



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E361699

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

CASE #	
LOCAL AGENCY CODING	NO DOT STICKER
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	9 - 19 - 2014	1023	06 1 00	1350
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>	

NB I-5	BLOCK NO.	9 00
	MILE POST	<input checked="" type="checkbox"/>
DISTANCE	OF (REFERENCE OR CROSS STREET)	
0 20 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	NE 179TH STREET	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE (360) 936-9180
LAST NAME	FIRST NAME	MIDDLE INITIAL		

STREET NEW ADDRESS	
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CITY VANCOUVER	ST WA	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE WA	SEX F	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 7	NATURE OF INJURIES NECK/BACK/LEG
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LICENSE PLATE #	STATE WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2000	MAKE MERC	MODEL VILLAGER	STYLE VN	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY TLC	GOVT VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE (360) 509-2000
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LAST NAME TRANSPORTATION	FIRST NAME DEPARTMENT OF	MIDDLE INITIAL
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STREET NEW ADDRESS 11018 NE 51ST CIRCLE

CITY VANCOUVER	ST WA	ZIP 98682
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	VEHICLE NO. 2 SHADE IN DAMAGED AREA
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OFFICER'S NAME (PRINT) FORSBERG, B.	BADGE OR ID # 456	AGENCY WASHINGTON STATE PATROL
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UNDER 23 UNITED STATES CODE - SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA



1591972

CORRECTION

REPORT NO. **E361699**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]							
ADDRESS & PHONE #												[REDACTED]							
SEX												F	D.O.B. MMDDYYYY		[REDACTED]	[REDACTED]			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	7	AIRBAG	1	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]							
ADDRESS & PHONE #												[REDACTED]							
SEX												F	D.O.B. MMDDYYYY		[REDACTED]	[REDACTED]			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	HEAD
NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]							
ADDRESS & PHONE #												[REDACTED]							
SEX													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	

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW

NARRATIVE

Please see subsequent narrative page(s)

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

B. FORSBERG 10/3/2014
 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED
 APPROVED BY Surdam, T 127 DATE

BADGE OR ID # 456 ORI # WAWSP0501 TIME POLICE DISPATCHED 10:23 AM TIME POLICE ARRIVED 10:31 AM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E361699**

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

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

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

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

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

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

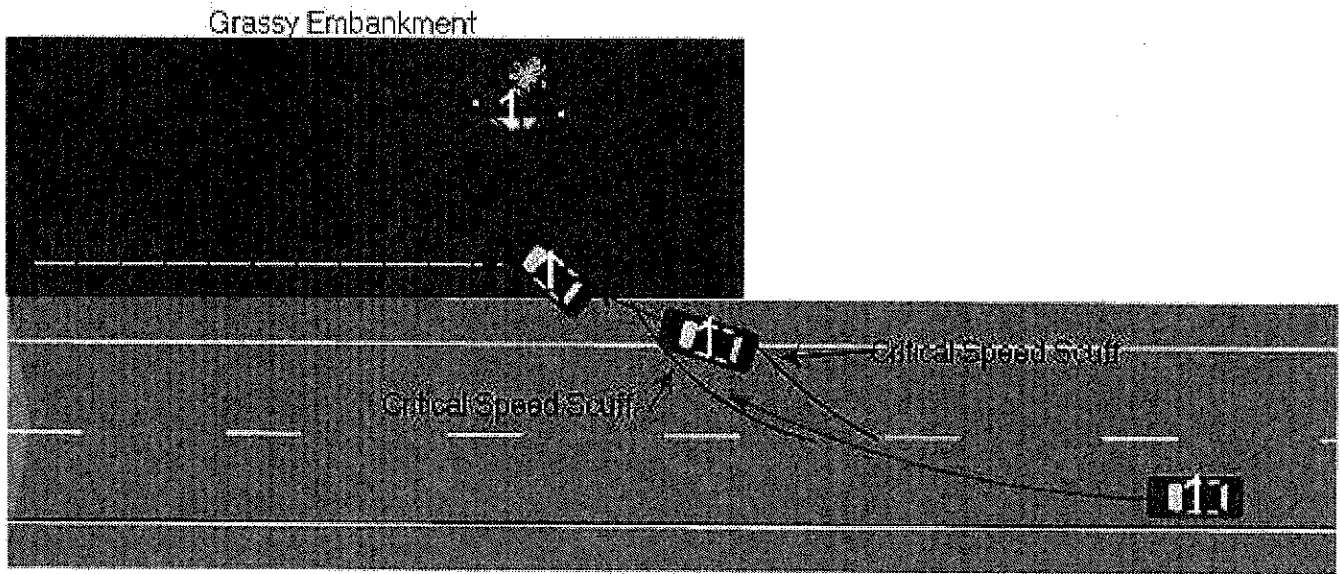
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FORSBERG 10/3/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED
APPROVED BY Surdam, T 127 DATE

BADGE OR ID # 456 ORI # WAWSP0501 TIME POLICE DISPATCHED 10:23 AM TIME POLICE ARRIVED 10:31 AM

Narrative

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 spinning onto the right shoulder striking a metal guardrail.



3900 SW of Westbound SR 526

Not to Scale





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E356180

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

CASE # DD14-18408

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

DATE OF COLLISION 9 - 12 - 2014 TIME (2400) 2251 COUNTY # 31 MILES N E IN S W OF CITY # 0420

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
WESTBOUND SR 526 BLOCK NO. 3900SW MILE POST

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

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

LAST NAME FIRST NAME MIDDLE INITIAL E

STREET NEW ADDRESS

CITY COUPEVILLE ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

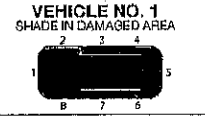
ON DUTY STATUS AIRBAG 4 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES LEFT SIDE PAIN

LICENSE PLATE # STATE WA VIN

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2011 MAKE BMW MODEL M3 STYLE SD VEHICLE TOWED YES NO TOWED BY AMERICAN GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGIT STANDING YES NO CITATION # 4Z0883652 CHARGE NEGLIGENT DRIVING 2ND DEGREE



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

LAST NAME STATE OF WASHINGTON FIRST NAME WSDOT MIDDLE INITIAL

STREET NEW ADDRESS 310 MAPLE PARK AVENUE SE PO BOX 47300

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

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

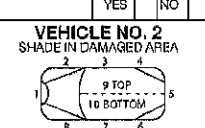
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGIT STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) TARARAN, A. BADGE OR ID # 1380 AGENCY PD EVERETT

PAGE 01 OF 4

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E356180**

CASE # DD14-18408

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		JORDAN, KEVIN J																
ADDRESS & PHONE # 6932 LOWER RIDGE RD APT B Everett, WA 98203 (425) 353-4974						SEX	M	D.O.B. MMDDYYYY	9	17	1963							
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)

A. TARARAN		9/13/2014	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY	Fairchild, Kevin E 1128		DATE
BADGE OR ID #	1380	ORI #	WA0310300
TIME POLICE DISPATCHED	10:55 PM	TIME POLICE ARRIVED	11:00 PM

Narrative

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 [REDACTED]) out 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 [REDACTED] who related the following:

[REDACTED] said he had just turned out of Boeing and was westbound on SR 526 when he suddenly lost control, collided with the guardrail on the north side of the road, and rolled down the embankment.

[REDACTED] 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, [REDACTED] who related the following:

[REDACTED] said he saw Unit 1 begin to slide and appeared to have driven over something and lost control. [REDACTED] 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 [REDACTED] rapidly accelerated in Unit 1, causing it to lose control.

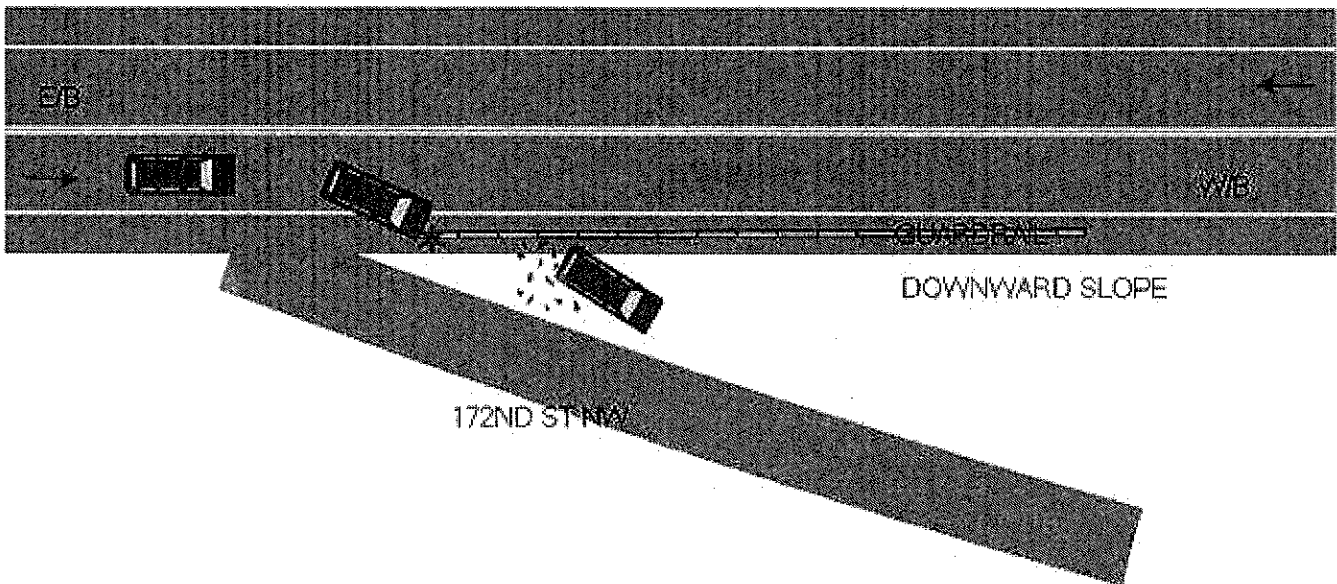
Based on my investigation, I determined the following:

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 Digital Evidence Drive.

Due to the fact that [REDACTED] 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





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E356364**

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

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

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
9 - 12 - 2014	1403	31	4	00	0745
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		
W/B SR 531		BLOCK NO.	1 00		
		MILE POST	<input checked="" type="checkbox"/>		

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

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

STREET NEW ADDRESS	

CITY	STANWOOD	ST	WA	ZIP

CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	WA	SEX	F	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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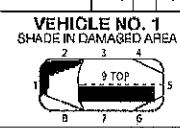
LICENSE PLATE #	STATE	WA	VIN#

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	2000	MAKE	DODG	MODEL	CAVAN	STYLE	SV	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	AAA TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	
VEHICLE EQUIV. STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	4Z0841659
CHARGE		
DRIVING WITH WHEELS OFF		



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	(206) 440-4497
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LAST NAME	WASHINGTON	FIRST NAME	DOT	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.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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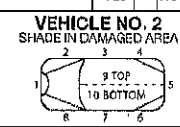
LICENSE PLATE #	STATE	VIN#

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

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

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #	
VEHICLE EQUIV. STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	
CHARGE		
BADGE OR ID #		
AGENCY		
WASHINGTON STATE PATROL		



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
GOOLD, E	462	WASHINGTON STATE PATROL

PART A

3000-345-159 R (7/06)

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. **E356364**

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

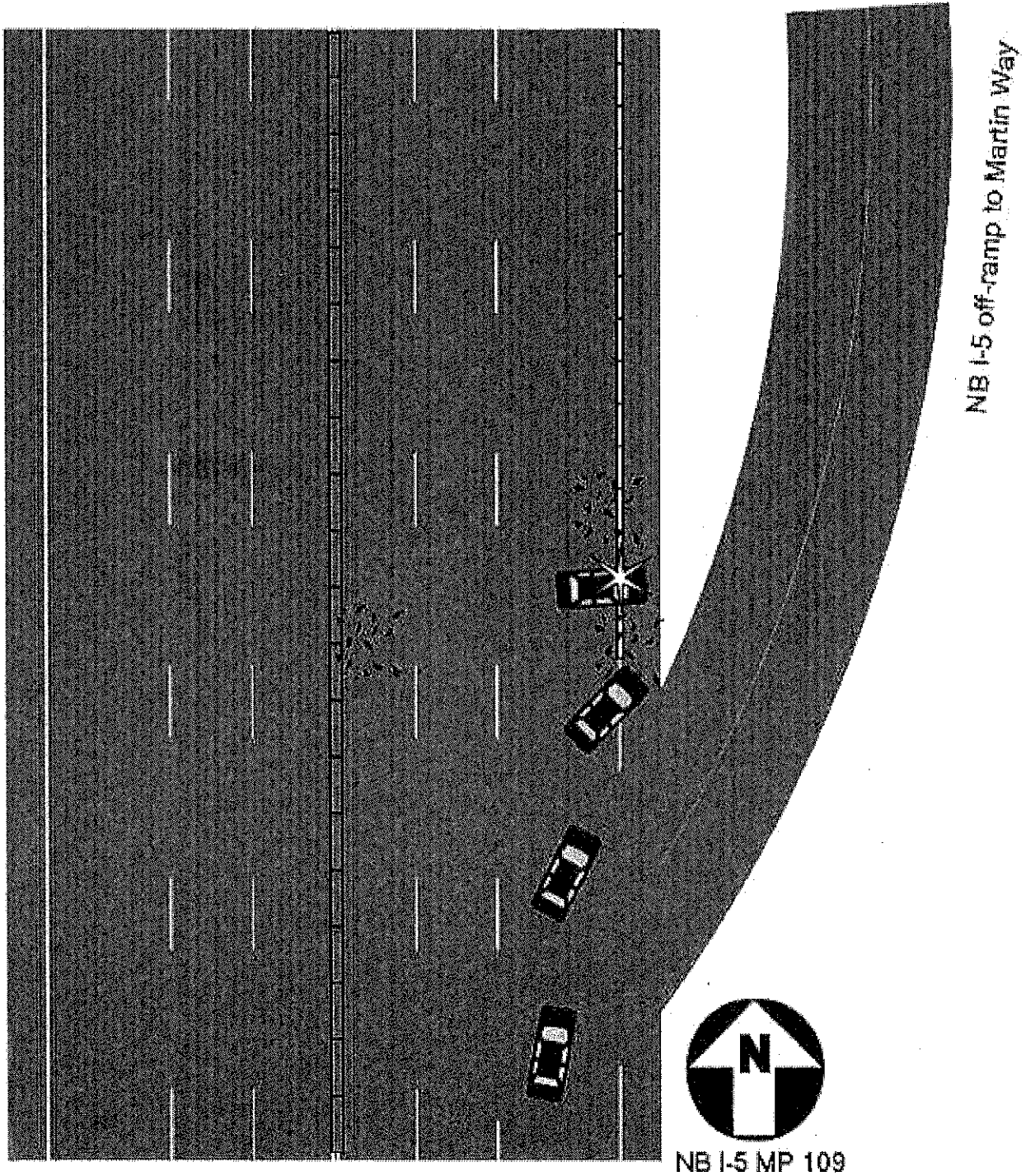
Please see subsequent narrative page(s)

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)

E GOOLD		9/14/2014	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY	Statema, A. 1090		DATE
BADGE OR ID #	462	ORI #	WAWSP0702
TIME POLICE DISPATCHED	2:03 PM	TIME POLICE ARRIVED	2:06 PM

Narrative

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.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E358269

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FROM 11

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

CASE #	
LOCAL AGENCY CODING	017367
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
	9 - 14 - 2014	0418	34		0643

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
INTERSTATE 5	BLOCK NO.	109 00
	MILE POST <input checked="" type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
0 10 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	MARTIN WAY

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

STREET NEW ADDRESS	

CITY	ST	WA	ZIP	98502
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CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	WA	SEX	M	D.O.B.	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	5	NATURE OF INJURIES	BROKEN PELVIS, BROKEN RIGHT ARM
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LICENSE PLATE #	STATE	WA	VIN#	
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TRAILER PLATE #	STATE		TRAILER PLATE #	STATE	
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VEH. YEAR	2012	MAKE	VOLK	MODEL	PASSAT	STYLE	SD	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	HOWARD S TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	4Z0874112	CHARGE	NEG 2ND
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	(800) 737-0615
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LAST NAME	WSDOT	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	PO BOX 47418
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CITY	OLYMPIA	ST	WA	ZIP	98504
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CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE		SEX		D.O.B.	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #	STATE		VIN#	
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TRAILER PLATE #	STATE		TRAILER PLATE #	STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	DIZON, J	BADGE OR ID #	581	AGENCY	WASHINGTON STATE PATROL
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UNDER 23 UNITED STATES CODE - SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E358269**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

ADDRESS [REDACTED] SEX **M** D.O.B. [REDACTED]

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.

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.

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 DIZON 9/22/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Shades, Sgt. D. 285 DATE

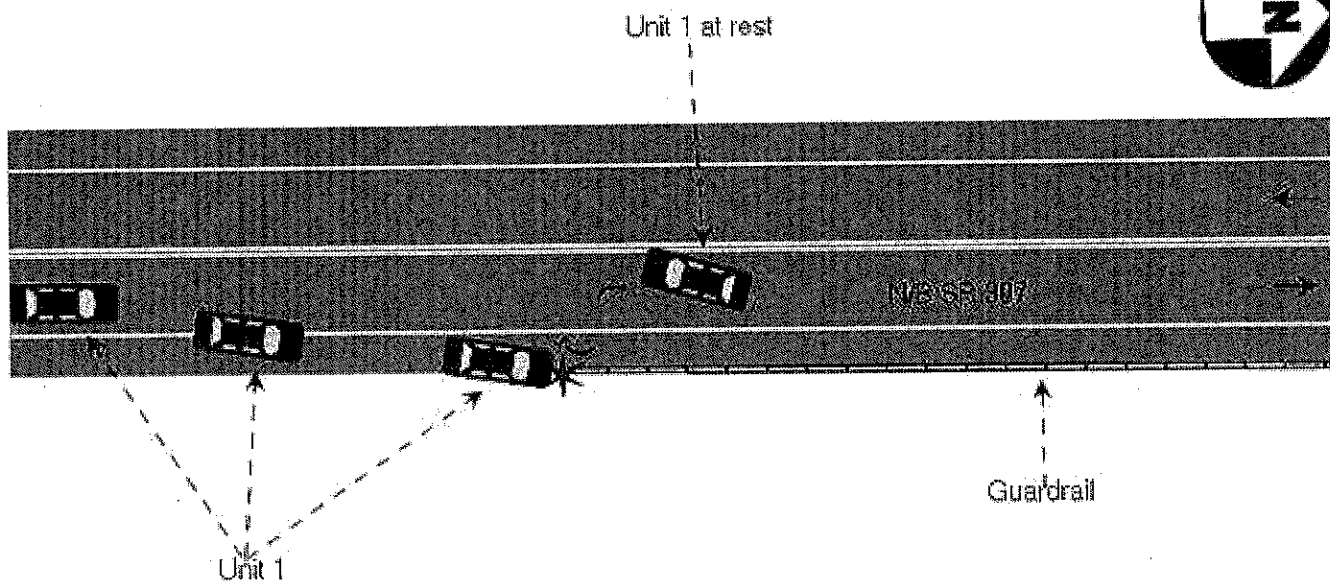
BADGE OR ID # 581 ORI # WAWSP0106 TIME POLICE DISPATCHED 4:20 AM TIME POLICE ARRIVED 4:26 AM

PART B

3001-345-101-17-00

Narrative

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.





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E355888

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INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE HIT & RUN INVOLVED
STATE ROUTE 3 OTHER
COUNTY RD PRIVATE WAY

CASE #
LOCAL AGENCY CODING 007563
TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION
M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION 9 - 3 - 2014 1615 18 4 40 N S E W IN OF 1010

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR 307 BLOCK NO. 4 40 MILE POST

DISTANCE 0 20 MILES FEET OF (REFERENCE OR CROSS STREET) NE MINDER RD

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY KINGSTON ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

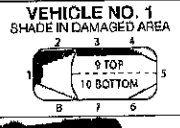
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2012 MAKE KIA MODEL FOR4D STYLE 4D VEHICLE TOWED YES NO TOWED BY KITSAP TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0668073 CHARGE DRIVING WITH WHEELS OFF



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

LAST NAME WASHINGTON STATE FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS 8293 SPRING CREEK RD

CITY PORT ORCHARD ST WA ZIP 98367

CDL RESTRICTIONS ENDORSEMENTS

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

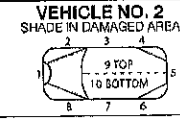
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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



OFFICER'S NAME (PRINT) BLANKERS, J. BADGE OR ID # 0540 AGENCY WASHINGTON STATE PATROL

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FROM TO 34

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PART A



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E355888**

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)

J. BLANKERS 9/12/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Stock, Sgt. P. 150 DATE

BADGE OR ID # 0540 ORI # WAWSP0803 TIME POLICE DISPATCHED 4:16 PM TIME POLICE ARRIVED 4:41 PM

PART B 8800-345-180-R (7/09)

PAGE 2 OF 4

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

Narrative

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 boyfriend was on scene and said she has a tendency to doze off. I asked the driver if this was the case and she said that it was not.



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. 2946522

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

CASE # 14-015758

LOCAL AGENCY CODING 018630

TOTAL # OF UNITS 02 OBJECT STRUCK GUARDRAIL

TRIBAL RESERVATION

DATE OF COLLISION 09-01-2014 TIME (2400) 010039 COUNTY # 022 MILES N E S W IN OF CITY # 0520

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
 WESTBOUND INTERSTATE 82 BLOCK NO. 58 MILE POST 62

DISTANCE 0.12 MILES N E S W OF (REFERENCE OR CROSS STREET) STATE ROUTE 223

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

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

STREET NEW ADDRESS [REDACTED]

CITY WAPATO ST WA ZIP [REDACTED]

CDL ENDORSEMENTS RESTRICTIONS

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

ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES NONE REPORTED

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

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2006 MAKE GMC MODEL SIERRA STYLE PU VEHICLE TOWED YES NO TOWED BY HELBERG'S TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # [REDACTED] VEHICLE LEGALLY STANDING YES NO CITATION # I6881526 CHARGE IMPROPER LANE DEVIATION VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (509) 577-1600

LAST NAME WA STATE DEPT. OF TRANSPORT. FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 2809 RUDKIN RD

CITY UNION GAP ST WA ZIP 98903

CDL ENDORSEMENTS RESTRICTIONS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE OFFICER'S NAME (PRINT) D. MUNDER BADGE OR ID # 666 AGENCY WSP

VEHICLE NO. 2 SHADE IN DAMAGED AREA

VEHICLE NO. 1 SHADE IN DAMAGED AREA

VEHICLE NO. 2 SHADE IN DAMAGED AREA

VEHICLE NO. 1 SHADE IN DAMAGED AREA

VEHICLE NO. 2 SHADE IN DAMAGED AREA

VEHICLE NO. 1 SHADE IN DAMAGED AREA



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



15B1972

CORRECTION

REPORT NO. **2946522**

CASE # **14-015758**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

SEX **M** D.O.B. [REDACTED]

PASSENGER WITNESS UNIT # **1** SEAT POS. **3** AIRBAG **3** RESTR. **4** EJECT HELMET USE INJURY CLASS **1** NATURE OF INJURIES **NONE REPORTED**

NAME (LAST, FIRST, MIDDLE INITIAL)

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

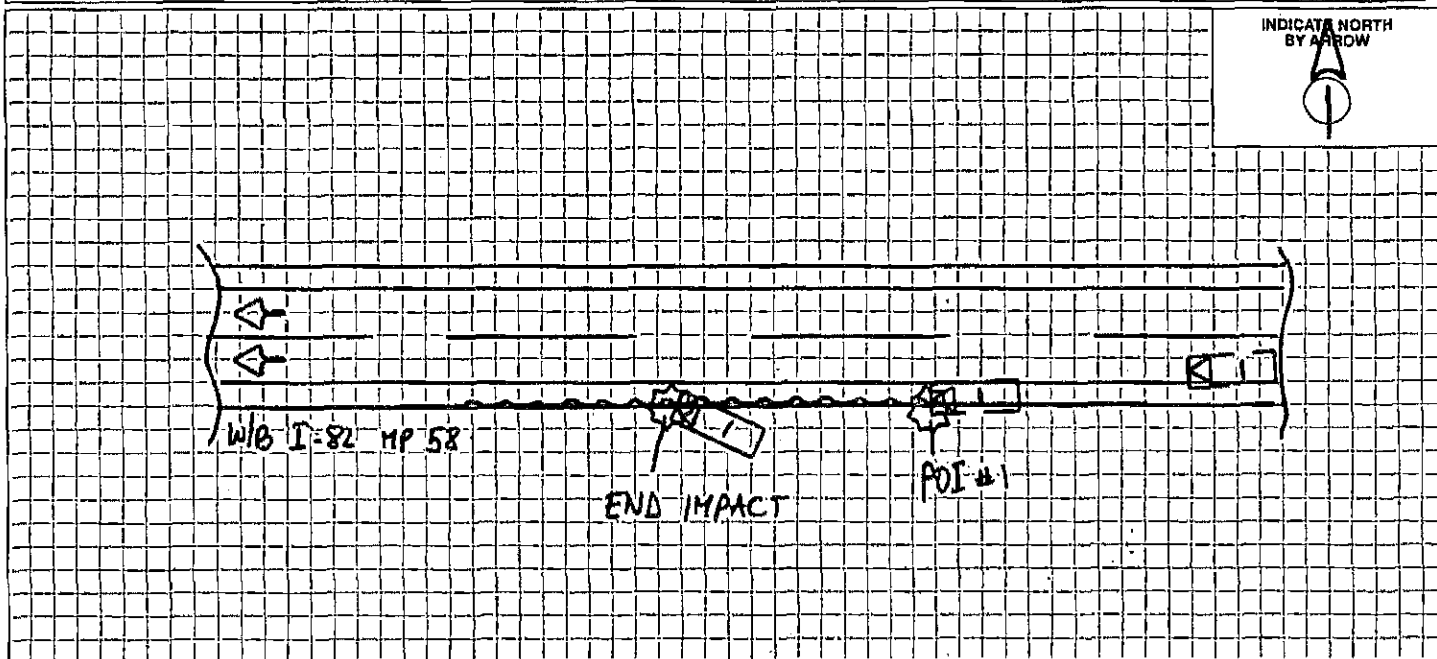
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM



NARRATIVE

UNIT ONE WAS TRAVELING WESTBOUND INTERSTATE 82 NEAR MILEPOST 58. UNIT ONE LEFT THE ROADWAY AND COLLIDED WITH THE GUARDRAIL TO THE LEFT OF THE ROADWAY, DISPLACING APPROX. 15 POSTS AND 75 FEET OF GUARDRAIL.

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

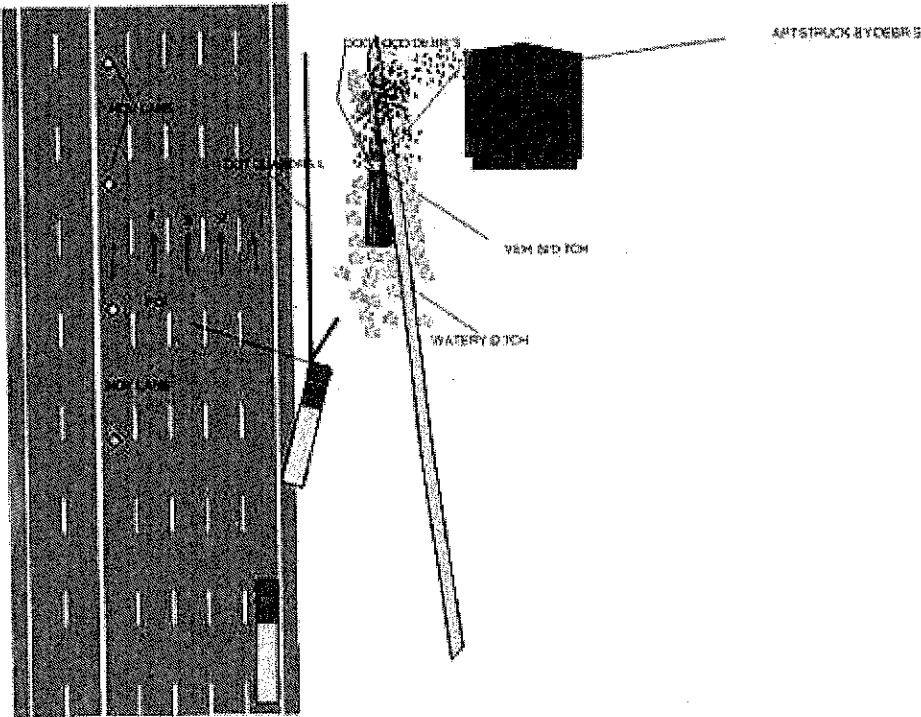
INVESTIGATING OFFICER'S SIGNATURE **[Signature]** UNIT OR DIST. DET **0306** DATED **09/01/14** PLACE SIGNED **BENTON Co, WA**

APPROVED BY **Sgt. Dwin** DATE **9.3.14**

BADGE OR ID # **666** ORI # **WAWSPO306** TIME POLICE DISPATCHED **0101** TIME POLICE ARRIVED **0107**



MS 5.13.000'S TRIP & ZONE HISTORY





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E378611

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

CASE #	
LOCAL AGENCY CODING	
TOTAL # OF UNITS	3
OBJECT STRUCK	Guardrail

TRIBAL RESERVATION									
DATE OF COLLISION	11 - 25 - 2014	TIME (2400)	2345	COUNTY #	27	MILES		CITY #	0450

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>			
STREET	NB15	BLOCK NO.		MILE POST	138.00
DISTANCE	0.01	MILES <input checked="" type="checkbox"/>	FEET <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	J/S 70TH STREET

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	
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LAST NAME	[REDACTED]	FIRST NAME	[REDACTED]	MIDDLE INITIAL	C
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STREET NEW ADDRESS	[REDACTED]
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CITY	KENT	ST	WA	ZIP	[REDACTED]
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ODL	A	RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	[REDACTED]	STATE	WA	SEX	M	D.O.B.	[REDACTED]
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	SCRATCHES, BRUISES
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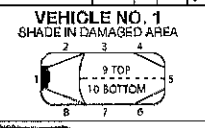
LICENSE PLATE #	[REDACTED]	STATE	IN	VIN#	[REDACTED]
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TRAILER PLATE #	[REDACTED]	STATE	IN	TRAILER PLATE #		STATE	
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VEH. YEAR	2015	MAKE	INTL	MODEL	SEMI	STYLE	SE	VEHICLE TOWED YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	FIFE RECOVERY	GOVT. VEHICLE YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	COMPANY INSURED	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	CITATION #	4Z0990868	CHARGE	NEG DRIVING 2ND DEGREE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	[REDACTED]
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LAST NAME	DOT	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	2502 112TH ST EAST
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CITY	TACOMA	ST	WA	ZIP	98445
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ODL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX		D.O.B.	
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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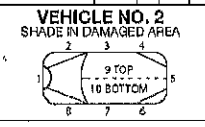
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/>	NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	NASH, D	BADGE OR ID #	0853	AGENCY	WASHINGTON STATE PATROL
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UNDER 23 UNITED STATES CODE - SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E378611**

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 NASH

11/28/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Joyce, P. 459

DATE

BADGE OR ID #	0853	ORI #	WAWSP0112	TIME POLICE DISPATCHED	11:47 PM	TIME POLICE ARRIVED	11:56 PM
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**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E378611

CASE #

1 **2**

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

2 **3**

UNIT # 1 **USDOT** 428823 **ICC #** **VEHICLE TYPE** 4 **CARGO BODY TYPE** 9

3 **4**

CARRIER NAME [REDACTED]

CARRIER ADDRESS [REDACTED]

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

4

NAME SOURCE 3 **# AXLES** 2 **GVWR** 50000 **PLACARD** **NAME IF NO NUMBER**

4a

ADDITIONAL UNITS

5

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 **6**

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

CDL **RESTRICTIONS** **ENDORSEMENTS**

DRIVER'S LICENSE # **STATE** **SEX** **D.O.B.** M/MDD/YYYY

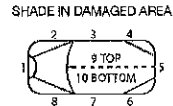
ON DUTY **STATUS** **AIRBAG** **RESTR.** **EJECT** **HELMET USE** **INJURY CLASS** **NATURE OF INJURIES**

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/MDD/YYYY

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/MDD/YYYY

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

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

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

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

REGISTERED OWNER INFO. **LIABILITY INSURANCE IN EFFECT** **INSURANCE CO & POLICY #** **VEHICLE LEGALLY STANDING** YES NO **CITATION #** **CHARGE**

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

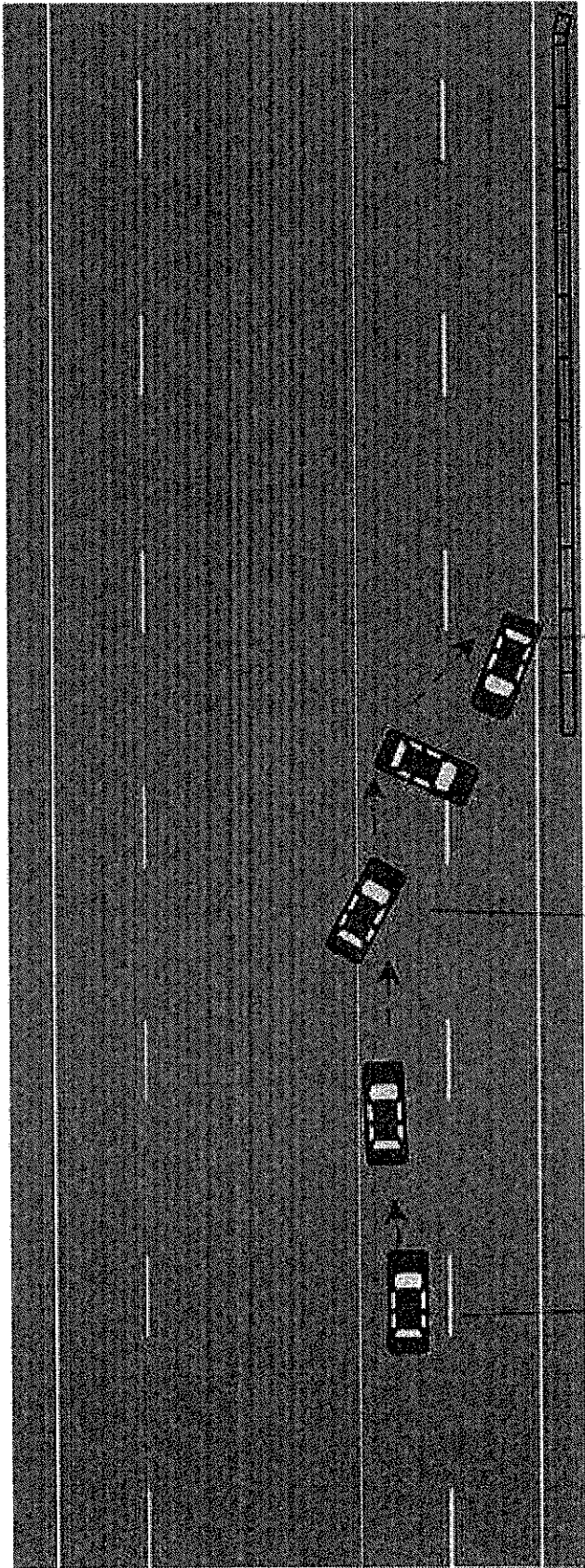
D NASH **11/28/2014**

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

BADGE OR ID # 0853 **ORI #** WAWSP0112 **APPROVED BY** Joyce **DATE** **PAGE** 3 **OF** 5

Narrative

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.



impact point

Start of rotation

vehicle one

W/B | 82 M.P. 41



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E377100

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

CASE # 009823

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 1 OBJECT STRUCK Guardrail

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

DATE OF COLLISION 11 - 15 - 2014 1123 39 5 00 N S E W IN OF 1335

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

W/B I 82 BLOCK NO. 41 MILE POST 00

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E FEET S W

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

LAST NAME FIRST NAME MIDDLE INITIAL B

STREET NEW ADDRESS

CITY WALLAWALLA ST WA

CDL RESTRICTIONS B ENDORSEMENTS

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

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

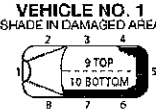
LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2005 MAKE TOYT MODEL CAM4D STYLE 4D VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0940979 CHARGE DRIVING WITH WHEELS OFF

VEHICLE LEGALLY STANDING YES NO



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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

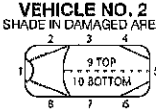
LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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

VEHICLE LEGALLY STANDING YES NO



OFFICER'S NAME (PRINT) CARLONE, D. BADGE OR ID # 872 AGENCY WASHINGTON STATE PATROL

PART A

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E377100**

CASE # 009823

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. CARLONE

11/24/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Ditter, Sgt. P. 0116

DATE

BADGE OR ID #	872	ORI #	WAWSP0302	TIME POLICE DISPATCHED	11:23 AM	TIME POLICE ARRIVED	11:34 AM
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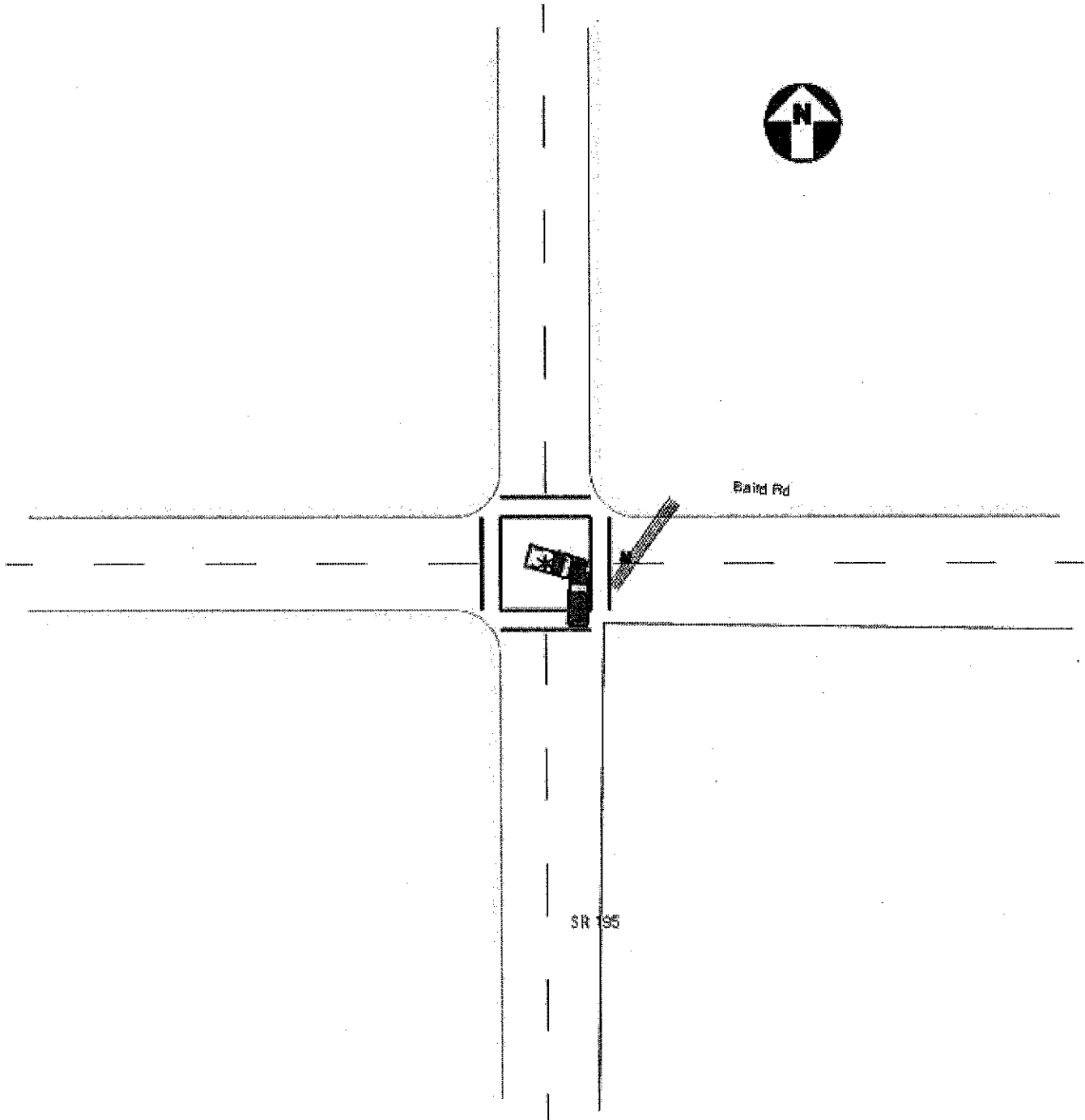
PART B 3000-345-100 R (7/00)

PAGE 2 OF 4

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

Narrative

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.





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E365528**

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0 4 29
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FROM TO 1 3 33
FROM TO 5 1 34
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1 41
1 42

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

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK

TRIBAL RESERVATION

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

10 - 13 - 2014 1725 38 20 00 N E IN S W OF 0230

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR-195 BLOCK NO. MILE POST 60 00

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W FEET BAIRD RD

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 M D.O.B. MMDDYYYY

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

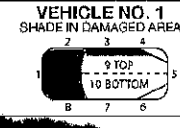
LICENSE PLATE # STATE WA VIN

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1988 MAKE FORD MODEL RANGER STYLE PK VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # PROGRESSIVE

VEHICLE LEGAL STANDING YES NO CITATION # 4Z0926683 CHARGE FAIL TO YIELD ON MAKING A LEFT



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

LAST NAME FIRST NAME MIDDLE INITIAL T

STREET NEW ADDRESS

CITY SPOKANE ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE WA VIN

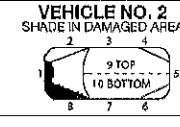
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2012 MAKE KIA MODEL SORENTO STYLE UT VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO CORNELISON, DEAN

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGAL STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY

RETZER, J. 1013 WASHINGTON STATE PATROL

PART A

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E365528**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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. RETZER			10/17/2014		
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		PLACE SIGNED
APPROVED BY Shawley, Sgt. C. 227				DATE	
BADGE OR ID #	1013	ORI #	WAWSP0406	TIME POLICE DISPATCHED	5:26 PM
			TIME POLICE ARRIVED	5:27 PM	

Narrative

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.