

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



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E371560

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

CASE # 14-019103

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

DATE OF COLLISION 10 - 25 - 2014 TIME (2400) 2236 COUNTY # 27 MILES CITY # 1280

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SB I-5 BLOCK NO. 138 MILE POST 00

DISTANCE 100.00 MILES N E OF (REFERENCE OR CROSS STREET) 70TH
FEET S W

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

LAST NAME FIRST NAME LORI MIDDLE INITIAL L

STREET NEW ADDRESS

CITY TACOMA ST WA ZIP

CDL RESTRICTIONS B ENDORSEMENTS

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

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

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2004 MAKE NISS MODEL 350ZCP STYLE CP VEHICLE TOWED YES NO TOWED BY FIFE TOWING GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # VEHICLE NO. 1 SHADE IN DAMAGED AREA

VEHICLE READY TO STAND CHARGE DUI

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

LAST NAME DOT, FIRST NAME WASHINGTON MIDDLE INITIAL

STREET NEW ADDRESS 2502 112TH ST E

CITY TACOMA ST WA ZIP 98445

CDL RESTRICTIONS ENDORSEMENTS

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

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 NO. 2 SHADE IN DAMAGED AREA

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

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **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 <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)

M. DORN

11/5/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

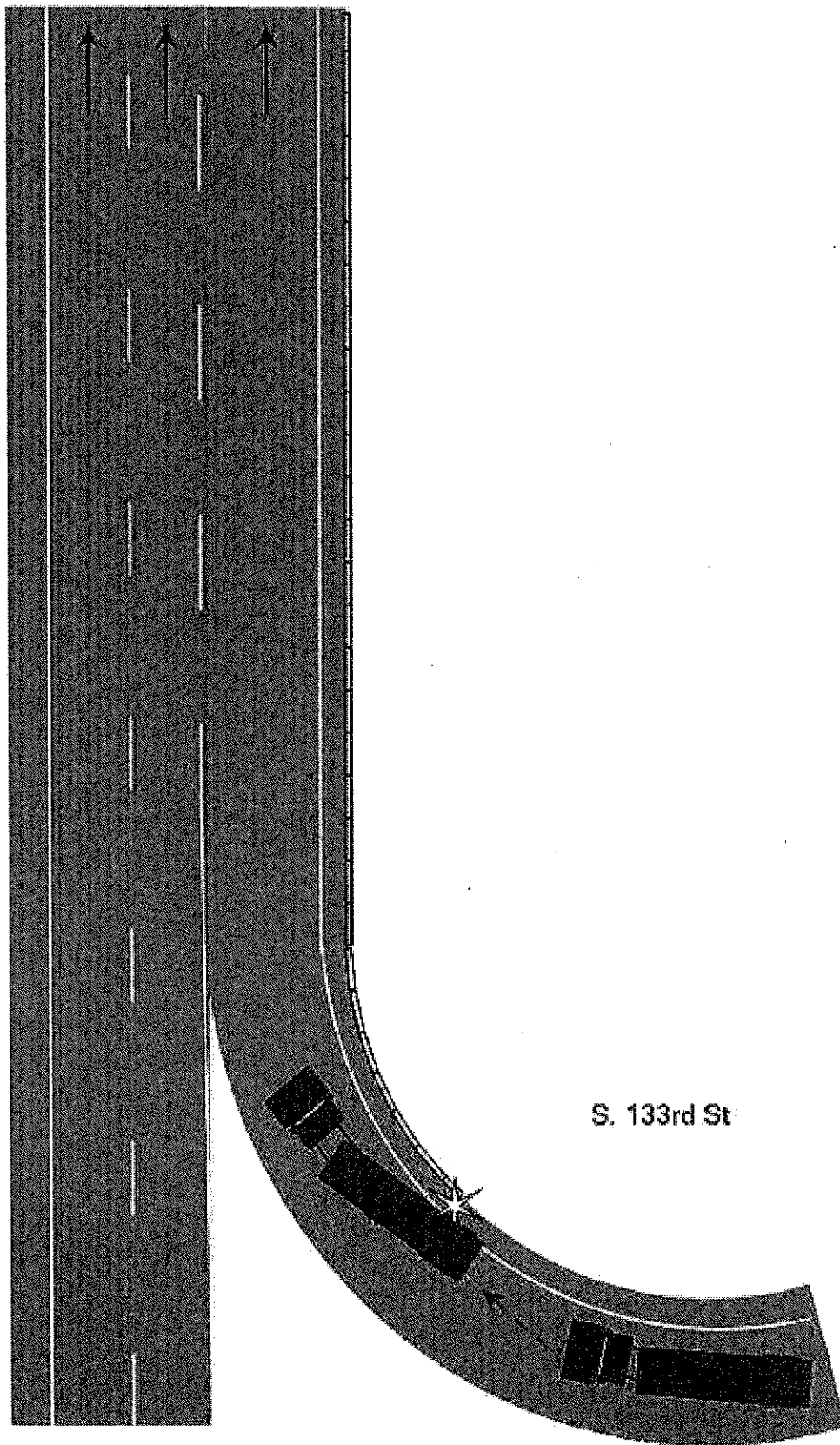
APPROVED BY Sager, Sgt. J. 234

DATE

BADGE OR ID #	586	ORI #	WAWSP0112	TIME POLICE DISPATCHED	10:36 PM	TIME POLICE ARRIVED	10:48 PM
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Narrative

UNIT ONE DRIVER IN DEFAULT LANE ONE (DRIVER UNSURE). UNIT ONE DRIVER STATED THAT SHE SWERVED 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



S. 133rd St



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E361661

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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	029736
TOTAL # OF UNITS	2
OBJECT STRUCK	Guardrail

DATE OF COLLISION	10 - 1 - 2014	TIME (2400)	0504	COUNTY #	17	MILES		CITY #	1320
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>
SB SR 599	BLOCK NO.		MILE POST	0 33

DISTANCE	500 00	MILES	<input type="checkbox"/> N <input checked="" type="checkbox"/> E	FEET	<input checked="" type="checkbox"/> S <input type="checkbox"/> W	OF (REFERENCE OR CROSS STREET)	S. 133RD ST
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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	W
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STREET NEW ADDRESS	
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CITY		ST	IA	ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE	IA	SEX	M	D.O.B.	
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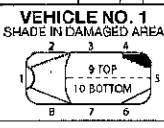
ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #		STATE	IN	VIN#	
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TRAILER PLATE #		STATE	OK	TRAILER PLATE #		STATE	
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VEH. YEAR	2011	MAKE	FRT	MODEL	SEMI	STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		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 #	
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	420831426
CHARGE	IMPROPER LANE USAGE		



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	
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LAST NAME	WSDOT	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	15700 DAYTON AVE N
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CITY	SHORELINE	ST	WA	ZIP	98133
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX		D.O.B.	
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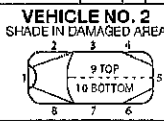
ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. 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.			
LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	
CHARGE			



OFFICER'S NAME (PRINT)	ENG, S.	BADGE OR ID #	427	AGENCY	WASHINGTON STATE PATROL
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PART A

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

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E361661**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER WITNESS UNIT # 1 SEAT POS. 3 AIRBAG 1 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 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)

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 TIME POLICE ARRIVED 5:20 AM



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E361661

CASE # _____

1

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

2

UNIT # 1 **USDOT** 53773 **ICC #** _____ **VEHICLE TYPE** 6 **CARGO BODY TYPE** 2

3

CARRIER NAME _____

4

CARRIER ADDRESS _____

4a

CITY _____ **ST** _____ **ZIP** _____

5

NAME SOURCE 1 **# AXLES** 5 **GWR** 80000 **PLACARD** **NAME IF NO NUMBER** _____

6

ADDITIONAL UNITS

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.** MDDYYYYY _____ - _____ - _____

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

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

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

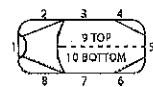
VEH. YEAR _____ **MAKE** _____ **MODEL** _____ **STYLE** _____ **VEHICLE TOWED** YES NO **TOWED BY** _____ **GOVT. VEHICLE** YES NO

REGISTERED OWNER INFO.

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

VEHICLE LEGALLY STAMPING YES NO **CITATION #** _____ **CHARGE** _____

SHADE IN DAMAGED AREA



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.** MDDYYYYY _____ - _____ - _____

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

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

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

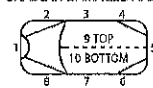
VEH. YEAR _____ **MAKE** _____ **MODEL** _____ **STYLE** _____ **VEHICLE TOWED** YES NO **TOWED BY** _____ **GOVT. VEHICLE** YES NO

REGISTERED OWNER INFO.

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

VEHICLE LEGALLY STAMPING YES NO **CITATION #** _____ **CHARGE** _____

SHADE IN DAMAGED AREA



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)

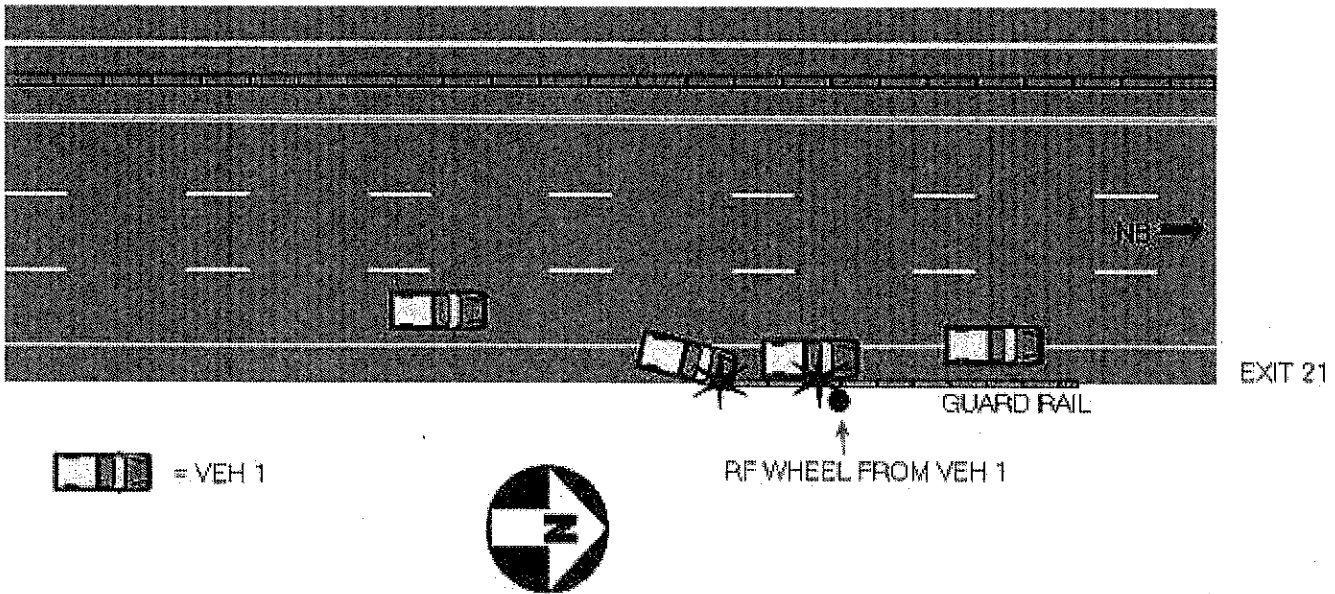
S. ENG **10/3/2014**

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

BADGE OR ID # 427 **ORI #** WAWSP0205 **APPROVED BY** Eng **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



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E361266

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

CASE # 14-017366 LOCAL AGENCY CODING 012129 TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION DATE OF COLLISION 9 - 27 - 2014 TIME (2400) 2354 COUNTY # 08 MILES CITY # 1470

ON (PRIMARY TRAFFIC WAY) INTERSECTION [] NON-INTERSECTION [checked] NB 15 BLOCK NO. 20 MILE POST 80 DISTANCE 150.00 MILES OF (REFERENCE OR CROSS STREET) EXIT 21

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

LAST NAME FIRST NAME MIDDLE INITIAL D

STREET NEW ADDRESS []

CITY WOODLAND ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY [] STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

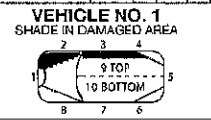
LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2003 MAKE CHEV MODEL SILVERADO STYLE PK VEHICLE TOWED YES [checked] NO [] TOWED BY JACKS TOWING GOVT. VEHICLE YES [] NO [checked]

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

VEHICLE LEGALLY STANDING YES [] NO [] CITATION # 4Z0874355 CHARGE HIT&RUN, DUI, DWLS 3RD



UNIT 02 MOTOR VEHICLE [] PEDAL-CYCLE [] PEDESTRIAN [] PROPERTY OWNER [checked] DAMAGE THRESHOLD MET YES [checked] NO [] PHONE (360) 442-1342

LAST NAME WADOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS [] 2400 TALLEY WAY

CITY KELSO ST WA ZIP 98626

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

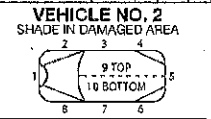
LICENSE PLATE # STATE VIN#

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 #

VEHICLE LEGALLY STANDING YES [] NO [] CITATION # CHARGE



OFFICER'S NAME (PRINT) MARCH, J. BADGE OR ID # 792 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E361266**

CASE # 14-017366

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) STANKOVIC II, JOHN R

ADDRESS & PHONE # 15509 NE 5TH ST Vancouver, WA 98684 SEX M D.O.B. MMDDYYYY 8 - 8 - 1989

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. MARCH

10/1/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Lane, Sgt. G. 153

DATE

BADGE OR ID # 792

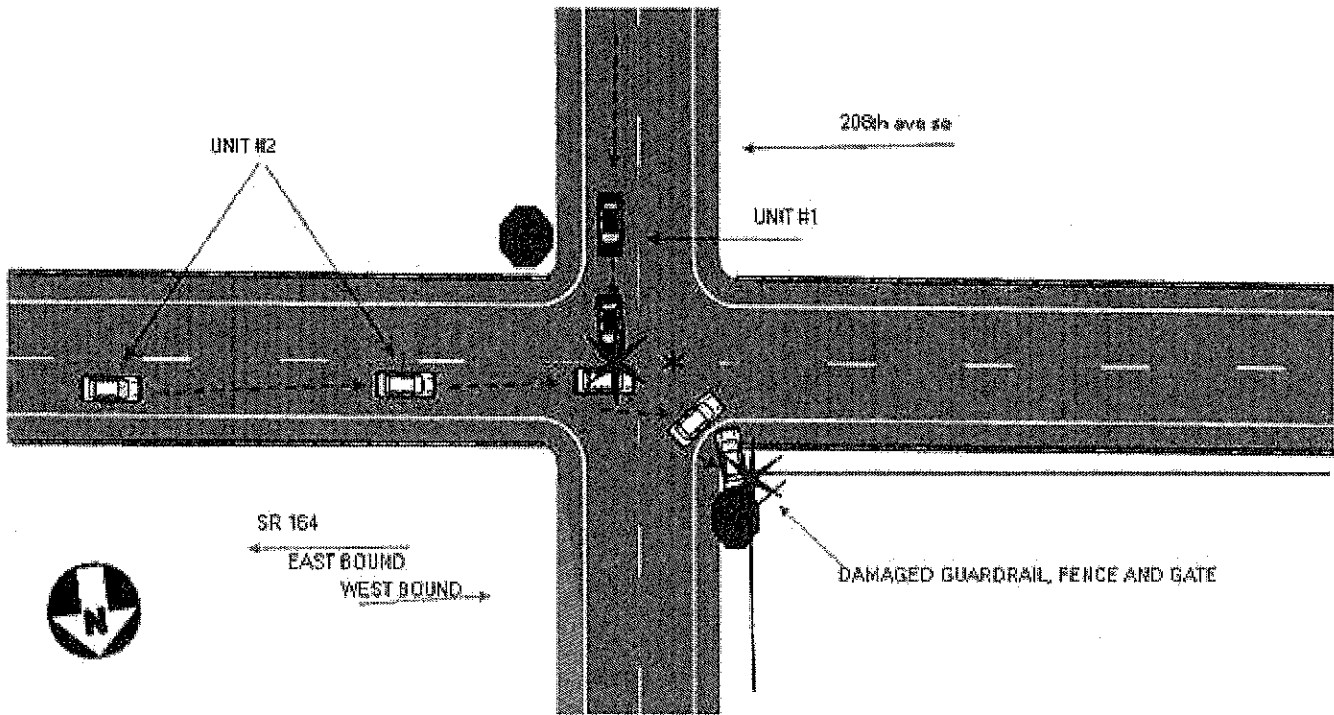
ORI # WAWSP0504

TIME POLICE DISPATCHED 11:55 PM

TIME POLICE ARRIVED 11:58 PM

Narrative

VEHICLE 1 WAS TRAVELING NORTH ON I5 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. E352500

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FROM TO 3 7 34
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INTERSTATE CITY STREET FIRE RESULTED
STATE ROUTE OTHER STOLEN VEHICLE
COUNTY RD PRIVATE WAY HIT & RUN INVOLVED

CASE #

LOCAL AGENCY CODING 007426

TOTAL # OF UNITS 4 OBJECT STRUCK Fence

TRIBAL RESERVATION

DATE OF COLLISION 8 - 26 - 2014 TIME (2400) 1341 COUNTY # 17 MILES 2 CITY # 0410

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR 164 BLOCK NO. 10 MILE POST 98

DISTANCE OF (REFERENCE OR CROSS STREET) 208TH AVE SE

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

LAST NAME FIRST NAME MIDDLE INITIAL D

STREET NEW ADDRESS

CITY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

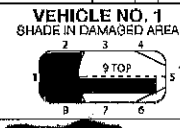
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2003 MAKE AUDI MODEL A44D STYLE 4D VEHICLE TOWED YES NO TOWED BY FRED'S TOWING GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0780229 CHARGE FAIL TO



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 ENUMCLAW ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS L

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

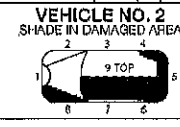
ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 7 NATURE OF INJURIES SORE PAIN IN SHOULDER

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2013 MAKE ACUR MODEL ILX4D STYLE 4D VEHICLE TOWED YES NO TOWED BY FRED'S TOWING ENUMCLAW GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. CITATION # CHARGE



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

OFFICER'S NAME (PRINT) HARDERSEN, T. BADGE OR ID # 0605 AGENCY WASHINGTON STATE PATROL

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E352500**

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]

PASSENGER WITNESS UNIT # **1** SEAT POS. **3** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

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

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

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

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

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

T. HARDERSEN 8/29/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Zimmer, Sgt. J. 286 DATE

BADGE OR ID # 0605 ORI # WAWSP0217 TIME POLICE DISPATCHED 1:42 PM TIME POLICE ARRIVED 1:55 PM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E352500

CASE #

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COMMERCIAL MOTOR CARRIER
UNIT #
USDOT
ICC #
VEHICLE TYPE
CARGO BODY TYPE
INTERSTATE
INTRASTATE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # 3 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ENUMCLAW ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

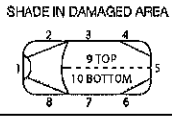
LICENSE PLATE # STATE VIN#

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 CITATION # CHARGE



UNIT # 4 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE

LAST NAME WASHINGTON STATE D.O.T FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 14700 DAYTON RD

CITY SHORELINE ST WA ZIP 98155

CDL RESTRICTIONS ENDORSEMENTS

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

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

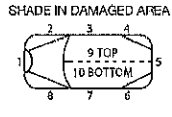
LICENSE PLATE # STATE VIN#

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 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)

T. HARDERSEN 8/29/2014
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

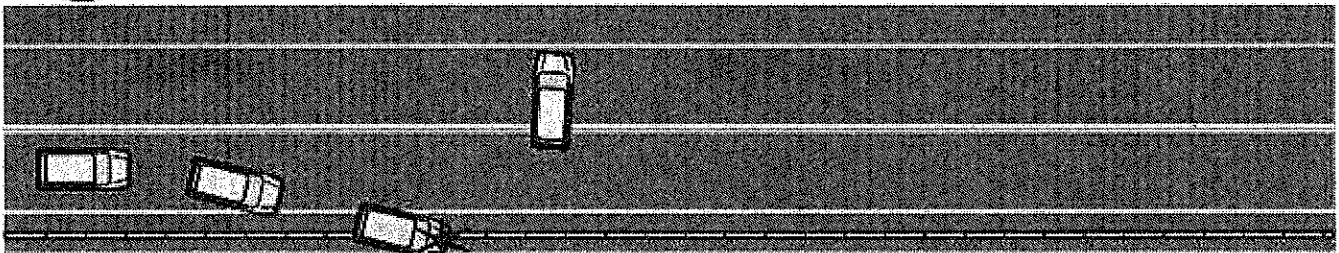
BADGE OR ID # 0605 ORI # WAWSP0217 APPROVED BY Zimmer DATE PAGE 3 OF 5

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.



SR 203 MP4.4





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E353251

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

CASE # LOCAL AGENCY CODING 007284 TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION DATE OF COLLISION 8-26-2014 TIME (2400) 1713 COUNTY # 17 MILES 10 CITY # 0335

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION NB SR203 BLOCK NO. 4 MILE POST 40 DISTANCE 200 MILES OF (REFERENCE OR CROSS STREET) NE 16TH ST

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

LAST NAME FIRST NAME MIDDLE INITIAL E

STREET NEW ADDRESS

CITY CARNATION ST WA ZIP 980146419

CDL RESTRICTIONS B ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 6 NATURE OF INJURIES WRIST

LICENSE PLATE STATE WA VIN

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2015 MAKE SUBA MODEL FORESTER STYLE UT VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 4Z0805281 CHARGE DRIVING WITH WHEELS OFF VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (206) 440-4491

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 15700 DAYTON AVE N

CITY SEATTLE ST WA ZIP 98133

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 VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) GAFFIN, K. BADGE OR ID # 955 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. **E353251**

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)

K. GAFFIN

9/2/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Cozzitoro, Sgt. P. 145

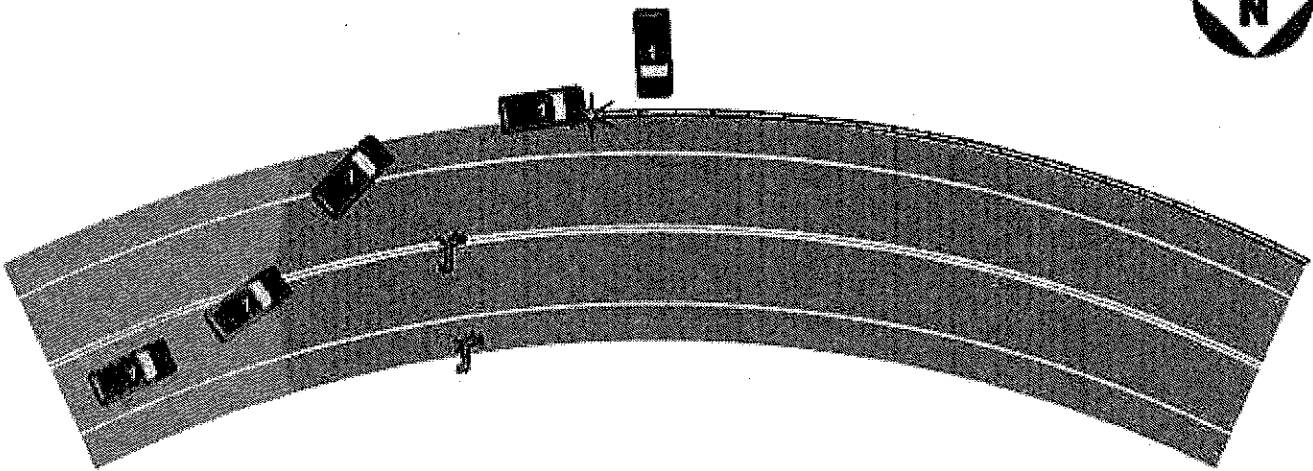
DATE

BADGE OR ID #	955	ORI #	WAWSP0218	TIME POLICE DISPATCHED	5:13 PM	TIME POLICE ARRIVED	5:29 PM
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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.

State Route 96 at Milepost 4.05





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E349449

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

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

TRIBAL RESERVATION
DATE OF COLLISION 8 - 13 - 2014 TIME (2400) 0425 COUNTY # 31 MILES 4 CITY # 0420
N E S W IN OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
WB STATE ROUTE 96 BLOCK NO. 4 MILE POST 05
DISTANCE 0.10 MILES FEET N E S W 58TH AVE SE

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY SNOHOMISH ST WA ZIP 98296

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2010 MAKE ACUR MODEL MDX STYLE 4W VEHICLE TOWED YES NO TOWED BY DICK'S TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE VEHICLE NO. 1 SHADE IN DAMAGED AREA

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

LAST NAME WA DEPT OF TRANSPORTATION FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 15700 DAYTON AVENUE NORTH

CITY SHORELINE ST WA ZIP 98133

CDL RESTRICTIONS ENDORSEMENTS

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

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 VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) PARZYCH, J. BADGE OR ID # 481 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. **E349449**

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)

J. PARZYCH

8/16/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Caiola, Sgt. C. 163

DATE

BADGE OR ID #	481	ORI #	WAWSP0706	TIME POLICE DISPATCHED	4:26 AM	TIME POLICE ARRIVED	4:37 AM
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PART B 3000-345-100 R (7/08)

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

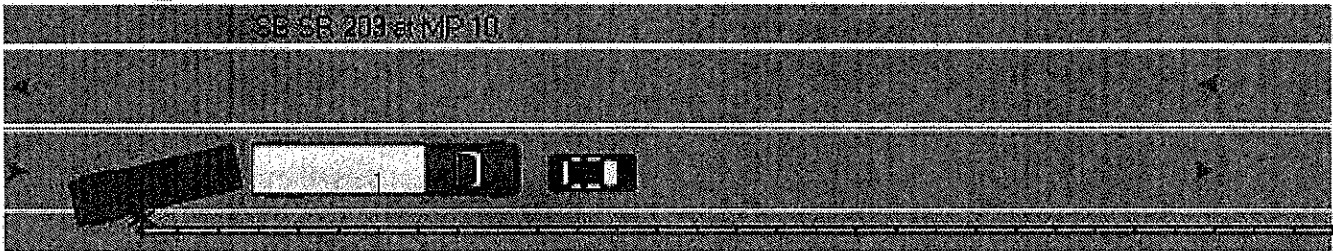
Narrative

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.



1 = unit one

x = unknown blue car





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E349320

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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 WAWSP0215

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

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

DATE OF COLLISION 8 - 15 - 2014 1015 17 3 80 N E IN S W OF 0335

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SB SR 203 BLOCK NO. 10 00 MILE POST

DISTANCE 0 15 MILES N E OF (REFERENCE OR CROSS STREET) 296TH AVE

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 REDMOND ST OR ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

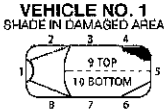
ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE OR VIN#

TRAILER PLATE # STATE OR TRAILER PLATE # STATE OR

VEH. YEAR 2005 MAKE PETE MODEL TR STYLE SE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGALLY STANDS YES NO CITATION # NA CHARGE



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (425) 739-3757

LAST NAME WA DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 10833 NORTHUP WAY NE

CITY BELLEVUE ST WA ZIP 98004

CDL RESTRICTIONS ENDORSEMENTS

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

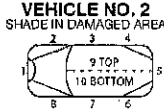
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 STANDS YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) PORTER, M. BADGE OR ID # 1153 AGENCY WASHINGTON STATE PATROL

PAGE 01 OF 5

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1591972

CORRECTION

REPORT NO. **E349320**

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)

M. PORTER

8/15/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Porter, D. 1086

DATE

BADGE OR ID #	1153	ORI #	WAWSP0215	TIME POLICE DISPATCHED	10:15 AM	TIME POLICE ARRIVED	10:49 AM
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SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E349320

CASE #

COMMERCIAL MOTOR CARRIER

INTERSTATE

INTRASTATE

UNIT #

1

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR VEHICLE

PEDAL-CYCLE

PEDESTRIAN

PROPERTY OWNER

DAMAGE THRESHOLD MET

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

TOWED BY

GOVT. VEHICLE

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING

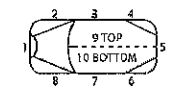
YES

NO

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE

PEDAL-CYCLE

PEDESTRIAN

PROPERTY OWNER

DAMAGE THRESHOLD MET

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

TOWED BY

GOVT. VEHICLE

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING

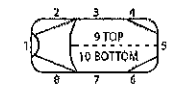
YES

NO

CITATION #

CHARGE

SHADE IN DAMAGED AREA



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

M. PORTER

8/15/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

1153

ORI #

WAWSP0215

APPROVED BY

Porter

DATE

PAGE

3

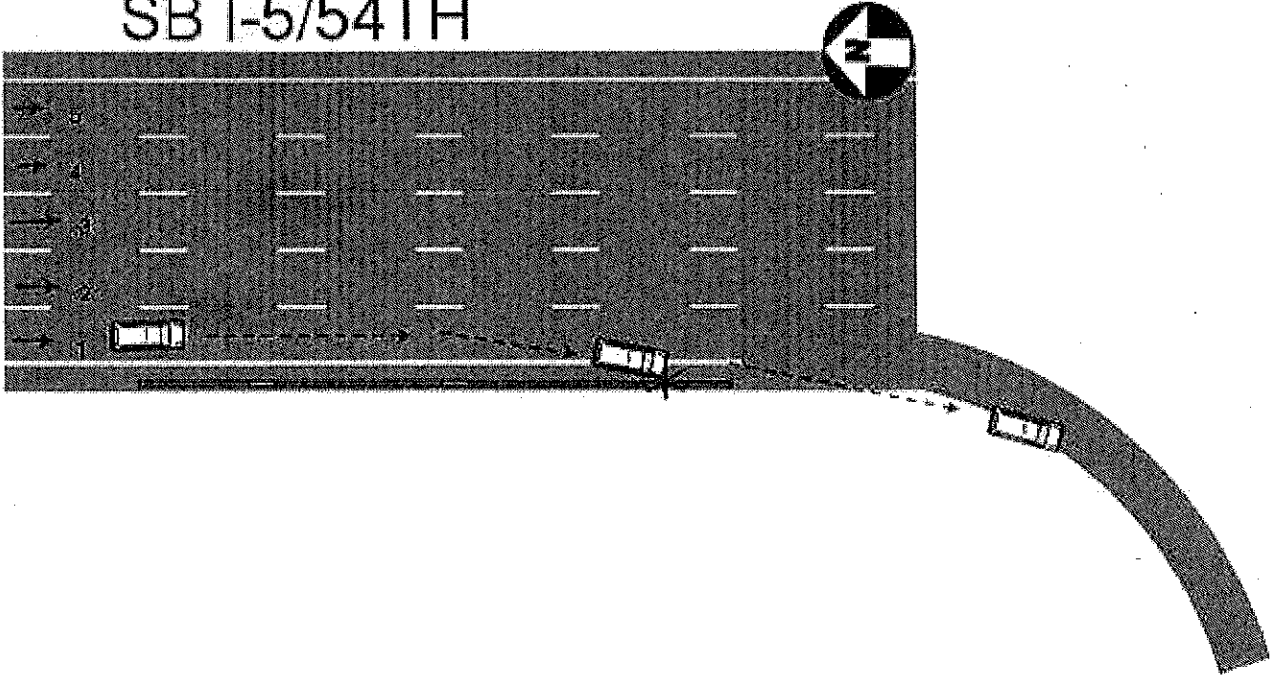
OF

5

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.

SB I-5/54TH





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E351770

1

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 # 14-014143

LOCAL AGENCY CODING 008130

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

2

TRIBAL RESERVATION

3

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

DATE OF COLLISION 8 - 9 - 2014 0140 27 0450

N E IN S W OF

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

1-5 BLOCK NO. 137 MILE POST 00

4a

5

DISTANCE 500.00 MILES N E OF (REFERENCE OR CROSS STREET) 54TH AVENUE

FEET S W

6

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

LAST NAME FIRST NAME MIDDLE INITIAL

7

STREET NEW ADDRESS CITY ST WA ZIP

8

CDL RESTRICTIONS J ENDORSEMENTS

9

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

10

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

11

LICENSE PLATE # STATE WA VIN

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13

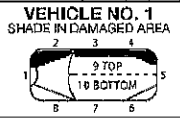
VEH. YEAR 2002 MAKE FORD MODEL WNDSTR STYLE ES VEHICLE TOWED YES NO TOWED BY FIFE TOWING GOVT. VEHICLE YES NO

14

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

15

VEHICLE LEFT STANDING YES NO CITATION # 14-014143 CHARGE DUI



16

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (253) 534-3248

17

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS 11411 112TH STREET E

19

CITY TACOMA ST WA ZIP 98444

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

22

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

23

LICENSE PLATE # STATE VIN#

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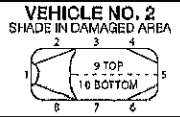
TRAILER PLATE # STATE TRAILER PLATE # STATE

25

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

26

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



VEHICLE LEFT STANDING YES NO CITATION # CHARGE

OFFICER'S NAME (PRINT) OVEREND-PEARSON, C. BADGE OR ID # 632 AGENCY WASHINGTON STATE PATROL

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E351770**

CASE # 14-014143

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)

C. OVEREND-PEARSON

8/26/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Wilson, Sgt. M. 175

DATE

BADGE OR ID #	632	ORI #	WAWSP0102	TIME POLICE DISPATCHED	1:40 AM	TIME POLICE ARRIVED	1:55 AM
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PART B 3000-345-160 R (7/00)

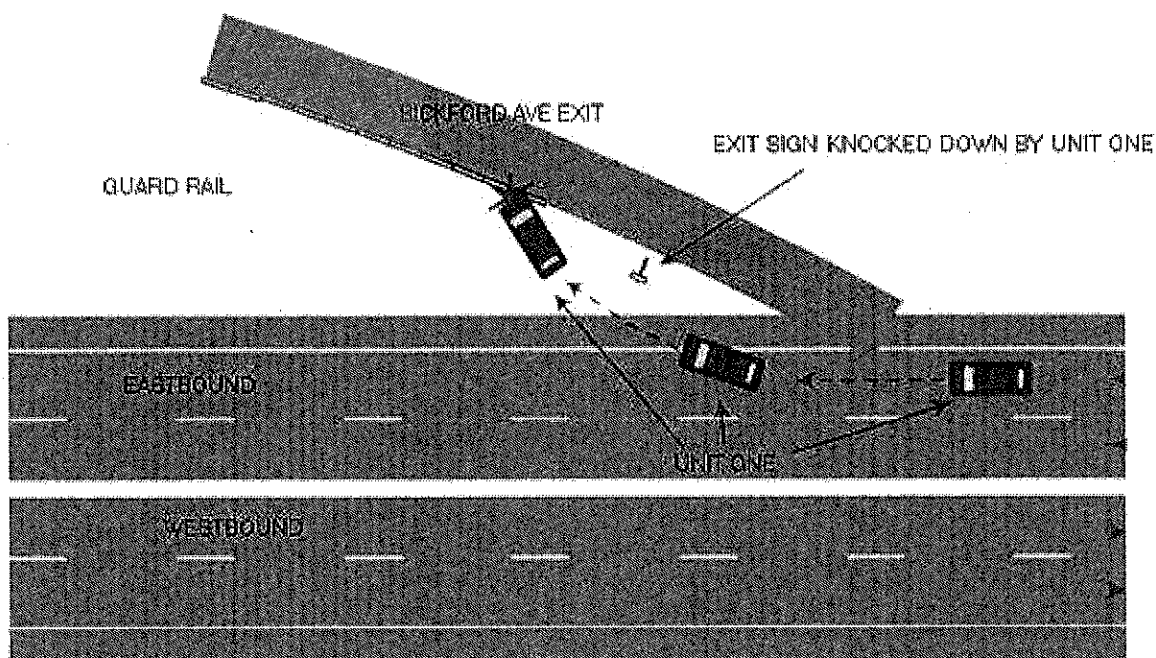
PAGE 2 OF 4

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

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



1581971

REPORT NO. E348817

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FROM TO
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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 # 14-014085

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 8 - 8 - 2014 1036 31 3 66 N S E W IN OF 0420

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

STATE ROUTE 2 BLOCK NO. 3 66 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

0.71 MILES N E S W BICKFORD AVE

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE (360) 316-9575

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ARLINGTON ST WA ZIP

CDL RESTRICTIONS C ENDORSEMENTS

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

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

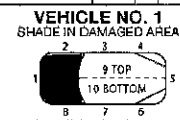
LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2008 MAKE CHEV MODEL HHRVAN STYLE UT VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0791392 CHARGE NEGLIGENCE DRIVING 2ND DEGREE



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. M M D D Y Y Y Y

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

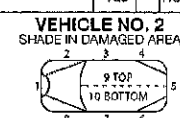
LICENSE PLATE # STATE VIN#

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) MCGEE, M. BADGE OR ID # 691 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. **E348817**

CASE # 14-014085

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)

M. MCGEE

8/13/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Caiola, Sgt. C. 163

DATE

BADGE OR ID #	691	ORI #	WAWSP0706	TIME POLICE DISPATCHED	10:36 AM	TIME POLICE ARRIVED	10:50 AM
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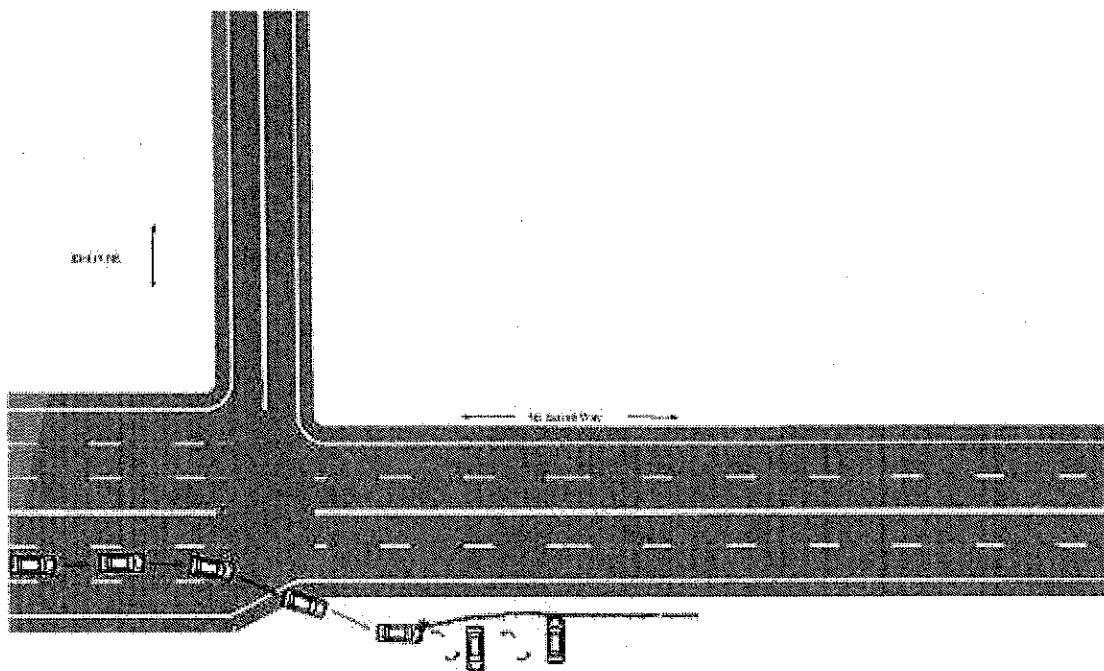
PART B 3000-345-100 R (7/06)

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

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



1591971

REPORT NO. E346343

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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 # 14-202164

LOCAL AGENCY CODING 402H0

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 8 - 2 - 2014 0242 17 0609

N E IN S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

NE BOTHELL WAY BLOCK NO. 8300

MILE POST

DISTANCE 200.00 MILES N E S W OF (REFERENCE OR CROSS STREET) 83RD PL NE

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

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

STREET NEW ADDRESS 4512 NE 7TH PL

CITY RENTON ST WA ZIP [REDACTED]

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

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

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2001 MAKE HOND MODEL ACD4D STYLE 4D VEHICLE TOWED YES NO TOWED BY RAINBOW TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # [REDACTED] CHARGE SPEED TOO FAST TO AVOID

VEHICLE LEGALLY STANDING YES NO CITATION # [REDACTED]

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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 310 MAPLE PARK AVE SE PO BOX 47300

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CHARGE

VEHICLE LEGALLY STANDING YES NO CITATION #

OFFICER'S NAME (PRINT) MCDONALD, SCOTT BADGE OR ID # 64837 AGENCY 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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E346343

CASE #

14-202164

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.72.035)

SCOTT MCDONALD

8/4/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Sether, C. G 69472

DATE

BADGE OR ID #	64837	ORI #	WA0174900	TIME POLICE DISPATCHED	2:45 AM	TIME POLICE ARRIVED	2:49 AM
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PART B 3000-345-100 R (7/08)

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

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).



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E346343

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3 2 27 20 29 31 32 33 34 35 36 37 38 39 40 41 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 # 14-202164

LOCAL AGENCY CODING 402H0

TRIBAL RESERVATION

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

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

DATE OF COLLISION 8 - 2 - 2014 0242 17 N S E W IN OF 0609

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

NE BOTHELL WAY BLOCK NO. 8300 MILE POST

DISTANCE 200.00 MILES FEET OF (REFERENCE OR CROSS STREET)

83RD PL NE

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY RENTON ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

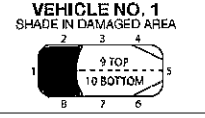
ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2001 MAKE HOND MODEL ACD4D STYLE 4D VEHICLE TOWED YES NO TOWED BY RAINBOW TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0717917 CHARGE SPEED TOO FAST TO AVOID



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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 310 MAPLE PARK AVE SE PO BOX 47300

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

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

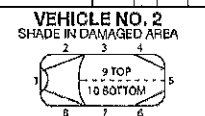
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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) MCDONALD, SCOTT BADGE OR ID # 64837 AGENCY 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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E346343**

CASE # 14-202164

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)

SCOTT MCDONALD

8/4/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Sether, C. G 69472

DATE

BADGE OR ID # 64837 ORI # WA0174900 TIME POLICE DISPATCHED 2:45 AM TIME POLICE 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).