

e	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	REPORT NO. E3	61699
11		ASE #	\$
		ALAGENCY NO DOT STICKER	3
2 1		NITS 2 OBJECT Guardrail	
3 1	M D D Y Y Y TIME (2400) DATE OF COLLISION 9 - 19 - 2014 1023		CITY # 2 IN □ 1350 3 □
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTER		
48			9 00 0 1 25
5		TH STREET	
	UNIT 01 MOTOR PEDAL- VEHICLE CYCLE	DAMAGE THRESHOLD MET PHONE (360)	936-9180
6 1		FIRST NAME	MIDDLE
	STREET NEW ADDRESS		
7	CITY VANCOUVER	st WA zip,	1 2 31
8	CDL RESTRICTIONS	ENDORSEMENTS	. z
9 9	DRIVER'S LICENSE #	STATE WA SEX F D.C.B.	
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1	HELMET INJURY 7 NATURE OF INJURIES USE CLASS 7 NECK/BACK/LEG	
1160	LICENSE PLATE # WA VINA		2
12	TRAILER PLATE # STATE	TRAILER PLATE #	STATE 3
133	VEH. YEAR 2000 MAKE MODEL STYLE STYLE VILLAGER VN		
14			SHADE IN DAMAGED AREA
15 2		CHARGE	
16			509-2000 4 35
	LAST NAME TRANSPORTATION	FIRST NAME DEPARTMENT OF	MIDDLE 36
17	STREET NEW ADDRESS 11018 NE 51ST CIRCLE		
		st WA zip 98682	
19	CDL RESTRICTIONS	ENDORSEMENTS	40
20	DRIVER'S LICENSE #	STATE SEX D.O.B. MMDDYYYY –	
21	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY USE CLASS	
22	LICENSE PLATE # STATE VIN4	¢	
23	TRAILER PLATE # STATE	TRAILER PLATE #	STATE 1 41
24	VEH, YEAR MAKE MODEL STYLE REGISTERED OWNER INFO.	YES NO	
			VEHICLE NO. 2 SHADE IN DAMAGED AREA
25	VEHICLE YES NO CITATION #	CHARGE BADGE OR ID # AGENCY	
26	FORSBERG, B.		GTON STATE PATROL
NDER 2	PART A 3000-345-150 R (7/00) 3 UNITED STATES CODE – SECTION 409, THI	S DATA CANNOT BE USED IN D	PAGE 01 OF 5





CORRECTION

REPORT NO. E361699

A DAY			• • • • • • • • • • • • • • • • • • • •	• 1591		9 III I I	C	ASE #												
			ADD		PERSO	ONS INVO	OLVE	D (PASSI	ENGE	R\$ AND/	ORV	VITNESSI	S ON	_Y)						
NAME (LAST, FIRST, MIDDLE I)	NITIAL)		and a shirt as to show																	
ADDRESS & PHONE #												sex F	D.O. MMODY	B. YYY		-		-		
PASSENGER 🔽 W		UNIT #	1	SEAT POS.	7	AIRBAG	1	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NAT	TURE OF	INJURIE	ES	P
NAME (LAST, FIRST, MIDDLE II	NITIAL)	4			in the last of the second second	•														
ADDREAD				and an a state of the second	A State of State of State		•					SEX F	D.O. MMODY	B. YYY						
PASSENGER 🔽 W		UNIT #	1 ·	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET		INJURY CLASS	7			INJŲRIE	s	
NAME (LAST, FIRST, MIDDLE	NITIAL)												<u> </u>							
	•			· · ·								SEX	D.O. MM0DY	В. ҮҮҮ		-		-		
PASSENGER W		UNIT #	[SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET		INJURY CLASS		NA:	TURE OF	INJURIE	is	
			<u>_</u>				DI	IAGRA	M						<u> </u>					
									-									INDIC	ATE NO	ORTH
Please se	e subs	equent	t diagr	ram pa	age													Bi		W
																			\bigcirc	
							<u>N/</u>	ARRAT	IVE											
Please se	e subs	equent	t narra	ative p	age(s	5)														
	·····							1				<u></u>								,
					· ./ P															
······																				
					······															
· · · ·																				····-
								·	*											
		'ENALTY OI	f perjup	Y UNDER	THE LAW	IS OF THE	STAT				THE	FOREGO	ING IS	true a	ND CO	RREC.	r. (RCV	/ 9A.72	2.085)	
B. FORSBE				1.16.07	T OR DIST.	DET		10/: DATE	3/20	14		DI 4					. • <u>.</u> . · •			
	Irdam, T			UN		UC (DATE	υ 	17	DATE	PLA	DE SIGI	vçŲ	•					
	nuani, i	121	·				-													
	456		ORI #	WA	NSPOS	501			TIM	VE POLICE D	ISPAT	CHED 10	:23 /	M	TIME	POLIC	E ARRIN	'ED 1	10:31	AM
PART	B 3000-3	45-160 R (7/0	06}													PA	GE	2	_ OF	5





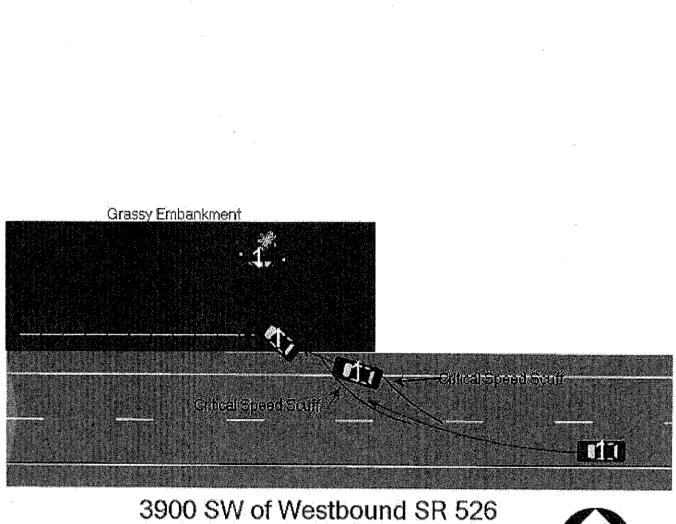
CORRECTION

REPORT NO.

E361699

			• 1963.01 1999	1591	972	IFDI 1881	CASI	E #									
· · · · · · · · · · · · · · · · · · ·			ADI		L PERSON	18 INVC		PASSEN	GERS /	ND/OR	WITNESSE	ES ON	ilγį				
ame Ast, first, midd	LE INITIAL)																
N. H. M. H											sex M	D,Ó MMOD	.B. YYYYY	-]_	
SSENGER	WITNESS	UNIT #	<u> </u>	SEAT POS.		AIRBAG	R	ESTR.	EJE	ст	HELMET		INJURY CLASS		NATURE O	FINJURI	ES
ME								I	1								
ST, FIRST, MIDD				<u>k </u>								D.0	.в.				
a a a a a a a a a a a a a a a a a a a		1			<u>н п</u>						SEX	NMOD	YYYY		NATURE C		
SSENGER		UNIT #		SEAT POS.		AIRBAG	R	ESTR.	EJE	СТ	HELMET USE		INJURY CLASS				
ame Ist, firist, midd	LE INITIAL)																
DRESS & PHON	E¢										SEX	D.O MMDD	I.B. YYYY	-]-[
SSENGER			<u> </u>	SEAT POS.		AIRBAG	R	ESTR.	EJE	СТ	HELMET		INJURY CLASS		NATURE C	FINJURI	ES
			<u></u>		<u> </u>		DIA	GRAM	<u> </u>				VII 100				
																INDK	CATE NOP
Please	see subs	sequer	nt diag	ram p	age												\bigcirc
																	\bigcirc
							NAR		/E		· · · · · · · · · · · · · · · · · · ·	_,					
Please	see subs	sequer	nt narr	ative r	page(s)					·							
110000		509401	it not		/ug0(0/									·			
														· •			
																	
ERTIFY (DEC	LARE) UNDER	PENALTY	OF PERJU	ry under	R THE LAWS	OF THE	STATE O	F WASHI	NGTON	THAT TH	E FOREGO	ING IS	TRUE AN	ID CORI	RECT. (RC	W 9A.7	2.085)
. FORSE	ERG							10/3/	2014								
	DFFICER'S SIGN	NATURE		ŪN	IT OR DIST. D	ET		DATED			PLA	CE SIG	INED				. .
PPROVED BY	Surdam, T	127								DATI	Ē						
			<u> </u>								 I					r	
BADGE OR ID	# 456		ORI #	4 WA	WSP050)1			TIME PO	LICE DISP/	TCHED 10	:23 /	AM	TIME PO	OLICE ARF	RIVED	10:31
PAF	₹T B 3000	-345·160 R ((7/06)									_			PAGE	2	
		And too Life													FAGE	1 J	

Unit 1 northbound I-5 MP 9 in lane 3 of 4. Unit 1 right rear tire blew tire tread causing unit 1 to spin clockwise. Unit 1 continued spining onto the right shoulder striking a metal guardrail.



Not to Scale



0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1551971	0 4 27
11		5
2 1		3 1 28
2 <u> </u>	TRIBAL RESERVATION	2
3 4	M D D Y Y Y TIME (2400) COUNTY # MILES N E IN Ø DATE OF COLLISION 9 - 12 - 2014 2251 31	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. 3900SW	
4a		0 1 29
5		
		30
6 1	LAST NAME FIRST NAME MIDDLE E	
	STREET NEW ADDRESS	
7	CITY COUPEVILLE ST WA ZIP	י <u>12</u> 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
99	DRIVER'S LICENSE # WA SEX M MODIFYS	3
10	ON DUTY STATUS AIRBAG 4 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7	1 32 2
11 4 5	LICENSE PLATE #	3
12	TRAILER TRAILER STATE TRAILER PLATE # STATE STATE	L
13 2	VEH. YEAR 2011 MAKE MODEL STYLE VEH/CLE TOWED TOWED BY BMW M3 SD YES NO AMERICAN YES NO PECTOR VEHICLE NO. 1 VEHICLE NO. 1 VEHICLE NO. 1	3 7 33
14	INSURANCE CO INSURANCE CO IN EFFECT INSURANCE CO	яюм га
15 2	VERICINE YES NO CITATION # 4Z0883652 CHARGE NT DRIVING 2ND DEGREE INIT 02 VERICLE PEDAL- CYCLE PEDESTRIAN OWNER OVNER VERICIONET PHONE (360) 705-7000	4 35
16	LAST NAME STATE OF WASHINGTON FIRST NAME WSDOT MIDDLE	36
17		37
18	NEW ADDRESS L ST WA ZIP 98504	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY USE CLASS NATURE OF INJURIES	
22	UCENSE PLATE #	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT VEHICLE TOWED BY GOVT VEHICLE NO	42
└───└──┘	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGE AREA LIADUTY INSURANCE CO & POLICY #	
25	VEHCLE VES NO CITATION # CHARGE	
26	OFFICER'S NAME (PRINT) BADGE OR ID # AGENOY TARARAN, A. 1380 PD EVERETT	
	PAGE 01 OF 4	EVIDENCI

	TE OF WASHINGTON LICE TRAFFIC LLISION REPORT
--	--

(LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE (

NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE #

NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE #

PASSENGER

NAME



CORRECTION

REPORT NO.

E356180

1963

CASE # DD14-18408 ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) JORDAN, KEVIN J D.O.B. Μ 9 17 SEX 6932 LOWER RIDGE RD APT B Everett, WA 98203 (425) 353-4974 NATURE OF INJURIES HELMET INJURY CLASS SEAT POS. AIRBAG RESTR. EJECT PASSENGER WITNESS UNIT # D.O.B. ŚEX NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. UNIT # AIRBAG RESTR. EJECT PASSENGER WITNESS D.O.B. MMODYYYY SEX NATURE OF INJURIES HELMET INJURY CLASS SEAT POS. 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)

	A. TARARAN			9/13	/2014				
i	NVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATED			PLACE SIGNED		
	AFPROVED BY Fairchild, Kevin E 1	128				DATE			
	BADGE OR ID # 1380	ORI #	WA0310300		TIME POLICE	DISPATCHED	10:55 PM	TIME POLICE ARRIVED	11:00 PM

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

On 09/12/2014 at 2300 hours I investigated a collision which occurred in the 3900 SW of westbound (WB) SR 526, Everett WA 98204. The initial report was of a vehicle which had slid down an embankment with the driver trapped inside.

When I arrived on scene, Everett Fire Department already had the driver of Unit 1 (identified with a Boeing ID card as (control of the vehicle. I observed a white BMW (Unit 1) which was facing westbound on it's side at the bottom of the embankment about 30 ft. from the road.

I spoke to be a spoke to be a

control, collided with the guardrail on the north side of the road, and rolled down the embankment. was transported to Providence hospital for complaint of pain to his left side.

I examined the scene and noted the following:

I noted crescent-shaped critical speed scuffs going from the left westbound lane to the guardrail on the north shoulder. I identified the scuffs as critical speed scuffs based on the scalloped edges. I observed the guardrail which had scrape marks on it and was broken from one of the wooden support posts. Lastly, I noted that the grass in the embankment leading to Unit 1 was crushed down. Unit 1 came to rest at the bottom of the embankment on it's driver's side facing westbound.

Sgt. Fairchild said he spoke to a witness, **and a spoke to a** witness, **and a spoke to a** witness, **and a spoke to a** witness, **a spoke to a spoke to a witness**, **a spoke to a spoke to a witness**, **a spoke to a spoke to a witness**, **a spoke to a**



said he saw Unit 1 begin to slide and appeared to have driven over something and lost control. left the scene before I could speak to him.

I examined the roadway and did not see anything on the roadway which would cause a vehicle to slide or lose control. I would like to note that I remained at the scene for over an hour while Unit 1 was pulled from the embankment. All traffic driving westbound on SR 526 was able to drive over the roadway without losing control. Based on the critical speed scuff marks, I believe that the property accelerated in Unit 1, causing it to lose control.

Based on my investigation, I determined the following:

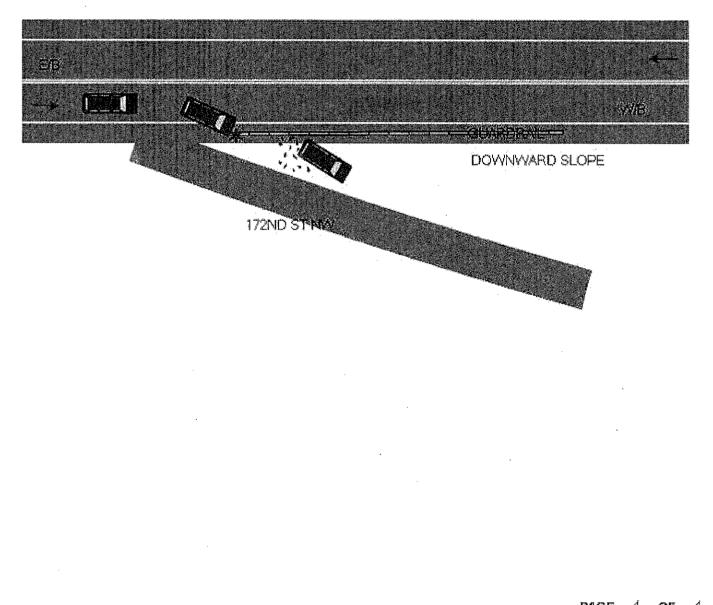
Unit 1 was westbound on SR 526 and rapidly accelerated causing it to lose control and go into a spin. The front driver's side corner of Unit 1 collided with the end of the guardrail, causing damage to the guardrail. Unit 1 was then pivoted to the north into the embankment where it rolled down and came to rest on it's driver's side.

Officer Mueller photographed the scene for me. I later downloaded the photographs to the Everett Police Digitial Evidence Drive.

Due to the fact that the was transported to the hospital, he was unable to make a decision as to what to do for his vehicle. I had the vehicle impounded by American Towing.



SR 531 @ MP1



×1.17			
(\mathbf{Q})	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	REPORT NO. E3	56364
		CASE #	2 4 8
1		LOCAL AGENCY CODING	3
2 1	TRIBAL RESERVATION	TOTAL # OF 2 OBJECT Guardrail	
3	M M D D Y Y Y Y TIME (24 DATE OF COLLISION 9 - 12 - 2014 1403		CITY # 2
4			
4a	W/B SR 531		
5		RENCE OR CROSS STREET) ND ST NW	
62		FIRST NAME	
7		st WA ZIP	123
8	CDL RESTRICTIONS	ENDORSEMENTS	2
s <u>9</u>	DRIVER'S LICENSE #	STATE WA SEX F D.O.B.	
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT	1 HELMET INJURY 1 NATURE OF INJURIES	
1135	LICENSE STATE WA		2
12	TRAILER PLATE # STATE	TRAILER PLATE #	STATE 3
132	VEH. YEAR 2000 DODG CAVAN SV		
''' <u><</u> 14			VEHICLE NO. 1 SHADE IN DAMAGED AFEA
15 2		CHARGE DRIVING WITH WHEELS OFF	
16	UNIT 02 MOTOR PEDAL- PEDESTRIAN	PROPERTY VES NO PHONE (206)	440-4497 4
	LAST NAME WASHINGTON	FIRST NAME DOT	MIDDLE INITIAL
17	STREET NEW ADDRESS PO BOX 330310		
18	OTTY SEATTLE	st WA zip 98133	
19	CDL RESTRICTIONS	ENDORSEMENTS	
20	DRIVER'S LICENSE #	STATE SEX D.O.B. MMDDYYYY -	
21	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS	
22	LICENSE PLATE # STATE	VIN#	
23	TRAILER PLATE # STATE	TRAILER PLATE #	STATE 1
24	VEH, YEAR MAKE MODEL STYLE		
نــــــلــــــــــــــــــــــــــــــ			VEHICLE NO, 2 SHADE IN DAMAGED AREA 2 3 4 1 700
25	VEHICLE YES NO CITATION #	CHARGE	
26	OFFICER'S NAME (PRINT) GOOLD, E	BADGE OR ID # AGENCY 462 WASHIN	GTON STATE PATROL
NDER 23	PART A 3000-345-159 R (7/06) DUNITED STATES CODE - SECTION 409, T	THIS DATA CANNOT BE USED IN DI	PAGE 01 OF 4 SCOVERY OR AS EVIDENC







CORRECTION

CASE #

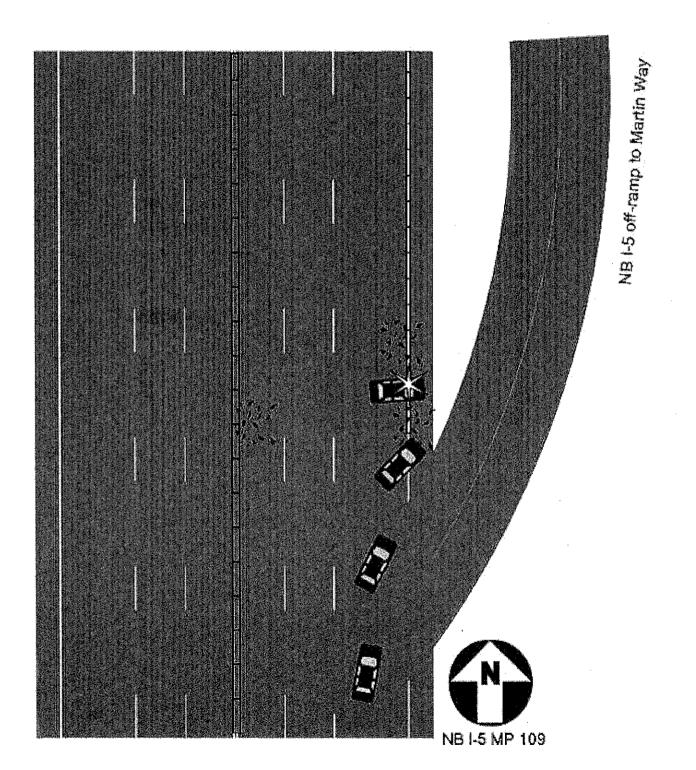
REPORT NO.

E356364

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYYY SEX INJURY CLASS NATURE OF INJURIES HELMET USE SEAT POS. UNIT # PASSENGER WITNESS AIRBAG RESTR. EJECT NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MM0DYYYY SEX NATURE OF INJURIES SEAT POS. HELMET INJURY CLASS PASSENGER WITNESS UNIT# RESTR. AIRBAG EJECT 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) E GOOLD 9/14/2014 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED APPROVED BY DATE Statema, A. 1090 BADGE OR ID # 462 ORI # WAWSP0702 2:03 PM TIME POLICE DISPATCHED TIME POLICE ARRIVED 2:06 PM

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

VEH1 was traveling W/B on SR531 at mp1 during ideal traffic and weather conditions. VEH1 veered to the right striking the steel guardrail with the front-end of the vehicle. VEH1 curled the guardrail backwards as it continued to the right. VEH1 launched from the road/shoulder surface to the ground surface below approximately 20ft downwards adjacent 172nd St NW. Driver of VEH1 advised she was reaching for something on the passenger side of her vehicle when she apparently drifted to the right.



Ċ	STATE OF WASI POLICE TRA COLLISION	AFFIC	REPORT NO. E358269	1 1 4 27
1 2 1	INTERSTATE STATE ROUTE COUNTY PD TRIBAL	CITY STREET	011,307	2 3 128
36	M DATE OF COLLISION 9		JNTY # MILES CITY # 34 N E IN ✓ 0643 34 S W OF 0643	2
4 4a	ON (PRIMARY TR INTERST, DIST) 0129
5	UNIT 01			
65	LAST NAME		IRST NAME	
7	СІТҮ		ST WA ZIP 98502	1 2 31
8	CDL	RESTRICTIONS	ENDORSEMENTS	2
99	DRIVER'S LICENSE #	STAT		
10		STATUS AIRBAG 3 RESTR. 1 EJECT 1 HELM	AET INJURY E CLASS 5 BROKEN PELVIS, BROKEN RIGHT ARM	
1160	LICENSE PLATE #	state WA vin#		
12	TRAILER PLATE #	STATE	TRAILER PLATE # STATE	
13 3	VEH. YEAR 201 REGISTERED OW		VERICLE TOWED TOWED BY YES VIO HOWARDS TOWING VEHICLE NO. 1 SHADE IN DAMAGED AF	
14	LIABLITY INSURANCE IN EFFECT VEHICLE YES STANDING			5 34
15 2		MOTOR PEDAL- PEDAL- PROPERT VEHICLE GYCLE PEDESTRIAN PROPERT	EG 2ND B 7 6	4 35
16	LAST NAME	WSDOT	FIRST NAME NIDDLE	36
17		PO BOX 47418		37
18	οιτγ Ο	LYMPIA	st WA zip 98504	
19	CDL	RESTRICTIONS	ENDORSEMENTS	
20	DRIVER'S LICENSE #	STA		
21		STATUS AIRBAG RESTR. EJECT HELT	MET INJURY SE CLASS NATURE OF INJURIES	
22	LICENSE PLATE #	STATE VIN#		
23	TRAILER PLATE #	STATE	TRAILER STATE	41
24	VEH, YEAR REGISTERED OV	MAKE MODEL STYLE	VEHICLE TOWED BY	a superior and a second s
	LIABILITY INSURANCE			5
25	VEHICLE YES		BADGIE OR ID # AGENCY	ROL
	DIZON,	A THIS DA	PAGE 01 OF	4





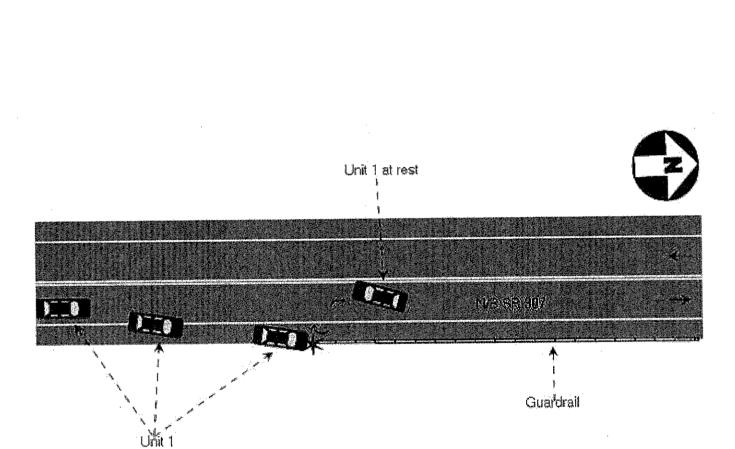
CORRECTION

REPORT NO.

E358269

	U U U U U U U U U U U U U U U U U U U	1591972	CASE #						
	ADDIT	IONAL PERSONS IN	VOLVED (PASSE	NGERS AND/	OR WITNE	SSES ONLY)			
NAME (LAST, FIRST, MIDDLE INITIAL)		المراجعة المحمد المراجعة المراجع المراجعة المحمد المراجعة المحمد المراجعة المحمد المراجعة المحمد المحمد المحمد محمد المحمد ا							
ADDREC CONTRACTOR AND ADDREC CONTRACTOR					SEX	M D.O.B.) - (
	*#	SEAT AIRBA	G RESTR.	EJECT	HELN	· · _ · · · · · · · · · · · · · ·		E OF INJURIES	
NAME		POS.	••					<u> </u>	
(LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE #		-	· · ·	·					
					SEX	D.O.B. MMODYYYY			
	#	SEAT POS. AIRBA	g restr.	EJECT	HELN US	E INJURY E CLASS	NATUR	E OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)					<u> </u>				
ADDRESS & PHONE #					SEX	D.O.B. MMDDYYYY			
		SEAT							
	#	SEAT AIRBA POS.		EJECT	HELN	E INJURY CLASS			
· · · · · · · · · · · · · · · · · · ·			DIAGRA	<u>vi</u>			I		
Please see subsequ	uent diagra	m page						INDICATE N BY ARR	IOW
·	Ŭ	1 0						\bigcap)
							L		
		iva ma == (=)	NARRATI	IVE					
Please see subsequ	uent narrat	ive page(s)							
		•							
				<u></u>	<u> </u>		·		
<u> </u>									
I CERTIFY (DECLARE) UNDER PENA	LTY OF PERJURY	UNDER THE LAWS OF TH	HE STATE OF WASH	HINGTON THAT		GOING IS TRUE A	ND CORRECT. (RCW 9A.72.085	5)
J DIZON			9/22	2/2014					
INVESTIGATING OFFICER'S SIGNATUR		UNIT OR DIST. DET	DATEC			PLACE SIGNED			
APPROVED BY Shades, Sgt. D	0. 285				DATE				
BADGE OR ID # 581	ØRI#	WAWSP0106		TIME POLICE I	DISPATCHED	4:20 ÅM	TIME POLICE A	RRIVED 4:26	S AM
۰		•							··· ·· ·· · ·

Unit 1 was traveling northbound on Interstate 5 towards Martin Way. The driver of Unit 1, apparently fatigued, fell asleep at the wheel and collided with a guardrail near milepost 109. The vehicle became broadside, striking the guardrail on the driver's side. The driver, not wearing his seatbelt, was forced across the vehicle into the passenger's side where he became entrapped between the guardrail and passenger's seat. The driver was transported to St. Peter's Hospital with critical injuries.



ė	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	¹ 4 3 27
11		3
	STATE ROUTE OTHER STOLEN LOCAL AGENCY 007563 COUNTY RD PRIVATE WAY HT & RUN Involved Involved	
2 1	TRIBAL RESERVATION	2
3 1	$\begin{array}{c c} M & M & B & B & Y & Y & Y \\ \hline DATE OF & 9 & -3 & -2014 \end{array} \begin{array}{c c} 1615 & 18 & 4 & 40 & N & IE & IN \\ \hline 1615 & 18 & 4 & 40 & S & W & OF & 1010 \end{array}$	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. 440	0 1 29
4a	DISTANCEOF (REFERENCE OR CROSS STREET)	
5		
		30
6 1	LAST NAME	
	STREET NEW ADDRESS	
7	CITY KINGSTON. ST WA ZIP	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	²
99	DRIVER'S LICENSE # STATE WA SEX F D.O.B. MMDDYYYY	3 1 32
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1	2
1150	LICENSE STATE WA VIN#	3
12	TRAILER TRAILER STATE TRAILER PLATE # STATE VIATE #	
132	VEH. YEAR 2012 Make KIA Model FOR4D STYLE 4D VEHICLE TOWED YES Towed BY KITSAP TOWING GOVT VEHICLE VENING VEH. YEAR 2012 KIA FOR4D STYLE FOR4D VEHICLE TOWED YES Towed BY KITSAP TOWING VEHICLE VENING	5 1 33
14		FROM 10 34
15 2	IN EFFECT VENCLE PEDAL- VENCLE PEDAL- STANDARD VENCLE PEDAL- VENCLE PEDAL- V	4 35
16	LAST NAME WASHINGTON STATE FIRST NAME DOT MIDDLE INITIAL	
17	STREET NEW ADDRESS 8293 SPRING CREEK RD	
18	OTTY PORT ORCHARD ST WA 21P 98367	
19	CDL RESTRICTIONS ENDORSEMENTS	
20	DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS]
22	LICENSE PLATE # VIN#]
23	TRAILER STATE TRAILER STATE PLATE # STATE STATE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT. VEHICLE REGISTERED OWNEB INFO. YES NO VEHICLE NO. 2 SHADE IN DAMAGED AREA	42
	LIABUTY INSURANCE INSURANCE CO IN EFFECT SPOLICY #	
25		
26	BLANKERS, J. 0540 WASHINGTON OTATE TARGE	



BADGE OR ID # 0540



CORRECTION

CASE #

REPORT NO.

E355888

4:41 PM

TIME POLICE ARRIVED

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) D.O.B. MMDDYYYY ADDRESS & PHONE # SEX NATURE OF INJURIES INJURY CLASS HELMET USE SEAT POS. RESTR. EJECT AIRBAG PASSENGER WITNESS UNIT # NAME (LAST, FIRST, MIDDLE INITIAL) D.O.B. ADDRESS & PHONE # **SEX** NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. AIRBAG RESTR. EJECT UNIT # WITNESS PASSENGER NAME (LAST, FIRST, MIDDLE INITIAL) D.O.B. ADDRESS & PHONE SEX NATURE OF INJURIES INJURY CLASS HELMET USE SEAT POS. EJECT AIRBAG RESTR. UNIT # PASSENGER WITNESS DIAGRAM INDICATE NORTH 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) 9/12/2014 J. BLANKERS PLACE SIGNED UNIT OR DIST. DET DATED INVESTIGATING OFFICER'S SIGNATURE DATE APPROVED BY Stock, Sgt. P. 150

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

WAWSP0803

ORI #

TIME POLICE DISPATCHED 4:16 PM

The defendant was the involved in a collision involving a guardrail and driving unit 1. Unit 1 was traveling North on SR 307 at about milepost 4.4. Unit 1 left the roadway to the right for about 20 feet and then struck the beginning of a guardrail. Unit 1 then spun and came to rest in the northbound lane facing south. There was no indication of braking prior to impact. The driver said she was playing with the radio and that is the reason for the collision. Her boyfreind was on scene and said she has a tendancy to doze off. I asked the driver if this was the case and she said that it was not.

Ø	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	
ı I		
2	TRIBAL RESERVATION TOTAL # OF 0 2 OBJECT GUARDRAIL	2
36	$\begin{array}{c c} M & M \\ \hline D & D \\ \hline D & V \\$	3 E
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION IN NON-INTERSECTION BLOCK NO. INTERSECTION BLOCK NO.	
48	WESTBOUND INTERSTITE 82 MILE POST MILE POST DISTANCE OF (REFERENCE OR CROSS STREET)	0 29
5	0.12 MILES & N E & STATE ROJE 223	
	UNIT 01 MOTOR VEHICLE R CYCLE	30
6	LAST NAME MIDDLE	,
	STREET NEW ADDRESS D	
7	CITY WAPATO ST WA ZIP	1 2 31
8	CDL ENDORSEMENTS RESTRICTIONS	2
99	DRIVER'S LICENSE # D.O.B. MMDDYYY) ³
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT HELMET USE CLASS NATURE OF INJURY NONE PERDIDED	1 32
1170	LICENS PLATE W & VINI	2 3
	TRAILER PLATE # STATE STATE STATE	•
133	VEZZEROG MAKEIMC STERLA STRE PU VEHICLE TOWED TOWER TO BERG'S TOWING GOVI. VEHICLE NO	3733
14	VEHICLE NO. 1 SHADE N DRIVER UMBUTY INSURANCE O A POLICY - 5	FROM 10
15	VENUCLE YES NO CITATION "IG881526 CHARGE INPROPER UNE TENVEL	35
16	UNIT 02 VEHICLE CYCLE PEDESTRIAN OWNER W YES NO (509) 577-1600	36
	LAST NAME WA STATE DEPT. OF TRANSPORT. FIRST NAME MIDDLE INITIAL	1337
17	STREET 2809 RUDKIN RD	1 3 38
18	CITY UNION GAP ST WAZE 98903	39
.19	CDL ENDORSEMENTS RESTRICTIONS	40
20	DRIVER'S LICENSE #	
21	ON DUTY [] STATUS AIRBAG RESTR. EJECT HELMET USE CLASS	
22	LICENSE PLATE VINR	
23	TRAILER PLATE # STATE STATE STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO REGISTERIED OWNER INFO. YES NO YES YES NO YES YE	42
·····		
25	DEELEEP'S NAME (PRINT)	
25	D. MUNDER PAGE 01 OF 2	VIDENCE

·

÷



REPORT NO. 2946522 14-

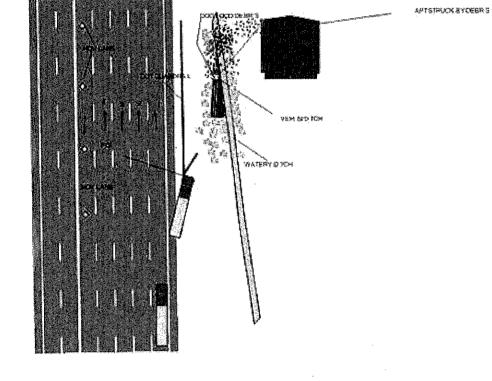
015758

٦.

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

CASE #

			SEAT POS.	3	AIRBAG	3 8	ESTR.		EJECT		MET ISE	INJURY		NATUR	E OF INJUR	ಹಿಲಕ್ಗ	
			POS.			2					ISE	CLASS		NON	e ke	WHED	
NAME (LAST, FIRST, MIDOLE		<u> </u>															
ADDRESS & PHONE										SE	<u>د</u>	D.O.B. MMDDYYYY			[
PASSENGER []		NIT #	SEAT POS.		AIRBAG	R	ESTR.		EJECT	HE	LMET JSE	INJURY CLASS		NATUR	E OF INJUF	1ES	-
NAME	<u></u>			-l						<u></u>	_		- -				
ADDRESS & PHONE								_	_		<u> </u>	D.O.B.					
			<u> </u>		<u></u>		<u> </u>		-	SE	-	MMODYYYY	<u></u> '				
PASSENGER 🗌			SEAT POS.	<u> </u>	AIRBAG		ÉSTR,		eject		lmet JSE	INJURY GLASS					
						DIA	GRAN	<u>N</u>		<u> </u>	1 [1 (1 1 1		ICATA NORTH	
			μ μ μ μ μ μ μ μ μ μ μ μ μ μ														
UNIT O	ONE W	15 ~	NnE	11016	1.10		HAII いてい		T	.ne>0	< 7 7	NE 8	20	NET		MILEPS	51
58.	UNIT	ONE		FT-9	THE		010			A		COLL				7 THE	
	EDRAIL	70	THE				ΗE			WAY	_	DISPL				PROX	
15	POSTS	7/2/			দ্দিন্থা	<u> </u>	\mathbf{F}	-91	IAL	ZSRÁ	12	·					
					06	STATE		<u>7/01</u>	ол тна 1/14		Z		AND CO		(RCW BA	.72,085)	
	67. DI	Wi								^{date} 9	.3	-14		<u> </u>			
BADGE OR ID #	6			Min	SP03	06		 тімі		DISPATCHE		001	TIME	POLICE	ARRIVED	010	7





1493 S L 9 26204 9 7008 6 26769 P89A3 9

Ø	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	2327
12 "3	INTERSTATE CITY STREET	² 3 2 3 0 4 1 28
23 34	TRIBAL RESERVATION TOTAL # OF UNITS 3 OBJECT STRUCK Guardrail M D D Y Y Y TIME (2400) COUNTY # MILES CITY # DATE OF COLLISION 11 - 25 - 2014 2345 27	2
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. 138 NBI5 MILE POST Image: Content of the second seco	0 1 29
5		
66		30
7	STREET NEW ADDRESS CITY KENT ST WA ZIP	1 1 2 31
8 9 9	CDL A RESTRICTIONS ENDORSEMENTS DRIVER'S LICENSE # STATE WA SEX M. D.O.B. MMDDYVYY - -	3
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE CLASS 6 SCRATCHES, BRUISES	1 32 2 3
12	TRAILER STATE IN TRAILER PLATE # STATE IN TRAILER VEH. YEAR 2015 MAKE INSEMI STULE SE VEHICLE TOWED FIFE RECOVERY	3 10
13 3 14 15 2	UNIT 02 PEDAL- CYCLE PEDESTRIAN PEDESTRIAN PROPERTY OWNER PADE IN DAMAGE THRESHOLD MET YES VEHICLE PHO	5 1 33 NIOM TO 34 4 38
15	LAST NAME DOT FIRST NAME MIDDLE	36
17 1 18	STREET NEW ADDRESS 2502 112TH ST EAST OITY TACOMA ST WA ZIP 98445	38
19	CDL ENDORSEMENTS	3!
20	DRIVER'S LICENSE # ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY USE CLASS NATURE OF INJURIES	
22	LICENSE PLATE #	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE STATE VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY COVT. VEHICLE YES NO REGISTERED OWNER INFO. VEHICLE TOWED BY VEHICLE NO. 2 SHADE IN DAMAGED AREA VEHICLE NO. 2 VEHICLE NO. 2	1 4' 4'
25	HABILTY INSURANCE INSURANCE CO & POLICY # INSURANCE CO & POLICY # INSURANCE CO & POLICY # INSURANCE CO & POLICY # VENICIFY YES NO CITATION # CHARGE CHARGE BADGE OR ID # OFFICIER'S NAME (PRINT) BADGE OR ID #	
26	NASH, D NASH, D NAS	





CORRECTION

CASE #

REPORT NO.

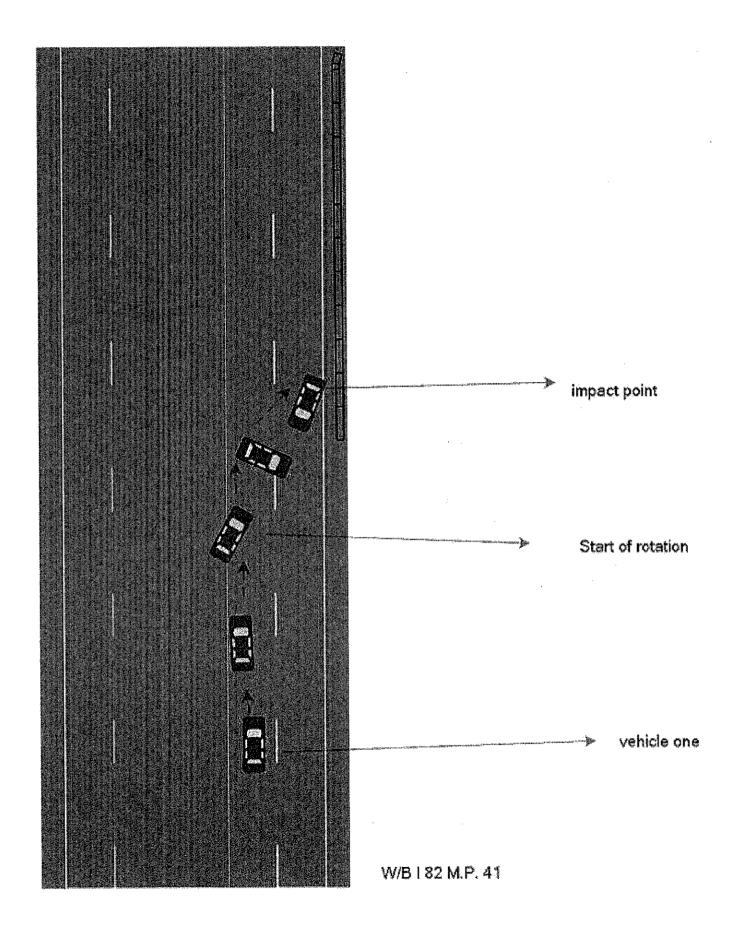
E378611

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYYY SEX NATURE OF INJURIES INJURY HELMET USE SEAT POS. RESTR. EJECT UNIT # AIRBAG PASSENGER WITNESS NAME (LAST, FIRST, MIODLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYYY SEX NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. AIRBAG RESTR. EJECT UNIT # WITNESS PASSENGER NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. SEX NATURE OF INJURIES HELMET USE INJURY CLASS UNIT # SEAT POS. AIRBAG RESTR. EJECT WITNESS PASSENGER 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. (ROW 9A.72.085) 11/28/2014 D NASH DATED PLACE SIGNED INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATE APPROVED BY Joyce, P. 459 WAWSP0112 TIME POLICE DISPATCHED 11:47 PM TIME POLICE ARRIVED 11:56 PM BADGE OR ID # 0853 ORI # 2 5 OF

									RE	PORT	NO.	E37	'861	1	
POLICE TH COLLISION		0	(3197			CASE	#								
	CIAL MOTO				1					INTE	RSTATE				
UNIT #		от <mark> </mark> 4288	23			ICC #				VEH	ICLE TYP	e 4		go Body Type	9
CARRIER NAME		(A										,			
CARRIER ADDRESS		1/10/10/2016 (and the second	P										
CITY KE	ENT							ST	W/	A ZIP			▶		
NAME SOURCE	3 AXLES	2	ovwa 5	0000			PLACAR	D		+	N	iame ip no	NUMBER		
ADDITIO	NAL UNITS														
UNIT #	З мото убніс		GYCLE	PEI	DESTRIAN		RÓPERTY WNER			RESHOLD ME	PHO				
LAST NAME							FIRST N		and the second					MIDDLE INITIAL	
сіту FI	IFE							ST	W	A ZIP					
CDL			R	ESTRICTIO	ONS		•			ENDORSEMEN	ITS				
DRIVER'S LICENSE #						ST	ATE	SEX		D.O.B.		-			
	STATUS	AIRBAĞ	RESTR	۹.	EJECT	HEL	MET	INJURY		NATURE C	of INJURIE	s			
LICENSE PLATE #				STATE		VIN#			-lun-med						
TRAILER PLATE #					STATE		TRA PLA							STATE	
VEH. YEAR	MAKE	М	ODEL	I	STYLE				WED BY					GOVT. V	
REGISTERED OV	WNER INFO.												SHADE IN	I DAMAGED /	
LIABILITY INSURANCE IN EFFECT) cu	ARGE		- -				₽ I	9 TOP],
VEH CLE YES			PEDAL-				ROPERTY		M <u>age</u> TH	R <u>esh</u> old me	т РН	ONE	8	7 6	
UNIT #	VEHIC		CYCLE	PE	DESTRIAN		DWNER		B NO						
LAST NAME	<u> </u>						FIRST N	AME						MIDDLE (NITIAL	
	<u></u>														<u> </u>
CITY [.]					•			ST		ZIP					
CDL			F	RESTRICT	ONS					ENDORSEMEN	VTS				
DRIVER'S LICENSE #						8	ATE	\$E>	<	D.Q.B. MMDDYYYY]- <u> </u>			;
ÓN DUTY	STATUS	AIRBAG	REST	R.	EJECT	HE	LMET ISE	INJURY CLASS		NATURE) f injurie	:\$ 			
LICENSE PLATE #				STATE		VIN#			•						
TRAILER PLATE #					STATE		TRA PLA	ILER TE #						STATE	
VEH. YEAR	MAKE	<i>ا</i> لا	ODEL		STYLE		VEHICL		WED BY					GOVT, V YES	
	WNER INFO,					·	J						SHADE IN	N DAMAGED	AREA
	ICE INSUR	NCECO CY#					ARGE						ľ	9 TOP	7
LIABILITY INSURAN IN EFFECT						, v								7 6	
LIABILITY INSURAN IN EFFECT VEILGLE YES LEGALLY STANDING		>N #	RY UNDER	THE LAWS	OF THE ST			N THAT THE F	OREGO	ING IS TRUE	AND COR	RECT. (RC	۳ W 9A.72.0	85)	
LIABILITY INSURAN IN EFFECT YEICALE STANDING I CERTIFY (DEC) D NASH		ITY OF PERJU		THE LAWS		TATE OF WA			OREGO		AND COR		W 9A.72.0	85)	

.

UNIT 1 TRAVELING NB I5 IN LANE 1 OF 4. DRIVER STATED HE STRUCK SOME WATER ON THE ROADWAY AND STRUCK THE DOT METAL GUARDRAIL. THE ROADWAY WAS WET FROM RAINFALL. CARGO THE SEMI WAS CARRYING SENT DEBRIS INTO THE APARTMENT DOOR.



Ē	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	5 1 27
		2
1		3
2 1	TRIBAL RESERVATION	128
3 1	M D D Y Y Y Y TIME (2400) COUNTY # MILES N E V IN OTY # DATE OF COLLISION 11 - 15 - 2014 1123 39 5 00 s W OF V 1335	2 3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. BLOCK NO. 41 00	
4a	DISTANCEOF (REFERENCE OR CROSS STREET)	0 1 29
5		
		30
6 1	LAST NAME FIRST NAME B	<u></u>
	STREET NEW ADDRESS	(******)
7	CITY WALLAWALLA ST WA	1 2 31
8	CDL RESTRICTIONS B ENDORSEMENTS	2
99	DRIVER'S LICENSE # WA SEX F D.O.B. MMDDYYYY	3 1 32
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY 1	2
11 7 0	LICENSE PLATE # VIN#	3
12	TRAILER PLATE # STATE STATE STATE STATE	FROM TO
13 3	VEH. YEAR 2005 TOYT CAM4D STYLE VEHICLE TOWED TOWED BY CAM4D YES NO D	3 7 33
14	LABLITY INSURANCE V WEFFECT	FROM TO 34
15 1	VERICIFY VERS NO CITATION # CHARGE CHARGE AZ0940979 CITATION # 4Z0940979 CITATION # 20940979 CITATION # 20	4 35
16	LAST NAME FIRST NAME MIDDLE	36
17	STREET NEW ADDRESS	37
18	CITY ST ZIP	38
19	CDL RESTRICTIONS ENDORSEMENTS	0 39
28	DRIVER'S LICENSE # SEX D.O.B	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS	
22	LICENSE PLATE # VIN#	
23	TRAILER TRAILER PLATE # STATE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE YES NO PEGISTERED OWNER INFO. VEHICLE NO, 2	42
	LIABULTY INSURANCE CO N EFFECT INSURANCE CO	
25	VEHICLE YES NO CITATION # STANDAG CITATION # CHARGE 0 BOTTOM OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY	
26	CARLONE, D. 872 WASHINGTON STATE PATROL	
NDER '	PART A 23 INITED STATES CODE - SECTION 409 THIS DATA CANNOT BE USED IN DISCOVERY OF AS F	WIDENCI

.





CORRECTION .

009823

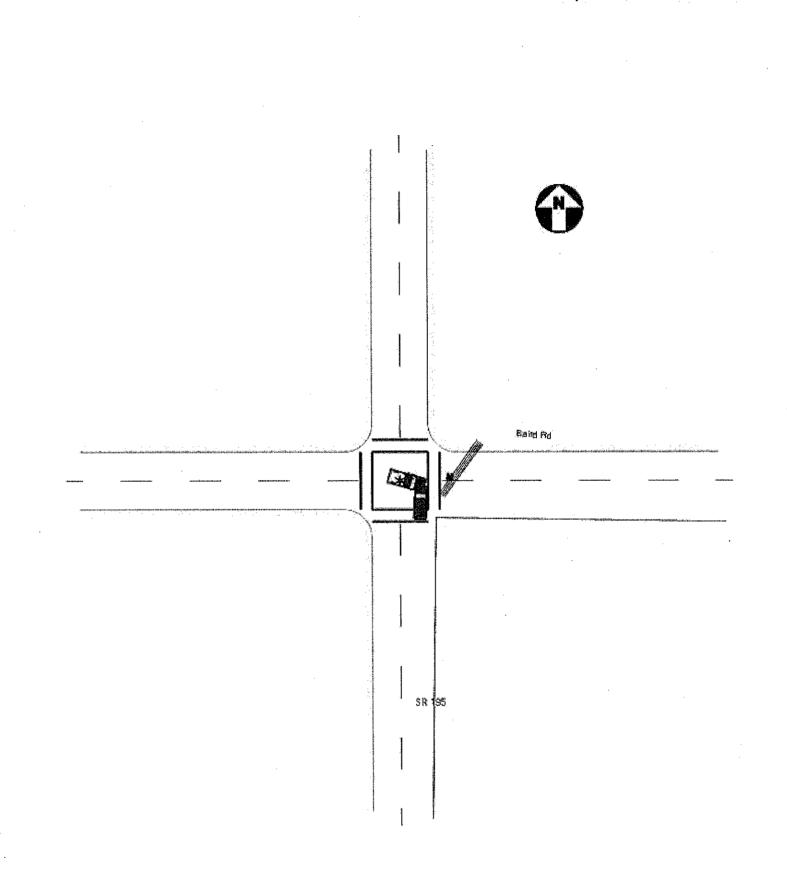
CASE #

REPORT NO.

E377100

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYY SEX NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. PASSENGER WITNESS[UNIT # AIRBAG RESTR. EJECT NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYY SEX NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. UNIT # RESTR. EJECT PASSENGER WITNESS AIRBAG NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D,O,B, MDDYYYY SEX NATURE OF INJURIES INJURY CLASS HELMET SEAT EJECT UNIT # AIRBAG RESTR. 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) D. CARLONE 11/24/2014 UNIT OR DIST. DET DATED PLACE SIGNED INVESTIGATING OFFICER'S SIGNATURE DATE APPROVED BY Ditter, Sgt. P. 0116 BADGE OR ID # 872 ÖRI # WAWSP0302 TIME POLICE DISPATCHED 11:23 AM TIME POLICE ARRIVED 11:34 AM 2 OF 4

Vehicle one was traveling W/B on I 82 near M.P. 41 in the left lane. The vehicle drifted off onto the left shoulder. The driver lost control of the vehicle and over corrected to the right. The vehicle spun 180 degrees and collided into a guard rail DOT # 009823.



0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	1 0 27
1 2 1	INTERSTATE GITY STREET FRE STATE ROUTE OTHER OTHER CASE # CASE # LOCAL AGENOY COUNTY RD PRIVATE WAY	² 3 1 1 8 28
3 1	TRIBAL RESERVATION TOTAL # OF 2 OBJECT STRUCK M D D Y Y Y Time (2400) ODUTY # MILES OITY # DATE OF COLLISION 10 - 13 - 2014 1725 38 20 00 N V E IN 0230	2
4 4a	ON (PRIMARY TRAFFIC WAY) INTERSECTION INTERSECTION BLOCK NO. 60 00 SR-195 BLOCK NO. 60 00 DISTANCE OF (PEFERENCE OR CROSS STREET)	0 4 29
5		
e 1	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE Database inheadout Metic LAST NAME FIRST NAME MIDDLE INITIAL	0 1 30
	STREET NEW ADDRESS ST WA ZIR	1 2 31
۲ ۲	CDL RESTRICTIONS ENDORSEMENTS	2
99 109	DRIVER'S UCENSE # STATE WA SEX M D.O.B. MMDDYYYY	3 1 1 2 32
11 6 0	LICENSE VIN	2
1260 132	TRAILER PLATE # STATE TRAILER PLATE # STATE VEH. YEAR 1988 MODEL FORD STYLE RANGER VEHICLE TOWED PK TOWED BY	
14 2	UABILITY INSURANCE VEHICLE NO. 1 UABILITY INSURANCE INSURANCE CO INSURANCE INSURANCE CO INSURANCE PROGRESSIVE VEHICLE YES VENICLE YES INSURANCE CHARGE FAIL TO YIELD ON MAKING A LEFT B INSURANCE P	10 134
15 1 16 1	UNIT 02 MOTOR VEHICLE PEDESTRIAN PEDESTRIAN PEDESTRIAN PEDEFITY PHONE PH	4 35 4 36
17		37
18	OITY SPOKANE ST WA ZIR CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # D.O.B. MIDDYYY	40
21 22	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1 LICENSE: PLATE #	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH. YEAR 2012 MAKE MODEL STYLE VEHICLE TOWED REGISTERED OWNER INFO. SORENTO UT YES NO TOWED BY REGISTERED OWNER INFO. CORNELISON, DEAN VEHICLE TOWED VEHICLE TOWED WAS VEHICLE TOWED AREA LABILITY INSURANCE INSURANCE CO INSURANCE CO INSURANCE CO INSURANCE CO] [1] 42
25	INSTRUCT CHARGE VEHICLE VEHICLE VEHICLE VEHICLE <td></td>	
JNDER 23	PAGE 01 OF 4	EVIDENCI





CORRECTION

REPORT NO.

. E365528

Section of the sectio	I INNIN INNI UNIN ININ INNI INNI INNI I	CASE #			
	ADDITIONAL PERSONS	INVOLVED (PASS	ENGERS AND/O	R WITNESSES ONLY)	······································
AME AST, FIRST, MIDDLE INITIAL)					
				SEX M D.O.B.	
ASSENGER WITNESS V UNIT #	SEAT AIF	RBAG RESTR.	EJECT	HELMET INJURY USE CLASS	NATURE OF INJURIES
AME			<u></u>		<u></u> I
AST, FIRST, MIDDLE INITIAL)					
	SAMA STANDARD CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR			SEX M MMDDYYYY	
	SEAT POS. AIF	RBAG RESTR.	EJECT	HELMET INJURY USE CLASS	A NATURE OF INJURIES
IAME AST, FIRST, MIDDLE INITIAL)					
DDRESS & PHONE #				SEX D.O.B.	
	SEAT Alf	BAG RESTR.	EJECT	HELMET INJURY USE CLASS	NATURE OF INJURIES
	POS. Au	DIAGRA		USE CLASS	
				· · · · · · · · · · · · · · · · · · ·	INDICATE NORTH BY ARROW
Please see subsequer	nt diagram page				BY ARROW
	· · · ·			·	
	nt a supelline in a mater	NARRA			
Please see subseque	nt narrative page(s)				
and a start of the start				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
·					
	· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·					
CERTIFY (DECLARE) UNDER PENALTY		E THE STATE OF WA	SHINGTON THAT	THE FOREGOING IS TRUE	AND CORBECT. (RCW 9A 72 085)
	OF PERIODIT UNDER THE LAWOU		/17/2014		
J. RETZER	UNIT OR DIST. DE			PLACE SIGNED	
				DATE	
Shawley, Sgt. C.					
BADGE OR ID # 1013	ORI# WAWSP0406			SPATCHED 5:26 PM	TIME POLICE ARRIVED 5:27 PM

Vehicle #1 was slowing to make a left turn from SR 195 southbound onto Baird road. Vehicle # 2 was traveling northbound on SR 195 when Vehicle # 1 turned in front of vehicle # 2 and vehicles collided.