

SB I-5, SOUTH OF 70TH / MP 138.

0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 CASE # 14-019103	1 0 1 27
12	INTERSTATE OTHER	3
2 3	COUNTY PD PRIVATE WAY TOTAL # OF 2 OBJECT CHARGIN	1 28
3 4	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	2
<u> </u>	DATE OF COLLISION 10 - 25 - 2014 2236 27 N E N N D E N D E N N D E N D E N N D E N D E N N D E N D	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION SBLOCK NO. 138 00	
4a	DISTANCEOF (REFERENCE OR CROSS STREET)	O 1 29
5	100 00 MILES N E 70TH	
	UNIT 01 MOTOR PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE	30
6 1	LAST NAME LORI MIDDLE INITIAL L	
	STREET NEW ADDRESS V	
7	CITY TACOMA ST WA ZIP	1 2 31
8	CDL RESTRICTIONS B ENDORSEMENTS	2
9 9	DRIVER'S LICENSE# STATE WA SEX F D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG 4 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	32
11 6 0	LICENSE PLATE # STATE WA VIN#	3
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	1
13 3	VEH. YEAR 2004 MAKE STYLE CP VEHICLE TOWED BY STYLE CP VEHICLE TOWED BY SES NO VEHICLE NO. 1	1 5 33
14	LASLITY INSURANCE IN DAMAGEO AREA IN SERECT IN SERECT IN SURANCE CO & POLICY # IN SURANCE CO * IN SURANC	яном то 34
15 1	DUI B 7 6	1 35
16	LAST NAME DOT FIRST NAME WASHINGTON MIDDLE	36
17	STREET 2502 112TH ST E	1 4 37
18	OITY TACOMA ST WA ZIP 98445	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY NATURE OF INJURIES	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE PLATE # STATE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT VEHICLE YES NO TOWED BY GOVT VEHICLE YES NO VEHICLE NO. 2 SHADE IN DAMAGED AREA	42
	ILAGILITY INSURANCE INSURANCE CO & POLICY #	
25	CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE AGENCY	
26	DORN, M. 586 WASHINGTON STATE PATROL PAGE 01 OF 4	

PART A 3000-345-159 Ft (7/05)
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





REPORT NO.

E371560

CASE #

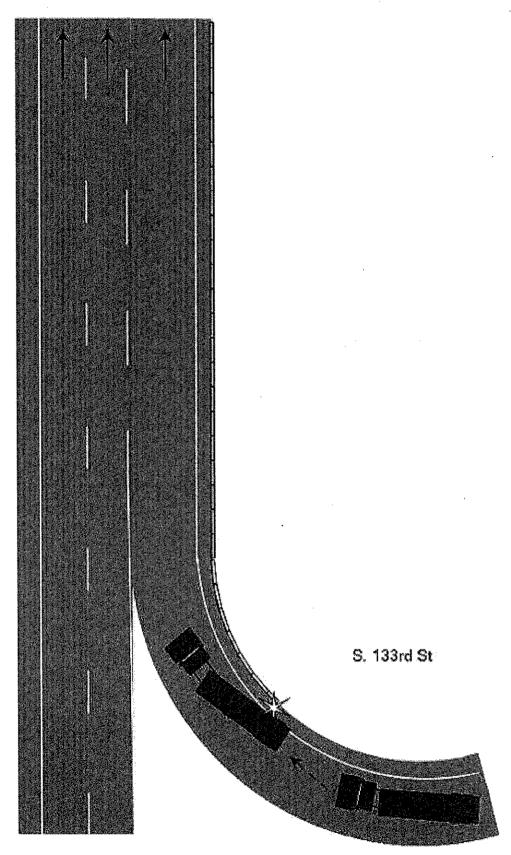
14-019103

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. MANDDYYYY	
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)	
ADDRESS & PHONE # SEX D.O.B. MMDDYYYY	-
PASSENGER WITNESS UNIT # SEAT AIRBAG RESTR, EJECT HELMET USE CLASS	NATURE OF INJURIES
DIAGRAM	
DIAGRAM	
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Please see subsequent diagram page	
	•
NARRATIVE	
Please see subsequent narrative page(s)	
As an index or secretary of the contribution o	
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)
M. DORN 11/5/2014	
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED . PLACE SIGNED	
APPROVED BY Sager, Sgt. J. 234	
BADGE OR ID # 586 ORL# WAWSP0112 TIME POLICE DISPATCHED 10:36 PM	TIME POLICE ARRIVED 10:48 PM

Narrative

UNIT ONE DRIVER IN DEFAULT LANE ONE (DRIVER UNSURE). UNIT ONE DRIVER STATED THAT SHE SWEREVED TO AVOID ANOTHER VEHICLE (DRIVER UNSURE WHERE VEHICLE WAS) UNIT ONE DRIVER STARTS LEAVING ROADWAY TO RIGHT SHOULDER AND IMPACTS INTO DOT GUARD RAIL. UNIT ONE DRIVER ARRESTED FOR DUI





6	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E361661 CASE #	1 2 3 27
1 1	INTERSTATE CITY STREET FIRE CASE # STATE ROUTE OTHER OTHER CASE # LOCAL AGENCY CODING LOCAL AGENCY CODING	3
2 2	COUNTY PD PRIVATE WAY	1 28
3 4	TRIBAL RESERVATION UNITS 2 STRUCK GUAIGIAII M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	2
" <u>"</u>	DATE OF COLLISION 10 - 1 - 2014 0504 17 N E N T S W OF T 1320	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION V	
4a	SB SR 599 DISTANCE OF (REFERENCE OR CROSS STREET) DISTANCE	1 2 29
5	500 00 MILES N V E S. 133RD ST	
	UNIT 01 MOTOR PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO	30
6	LAST NAME FIRST NAME TO MIDDLE INITIAL W	
	STREET NEW ADDRESS	,
7	CITY ST IA ZIP	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
9	DRIVER'S LICENSE # STATE IA SEX M D.C.B. MMDDYYYY	3 3
10	ON DUTY STATUS AIRBAG 1 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	32
11 6 0	LICENSE PLATE # STATE IN VIN#	3
12	TRAILER PLATE # STATE OK TRAILER PLATE # STATE	
13 3	VEH. YEAR 2011 MAKE T SEMI STYLE VEHICLE TOWED BY GOVT VEHICLE NO TOWED BY VEHICLE NO D VEHICLE NO D SHADE IN DAMAGED AREA	1 5 33
14	LIAGULTY INSURANCE IN EFFECT INSURANCE CO. S POLICY A INSURANCE CO. S POLICY A	34
15 1	CHARGE YES NO CHARGE CHARGE CHARGE STANDING YES NO CHARGE THRESHOLD MET YES NO CHARGE	4 35
16	LAST NAME WSDOT FIRST NAME MIDDLE INITIAL	36
17 1	STREET NEW ADDRESS 15700 DAYTON AVE N	37
18	OMY SHORELINE ST WA ZIP 98133	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # STATE SEX MMDDYYYY	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS MATURE OF INJURIES	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE TOWED BY YES NO YES NO YES NO YEHICLE NO. 2	42
<u> </u>	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE	
25	VENICIE YES NO CITATION # CHARGE CHARGE OFFICIEN'S NAME (PRINT) BADGE OR ID # AGENCY	
26	ENG, S. 427 WASHINGTON STATE PATROL	

PAGE 01 OF 5
UNDER 23 UNITED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE
AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA





REPORT NO.

E361661

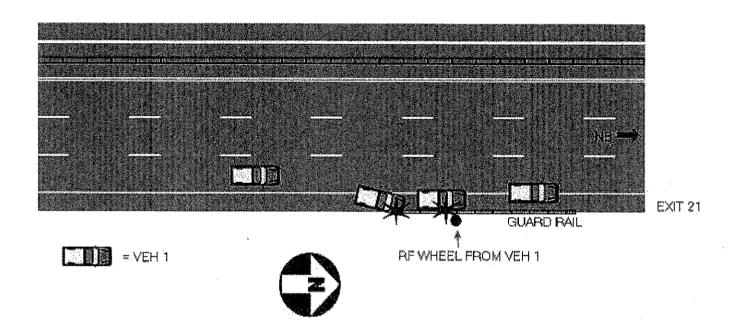
CASE#

	ADDITIONAL PERSONS INV	OLVED (PASSENGERS AND	/OR WITNESSES ONLY)	
NAME (LAST, FIRST, MIDDLE INITIAL)				
ADDOCCC - NOVE			SEX M D.O.B.	
PASSENGER WITNESS UNIT #	1 SEAT 3 AIRBAG	a 1 RESTR. 4 EJECT	1 HELMET INJURY 1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)				
ADDRESS & PHÔNE #			SEX D.O.B.	
PASSENGER WITNESS UNIT#	SEAT AIRBAG	RESTR. EJECT	HELMET INJURY USE CLASS	NATURE OF INJURIES
NAME	POS.		USE GLASS	
(LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE #			LOB	
			SEX D.O.B.	NATURE OF INJURIES
PASSENGER WITNESS UNIT #	SEAT POS. AIRBAG		HELMET INJURY USE CLASS	NAI UNE OF INJUNIES
		DIAGRAM		
Disease and evilone views	di			INDICATE NORTH BY ARROW
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Please see subsequent r	narrative nado(s)	NARRATIVE		
ו ובמסב סבב פתאפעונדו	iarrative page(5)			
I CERTIFY (DECLARE) UNDER PENALTY OF F	PERJURY UNDER THE LAWS OF TH	HE STATE OF WASHINGTON TH	AT THE FOREGOING IS TRUE AND	CORRECT. (RCW 9A.72.085)
S. ENG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10/3/2014		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST, DET	DATED	PLACE SIGNED	
APPROVED BY Eng, S. 427			DATE	
BADGE OR ID # 427	ORI# WAWSP0205	TIME POLICE	DISPATCHED 5:04 AM	ME POLICE ARRIVED 5:20 AM

	SUPPLEMENTAL BOLICE TRAFFIC	REPORT NO. E361661	27
	POLICE TRAFFIC COLLISION REPORT	CASE#	\dashv
1	COMMERCIAL MOTOR CARRIER	INTERSTATE INTRASTATE 3	=
	UNIT # 1 USDOT 53773	ICC # VEHICLE TYPE 6 CARGO BODY 2	=
2 2	CARRIER NAME		28
3 4	CARRIER ADDRESS	2	
	CITY	ST ZIP ZIP	
4	NAME SOURCE 1 AXLES 5 GWR 80000	PLACARD + NAME IF NO NUMBER	29
a	ADDITIONAL UNITS	DAMAGE THRESHOLD MET PHONE	
5	UNIT # MOTOR PEDAL OYCLE PEDESTRIAN	OWNER YES NO	
•	LAST NAME	FIRST NAME MIDDLE INITIAL	30
6	STREET NEW ADDRESS		
	OITY	ST ZIP	
	CDL RESTRICTIONS	ENDORSEMENTS 1	31
7	DRIVER'S LICENSE #	STATE SEX D.O.B	\exists
<u>"</u>	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY OLASS NATURE OF INJURIES	_
9	LICENSE PLATE STATE	VIN#	32
10	TRAILER PLATE # STATE	TRAILER PLATE # STATE 2	
11	VEH, YEAR MAKE MODEL STYLE	VEHICLE TOWED BY GOVT, VEHICLE YES NO YES NO 3	\exists
12	REGISTERED OWNER INFO.	SHADE IN DAMAGED AREA	
13	LIABILITY INSURANCE INSURANCE CO INSERSECT VEH.CILE YES NO CITATION # STACION*	CHARGE 9709 5 760kl	33
14	UNIT # MOTOR PEDAL- PEDESTRIAN	PROPERTY DAMAGE THRESHOLD MET PHONE	TD 34
15	LAST NAME	FIRST NAME MIDDLE (NITIAL	35
16	STREET NEW ADDRESS		36
17	СІТУ	ST ZIP	37
18	CDL RESTRICTIONS	ENDORSEMENTS	38
	DRIVER'S LICENSE #	STATE SEX D.O.B	30
19	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS	40
20	LICENSE PLATE #	VIN#	
21	TRAILER PLATE # STATE	TRAILER PLATE # STATE	
22	VEH, YEAR MAKE MODEL STYLE	VEHICLE TOWED TOWED BY YES NO YES NO YES NO	
23	REGISTERED OWNER INFO. LIABILITY INSURANCE CO & POLICY #	SHADE IN DAMAGED AREA	41
24	LIABILITY INSURANCE NISURANCE CO & POLICY # VELICITY YES NO CITATION # STANDING	CHARGE 9 TOP 10 BOTTOM 5	42
	I CERTIFY (DECLARS) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE S	STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085) 10/3/2014	
25	NVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET	DATED: PLACE SIGNED	
25	BADGE 127 ORI WAWSP0205	APPROVED BY DATE PAGE 3 OF 5	

Narrative

Vehicle 1 traveling S. 133rd St. to SB SR 599 on-ramp. Vehicle 1 crosses onto right shoulder and collides with guardrail, damaging right rear trailer wheel.



INTERSTATE 5, MP 20

0	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E361266	0 1 27
1 1	INTERSTATE CITY STREET STOLEN CASE # 14-017366	\$
	STATE ROUTE OTHER STUCEN VEHICLE LOCAL AGENCY CODING 012129	3
2 1	TRIBAL SERVATION TOTAL # OF 2 OBJECT STRUCK Guardrail	1 28
3 6	M M D D Y Y Y TIME (2400) COUNTY # MILES N E IN M M D D Y Y Y Y TIME (2400) COUNTY # MILES N E IN M M D D M M M D D M M	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. DO	,
48	MILE POST V	O 1 29
5	DISTANCE 150 00 MILES N E EXIT 21 EXIT 21	
	UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE DAMAGETHRESHOLD MET VES NO PHONE	30
6 1	LAST NAME FIRST NAME MIDDLE INITIAL D	
	STREET NEW ADDRESS V	
7	CITY WOODLAND ST WA ZIP	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
99	DRIVER'S LICENSE # STATE WA SEX M D.O.B. MMDDYYY	3
10	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES	32
1170	LICENSE VA VINA	2
12	TRAILER PLATE# STATE TRAILER PLATE# STATE	3
13 3	VEH, YEAR 2003 CHEV SILVERADO PK VEHICLE TOWED BY JACKS TOWING GOVT VEHICLE NO. 1	5 1 33
14	UABILITY INSURANCE IN DAMAGED AREA 1 INSURANCE CO & POLICY II 1 TOP 15	HIOM TO
15 2	VEHICLE YES NO CHARGE HITE RUN, DUI, DWLS 3RD UNIT 02 MOTOR YEHICLE PEDAL- OYCLE PEDESTRIAN PROPERTY WES NO PHONE (360) 442-1342	1 35
16	T UDDI 5	38
17	LAST NAME WADO! FIRST NAME NITIAL STREET 2400 TALLEY WAY	1 4 37
18	NEW ADDRESS L. 2400 TALLET VVA T	38
		39
19	DRIVER'S CTATE COV D.Q.B.	40
20	LICENSE # STATE SEA MMDDYYYY	
21	ON DUTY STATUS AIRBAG RESTR. EJECT TILLUSE CLASS	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE STATE STATE	1 41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT VEHICLE TOWED BY FIEGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA	42
 1	LABILITY INSURANCE INSURANCE CO A POLICY # STANDING TO STANDING THE STANDING TO STANDING THE STANDING TO STANDING THE STAN	
25	OFFICER'S NAME (PRINT) MARCH, J. BADGE OR ID # AGENCY WASHINGTON STATE PATROL	
26	PAGE 01 OF 4	

PART A 3000-345-159 R 17705)
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





REPORT NO.

E361266

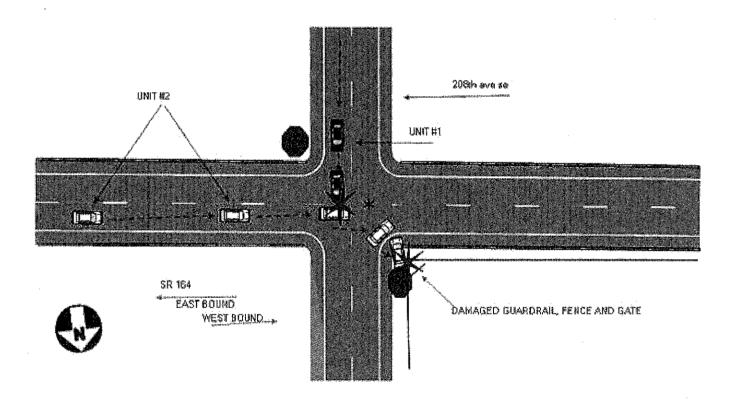
CASE#

14-017366

	ADI	DITIONAL PERS	ONS INVOLVE	D (PASSEN	BERS AND/OR	WITNES	SES ONLY)			
NAME (LAST, FIRST, MIDDLE INITIAL)	STANKO	OVIC II, JOHN	1R							
ADDRESS & PHONE # 15509 NE 5TH ST Vancouv	er, WA 9868	4				SEX	D,O.B.	8 -	8 -	1989
PASSENGER WITNESS UN	ÚT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELME USE	T INJURY CLASS		NATURE OF INJU	RIES
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY	_	-	
PASSENGER WITNESS UN	NT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELM8 USE	T INJURY CLASS		NATURE OF INJUI	RIES
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #						SEX	D.O.B.	-	-	
PASSENGER WITNESS UN	√T#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELME	T INJURY		NATURE OF INJUI	RIES
<u> </u>			D	IAGRAM	<u> </u>					
				1					IND	ICATE NORTH
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				ARRATIV	É		-			
Please see subsec	quent narr	rative page(s)							
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L CERTIFY (DECLARE) UNDER PE	NALTY OF PERJU	JRY UNDER THE LA	WS OF THE STAT	TE OF WASHI	NGTON THAT TH	HE FORE	SOING IS TRUE A	ND CORF	BECT. (RCW 9A	.72.085)
J. MARCH		_		10/1/2	2014					
INVESTIGATING OFFICER'S SIGNATU	JRE	UNIT OR DIS	ST. DET	DATED			LACE SIGNED			
APPROVED BY Lane, Sgt. G.	153				DAT					
BADGE OR ID# 792	ORI	# WAWSPO)504		TIME POLICE DISPA	ATCHED 1	1:55 PM	TIME PO	DLICE ARRIVED	11:58 PM

Narrative

VEHICLE 1 WAS TRAVELING NORTH ON 15 AT MP 20. VEHICLE 1 STRUCK THE GUARD RAIL, JUST SOUTH OF EXIT 21. VEHICLE 1 LOST ITS RIGHT FRONT WHEEL AT THE COLLISION SCENE. VEHICLE 1 CONTINUED NORTH, TAKING EXIT 21 INTO WOODLAND.



	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	REPORT NO. E3	52500 1	
1 1	INTERSTATE CITY STREET RESULTED STOLEN COST ASSE		3	0 5
	STATE ROUTE V OTMER STOLER LOCAL AC CODIT	007426 007426	3	
2 1	TRIBAL TOTAL & UNITS	OF 4 OBJECT Fence	1	1 8 28
3 1		0UNTY # MILES	OF V 0410 2	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION V NON-INTERSEC	TION BLOCK NO.		
4a	SR 164	MILE POST 🗸	10 98	0 1 29
5	DISTANCE MILES N E 208TH AVE	SE		
	UNIT 01 MOTOR PEDAL- CYCLE	DAMAGE THRESHOLD MET YES NO PHONE		0 1 30
6 1	LAST NAME	FIRST NAME	MIDDLE D	
_	STREET NEW ADDRESS			
7	СПУ	ST WA ZIP	1	1 2 31
8	CDL RESTRICTIONS	ENDORSEMENTS	2	2
9 2	DRIVER'S LICENSE#	ATE WA SEX M D.O.B.	3	
10 9	ANDRES 2 PROTE 4 FIRST 1 HE	MET 2 INJURY 1 NATURE OF INJURIES	. 1	1 2 32
	LICENSE STATE WA VIN#	30 0000	2	:
11 3 5	TRAILER	TRAILER PLATE#	STATE	
12 5 0	VEH. YEAR 2003 MAKE A44D STYLE A4D	VEHICLE TOWED BY YES NO FREDS TOWING	GOVT VEHICLE YES NO	FROM IO
13 4	BEVIOLEDES VIVA	I TREES TO SAILE	VEHICLE NO. 1 SHADE IN DAMAGED AREA	5 1 33 EHOM TO
14 4	LIABILITY INSURANCE INSURANCE OF SPOLICY IN FERCY VES NO CITATION # CTATION # 4Z0780229	IARGE	9 ТОР	3 7 34
15 2	UNIT 02 MOTOR VEHICLE V PEDESTRIAN PROPER OWNER	ATL TO RTY DAMAGE THRESHOLD MET PHONE YES NO PHONE	B 7 6	4 35
16 2	LAST NAME	FIRST NAME	MIDDLE INITIAL	4 35
17	STREET NEW ADDRESS			37
18	ory ENUMCLAW	ST WA ZIP		38
19	CDL RESTRICTIONS	ENDORSEMENTS L		39
20	DRIVER'S	TATE WA SEX F D.O.B.		40
21	LIDENOE #	NATURE OF INJURIES	U.DED.	
22		JSE 2 CLASS 7 SORE PAIN IN SHOU	JLDEK	
23	LICENSE PLATE WA VIN#	TRAILER I		
	PLATE #	TRAILER PLATE # VEHICLE TOWED TOWED BY	STATE GOVT_VEHICLE	41
24	VEH. YEAR 2013 ACUR MODEL STYLE 4D REGISTERED OWNER INFO.	YES NO TOWED BY FREDS TOWING ENUMCLAW	GOVT VEHICLE YES NO V VEHICLE NO. 2 SHADE IN DAMAGED AREA	1 42
·	LIABILITY INSURANCE INSURANCE A POLICY F. VEHICLE YES IND CITATION # CI	HARGE	9 TOP 5	
25	OFFICER'S NAME (PRINT)	BADGE OR ID # AGENCY	6 7 6	
26	HARDERSEN, T.	0605 WASHING	GTON STATE PATROL	

PART A PA





REPORT NO.

E352500

CASE #

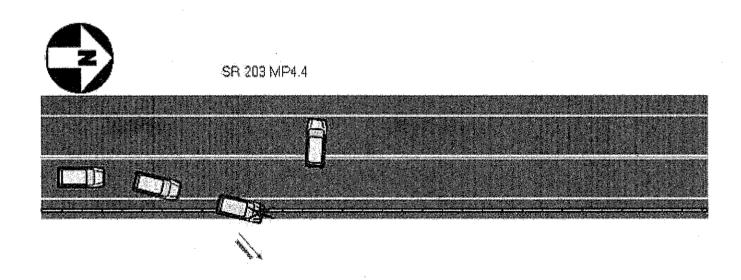
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)						
NAME (LAST, FIRST, MIDDLE INITIAL)						
SEX F D.O.B. MMDDYYYY	-					
PASSENGER WITNESS UNIT # 1 SEAT 3 AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 NA	URE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)						
ADDRESS & PHONE : SEX F D.O.B. MMODYNYY						
PASSENGER WITNESS UNIT # SEAT AIRBAG RESTR. EJECT HELMET UNIT WISE CLASS	URE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)	·					
ADDRESS SEX F D.O.B. SEX F MMODYYYY						
	URE OF INJURIES					
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	こ /ひぐい ひょうひ ひりこ					
	1. (NGW 8A.72.000)					
T. HARDERSEN 8/29/2014 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED	I. (NGW 9A.72.009)					
T. HARDERSEN INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATE DATE DATE DATE	1. (now sa. / 2.065)					

	SUPPLEMENTAL SUPPLEMENTAL	REPORT NO. E352500
	POLICE TRAFFIC COLLISION REPORT	CASE #
1 1	COMMERCIAL MOTOR CARRIER	INTERSTATE INTRASTATE . 3
2 1	UNIT # USDOT	ICC # VEHICLE TYPE CARGO BODY TYPE
	OARRIER NAME	2
3 1	CARRIER ADDRESS	3
	CITY	ST ZIP
4	NAME II GVWR	PLACARD + NAME IF NO NUMBER
la	ADDITIONAL UNITS	
5	UNIT # 3 MOTOR PEDAL- PEDESTRIAN	PROPERTY OWNER PHONE PHONE
	LAST NAME	FIRST NAME MIDDLE INITIAL
	STREET NEW ADDRESS	
6 1	OITY ENUMCLAW	ST WA ZIP
	CDL RESTRICTIONS	ENDORSEMENTS
7	DRIVER'S LICENSE #	STATE SEX M D.O.B.
8	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS
9	LICENSE PLATE # STATE	VIN# 3
10	TRAILER PLATE# STATE	TRAILER STATE 2
	VEH. YEAR MAKE MODEL STYLE	VEHICLE TOWED BY VES NO TOWED BY VES NO 3
12	REGISTERED OWNER INFO.	SHADE IN DAMAGED AREA
13	LIABILITY WSURANCE INSURANCE CO & POLICY # VEHICLE YES NO CO CITATION # .	CHARGE 70 TO TO THE TOTAL TO TH
	STATIONS MOTOR PEDAL-	PROPERTY DAMAGE THRESHOLD MET PHONE
15		
	STREET 14700 DAYTON RD	FIRST NAME MIDDLE INITIAL
16	NEW ADDRESS L. 147 00 DAT TON TO	
17	OITY SHORELINE	ST WA ZIP 98155
18	CDL RESTRICTIONS	ENDORSEMENTS ENDORSEMENTS
4,	DRIVER'S LIGENSE #	STATE SEX D.O.B. MMDDYYYY
19	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS
20	LICENSE PLATE # STATE	VIN#
21	TRAILER PLATE # STATE	TRAILER PLATE # STATE
22	VEH. YEAR MAKE MODEL STYLE	VEHICLE TOWED BY YES NO TOWED BY YES NO TOWED BY
23	REGISTERED OWNER INFO.	SHADE IN DAMAGED AFEA
24	LIABULTY INSURANCE NIGHT NAME OF CO S POLICY # POLICY # CITATION # STANDING NO CITATION #	CHARGE 19 TOP 5
	I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE S	STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)
25	T. HARDERSEN INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET	8/29/2014 DATED: PLACE SIGNED
26	BADGE ORIO# 0605 ORI WAWSP0217	APPROVED BY DATE PAGE 3 OF 5
	URIDIT 0000 # VV/VVIOT 0217	Zimmer PAGE 3 OF 3

Narrative

UNIT #1 TRAVELING NORTHBOUND 208TH AVE SE. UNIT #2 TRAVELING WESTBOUND SR 164. UNIT #1 FAILED TO YIELD AT STOP SIGN, ENTERED ROADWAY CONTINUING NORTH AND COLLIDED WITH DRIVERS SIDE OF UNIT #2. UNIT #2 ROTATED AND SLID ACCROSS ROADWAY. UNIT #2 LEFT ROADWAY AND COLLIDED WITH D.O.T. GUARDRAIL AND PROPERTY OWNERS FENCE AND GATE.



		1 5 0 27
1 1 2 1	STATE ROUTE V OTHER COUNTY PD PRIVATE WAY DIRECT STRUCK GUARDING GUAR	3 28
3 1	DATE OF 8 - 26 - 2014 1713 17 10 00 N E IN 0335	3
4	ON (PRIMARY TRAFFIC WAY) NON-INTERSECTION BLOCK NO. MILE POST OF (REFERENCE OR CROSS STREET)	1 9 29
5	200 00 MILES N V E NE 16TH ST UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE PHONE DAMAGIE THRESHOLD MET PHONE YES NO	30
ß 2	LAST NAME PIRST NAME NITUAL E	
1 	STREET NEW ADDRESS	
7	CITY CARNATION ST WA ZIP 980146419	1 2 31
8	CDL RESTRICTIONS B ENDORSEMENTS	2
9 9	DRIVER'S LICENSE#	3
10	ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET 2 INJURY CLASS 6 WRIST	32
11 5 5	STATE WA VIN	3
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	<u> </u>
13 2	VEH. YEAR 2015 SÜBA FÖRESTER UT VEHICLE TOWED BY VEHICLE TOWED BY VEHICLE NO. 1	5 1 33
14	SHADE IN DAMAGED AREA LIABILITY INSURANCE CO IN EFFECT INSURANCE CO A POLICY II 1 1 1 1 1 1 1 1 1 1 1 1	FROM TO
15 2	VEHICLE YES NO CHARGE CHARGE DRIVING WITH WHEELS OFF B 7 6	4 35
16	MIDDLE	36
17	STREET T 15700 DAYTON AVE N	37
18	OITY SEATTLE ST WA ZIP 98133	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S CTATE CETY D.Q.B.	40
21	CURING STATES NATURE OF INJURIES	
22	LICENSE PLATE#	
23	TRAILER PLATE # STATE PLATE # STATE	1 41
24	VEH. YEAR	1 41
24	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA	
25	LIABULTY INSURANCE INSURANCE CO & POLICY # VENULY YES NO CHARGE CHARGE	
26	OFFICER'S NAME (PRINT) GAFFIN, K. BADGE OR ID # AGENCY WASHINGTON STATE PATROL	

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





REPORT NO.

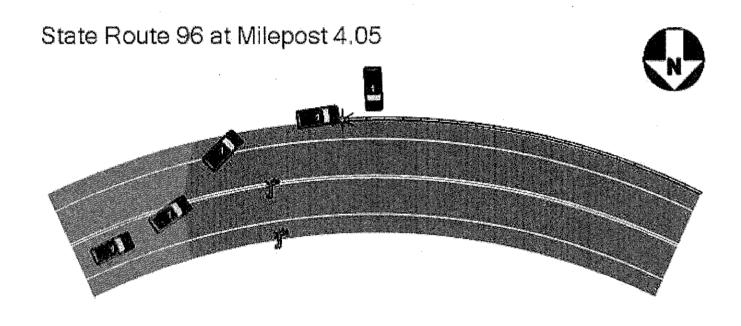
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NAME (LAST, FIRST, MIDDLE INITIAL)							
ADDRESS & PHONE #				SEX D.C	D.B.		
PASSENGER WITNESS UNIT #	SEAT POS.	AIRBAG REST	R. EJECT	HELMET USE	INJURY CLASS	NATURE OF INJU	RIES
NAME (LAST, FIRST, MIDDLE INITIAL)							
ADDRESS & PHONE #				SEX D.C	D.B.		
PASSENGER WITNESS UNIT #	SEAT POS.	AIRBAG REST	R. EJECT	HELMET USE	INJURY CLASS	NATURE OF INJU	RIES
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Please see subseque	ent narrative page(s	3)					
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I CERTIFY (DECLARE) UNDER PENALT	Y OF PERJURY UNDER THE LAW	VS OF THE STATE OF V	VASHINGTON THAT TH	E FOREGOING I	S TRUE AND COR	RRECT. (RCW 9A	.72.085)
K. GAFFIN			0/2/2014				
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST	DET D	ATED	PLACE SI	GNED		
APPROVED BY Cozzitorto, Sgt. I	P. 145		DATE	<u> </u>			
BADGE OR ID # 955	ORI# WAWSPO	218	TIME POLICE DISPA	тонер 5:13 Р	PM TIME	POLICE ARRIVED	5:29 PM

Narrative

VEHICLE ONE WAS TRAVELING NB SR203 JUST NORTH OF NE 16TH STREET IN LANE ONE OF ONE. VEHICLE ONE SWERVED TO THE RIGHT AND COLLIDED INTO THE RIGHT SIDE GUARDRAIL. VEHICLE ACTION WAS SWERVING TO AVOID SQUIRREL.



9	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	REPORT NO. E349449	5 0 27
	INTERSTATE CITY STREET FIRE RESULTED	CASE #	Щ
12	STATE ROUTE OTHER STOLEN VEHICLE COUNTY RD PRIVATE WAY INVOLVED	LOCAL AGENCY CODING	
2 3	TRIBAL RESERVATION	TOTAL # OF 2 OBJECT STRUCK Guardrail	28
36	M M D D Y Y Y Y TIME (240		
4		NTERSECTION BLOCK NO. 05	
4a	WB STATE ROUTE 96	MILE POST V) 1 29
5		HAVE SE	
	UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE	DAMAGE THRESHOLD MET YES NO PHO	30
6 6	LAST NAME	FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS L		
7	CITY SNOHOMISH	st WA zip 98296	1 2 31
8	CDL RESTRICTIONS	ENOORSEMENTS	
9	DRIVER'S LICENSE#	STATE WA SEX F D.O.B.	
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT	1 HELMET INJURY 7 NATURE OF INJURIES CHEST PAIN	32
11 3 5	LICENSE STATE WA	VIN	+
12	TRAILER PLATE # STATE	TRAILER STATE STATE	
13 2	VEH. YEAR 2010 MAKE MODEL STYLE ACUR MODEL WELL STYLE 4W	VEHICLE TOWED BY YES NO DICK'S TOWING YES NO TOWED BY YES NO T	1
14	LIABILITY INSURANCE [7] INSURANCE CO	VEHICLE NO. 1 SHADE IN DAMAGED AREA FRO 9 TOP	TO MIC
15 2	N EFFECT VEHICLE VES NO CITATION # STANDING	CHARGE B 7 6	34
16	UNIT 02 MOTOR PEDAL- CYCLE PEDESTRIAN	PROPERTY OWNER DAMAGE THRESHOLD MET PHON	
LJ	LAST NAME WA DEPT OF TRANSPORTATION	FIRST NAME MIDDLE INITIAL	36
17	STREET NEW ADDRESS 15700 DAYTON AVENUE NORTH		37
18	SHORELINE	st WA zip 98133	39
19	CDL RESTRICTIONS	ENDORSEMENTS	40
20	DRIVER'S LICENSE #	STATE SEX D.O.B	
21	ON DUTY STATUS AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS	
22	LICENSE PLATE #	VIN#	
23	TRAILER PLATE # STATE	TRAILER PLATE # STATE	41
24	VEH. YEAR MAKE MODEL STYLE	VEHICLE TOWED TOWED BY YES NO YES NO	42
	REGISTERED OWNER INFO. LIABILITY INSURANCE INSURANCE CO & POLICY #	VEHICLE NO. 2 SHADE IN DAMAGED AREA	_
25	VEHICLE YES NO CITATION #	CHARGE 10 BOTTOM 8 7 6	
26	OFFICER'S NAME (PRINT) PARZYCH, J.	BADGE OR ID # AGENCY 481 WASHINGTON STATE PATROL	

PART A 3000 345-153 R 7705 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





REPORT NO.

E349449

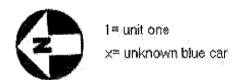
CASE #

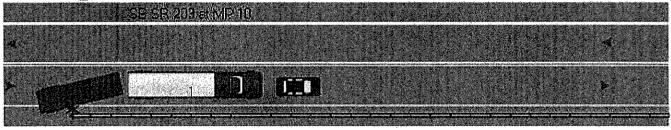
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PASSENGER	WITNESS	UNIT#	SEA POS	AIRI	BAG	RESTR.		EJECT	H	LMET USE	'	NJURY CLASS			
NAME (LAST, FIRST, MIDDLE	E INITIAL)														
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I CERTIFY (DECL	ARE) UNDER	PENALTY OF	PERJURY UN	DER THE LAWS OF	THE STA	ATE OF WAS	SHINGT	ON THA	T THE FO	REGO	ING IS T	TRUE AN	D COF	RRECT. (RCW 9/	A.72.085)
J. PARZYO	CH					8/16	6/20 ⁻	14							
INVESTIGATING C		IATURE		UNIT OR DIST. DET		DATE				PLA	CE SIGN	JED			
APPROVED BY	caiola, Sgt	; C. 163							DATE						
	-		T					l				<u> </u>			T
BADGE OR 1D #	481		ORI# V	/AWSP0706			TIM	E POLICE	DISPATCHE	D 4:	26 AN	Λ	TIME	POLICE ARRIVED	4:37 AM

Narrative

Unit #1 westbound on State Route 96. Unit #1 swerves left to avoid an animal in the roadway and leaves the roadway to the south, striking a guardrail and coming to rest in a ditch.





	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E349320	1 8 27
1 2 2 3	INTERSTATE	3 28
3 1	TRIBAL RESERVATION	3
4	ON (PRIMARY TRAFFIC WAY) SB SR 203 BLOCK NO. 10 00 MILE POST 10 00	0 6 29
5	0 15 MILES V N V E 296TH AVE FEET S W DAMAGE THRESHOLD MET PHONE	
6 1	UNIT 01 MOTOR VEHICLE V CYCLE FIRST NAME FIRST NAME MIDDLE INITIAL B	30
<u></u>	STREET NEW ADDRESS	
7	CITY REDMOND ST OR ZIE	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	3
9	DRIVER'S LICENSE # OR SEX M D.O.B. MMDDYYYY NATURE OF INJURIES	32
10	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 USE CLASS 1	2
11 5 0	LICENSE PLATE # STATE OR VIN#	3
12	TRAILER PLATE # OR TRAILER PLATE # OR	FROM TO
13 2	VEH. YEAR 2005 MAKE PETE MODEL STYLE STEE VEHICLE TOWED BY GOVT VEHICLE IN O VEHICLE NO	1 5 33
14	LIABILITY INSURANCE IN SURANCE OF 8 POLICY # 9 TOP	34
15 2	VERGUE VES NO CITATION # CHARGE PROPERTY VES NO DAMAGE THRESHOUD MET VES NO NO PHONE (425) 739-3757	4 35
16	LAST NAME WA DOT FIRST NAME MIDDLE INITIAL	36
17	STREET T 10833 NORTHUD WAY NE	37
18	OTTY BELLEVUE ST WA ZIP 98004	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES	
22	LICENSE STATE VIN#	·
23	TRAILER PLATE # STATE PLATE # STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE TOWED YES NO TOWED BY	42
	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE O & POLICY # POLICY #	
25	VENCLE YES NO CHARGE CHARGE CHARGE CHARGE	
26	PORTER, M. BADGE OR ID # 1153 AGENCY WASHINGTON STATE PATROL	

PAGE 01 OF 5
UNDER 23 UNITED STATES CODE – SECTION 409, THIS DATA CANNOT BE USED IN DISCOVERY OR AS EVIDENCE
AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA





REPORT NO.

E349320

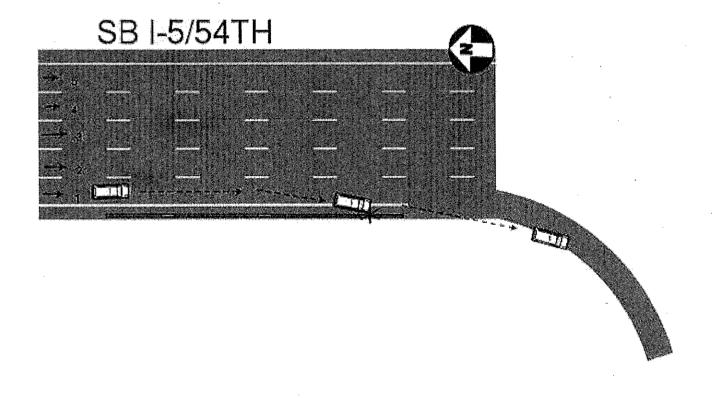
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			ADDITIO	ONAL PERSO	NS INVOLV	ED (PASSENC	ERS AND/O	R WITNES	SES ONLY)			
NAME (LAST, FIRST, MIDDLE)	NITIAL)											
ADDRESS & PHONE #			•	*******				SEX	D.O.B. ммррүүүү			
PASSENGER V	VITNESS	UNIT#	S	EAT OS.	AIRBAG	RESTR.	EJECT	HELM USE	ET INJURY CLASS		NATURE OF INJUR	RIES
NAME (LAST, FIRST, MIDDLE)	NITIAL)											
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PASSENGER V	VITNESS	UNIT#	S	EAT OS.	AIRBAG	RESTR.	EJECT	HELM UŞE	ET INJURY CLASS		NATURE OF INJUR	RIES
NAME (LAST, FIRST, MIDDLE)	NITIAL)											
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PASSENGER V	VITNESS	UNIT#	S	EAT OS.	AIRBAG	RESTR.	EJECT	HEL M USE	ET INJURY CLASS		NATURE OF INJUR	VES
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INVESTIGATING OF		ATURE		UNIT OR DIST.	DET	DATED		Ĭ	PLACE SIGNED			
	nter, D. 1					······································	D	DATE				
BADGE OR ID #	1153		ORI#	WAWSP02	215		TIME POLICE DIS	SPATCHED	10:15 AM	TIME P	OLICE ARRIVED	10:49 AM

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	STREET NEW ADDRESS																		Ĺ		L
	OITY										ST		ZIP						ı		
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٠	TRAILER PLATE#	,					STATE		1	RAILER PLATE #	1						STATE			ㅓ	L
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	1 CERTIFY (DECLA	RE) UNDER	PENALTY O	F PERJURY (JNDER TH	E LAWS	OF THE S	TATEO	I F WASHING	GTON THA	T THE FOR	EGOING	a IS TRUE	AND CO	RRECT. (RC	* W 9A.72,I	7 085]	6	L		•
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			SIGNALUF		UNITO				DAIED:	APPROV	/SD BV		DATE	AUE 316	חשא				ı		
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Narrative

Unit one was traveling SB SR 203 at mile post 10. An unknown small blue car braked hard in front of unit one. Unit one is a large commercial truck and had to brake hard for the slowing blue car. The blue car was not impacted and continued SB. The second trailer for unit one drifted off the roadway on the right shoulder and impacted the Washington Department of transportation guard rail. The trailer bent and pulled approximately 50 feet of railing out into the roadway.



(G)	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591974	1 0 1 27
	INTERSTATE V CITY STREET FIRE CASE # 14-014143	, 5 1
1 1	STATE ROUTE COTHER CHICLE CODING 008130	3
2 1	TRIBAL RESERVATION TOTAL # OF 2 OBJECT Guardrail	1 28
3 4	M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY # DATE OF COLLISION 8 - 9 - 2014 0140 27	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION INTERS	
4a	I-5 BLOCK NO.	O 1 29
5	DISTANCE OF (REFERENCE OR CROSS STREET) 500 00 MILES N S V W 54TH AVENUE	
	UNIT 01 MOTOR PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO PHONE	30
6 1	LAST NAME FIRST NAME MIDDLE INITIAL	
	STREET NEW ADDRESS L	
7	CITY ST WA ZIP	1 2 31
8	CDL RESTRICTIONS J ENDORSEMENTS	2
9 9	DRIVER'S LICENSE # STATE WA SEX M D.O.B. MMDDYYYY	3 32
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY CLASS 1 NATURE OF INJURIES	2
11 6 0	LICENSE PLATE # STATE WA VIN	3
12	TRAILER PLATE # STATE STATE STATE	
13 3	VEH. YEAR 2002 MAKE FORD WNDSTR ES VEHICLE TOWED BY FIFE TOWING GOVT, VEHICLE NO. 1	1 5 33
14	UABUTY INSURANCE SHADE IN DAMAGED AREA UABUTY INSURANCE SPOLICY # VERICLE YES NO CITATION # CHARGE	880M TD 34
15 2	FANDAYS 10 11 14-014143 DUI	1 35
16	ONTI UZ VEHICLE CYCLE PRODUCT OWNER V YES VINO (200) 304-3240	35
17	STREET T 11/11 112TH STREET E	9 7 37
18	OITY TACOMA ST WA ZIP 98444	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # STATE SEX D.O.B. MMODYYYY	40
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY NATURE OF INJURIES CLASS	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE STATE STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO VEHICLE NO. 2 SHADE IN DAMAGED AREA	42
	LIABILITY INSURANCE NSURANCE CO A POLICY #	
25	VEHICLE YES NO CITATION # CHARGE STANDING CHARGE CHARGE CHARGE BADGE OR ID # AGENCY	
26	OVEREND-PEARSON, C. 632 WASHINGTON STATE PATROL PAGE 01 OF 4	

PART A 3000 345-150 R 7/705)
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REPORT NO.

E351770

CASE # 14-014143

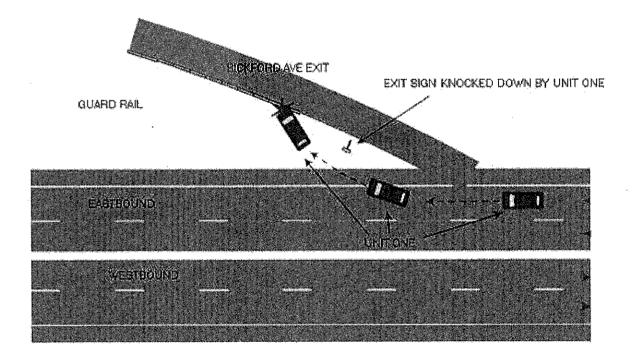
		ADDITIONAL PERS	SONS INVOLV	ED (PASSEN	GER\$ AND/	OR WITNES	SES ONLY)			
NAME (LAST, FIRST, MIDDLE INITIAL)										
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY]_[
				1 1"		1			LATURE OF INJU	DIES
PASSENGER WITNESS	UNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMI USE	T INJURY CLASS			
NAME (LAST, FIRST, MIDDLE INITIAL)										
AODRESS & PHONE #						SEX	D.O.B. MMODYYYY	-		
PASSENGER WITNESS	UNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMI UŞE	T INJURY CLASS		IATURE OF INJU	RIES
NAME (LAST, FIRST, MIDDLE INITIAL)				•		,				
ADDRESS & PHONE #						1	DOB			
						SEX	D.O.B. MMDDYYYY			
PASSENGER WITNESS	UNIT#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMI USE	INJURY CLASS		NATURE OF INJU	RIES
				DIAGRAM						
									IND	DICATE NORTH BY ARROW
Please see subs	equent	diagram page								BY ARROW
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				IARRATI	/E					
Please see subs	equent	narrative page	(s)				'			
		:								
	·									
I CERTIFY (DECLARE) UNDER F	PENALTY OF	PERJURY UNDER THE L	AWS OF THE STA	ATE OF WASHI	NGTON THAT	THE FORE	BOING IS TRUE A	AND CORRE	CT. (RCW 9A	.72.085)
C. OVEREND-PEAR	SON			8/26/	2014					
INVESTIGATING OFFICER'S SIGN		UNIT OR DI	ST. DET	DATED		Ē	LACE SIGNED			
APPROVED BY Wilson, Sgr						DATE				
					<u> </u>	Т		1		
BADGE OR ID # 632		ORI# WAWSP	0102		TIME POLICED	ISPATCHED :	1:40 AM	TIME POL	ICE ARRIVED	1:55 AM

Narrative

Veh#1 was traveling SB I-5 approaching 54th Ave in the right lane. Veh#1 left the roadway and struck a guardrail.

STATE ROUTE 2 MP 3





	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT	REPORT NO. E348817 14085	0 1 27
1 1	INTERSTATE CITY STREET FIRE RESULTED STOLEN VEHICLE COUNTY PD PRIVATE WAY TOTAL # OF 1	Joneson Co	
3 1	RESERVATION UNITS UNITS UNITS UNITS UNITS UNITS UNITS UNITS	OBJECT Guardrail	
4a	ON (PRIMARY TRAFFIC WAY) STATE ROUTE 2 DISTANCE INTERSECTION NON-INTERSECTION	BLOCK NO. 3 66	0 1 29
5	0 71 MILES V N E BICKFORD AVE	WAGE THRESHOLD MET PHONE (360) 316-9575	·
6 1	LAST NAME FIRST NAME	N. DLE	30
	STREET NEW ADDRESS AND ADDRESS	NITIAL .	
7	CITY ARLINGTON	ST WA ZIP	1 2 31
8	CDL RESTRICTIONS C	ENDORSEMENTS 2	
ş 9	DRIVER'S LICENSE # STATE WA	SEX F D.O.B.	
10	ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE C	NURY 1 NATURE OF INJURIES	32
1160	LIGENSE PLATE # STATE WA VIN#	2	
12	TRAILER STATE TRAILER PLATE #	STATE	
13 3	VEH. YEAR 2008 CHEV MODEL STYLE VEHICLE TOWN YES VIOLE TOWN	TOWED BY GOVT_VENICLE YES NO VEHICLE NO. 1	7 3 33
14	LIABILITY MOURANCE INSURANCE CO & POLICY #	SHADE IN DAMAGED AREA	10 34
15 2	PROPERTY DAIL	T DRIVING 2ND DEGREE 8 7 6	1 35
16	UNIT 02 MOTOR PEDAL- PEDAL- PEDESTRIAN PROPERTY VEHICLE VEHICLE CYCLE PEDESTRIAN FIRST NAME	MIDDLE INITIAL	36
17	STREET	1 INITIAL	0 8 37
18	NEW ADDRESS CITY	ST ZIP	38
19	CDL RESTRICTIONS	ENDORSEMENTS	39
20	DRIVER'S LICENSE # STATE	SEX D.O.B	40
21	ONDURY CATTURE ANDROC DECYP FIRST HELMET IN	NATURE OF INJURIES	
22	LICENSE PLATE # STATE VIN#		
23	TRAILER STATE TRAILER PLATE #	STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWE YES NO	<u> </u>	42
لــــــ	REGISTERED OWNER INFO. LIABILITY INSURANCE INSURANCE CO IN EFFECT INSURANCE IN EFFECT	VEHICLE NO. 2 SHADE IN DAMAGEO AREA 2 3 4 9 TOP 5	
25	VEHICLE YES NO CITATION # CHARGE	10 BOTTOM 8 7 6	
26	OFFICER'S NAME (PRINT) MCGEE, M. 691	WASHINGTON STATE PATROL	

PART A 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





REPORT NO.

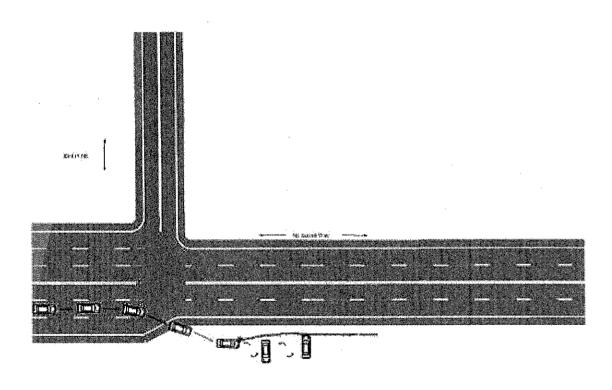
E348817

CASE # 14-014085

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/O	OR WITNESSES ONLY)
NAME (LAST, FIRST, MIDDLE INITIAL)	
ADDRESS & PHONE #	SEX D.O.B. MMDDYYYY
PASSENGER WITNESS UNIT # SEAT AIRBAG RESTR. EJECT	HELMET INJURY USE CLASS NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)	
ADDRESS & PHONE #	SEX D.O.B. MMCDYYYY
PASSENGER WITNESS UNIT # SEAT AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS
NAME (LAST, PIRST, MIDDLE (NITIAL)	
ADDRESS & PHONE #	SEX D.O.B.
PASSENGER WITNESS UNIT # SEAT AIRBAG RESTR. EJECT	HELMET INJURY NATURE OF INJURIES USE CLASS
DIAGRAM	
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Please see subsequent diagram page	INDICATE NORTH BY ARROW
The second control of	
NARRATIVE Please see subsequent narrative page(s)	
i lease see subsequent haltauve page(s)	
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT M. MCGEE 8/13/2014	TTHE FOREGOING IS TRUE AND CORRECT, (RCW 9A.72.085)
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED	PLACE SIGNED
	DATE
BADGE OR ID # 691 ORI # WAWSP0706 TIME POLICED	DISPATCHED 10:36 AM TIME POLICE ARRIVED 10:50 AM

Narrative

Unit one was travelling east on State Route two approaching Bickford Ave exit. The driver of unit one fell asleep at the wheel and drifted to the right crossing the gravel area just beyond the paved gore point of the Bickford Ave exit. Unit one struck the exit sign and then struck the guard rail damaging approximately 50 to 75 feet of gaurd rail.





	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E346343	3 2 27
	INTERSTATE CITY STREET RESULTED CASE # 14-202164	2
1 1	STATE ROUTE V OTHER STOLEN LOCAL AGENCY 402HO COUNTY RD PRIVATE WAY INVOLVED	3
2 1	TRIBAL RESERVATION 2 OBJECT Guardrail	1 28
3 4	M M D D Y Y Y Y TIME (2400) COUNTY# MILES N E IN	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION D NE BOTHELL WAY BLOCK NO. M 8300	
4a	DISTANCE OF (REFERENCE OR CROSS STREET)	0 1 29
5	200 00 MILES N E W 83RD PL NE	
	UNIT 01 MOTOR VEHICLE V CYCLE DAMAGETHRESHOLD MET VES NO DAMAGETHRESHOLD MET	30
6 1	LAST NAME FIRST NAME MIDDLE INITIAL M	
	STREET 4512 NE 7TH PL	
7	CITY RENTON ST WA ZIP	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
g 9	DRIVER'S LICENSE # STATE WA SEX F D.O.B. MMDDYYYY	3
10	ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET 2 INJURY CLASS 1	1 52
11 4 0	LICENSE PLATE # STATE WA VIN# J	3
12	TRAILER PLATE # STATE STATE STATE	<u> </u>
13 4	VEH. YEAR 2001 MAKE NO ACD4D STYLE 4D VEHICLE TOWED BY RAINBOW TOWING SES NO VEHICLE NO. 1 SHADE IN DAMAGED AREA	7 3 33 FROM TO
14	LIABILITY INSURANCE INSURANCE INSURANCE CO 8 POLICY A 9 TOP VENICITY VES NO CHARGE	34
15 2	SPED TOO FAST TO AVOID B 7 6 UNIT 02 WOTOR CYCLE PEDAL- CYCLE PEDESTRIAN PROPERTY VES NO PHONE (360) 705-7000	9 35
16	LAST NAME WSDOT FIRST NAME MIDDLE INITIAL	36
17	STREET NEW ADDRESS 310 MAPLE PARK AVE SE PO BOX 47300	37
81	OLYMPIA ST WA ZIP 98504	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY -	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS MATURE OF INJURIES	
22	LICENSE STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
24	VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT. VEHICLE TOWED BY YES NO STORE NO. 2	42
	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE INSURANCE CO A POLICY #	
25	CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE AGENCY BADGE OR ID # AGENCY	
26	MCDONALD, SCOTT 64837 KPD	

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





REPORT NO.

E346343

CASE #

14-202164

		ADDITIONAL PER	SONS INVOLV	/ED (PASSEN	GERS AND/OF	R WITNESSE	S 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 INJUR	RIES
NAME (LAST, FIRST, MIDDLE INMAL)										
ADDRESS & PHONE #						SEX	D.O.B. MMODYYYY		-	
PASSENGER WITNESS	UNIT#	SEAT POS.	AIRBAG	RESTR.	EJEĆT	HELMET USE	INJURY CLASS		NATURE OF INJUR	NES
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 INJUI	PIES
	•			DIAGRAM						
									IND	CATE NORTH BY ARROW
Please see subs	sequent	diagram page							l l	Y ARROW
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Please see subs	sequent	narrative page								

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LOCATION (DECLASE) (WISSEL	DENIALTY &	DED HIDW LINDER THE	LAMO OF THE OT	ATE OF WIAD!	MOTOR THE	HE EADEAA	INICA NO TENER AND	n corr	ጋርስፕ <i>ከሚ</i> መረ ላ	70 0951
I CERTIFY (DECLARE) UNDER SCOTT MCDONALI	•	· MERJURY UNDER THE	LAWS OF THE ST	TATE OF WASHI 8/4/2		ME FUREGO	ING IS IRUE AN	iu CORF	ricgii, (RÇW 9A	rz.U85)
INVESTIGATING OFFICER'S SIG		UNIT OR I	DIST, DET			PLA	CE SIGNED			
APPROVED BY Sether, C.	G 69472	!			DA	VIE.				
BADGE OR ID # 64837		ORI# WA0174	1900		TIME POLICE DISI	PATCHED 2:4	45 AM	TIME PO	DLICE ARRIVED	2:49 AM

Narrative

Unit #1 was travelling E/B on NE Bothell Way when Unit #1 driver apparently fell asleep near 83rd PL NE and drove off of the roadway and hit a guard rail. Unit #1 spun several times before coming to a rest between the guardrail and a retention wall. Unit #1 driver did not report any injuries at the scene. Unit #1 was towed from the scene at the owner's expense. Unit #1 driver was issued an NOI for Failure to Control the Vehicle's Speed to Avoid a Collision (RCW 46.61.400.1).

· (9)	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E346343	3 2 27									
	INTERSTATE CITY STREET FIRE RESULTED CASE # 14-202164	2									
11	STATE ROUTE V OTHER STOLEN VEHICLE LOCAL AGENCY 402H0 COUNTY RD PRIVATE WAY INVOLVED	3									
2 1	TOTAL # OF 2 OBJECT STRUCK Guardrail	1 28									
3 4	M M D D Y Y Y Y TIME (2400) COUNTY # MILES N E IN V O609	3									
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. PRODUCTION PRO	O 1 29									
4a	NE BOTHELL WAY DISTANCE OF (HEFFERENCE OR CROSS STREET) BLOCK NO.										
5	200 00 MILES N E W 83RD PL NE										
	UNIT 01 MOTOR VEHICLE V PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO PHONE										
6 1	LAST NAME FIRST NAME MIDDLE INITIAL	>									
	STREET NEW ADDRESS										
7	CITY RENTON ST WA ZIP	1 2 31									
8	CDL RESTRICTIONS ENDORSEMENTS	2									
9 9	DRIVER'S LICENSE # STATE WA SEX F D.O.B. MMDDYYYY	3									
16	ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES	32									
11 4 0	LICENSE PLATE # STATE WA VIN#	3									
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	<u> </u>									
13 4	VEH. YEAR 2001 MAKE NO ACD4D STYLE VEHICLE TOWED BY RAINBOW TOWING REGISTERED OWNER INFO. WEHICLE NO. 1 SHADE IN DAMAGED AREA	7 3 33 FROM TO									
14	LIABULTY NISURANCE INSURANCE INSURAN	34									
15 2	UNIT 02 MOTOR PEDAL PEDESTRIAN PROPERTY WENGLE PEDESTRIAN PROPERTY WENGLE PHONE (360) 705-7000	9 35									
16	LAST NAME WSDOT FIRST NAME MIDDLE INITIAL	36									
17	STREET NEW ADDRESS 310 MAPLE PARK AVE SE PO BOX 47300	37									
18	OITY OLYMPIA ST WA ZIP 98504	38									
19	CDL RESTRICTIONS ENDORSEMENTS	40									
20	DRIVER'S LIGENSE # SEX D.O.B. MMDDYYYY										
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET INJURY CLASS NATURE OF INJURIES										
22	LICENSE PLATE # VIN#										
23	TRAILER PLATE # STATE STATE STATE	1 41									
24	VEH. YEAR MAKE MODEL. STYLE VEHICLE TOWED BY GOVT. VEHICLE VES NO REGISTERED OWNER INFO.	42									
_ 	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA UABILITY INSURANCE A POLICY # NEFECT NECESTRATE OF THE PROPERTY										
25	VEHICLE YES NO CITATION # CHARGE OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY										
26	MCDONALD, SCOTT 64837 KPD										

PART A PAGE 01 OF 4
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AT TRIAL IN ANY ACTION FOR DAMAGES AGAINST THE WSDOT, OR ANY JURISDICTIONS INVOLVED IN THE DATA





REPORT NO. | E346343

· · · · · · · · · · · · · · · · · · ·		·	ADDITIONA	L PERSONS INV	OLVE	D (PASSE)	NGERS A	ND/OR W	INESSE	S ONLY)	 -		
NAME (LAST, FIRST, MIDD	LE INITIAL)												
ADDRESS & PHON	E #								SEX	D.O.B.			
				T	1 1	1	-				!	NATURE OF INJU	IRIES
PASSENGER	WITNESS	UNIT#	SEAT POS.	AIRBAG	•	RESTR.	EJE	ст	HELMET USE	INJURY CLASS			
NAME (LAST, FIRST, MIDD													
ADDRESS & PHON	Ε β .								SEX	D.O.B. MMDDYYYY			
PASSENGER	WITNESS	UNIT#	SEAT POS.	AIRBAG		RESTR.	EJE	ст	HELMET USE	INJURY CLASS		NATURE OF INJU	RIES
NAME (LAST, FIRST, MIDD	LE INITIAL)												
ADDRESS & PHON	E#								SEX	D.O.B. MMDDYYYY		7.	
		Y Y			T 1	<u> </u>						NATURE OF INJL	BIES
PASSENGER	WITNESS	UNIT#	SEAT POS.	AIRBAG		RESTR.	EYE	CT	HELMET USE	INJURY CLASS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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			A MENOUNT ONDE	IN TIBE EMPRO OF THE	LOIMI			A. 10E	UNEGU	myo io Inoe i	TIQO OPE	HEON (HOW SA	1121000
	CDONALE OFFICER'S SIGN			NIT OR DIST. DET		B/4/2 DATED	2014	-	PLΔ	CE SIGNED			
	Sether, C.			W. OH DIGH DET		PAICL	•	DATE					
	oemer, C.	0 0047											
BADGE OR ID	# 64837		ORL# WA	.0174900			TIME POL	ICE DISPATO	HED 2.	45 AM	TIME P	OLICE ARRIVED	2.49 AM

Narrative

Unit #1 was travelling E/B on NE Bothell Way when Unit #1 driver apparently fell asleep near 83rd PL NE and drove off of the roadway and hit a guard rail. Unit #1 spun several times before coming to a rest between the guardrail and a retention wall. Unit #1 driver did not report any injuries at the scene. Unit #1 was towed from the scene at the owner's expense. Unit #1 driver was issued an NOI for Failure to Control the Vehicle's Speed to Avoid a Collision (RCW 46.61.400.1).