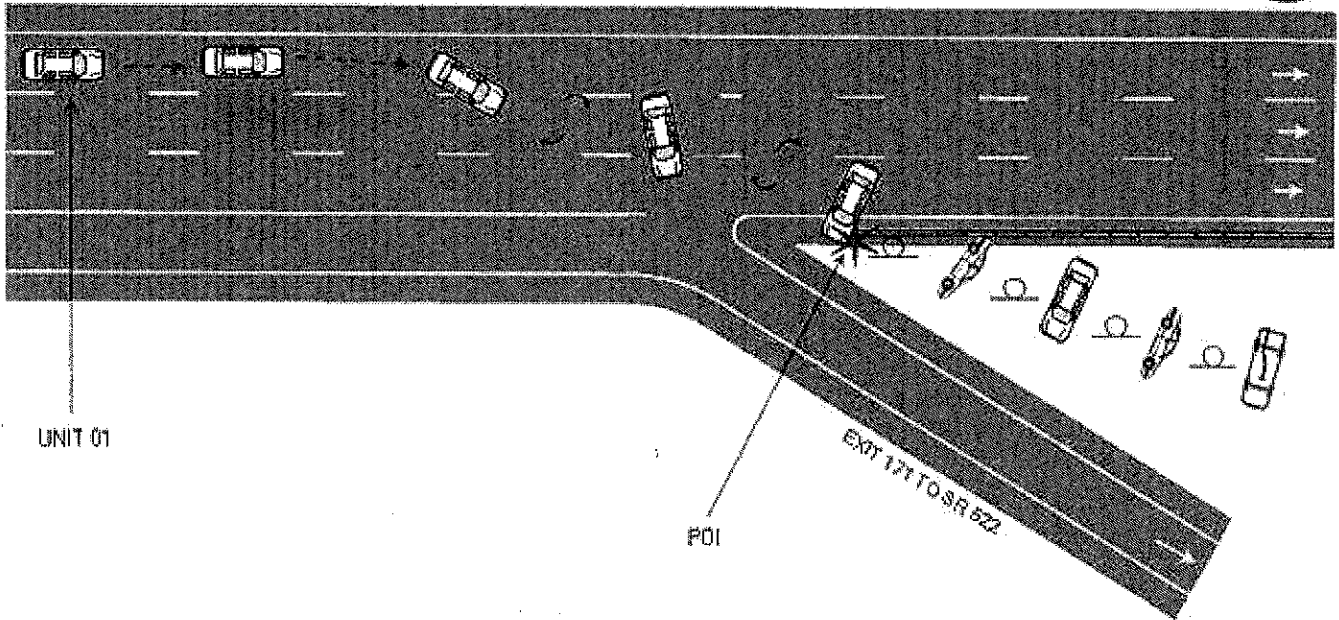


NB I-5 MP 170.80





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E347972

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

CASE # 14-013800

LOCAL AGENCY CODING

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 - 3 - 2014 0310 17 N S E W IN OF 1140

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
NB I-5 BLOCK NO. 170 MILE POST 80

DISTANCE 0.01 MILES N E S W OF (REFERENCE OR CROSS STREET) SR 522

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY BOTHELL ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

ON DUTY STATUS AIRBAG 6 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES SHOULDER / NECK PAIN

LICENSE PLATE # STATE WA VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2000 MAKE CHEV MODEL IMPALA STYLE 4T VEHICLE TOWED YES NO TOWED BY LANG TOWING GOVT. VEHICLE YES NO

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

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

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

LAST NAME WSDOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 15700 DAYTON AVE

CITY SHORELINE ST WA ZIP 98155

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

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

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

OFFICER'S NAME (PRINT) HAGADONE, D. BADGE OR ID # 535 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. **E347972**

CASE # 14-013800

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																	
ADDRESS & PHONE #		[REDACTED]																	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	5	NATURE OF INJURIES	SEVERED ARTERY IN LEFT
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																	
ADDRESS & PHONE #		[REDACTED]																	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	CUTS / BRUISES
NAME (LAST, FIRST, MIDDLE INITIAL)		[REDACTED]																	
ADDRESS & PHONE #		[REDACTED]																	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	CUTS / BRUISES

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

D. HAGADONE

8/11/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Yim, Sgt. C. 0259

DATE

BADGE OR ID # 535 ORI # WAWSP0203 TIME POLICE DISPATCHED 3:10 AM TIME POLICE ARRIVED 3:13 AM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E347972**

CASE # 14-013800

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]							
ADDRESS & PHONE #												[REDACTED]							
SEX												M	D.O.B. MMDDYYYY		[REDACTED]	[REDACTED]			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	CUTS / BRUISES
NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]							
ADDRESS & PHONE #												[REDACTED]							
SEX												F	D.O.B. MMDDYYYY		[REDACTED]	[REDACTED]			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	11	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	6	NATURE OF INJURIES	CUTS / BRUISES
NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]							
ADDRESS & PHONE #												[REDACTED]							
SEX												M	D.O.B. MMDDYYYY		[REDACTED]	[REDACTED]			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

D. HAGADONE

8/11/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Yim, Sgt. C. 0259

DATE

BADGE OR ID # 535

ORI # WAWSP0203

TIME POLICE DISPATCHED 3:10 AM

TIME POLICE ARRIVED 3:13 AM

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

PAGE 3 OF 7

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E347972**

CASE # 14-013800

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]						
ADDRESS (STREET, CITY, COUNTY)												[REDACTED]						
SEX												F	D.O.B. MMDDYYYY		[REDACTED]	[REDACTED]		
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]						
ADDRESS (STREET, CITY, COUNTY)												[REDACTED]						
SEX												M	D.O.B. MMDDYYYY		[REDACTED]	[REDACTED]		
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)												[REDACTED]						
ADDRESS (STREET, CITY, COUNTY)												[REDACTED]						
SEX												F	D.O.B. MMDDYYYY		[REDACTED]	[REDACTED]		
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

D. HAGADONE

8/11/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Yim, Sgt. C. 0259

DATE

BADGE OR ID # 535 ORI # WAWSP0203 TIME POLICE DISPATCHED 3:10 AM TIME POLICE ARRIVED 3:13 AM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E347972**

CASE # 14-013800

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

D. HAGADONE

8/11/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

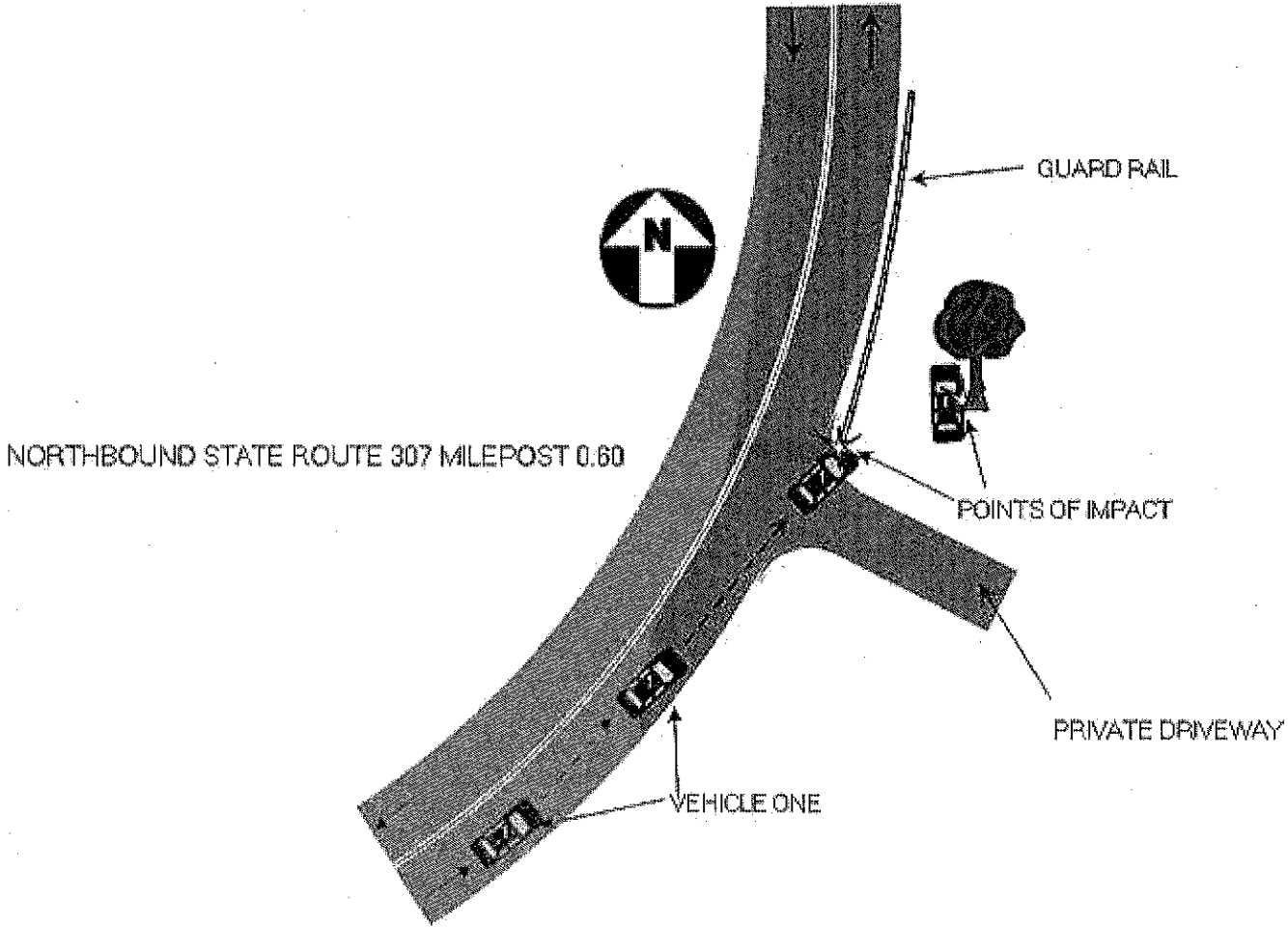
Yim, Sgt. C. 0259

DATE

BADGE OR ID #	535	ORI #	WAWSP0203	TIME POLICE DISPATCHED	3:10 AM	TIME POLICE ARRIVED	3:13 AM
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Narrative

Vehicle 01 was travelling NB on I-5 approaching the exit to SR 522 in lane 3, travelling at a high rate of speed. Vehicle 01 attempted to take the exit to SR 522, and lost control causing the vehicle to spin clockwise and strike the guard rail with the front left corner of the vehicle. Vehicle 01 then rolled into the grass shoulder on the right of the roadway coming to rest on its roof.





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E344998

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

CASE #
LOCAL AGENCY CODING 007580
TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION
DATE OF COLLISION 7-18-2014 TIME (2400) 0206 COUNTY # 18 MILES CITY # 1010

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
STATE ROUTE 307 BLOCK NO. 0 MILE POST 60
DISTANCE 0.35 MILES OF (REFERENCE OR CROSS STREET) LADYBUG PLACE NE

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY OLYMPIA ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # UNKNOWN STATE MM SEX M D.O.B. MMDYYYY

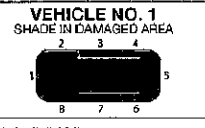
ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # STATE WA VI

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2005 MAKE FORD MODEL FOC4D STYLE 4D VEHICLE TOWED YES GOVT. VEHICLE YES

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # VEHICLE LEGALLY STANDING CITATION # 4Z0655608 CHARGE WHEELS OFF ROADWAY



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE (360) 874-3050

LAST NAME DOT FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS 8293 SPRING CREEK ROAD

CITY PORT ORCHARD ST WA ZIP 98367

CDL RESTRICTIONS ENDORSEMENTS

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

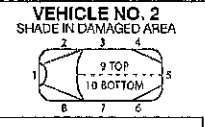
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES GOVT. VEHICLE YES

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



OFFICER'S NAME (PRINT) PRENTICE, C. BADGE OR ID # 0567 AGENCY WASHINGTON STATE PATROL

PART A

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E344998**

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)

C. PRENTICE

7/29/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Gordon, Sgt. S 206

DATE

BADGE OR ID #	0567	ORI #	WAWSP0802	TIME POLICE DISPATCHED	2:07 AM	TIME POLICE ARRIVED	2:27 AM
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PART B 3000-345-160 R (7/09)

PAGE 2 OF 4

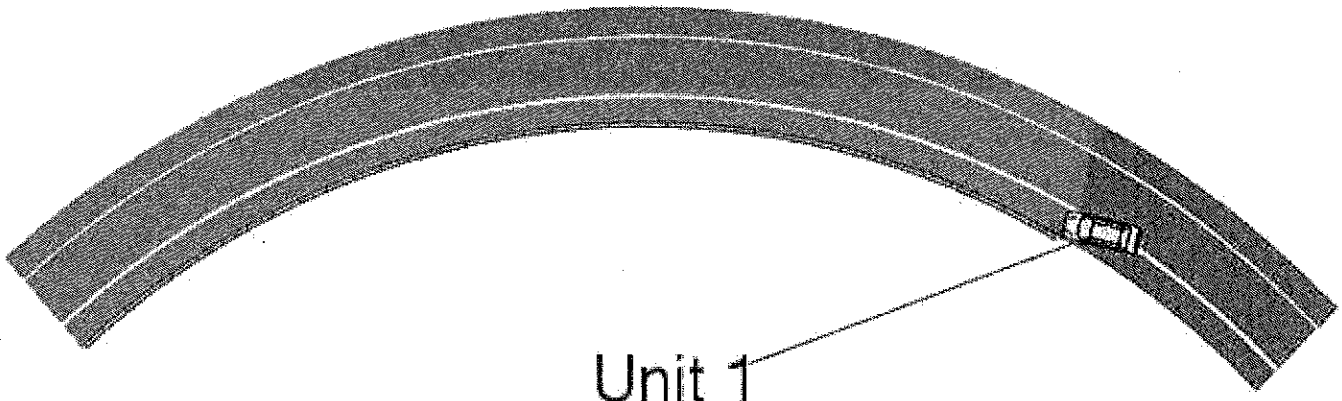
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Narrative

VEHICLE ONE WAS TRAVELING NORTHBOUND ON STATE ROUTE 307 AT MILEPOST 0.60. THE DRIVER OF VEHICLE ONE FELL ASLEEP AND LEFT THE ROADWAY ON THE RIGHT SIDE. VEHICLE ONE COLLIDED INTO A GUARD RAIL AND A TREE AFTER LEAVING THE ROADWAY.



SB SR 525 ramp to SB I-5



Unit 1



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E347850

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

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

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	7 - 20 - 2014	0804	31	0715
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>				

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SB SR 525	BLOCK NO.	1 00
MILE POST	<input checked="" type="checkbox"/>	
DISTANCE	OF (REFERENCE OR CROSS STREET)	
0 25 MILES <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	1-5	

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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
LAST NAME	FIRST NAME	MIDDLE INITIAL	H	

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STREET NEW ADDRESS				
CITY	EDMONDS	ST	WA	ZIP
CDL	RESTRICTIONS	ENDORSEMENTS		

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DRIVER'S LICENSE #	STATE	WA	SEX	F	D.O.B.	M M D D Y Y Y Y
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES	CUT TO ARM
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LICENSE PLATE #	STATE	WA	VIN#
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12

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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13

VEH. YEAR	2008	MAKE	HOND	MODEL	ACC4D	STYLE	4D	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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FROM 10
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FROM 10

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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	CITATION #	4Z0507393	CHARGE	SPEED TOO FAST
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	VEHICLE NO. 1 SHADE IN DAMAGED AREA	PHONE	(206) 440-4000
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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17

LAST NAME	WSDOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	P.O. BOX 330310
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19

CITY	SEATTLE	ST	WA	ZIP	98133
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CDL	RESTRICTIONS	ENDORSEMENTS		
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21

DRIVER'S LICENSE #	STATE	SEX	D.O.B.	M M D D Y Y Y Y
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22

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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23

LICENSE PLATE #	STATE	VIN#
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24

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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25

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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26

REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #	CITATION #	CHARGE	
OFFICER'S NAME (PRINT)	CAMPBELL, B.	BADGE OR ID #	0363	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. **E347850**

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

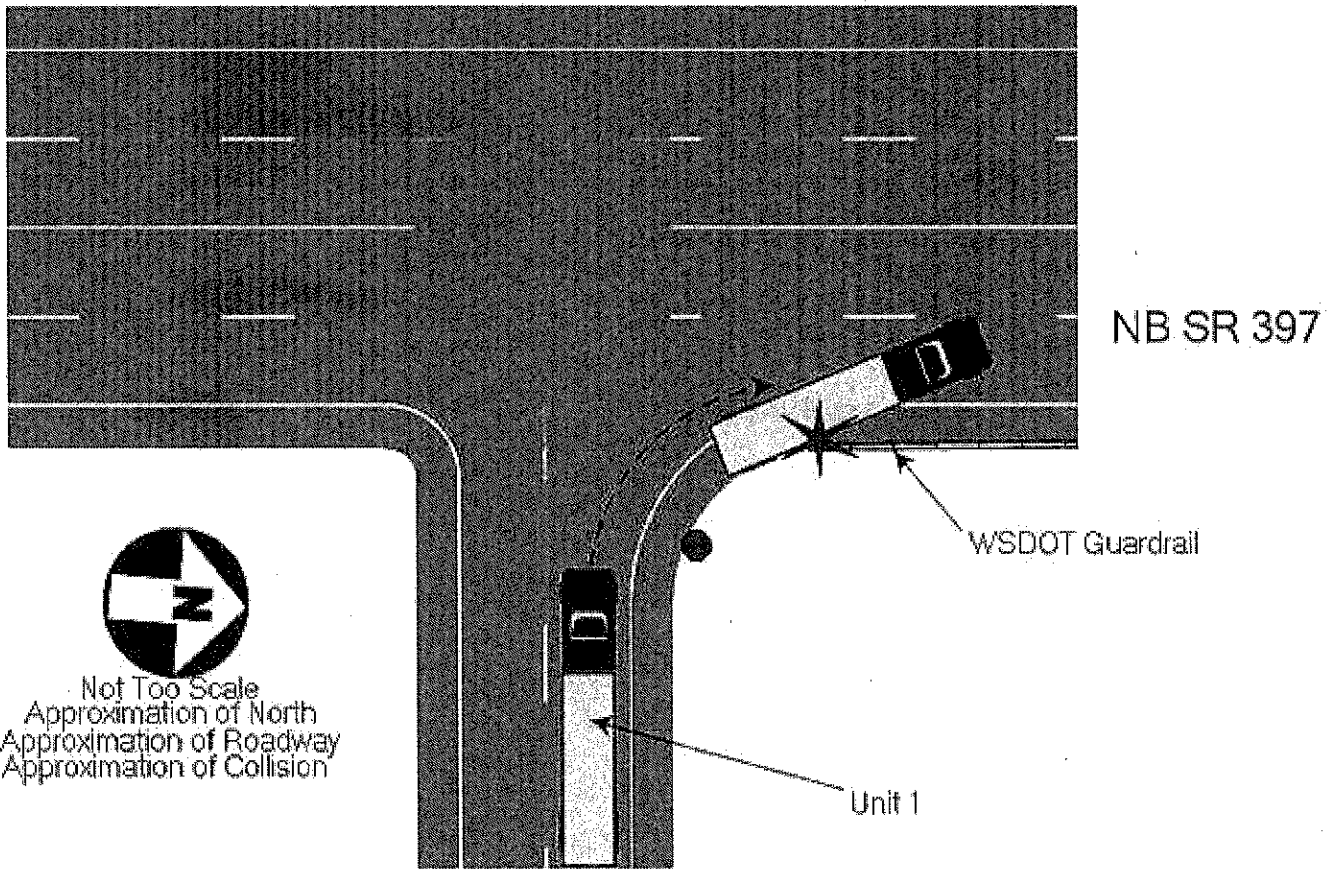
Please see subsequent narrative page(s)

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)

B. CAMPBELL	8/10/2014		
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY Sloan, Sgt. M. 196	DATE		
BADGE OR ID # 0363	ORI # WAWSP0715	TIME POLICE DISPATCHED 8:06 AM	TIME POLICE ARRIVED 8:18 AM

Narrative

Unit 1 was attempting to merge onto SB I-5 where it struck a guardrail on the left shoulder.





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E343403

1 2 3 27
2
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1 28
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3

1 1

2 1

3 1

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

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

TRIBAL RESERVATION

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

DATE OF COLLISION 7 - 19 - 2014 1115 11 N S E W IN OF 0960

4

4a

5

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

NB SR 397 BLOCK NO. 22 20 MILE POST

0 3 29

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W FEET JAMES ST

6 6

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

LAST NAME FIRST NAME

STREET NEW ADDRESS

7

CITY ST WA ZIP

1 2 31

8

CDL A RESTRICTIONS ENDORSEMENTS NH, T

9 2

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

10

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

1 32

11 4 5

LICENSE PLATE # STATE WA VIN#

12

TRAILER PLATE # STATE WA TRAILER PLATE # STATE

13 2

VEH. YEAR 2015 MAKE PETE MODEL 386 STYLE SE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

FROM TO 3 1 33

14

LIABILITY INSURANCE IN EFFECT INSURANCE CO. & POLICY # CITATION # 4Z0583803 CHARGE DRIVING WITH WHEELS OFF

FROM TO 34

15 2

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (509) 545-2202

9 35

16

LAST NAME WADOT FIRST NAME MIDDLE INITIAL

17 2

STREET NEW ADDRESS 1816 N 4TH AVE

36

18

CITY PASCO ST WA ZIP 99301

37

19

CDL RESTRICTIONS ENDORSEMENTS

38

20

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

39

21

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

40

22

LICENSE PLATE # STATE VIN#

23

TRAILER PLATE # STATE TRAILER PLATE # STATE

1 41

24

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

42

25

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

26

OFFICER'S NAME (PRINT) SMITH, G. BADGE OR ID # 439 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. **E343403**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

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

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

G. SMITH

7/23/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Kaiser, Sgt. D. V 299

DATE

BADGE OR ID # 439

ORI # WAWSP0308

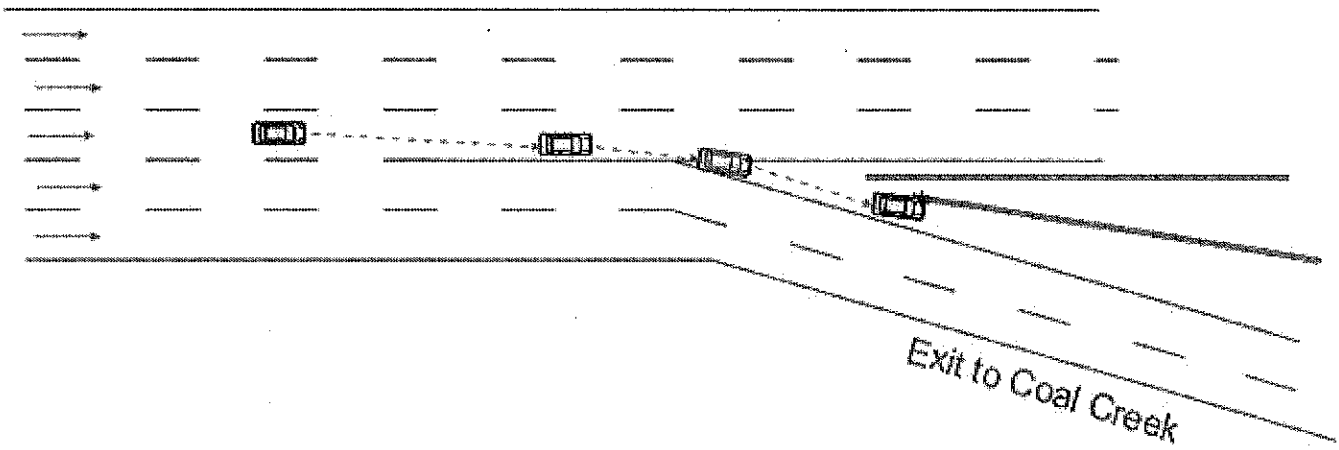
TIME POLICE DISPATCHED 11:19 AM

TIME POLICE ARRIVED 11:30 AM

Narrative

Unit 1 was entering NB SR 397 from James St. Unit 1 struck a section of guardrail while attempting to enter the right of way.

S405





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E327147**

1 2

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 checked="" type="checkbox"/>

2 3

TRIBAL RESERVATION

3 1

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

DATE OF COLLISION 5 - 4 - 2014 0610 17 N S E W IN OF 0075

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

4a

S405 (TO) COAL CREEK BLOCK NO. MILE POST

5

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E FEET S W

6 1

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

7

LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL

8

STREET NEW ADDRESS

9

CITY ST ZIP

9 9

CDL RESTRICTIONS ENDORSEMENTS

10

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

11 6 0

ON DUTY STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

12

LICENSE PLATE # STATE VIN#

13

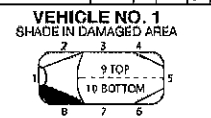
TRAILER PLATE # STATE TRAILER PLATE # STATE

14

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

15 2

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



16

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

17

LAST NAME WA FIRST NAME DOT MIDDLE INITIAL

18

STREET NEW ADDRESS PO BOX 47357

19

CITY OLYMPIA ST WA ZIP 98504

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#

24

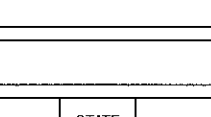
TRAILER PLATE # STATE TRAILER PLATE # STATE

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 LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) DUNCAN, V. BADGE OR ID # 0860 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E327147**

CASE # 14-008132

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)

V. DUNCAN

5/12/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Boyle, Sgt. C. 159

DATE

BADGE OR ID #	0860	ORI #	WAWSP0216	TIME POLICE DISPATCHED	6:10 AM	TIME POLICE ARRIVED	6:28 AM
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PART B 3000-345-100 R (7/05)

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

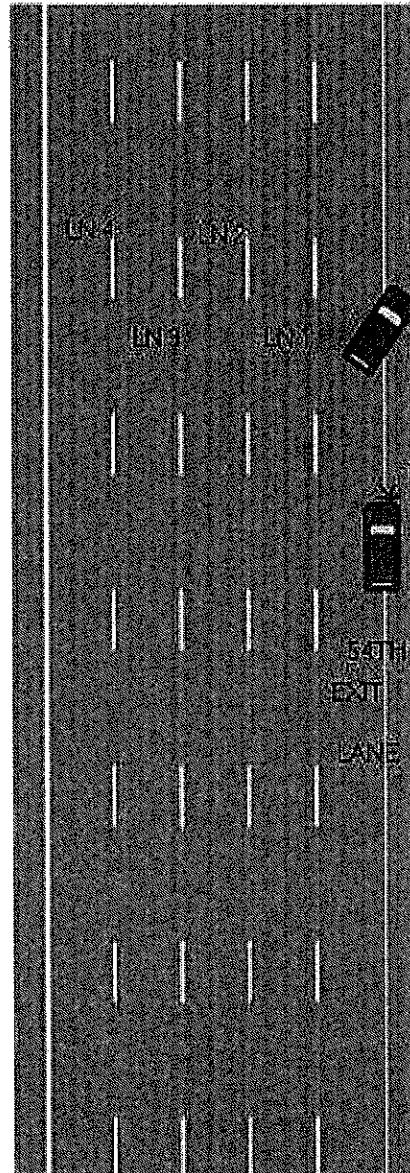
Veh1 was traveling S405 approaching the exit to Coal Creek in lane 3 of 5. Lanes 1 and 2 exit to Coal Creek. For unknown reasons, veh1 drifted to the right across the gore point to Coal Creek and struck the gore point guard railing.

Veh1 field scene.



SB 5 TO 54TH MP 137

NOT TO SCALE



VEH 1 2ND IMPACT

1ST IMPACT

VEH 1

5TH
EXIT
LANE



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E341500

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

CASE #	
LOCAL AGENCY CODING	
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	7 - 13 - 2014	1814	27	0450
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>				

SB 5	BLOCK NO.	137	00
DISTANCE		OF (REFERENCE OR CROSS STREET)	
20	00	MILES	54 EXIT
		FEET	

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
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STREET NEW ADDRESS

CITY	SNOHOMISH	ST	WA
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	WA	SEX	F	D.O.B.
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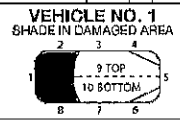
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	STATE	WA	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1999	MAKE	JEEP	MODEL	CHEROKEE	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	FIFE RECOVERY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	PENDING	CHARGE	DUI
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	--	--------------------------------------	-------------------------------------	--	--	-------

LAST NAME	DOT	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	1121 41ST AVE SW
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CITY	TACOMA	ST	WA	ZIP	98499
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B.
--------------------	-------	-----	--------

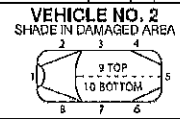
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
----------------------------------	--------	--------	--------	-------	------------	--------------	--------------------

LICENSE PLATE #	STATE	VIN#
-----------------	-------	------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

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

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)	DADGE OR ID #	AGENCY
GOOCH, G.	532	WASHINGTON STATE PATROL

0 1 29

1 2 31

1 2 32

1 5 33

1 34

1 35

2 1 37

1 38

1 39

1 40

1 41

1 42

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. **E341500**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

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

PASSENGER WITNESS UNIT # 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)

G. GOOCH

7/14/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

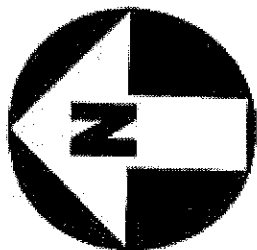
APPROVED BY Sager, Sgt. J. 234

DATE

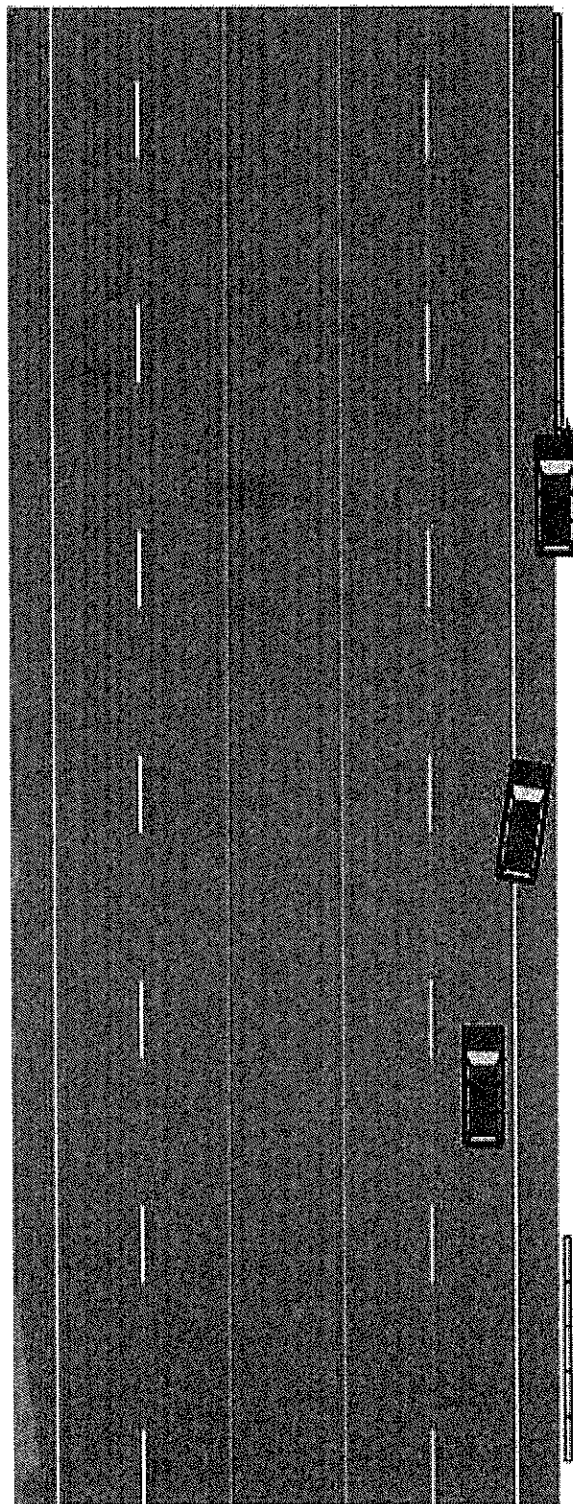
BADGE OR ID # 532 ORI # WAWSP0112 TIME POLICE DISPATCHED 6:15 PM TIME POLICE ARRIVED 6:35 PM

Narrative

SB 5 JUST NORTH OF THE 54TH ST RAMP VEH 1 LEAVES THE ROADWAY SCUFFS A
GUARDRAIL ON THE RIGHT SHOULDER MOVES BACK INTO THE LANE AND THEN STRIKES
THE END OF THE NEXT SECTION OF RAIL DESTROYING 10 TO 15 FEET OF RAILING AND 3
POSTS——DRIVER OF VEH 1 ARRESTED FOR DUI——DOT PROP #008108



State Route 512





STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E342387

1

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"/>

2

2

TRIBAL RESERVATION

CASE #

LOCAL AGENCY CODING WAWSP0104

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

DATE OF COLLISION 7 - 14 - 2014 TIME (2400) 0450 COUNTY # 27 MILES 0 20 CITY # 1030

4

4a

5

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
 EB SR 512 BLOCK NO. 7 80

DISTANCE 1.00 MILES OF (REFERENCE OR CROSS STREET) 94TH AVE E

6

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

LAST NAME FIRST NAME MIDDLE INITIAL M

STREET NEW ADDRESS

7

CITY WILKESON ST WA ZIP

8

CDL RESTRICTIONS B ENDORSEMENTS

9

DRIVER'S LICENSE # STATE WA SEX M D.C.B. M/MDD/YYYY

10

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

11

LICENSE PLATE # STATE WA VIN#

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR 1996 MAKE DODG MODEL CAVAN STYLE VN VEHICLE TOWED YES NO TOWED BY GENE S PUYALLUP GOVT. VEHICLE YES NO

14

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # 4Z0619941 CHARGE SPEED TOO FAST

15

VEHICLE LEGALLY STANDING YES NO VEHICLE NO. 1 SHADE IN DAMAGED AREA

16

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE (800) 737-0613

17

LAST NAME TRANSPORTATION FIRST NAME DEPARTMENT MIDDLE INITIAL O

18

STREET NEW ADDRESS 11211 41ST AVE SW

19

CITY TACOMA ST WA ZIP 98499

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

22

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

23

LICENSE PLATE # STATE VIN#

24

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 # CITATION # CHARGE

OFFICER'S NAME (PRINT) MOREFIELD, S. BADGE OR ID # 773 AGENCY WASHINGTON STATE PATROL

VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) MOREFIELD, S. BADGE OR ID # 773 AGENCY WASHINGTON STATE PATROL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E342387**

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)

S. MOREFIELD

7/18/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

Smith, Sgt. K. 265

DATE

BADGE OR ID #	773	ORI #	WAWSP0104	TIME POLICE DISPATCHED	4:51 AM	TIME POLICE ARRIVED	5:03 AM
---------------	-----	-------	-----------	------------------------	---------	---------------------	---------

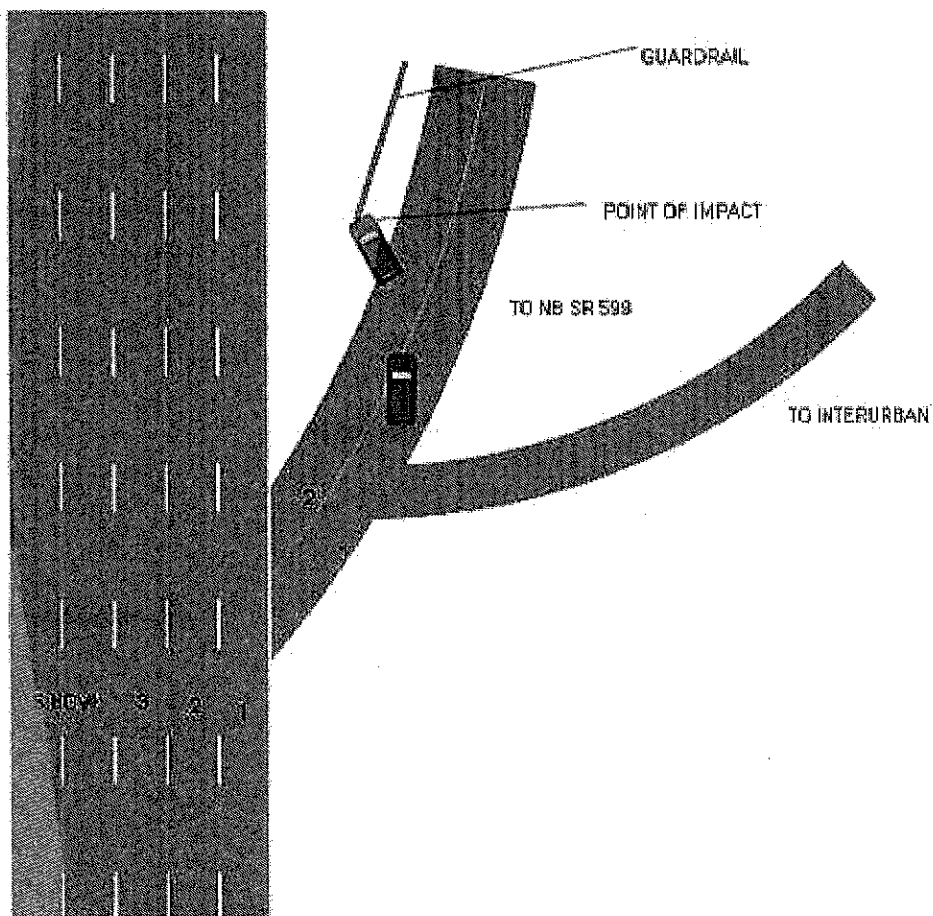
Narrative

Vehicle 1 eastbound State Route 512 lane 1 of 2. Vehicle 1 went off of the roadway to the right and collided with guardrail.

Driver stated he fell asleep



NB 15





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E340461

1 1 8 27

1 1

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

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS 2 OBJECT STRUCK Guardrail

2 1

TRIBAL RESERVATION

3 1

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

DATE OF COLLISION 7 - 9 - 2014 1008 17 0 10 N E IN S W OF 1320

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR 599 BLOCK NO. 0 03 MILE POST

4a

5

DISTANCE 0 10 MILES N E OF (REFERENCE OR CROSS STREET) 133RD FEET S W

6

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

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

7

STREET NEW ADDRESS [REDACTED]

CITY KENT ST WA ZIP [REDACTED]

8

CDL RESTRICTIONS ENDORSEMENTS

9 9

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

10

ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES NECK/BACK

11 6 0

LICENSE PLATE # STATE WA VIN# [REDACTED]

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 1

VEH. YEAR 2009 MAKE SATU MODEL VUE STYLE 4T VEHICLE TOWED YES NO TOWED BY BURLEN TOW GOVT. VEHICLE YES NO

14

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

15 2

VEHICLE LEGALLY STANDING YES NO CITATION # 4Z0661401 CHARGE NEG DRIVING 2ND

16

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

17

LAST NAME DOT FIRST NAME MIDDLE INITIAL

18

STREET NEW ADDRESS 15700 DAYTON AVE S

19

CITY SEATTLE ST WA ZIP 98118

20

CDL RESTRICTIONS ENDORSEMENTS

21

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

22

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

23

LICENSE PLATE # STATE VIN#

24

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 # CITATION # CHARGE

OFFICER'S NAME (PRINT) TARDIFF, D BADGE OR ID # 596 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. **E340461**

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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

D TARDIFF

7/10/2014

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Steen, Sgt. W. 238

DATE

BADGE OR ID # 596 ORI # WAWSP0207 TIME POLICE DISPATCHED 10:09 AM TIME POLICE ARRIVED 10:15 AM

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

PAGE 2 OF 4

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Narrative

Unit 1 was NB I-5 exiting to NB SR 599. Unit 1 was in lane 1 of 2 as he exited to SR 599. Unit 1 stated he fell asleep and left the roadway striking the guardrail on the left.