EJECT UNIT # AIRBAG PASSENGER NAME (LAST, FIRST, MIDDLE INITIAL) D.O.B. MMDDYYYY SEX М NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. RESTR. EJEĊT PASSENGER WITNESS UNIT # AIRBAG NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMODYYYY SEX NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. PASSENGER WITNESS UNIT # AIRBAG RESTR. EJECT DIAGRAM INDICATE NORTH BY ARROW Please see subsequent diagram page 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) 10/3/2014 M. DORN INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED APPROVED BY DATE Sager, Sgt. J. 234 TIME POLICE DISPATCHED 3:52 PM TIME POLICE ARRIVED 4:00 PM BADGE OR ID # 586 ORI # WAWSP0112

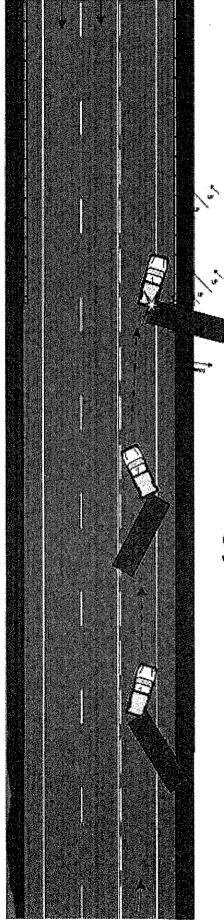
PART B 3000-345-160 R (7/06)

2 5 PAGE OF UNDER 23 UNITED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY CE

AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA

| OLICE TRAFFIC | ort | CA | SE # 14-0 | 17490 | | | | |
|-----------------------------------|---------------------------------------|----------|--------------------|----------------|-----------------------|-------------|------------------|--|
| COMMERCIAL | MOTOR CARRIER | <u>L</u> | | | INTER | STATE 🖌 | INTR/ | |
| UNIT # 2 | USDOT 2320385 | ICC # | | | VEHIC | LE TYPE | 3 ^{CAP} | IGO BODY TYPE |
| CARRIER SAN | /Е | | | | | · · | | |
| CARRIER ADDRESS | | ······ | | | | | | |
| CITY | | | · · · | ST | ZIP | | | |
| NAME 1 | AXLES 3 GVWR 25500 | | PLACARD | ļ | +[| NAME IF | NO NUMBER | |
| | | | | |] ` [| | | |
| UNIT # 3 | | | PRÓPERTY OWNER | | | PHONE | | |
| | | | FIRST NAME | WAS | HINGTON | STATE | | MIDDLE |
| | 02 112TH STREET EAST | | , } | | | | I | |
| | · · · · · · · · · · · · · · · · · · · | | · · · | ST \ | WA ZIP 90 | 8445 | | |
| CDL CDL | RESTRICT | IONS | | | ENDORSEMENT | 1 | | |
| | | | | BEL | D.O.8. | <u></u>] [| | · · · · · · · · · · · · · · · · · · · |
| DRIVER'S LICENSE # | | | | SEX | | | | |
| | US AIRBAG RESTR. | EJECT | USE | NJURY OLASS | | | | |
| LICENSE PLATE # | STATE | VIN# | | | | | | |
| TRAILER PLATE # | | STATE | TRAILER PLATE # | | | | | STATE |
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| LIABILITY INSURANCE | INSURANCE CO & POLICY # | | | | | | | |
| | CITATION # | 1 | CHARGE | | | | ı L | |
| UNIT # | MOTOR PEDAL- VEHICLE CYCLE PE | | PROPERTY OWNER | DAMAGI YES | E THRESHOLD MET | PHONE | | |
| LAST NAME | | | FIRST NAME | | | | | MIDDLE |
| | <u></u> | | <u> </u> | | | | 1 | |
| | | | ~ | ST | ZIP | | | |
| CDL | RESTRICT | 10NS | | | ENDORSEMENT | ·s | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| DRIVER'S LICENSE # | | | STATE | SEX | D.O.B. | | ·] [| |
| | | ····· | | | MMDOYYYY NATURE OF | INJURIES | | |
| | <u> </u> | | USE | NJURY CLASS | | | | |
| | STATE | VIN# | | | · · | | <u> </u> | |
| TRAILER PLATE # | | STATE | TRAILER PLATE # | | • | | | STATE |
| VEH, YEAR | | STYLE | | ED TOWED | BY | | | GOVT, VEHICI YES NO |
| | INSURANCE CO & POLICY # | | | | | | | |
| VEITCLE YES NO | | | CHARGE | | | | | 10 BOTTOM |
| I CERTIFY (DECLARE) UN M. DORN | DER PENALTY OF PERJURY UNDER THE LAWS | | VASHINGTON TH. | at the fore | going is true a | ND CORRECT. | (RCW 9A.72.0 | 85) . |
| INVESTIGATING OFFICE | ER'S SIGNATURE UNIT OR DIST | | ATED: | | PLA | CE SIGNED | | |

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.





| 7 | 9 | STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT | REPORT NO. | E360454 |
|--|--------|---|--|--|
| 1 | | INTERSTATE CITY STREET FIRE RESULTED STATE ROUTE OTHER STATE ROUTE OTHER | | 2 |
| 2 1 | | | | 1 28 |
| 3 1 | _ | | (2400) COUNTY # MILES | |
| | _ | DATE OF COLLISION 9 - 27 - 2014 132 | | IN 0680 ₃ |
| 4 | | ON (PRIMARY TRAFFIC WAY) INTERSECTION IN NON | | 88 80 0 6 29 |
| 4a 5 | | | EFERENCE OR CROSS STREET) | |
| | | | | 30 |
| 6 1 | | LAST NAME | FIRST NAME | |
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| 9 9 | 9] | ON DUTY STATUS AIRBAG 2 RESTR. 4 EJEC | | |
| | | LICENSE STATE WA | | |
| 11 E 12 | 30 | TRAILER PLATE # | | STATE 3 |
| " | 1 | | | · _ · · · · · · · · · · · · · · · · · · |
| 13 🤇 | 2 | VEH. YEAR 2006 FORD FORD STYLE CW | | |
| 13 2 14 | 2] | | | VEHICLE NO. 1 SHADE IN DAMAGED AREA |
| F | | | CHARGE DEFECTIVE BRAKES | VEHICLE NO. 1 SHADE IN DAMAGED AREA 1 9 TOP 10 BOTTOM B 7 5 5 7 5 7 5 33 7 33 7 33 7 33 7 33 7 |
| 14 | | | | VEHICLE NO. 1 SHADE IN DAMAGED APEA 7 5 33 1 2 3 1 1 1 1 34 1 2 3 1 1 1 34 34 509) 667~2800 4 35 36 36 |
| 14 15 | | | CHARGE DEFECTIVE BRAKES | $\begin{array}{c c} & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & &$ |
| 14 15 16 | | IMBULTY INSURANCE INSULFANCE CO. IN EFFECT INSULFANCE CO. VERCIFY STANDING VERCIFY TESTINO UNIT 02 MOTOR VENCLE PEDAL- CYCLE PEDESTRIAN | | VEHICLE NO. 1 SHADE IN DAMAGED AREA 7 S 33 1 1 1 |
| 14 15 16 17 | | PE INSURANCE INSURANCE CO. WHEFECT INSURANCE CO. 8 POLICY # VENCLE, YES NO CITATION # VENCLE, YES NO CITATION # UNIT 02 WOTOR PEDAL- CYCLE PEDAL- CYCLE LAST NAME WA DOT STREET NEW ADDRESS 2830 EUCLID AVE | CHARGE DEFECTIVE BRAKES PROPERTY OWNER | VEHICLE NO. 1 SHADE IN DAMAGED AREA 7 S 33 1 1 1 1 2 3 1 2 4 10 2 6 509) 667-2800 4 10 36 11 37 31 38 32 38 33 38 34 39 |
| 14 15 16 17 18 | | PE INSURANCE INSURANCE CO & POLICY # INFERET INSURANCE INSURANCE CO & POLICY # YERCLE INSURANCE INSURANCE CO & POLICY # UNIT 02 MOTOR YEBAL- CYCLE PEDAL- CYCLE LAST NAME WA DOT STREET NEW ADDRESS 2830 EUCLID AVE QITY WENATCHEE | CHARGE DEFECTIVE BRAKES PROPERTY VENARCE THRESHOLD MET PHONE OWNER VENATCHEE | VEHICLE NO. 1 SHADE IN DAMAGED AREA 1 7 5 33 9 9 10 10 10 10 10 10 34 509) 667-2800 4 35 36 36 36 MIDDLE INITIAL 37 37 38 37 01 38 38 38 38 |
| 14 15 16 17 18 19 | | PE INSURANCE INSURANCE CO. INBELITY INSURANCE INSURANCE CO. S POLICY # VERICIE VERICIE COLOCY # VERICIE VERICIE PEDAL- LAST NAME WA DOT STREET 2830 EUCLID AVE INW ADDRESS 2830 EUCLID AVE CITY WENATCHEE CDL RESTRICTIONS | CHARGE DEFECTIVE BRAKES PROPERTY OWNER VENATOLIE FIRST NAME WENATCHEE | VEHICLE NO. 1 SHADE IN DAMAGED APEA 7 33 1 1 1 1 1 34 1 1 1 1 34 34 509) 667-2800 4 35 36 MIDDLE INITIAL 37 38 37 31 37 38 34 32 40 40 34 |
| 14 15 15 16 17 18 19 20 | | INBULITY INSURANCE INSULFANCE CO. IN EFFECT INSULFANCE CO. VERCLE SPOLICY # VERCLE CITATION # STANDING CITATION # UNIT 02 WOTOR VENCLE PEDAL- CYCLE PEDESTRIAN LAST NAME WA DOT STREET 2830 EUCLID AVE OITY WENATCHEE CDL RESTRICTIONS DRIVER'S LICENSE # | CHARGE DEFECTIVE BRAKES PROPERTY DAMAGE THRESHOLD MET PHONE (FIRST NAME WENATCHEE ST WA ZIP 988(ENDORSEMENTS STATE SEX D.O.B. MMDDYYYY | VEHICLE NO. 1 SHADE IN DAMAGED APEA 7 33 1 1 1 1 1 34 1 1 1 1 34 34 509) 667-2800 4 35 36 MIDDLE INITIAL 37 38 37 31 37 38 34 32 40 40 34 |
| 14 15 16 17 18 19 20 21 | | PE INSURANCE INSURANCE COMERCIANCE COMERC | CHARGE DEFECTIVE BRAKES PROPERTY OWNER FIRST NAME FIRST NAME FIRST NAME FIRST NAME VENATCHEE ST VA ZIP 988(ENDORSEMENTS STATE STATE SEX MMDDYYY CT HELMET USE TRAILER PLATE # | VEHICLE NO. 1 7 5 33 SHADE IN DAMAGED AREA 1 1 34 1 1 1 1 41 1 1 41 35 1 1 1 41 |
| 14 15 16 17 18 19 20 21 22 | | PE INSURANCE INSURANCE COME INBURANCE INSURANCE COME 8 POLICY # VERICLE VERICLE PEDAL- UNIT 02 MOTOR PEDAL- CYCLE PEDAL- PEDESTRIAN LAST NAME WA DOT STREET 2830 EUCLID AVE CITY WENATCHEE CDL RESTRICTIONS DRIVER'S LICENSE # LICENSE # STATUS AIRBAG RESTR. EJICENSE STATUS | CHARGE DEFECTIVE BRAKES PROPERTY OWNER FIRST NAME FIRST NAME VENATCHEE ST WA ZIP 988(ENDORSEMENTS STATE STATE STATE SEX MMDDYYYY CT HELMET USE TRAILER PLATE # | VEHICLE NO. 1 7 5 33 9 9 10 10 10 34 1 1 10 10 36 36 1 10 10 10 36 36 1 10 10 37 36 37 1 10 10 37 38 37 1 1 37 38 38 39 1 1 37 38 39 39 1 1 40 40 40 1 1 41 42 42 VEHICLE NO. 2 NAQEE NO. 2 1 42 |
| 114 115 115 116 117 118 119 21 221 222 233 | | PE INSURANCE INSURANCE CO INBURANCE INSURANCE CO & POLICY # VENCLE YEADING 4Z0838509 UNIT 02 MOTOR PEDAL- GYOLE PEDESTRIAN LAST NAME WA DOT STREET 2830 EUCLID AVE CITY WENATCHEE CDL RESTRICTIONS DRIVER'S LICENSE # ILORNSE # STATUS AIRBAG RESTR LICENSE # STATUS VEH.YEAR MAKE YEAR # STATUS INSURANCE NODEL STATUS AIRBAG RESTRICTIONS EJEC LICENSE # STATUS VEH.YEAR MAKE MODEL STATUS | CHARGE DEFECTIVE BRAKES PROPERTY OWNER FIRST NAME FIRST NAME FIRST NAME FIRST NAME VENATCHEE ST VA ZIP 988(ENDORSEMENTS STATE STATE SEX MMDDYYY CT HELMET USE TRAILER PLATE # | VEHICLE NO. 1 7 5 33 SHADE IN DAMAGED AREA 9 10P 34 1 9 10P 5 4 35 509) 667-2800 4 35 36 MIDDLE 36 37 38 01 31 37 38 01 39 40 39 1 40 40 40 VES 100 41 42 VEHICLE NO, 2 42 42 |
| 114 115 115 116 117 118 119 21 221 222 233 | | PE INSURANCE INSURANCE CO INBURANCE INSURANCE CO & POLICY # VENCLE PEDAL- PEDESTRIAN LAST NAME WA DOT STREET STREET 2830 EUCLID AVE QITY WENATCHEE GOL CITY WENATCHEE RESTRICTIONS DRIVER'S LICENSE # INSURANCE STATUS ON DUTY STATUS AIRBAG RESTR EJEC LICENSE # STATUS AIRBAG RESTR EJEC VEH. YEAR MAKE MODEL STATUS REGISTE | CHARGE DEFECTIVE BRAKES PROPERTY DAMAGE THRESHOLD MET PHONE FIRST NAME WENATCHEE ST WA ZIP 9880 ENDORSEMENTS STATE SEX D.O.B. MMDDYYYY CT HELMET INJURY CT HELMET INJURY USE CLASS NATURE OF INJUR VINM TE PLATE # VEHICLE TOWED TOWED BY | VEHICLE NO. 1 7 3 9 9 9 9 9 9 9 9 10 8 7 5 509) 667-2800 4 35 10 10 10 36 11 131 37 131 38 38 131 37 38 131 37 38 131 37 38 131 37 38 131 38 39 140 40 40 141 141 41 142 9 9 10 142 9 9 10 42 11 41 42 4 42 150 9 10 5 5 10 9 10 5 5 |





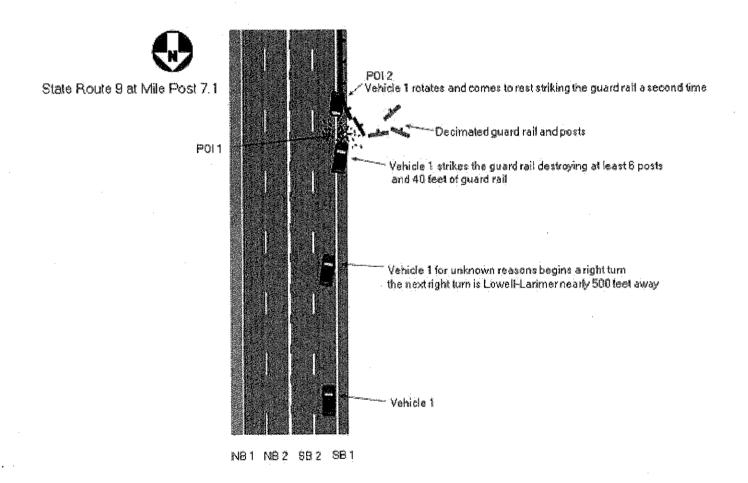
1591972 CASE #

REPORT NO.

E360454

NAME (LAST, FIRST, MIDDLE INITIAL) D.Ó.B. MMDDYYY SEX М NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. 2 4 EJECT 1 1 3 PASSENGER V WITNESS UNIT # 1 AIRBAG RESTR. NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. SEX NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS AIRBAG RESTR. EJECT UNIT# PASSENGER WITNESS NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYYY SEX NATURE OF INJURIES HELMET INJURY CLASS UNIT # SEAT POS. AIRBAG RESTR. EJECT PASSENGER WITNESS DIAGRAM INDICATE NORTH BY ARROW Please see subsequent diagram page NARRATIVE Please see subsequent narrative page(s) 1 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) 9/29/2014 J. ANDERSON PLACE SIGNED DATED INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATE APPROVED BY Schneider, Sgt. K. 0110 1:49 PM 1:35 PM TIME POLICE ARRIVED BADGE OR ID # 319 ORI # WAWSP0605 TIME POLICE DISPATCHED

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.



| 0 | STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT | | | | | | | |
|---------|--|------------|--|--|--|--|--|--|
| 1 | INTERSTATE CITY STREET FIRE RESULTED STATE ROUTE OTHER OTHER VEHICLE CASE # 14-016922 | 2 0 2 | | | | | | |
| 2 | | | | | | | | |
| | TRIBAL RESERVATION TOTAL # OF 2 OBJECT STRUCK Guardrail M D D Y Y Y TIME (2400) COUNTY # MILES CITY | 2 | | | | | | |
| 3 1 | DATE OF COLLISION 9 - 22 - 2014 1025 31 2 20 N E IN I18 COLLISION 9 - 22 - 2014 1025 31 2 20 N E IN 118 | | | | | | | |
| 4 | | | | | | | | |
| 4a | | | | | | | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| 62 | LAST NAME FIRST NAME MIDDLE INITIAL | | | | | | | |
| | | | | | | | | |
| 7 | CITY EVERETT ST WA ZIP | 1 2 31 | | | | | | |
| 8 | CDL RESTRICTIONS ENDORSEMENTS | 2 | | | | | | |
| ۹9 . | DRIVER'S LICENSE # | | | | | | | |
| 10 | ON DUTY STATUS AIRBAG 6 RESTR. 2 EJECT 1 HELMET 2 INJURY 7 NATURE OF INJURIES SORENESS | | | | | | | |
| 11 5 5 | LICENSE PLATE # STATE WA VIN# | | | | | | | |
| 12 | TRAILER PLATE # STATE STATE STATE | | | | | | | |
| 13 2 | VEH. YEAR 2015 MAKE ADI SEVILLE STYLE 4D VEHICLE TOWED BY VES NO VEHICLE TO WED BY VES NO VEHICLE TO WED BY VES NO VEHICLE TO WED BY VEHIC | | | | | | | |
| 14 | LABILITY INSURANCE INSURANCE INSURANCE SPOLICY # | | | | | | | |
| 15 2 | VEHICLE VES NO Citation # 4Z0847775, 4Z0847775 Citation # 4Z0847775, 4Z0847775 UNIT 02 MOTOR VEHICLE PEDAL- CYCLE PEDESTRIAN PROPERTY West No VEH W/OUT INS, PROPERTY VEHICLE PHONE | | | | | | | |
| 16 | LAST NAME DOT FIRST NAME MIDDLE | 36 | | | | | | |
| 17 | STREET NEW ADDRESS 15700 DAYTON AVE, NORTH | 9737 | | | | | | |
| 18 | OITY SHORELINE ST WA ZIP 98133 | | | | | | | |
| 19 | CDL RESTRICTIONS ENDORSEMENTS | 8 39 40 | | | | | | |
| 20 | DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY | | | | | | | |
| 21 | ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS | | | | | | | |
| 22 | LICENSE PLATE # VIN# | | | | | | | |
| 23 | TRAILER PLATE # STATE TRAILER PLATE # STATE | 1 41 | | | | | | |
| 24 | VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT_J YES REGISTERED OWNER INFO. VEHICLE NO, SHADE IN DAMAGED, STYLE VEHICLE NO, SHADE IN DAMAGED | | | | | | | |
| | LIAGLITY INSURANCE INSURANCE INSURANCE O | 3. | | | | | | |
| 25 | EEARTY Tes NO 000000000000000000000000000000000000 | | | | | | | |
| 26 | LEE, R. 725 WASHINGTON STATE PA PART A 3000-345-159 R.07/00 PAGE 01 OF | 4 | | | | | | |





REPORT NO.

). E359149

CASE # 14-016922 ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYYY SEX NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS PASSENGER WITNESS UNIT # AIRBAG RESTR. EJECT NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMODYYYY SEX NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS PASSENGER WITNESS UNIT # AIRBAG RESTR. EJECT NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D,O,B. ИМООҮҮҮҮ SEX NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS PASSENGER WITNESS UNIT # AIRBAG RESTR. EJECT DIAGRAM INDICATE NORTH BY ARROW Please see subsequent diagram page 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 | | UNIT OR DIST. DET | 9/24/2014 | | | PLACE SIGNED | | |
|---------------------------------|------|-------------------|-----------|-------------|------------|--------------|---------------------|----------|
| APPROVED BY Caiola, Sgt. C. 163 | | DATED | <u>.</u> | DATE | | | | |
| BADGE OR ID # 725 | oni# | WAWSP0706 | | TIME POLICE | DISPATCHED | 10:31 AM | TIME POLICE ARRIVED | 10:37 AM |

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

page 2 of 4

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 alochol 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.