

CRIMINAL

REPORT # **14-02066**

CITATION # **4Z0779307**

COURT ORI # **WA031031J**

LEA ORI # **WA0311900**

NON-TRAFFIC MUNICIPAL COURT OF

MARYSVILLE MUNICIPAL COURT

PLAINTIFF VS. NAMED DEFENDANT

CITY/TOWN OF **LAKE STEVENS**

STATE OF WASHINGTON COUNTY OF

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. **SLOANJK377J4** ADDRESS **11004 25TH ST SE**
 STATE **WA** EXPIRES **04-24-18** PHOTO I.D. MATCHED YES NO NAME: LAST **SLOAN** FIRST **JOHN** MIDDLE **KEVIN** SFX YES NO
 CDL YES NO

EMPLOYER LOCATION: **LAKE STEVENS** CITY: **LAKE STEVENS** STATE: **WA** ZIP CODE: **98258**
 DATE OF BIRTH: **04-24-63** RACE: **W** SEX: **M** HEIGHT: **5'08"** WEIGHT: **170** EYES: **BLU** HAIR: **S** RESIDENTIAL PHONE NO.: **(425)879-0909** CELL/PAGER PHONE NO.: WORK PHONE NO.:
 VIOLATION DATE: **08/24/2014 16:07** LANG: INTERPRETER NEEDED AT LOCATION: **S LAKE STEVENS RD** M.P. BLOCK # **1920** CITY/COUNTY OF: **LAKE STEVENS/SNOHOMISH**

VEH LIC NO: **C16134A** STATE: **WA** EXPIRES: **04-28-15** MAKE: **CHEVROLET** MODEL: **K2PU** STYLE: **CLUB CAB PICKUP** COLOR: **BLUE**
 TR #1 LIC NO: STATE: EXPIRES: TR #2 LIC NO: STATE: EXPIRES: TR YR

OWNER/COMPANY IF OTHER THAN DRIVER: ADDRESS: CITY: STATE: ZIP CODE:

ACCIDENT: **NO INJURY** BAC: COMMERCIAL VEHICLE: YES NO 16+ PASS: YES NO HAZMAT: YES NO EXEMPT VEHICLE: YES NO FIRE LEA:

- DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES
- VIOLATION/STATUTE CODE **46.52.020** D V HIT AND RUN ATTENDED VEHICLE
 - VIOLATION/STATUTE CODE **46.61.5249** D V NEGLIGENT DRIVING 1ST DEGREE
 - VIOLATION/STATUTE CODE D V
 - VIOLATION/STATUTE CODE D V
 - VIOLATION/STATUTE CODE D V

MANDATORY COURT APPEARANCE: APPEARANCE DATE: TIME: RELATED #: DATE ISSUED: **08-24-14**
 TICKET SERVED ON VIOLATOR TICKET REFERRED TO PROSECUTOR
 TICKET SENT TO COURT FOR MAILING BOOKED
 OFFICER: **D. PLANALP** # **102**

CHG #	RESPONSE	CHG	DISPOSITION	FINES	SUSPENDED	SUB-TOTAL	FINDING/JUDGMENT DATE	TO SERVE	
								W	DAYS SUSP
1	G NG D		G NG D	\$	\$	\$	ABSTRACT MLD TO OLYMPIA	CREDIT/TIME SVD	Y / N
2	G NG		G NG D	\$	\$	\$	TOTAL COSTS	LIC SURR DT	Y / N
3	G NG		G NG D	\$	\$	\$		REC NONEXTENSION OF	SUSP Y / N
4	G NG		G NG D	\$	\$	\$			
5	G NG		G NG D	\$	\$	\$			



OFFICER REPORT

4Z0779307

VIOLATION DATE
ON OR ABOUT: 8/24/2014 4:07:00 PM

Officer's Report for Citation/Notice of Infraction # 4Z0779307.
The information contained in and attached to this citation/notice of infraction is incorporated by reference into this report.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Signature: D. PLANALP #: 102

Date and Place: 8/24/2014 City/Town of Lake Stevens, County of SNOHOMISH

TRAFFIC	WEATHER	STREET	LIGHT
WITNESS NAME (LAST, FIRST, M.I.)	WITNESS NAME (LAST, FIRST, M.I.)	WITNESS NAME (LAST, FIRST, M.I.)	PHONE
ADDRESS	CITY	ADDRESS	STATE ZIP
WITNESS NAME (LAST, FIRST, M.I.)	PHONE	WITNESS NAME (LAST, FIRST, M.I.)	PHONE
ADDRESS	CITY	ADDRESS	STATE ZIP
WITNESS NAME (LAST, FIRST, M.I.)	PHONE	WITNESS NAME (LAST, FIRST, M.I.)	PHONE
ADDRESS	CITY	ADDRESS	STATE ZIP
WITNESS NAME (LAST, FIRST, M.I.)	PHONE	WITNESS NAME (LAST, FIRST, M.I.)	PHONE
ADDRESS	CITY	ADDRESS	STATE ZIP

STATE OF WASHINGTON UNIFORM INCIDENT REPORT

AGENCY NAME LAKE STEVENS POLICE DEPT.				<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT				INCIDENT NUMBER 14-02066									
TYPE OF REPORT <input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION				<input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT				<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE									
<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:				<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input checked="" type="checkbox"/> ALCOHOL RELATED													
INCIDENT CLASSIFICATION Hit & Run Attended Vehicle And Negligent Driving 1st Degree										LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL							
ADDRESS / LOCATION OF INCIDENT 1920 S Lake Stevens Rd				PREMISES TYPE / NAME Tom Thumb Parking Lot				DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>									
REPORTED ON			OCCURRED ON OR FROM			OCCURRED TO											
MONTH	DAY	YEAR	TIME	DOW	MONTH	DAY	YEAR	TIME	DOW	MONTH	DAY	YEAR	TIME	DOW			
08	24	14	1607	Sun						08	24	14	1723	Sun			
ADDL ON SUPP		PERSONS VEHICLES COLLISION RPT		CODES: V - VICTIM W - WITNESS 0 - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK			
NO. V-1	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Abunimeh, Karim				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
						W		M	090281	604	255	BRO	BRO				
STREET ADDRESS 12903 7th ST NE				CITY Lake Stevens				STATE	ZIP CODE	RES. STATUS: F P NO U							
RESIDENCE PHONE 425-263-9734		BUSINESS PHONE 808-223-5301		OCCUPATION Navy		SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		TYPE INJ		VICTIM OF OFNS# OFNDR#		RELAT.	
NO. V-2	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Abunimeh, Catherine P.				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
								F	082875	5	150	BLK	BRO				
STREET ADDRESS 12903 7th ST NE				CITY Lake Stevens				STATE	ZIP CODE	RES. STATUS: F P NO U							
RESIDENCE PHONE 425-263-9734		BUSINESS PHONE 808-223-5301		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS									
NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT: 1		SUSPECT CODES:		A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING		I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER							
NO. A-1	NAME (LAST, FIRST, MIDDLE) Sloan, John Kevin				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES				
					W		M	042463		508	170	BRO	BLU				
ALIAS NAME(S)				IDENTIFIERS													
STREET ADDRESS 11004 25th St SE				CITY Lake Stevens				STATE	ZIP	RES. STATUS: F P NO U		RES. PHONE 425-890-909					
EMPLOYMENT / OCCUPATION / SCHOOL				BUS. PHONE		SOCIAL SECURITY NUMBER 533-88-6631		DRIVERS LICENSE / I.D. CARD NO: SLOANJK377J4		STATE WA							
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES		CITATION / WARRANT # / AGENCY		BAIL							
						1. <input checked="" type="checkbox"/> M <input type="checkbox"/> F 4Z0779307 Rcw 46.52.020 Hit And Run Attended Veh											
ARREST DATE		LOCATION OF ARREST				2. <input checked="" type="checkbox"/> M <input type="checkbox"/> F 4Z0779307 Rcw 46.61.5249 Negligent Driver 1st											
3. <input type="checkbox"/> M <input type="checkbox"/> F																	
AFFILIATION		ON VIEW ARREST	CITED	STATEMENT	CHARGES	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR							
		<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> ORAL <input type="checkbox"/> WRTRN.	<input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED					<input type="checkbox"/>							
JUV. PARENT GDN. NOTIFIED	NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE		H <input type="checkbox"/> R <input type="checkbox"/>						
VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input checked="" type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:					
NO. 1	LICENSE NUMBER C16134 A	STATE WA	VIN / HULL NUMBER 1GCGK29R8TE190854		YEAR 96	MAKE CHEV	MODEL K2	STYLE PU									
COLOR BLU		SPECIAL FEATURES / DESCRIPTION				VALUE/STOLEN \$	DRIVER IS: <input checked="" type="checkbox"/> R / O <input checked="" type="checkbox"/> PERSON # A-1		REGISTERED OWNER'S NAME Same as A-1								
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input checked="" type="checkbox"/> DRIVEN AWAY		<input type="checkbox"/> TOWED		TOW COMPANY NAME / ADDRESS / PHONE		STATE TOW NO.		REGISTERED OWNER'S ADDRESS Same As A-1									
LOCKED	KEYS IN VEHICLE	DELINQ. PAYMENT	VICTIM CONSENT	THEFT INS.	DRIVE-ABLE	DAMAGE TO VEHICLE	SPECIFY DAMAGE BY SHADING DAMAGED AREA		7	5	3	1	DAMAGE EST \$				
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		8	6	4	2					
SIGNATURE OF PERSON														DATE			
OFFICER NAME / NUMBER D. Planalp #102				AREA		OFFICER NAME / NUMBER				AREA		APPROVED BY 		ASSIGNED			
FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR				<input checked="" type="checkbox"/> MARYS <input type="checkbox"/> EVRGN		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS <input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION				DATA ENTERED		DATE			

14-02066

ORIGINAL

ADDITIONAL PERSONS / VEHICLES

AGENCY NAME LAKE STEVENS POLICE DEPT.				INCIDENT CLASSIFICATION Hit & Run Attended Vehicle And Negligent						INCIDENT NUMBER 14-02066								
PERSONS / BUSINESSES	ADDL ON SUPP		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES: V-VICTIM W-WITNESS O-OTHERS		B-VICT BUSINESS C-COMPLAINANT G-PARENT/GUARD		D-DECEASED RO-REG. OWNER		TYPE VICTIM CODE		I-INDIVIDUAL B-BUSINESS F-FINANCIAL		G-GOVERNMENT R-RELIGIOUS S-SOCIETY / PUB		P-POLICE O-OTHER U-LINK	
	NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
	V-3		Abunimeh, Michael C.						M	111104								
	STREET ADDRESS						CITY			STATE	ZIP CODE							
	12903 7th ST NE						Lake Stevens			WA	98258							
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NUMBER		HATE / BIAS	TYPE VIC	TYPE INJ.	VICTIM OF OFNS#		OFNDR#	RELAT.				
	425-263-9734		808-223-5301															
	NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
	V-4		Abunimeh, Miranda K.						F	042100								
	STREET ADDRESS						CITY			STATE	ZIP CODE							
12903 7th ST NE						Lake Stevens			WA	98258								
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NUMBER		HATE / BIAS	TYPE VIC	TYPE INJ.	VICTIM OF OFNS#		OFNDR#	RELAT.					
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES					
STREET ADDRESS						CITY			STATE	ZIP CODE								
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION	SOCIAL SECURITY NUMBER		HATE / BIAS	TYPE VIC	TYPE INJ.	VICTIM OF OFNS#		OFNDR#	RELAT.					

SUSPECT / SUBJECT	SUSPECT CODES: A-ARREST R-RUNAWAY				S-SUSPECT M-MISSING				I-INSTITUTIONAL (MENTAL / DETOX)				X-OTHER			
	NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES		
	ALIAS NAME(S)				IDENTIFIERS											
	STREET ADDRESS				CITY			STATE	ZIP			RES. PHONE				
	EMPLOYMENT / OCCUPATION / SCHOOL				BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO.		STATE					
	IBR ARREST OFFENSE NO.	BOOKED / WHERE		BOOKING #		CHARGES				CITATION / WARRANT # / AGENCY		BAIL				
						1. M <input type="checkbox"/> F <input type="checkbox"/>										
	ARREST DATE	LOCATION OF ARREST				2. M <input type="checkbox"/> F <input type="checkbox"/>										
						3. M <input type="checkbox"/> F <input type="checkbox"/>										
AFFILIATION		ON VIEW ARREST	CITED	STATEMENT	CHARGES	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR						
		<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> ORAL <input type="checkbox"/> WRTRN	<input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED					<input type="checkbox"/>						
JUV. PARENT GDN. NOTIFIED	NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE							
Y <input type="checkbox"/> N <input type="checkbox"/>									H <input type="checkbox"/> R <input type="checkbox"/>							
NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES			
ALIAS NAME(S)				IDENTIFIERS												
STREET ADDRESS				CITY			STATE	ZIP			RES. PHONE					
EMPLOYMENT / OCCUPATION / SCHOOL				BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO.		STATE						
IBR ARREST OFFENSE NO.	BOOKED / WHERE		BOOKING #		CHARGES				CITATION / WARRANT # / AGENCY		BAIL					
					1. M <input type="checkbox"/> F <input type="checkbox"/>											
ARREST DATE	LOCATION OF ARREST				2. M <input type="checkbox"/> F <input type="checkbox"/>											
					3. M <input type="checkbox"/> F <input type="checkbox"/>											
AFFILIATION		ON VIEW ARREST	CITED	STATEMENT	CHARGES	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR						
		<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> ORAL <input type="checkbox"/> WRTRN	<input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED					<input type="checkbox"/>						
JUV. PARENT GDN. NOTIFIED	NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED		NOTIFIED BY:		DISPOSITION OF JUVENILE							
Y <input type="checkbox"/> N <input type="checkbox"/>									H <input type="checkbox"/> R <input type="checkbox"/>							

VEHICLE / BOAT	VEHICLE		<input type="checkbox"/> STOLEN #		<input type="checkbox"/> LOCATED		<input type="checkbox"/> SEIZED		<input type="checkbox"/> DAMAGED / VANDALIZED		<input checked="" type="checkbox"/> VICTIM'S VEH.		<input type="checkbox"/> HOLD FOR:	
	CODES:		<input type="checkbox"/> RECOVERED #		<input type="checkbox"/> TOWED		<input type="checkbox"/> ABANDONED		<input type="checkbox"/> OTHER		<input type="checkbox"/> SUSPECT'S VEH.			
	NO.	LICENSE NUMBER	STATE	VIN / HULL NUMBER		YEAR	MAKE	MODEL	STYLE					
	2	APC9010	WA	3C4PDDBG3DT705985		13	DODG	JOURNE	4DR					
	COLOR	SPECIAL FEATURES / DESCRIPTION			VALUE \$	DRIVER IS:		REGISTERED OWNER'S NAME						
						<input checked="" type="checkbox"/> R / O <input type="checkbox"/> PERSON #		Same As V-1						
	VEHICLE DISPOSITION				TOW COMPANY NAME / ADDRESS / PHONE				STATE TOW NO.		REGISTERED OWNER'S ADDRESS			
	<input checked="" type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY										Same As V-1			
	LOCKED	KEYS IN VEHICLE	DELINQ. PAYMENT	VICTIM CONSENT	THEFT INS.	DRIVE-ABLE	DAMAGE TO VEHICLE	SPECIFY DAMAGE BY SHADING DAMAGED AREA		7	5	3	1	DAMAGE EST \$
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		8	6	4	2	



ADDITIONAL NARRATIVE

<small>AGENCY NAME</small> LAKE STEVENS POLICE DEPARTMENT	<small>INCIDENT CLASSIFICATION</small> Hit & Run Attended Vehicle And Negligent Driving 1st Degree	<small>INCIDENT NUMBER</small> 14-02066
<small>NAME OF VICTIM(S)</small> 		

Narrative:

On 08/24/14 at about 1607 hours, I was dispatched to a vehicle collision at Tom Thumb Grocery located at 1920 S Lake Stevens RD, in the City of Lake Stevens. SNOPAC advised that there was a collision involving a Dodge Journey and a Chevy pick up. SNOPAC advised that the collision was non-injury and non-blocking.

Upon arriving onscene at about 1620 hours, I contacted Karim Abunimeh (DOB 09/02/81) and his wife the reporting party Catherine Abunimeh (DOB 08/28/75). I asked Karim where the other vehicle was. Karim handed me a Washington State vehicle registration for plate #C16134A with a phone number written on it 425-879-0909. Karim said that the male driver of the other vehicle said he had to leave and go home when he learned that the police were called and he handed him his vehicle registration. I asked Karim if the male driver provided him with his name and insurance. Karim said no. I advised over the police radio that the male half had fled and was possibly intoxicated. I provided the male's vehicle license plate to SNOPAC. Karim said that the male driver appeared intoxicated and smelt like alcohol.

I observed Karim's vehicle which had an attached Washington State vehicle license plate of APC9010. I observed damage to the rear driver side of the vehicle. Karim said that the damage was new and caused by the other male.

Karim said that his wife Catherine, he and their two children who were later identified as Michael C. Abunimeh (DOB 11/11/2004) and Miranda K. Abunimeh (DOB 04/21/2000) where in their vehicle waiting to leave the parking lot. Karim explained to me that they were facing southbound in the parking lot driveway waiting to turn westbound onto 20th ST SE. Karim said that the other vehicle was westbound on 20th ST SE and then turned northbound into the parking lot. Karim said that the male driver stopped his vehicle while turning into the parking lot and then continued driving and collided into his vehicle.

Karim said that they both parked in the parking lot and started exchanging information. Karim said that when they told the male drive that the police were called, he handed them his registration with his phone number on it and told them to send him the bill and took off. I received a written statement from Karim and his wife Catherine.

Officer Hingtgen went to the other driver's house located at 11004 25th ST SE. Officer Hingtgen contacted the male driver identified as John K. Sloan (DOB 04/24/63). Officer Hingtgen received John's insurance information. Officer Hingtgen told me that the male smelt of alcohol and provided a voluntary breath sample of .209 into his PBT. Officer Hingtgen took digital photos of John's vehicle and then came to Tom Thumb and took digital photos of Karim's vehicle.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

<small>OFFICER NAME / NUMBER</small> D.PLANALP #102	<small>APPROVED BY</small> 
---	--

ORIGINAL

ADDITIONAL NARRATIVE

<small>AGENCY NAME</small> LAKE STEVENS POLICE DEPARTMENT	<small>INCIDENT CLASSIFICATION</small> Hit & Run Attended Vehicle And Negligent Driving 1st Degree	<small>INCIDENT NUMBER</small> 14-02066
<small>NAME OF VICTIM(S)</small>		

I provided Karim with an exchange of information. I filled out a Washington State Sector Traffic Collision Report.

Using Sector, I issued John criminal citation 4Z0779307 for RCW 46.52.020 Hit and Run Attended Vehicle and RCW 46.61.5249 Negligent Driving 1st Degree and I will have it sent to the Marysville Municipal Court for mailing to John.

I cleared the call at 1723 hours.

I booked a CD with digital photos and John's vehicle registration into the LSPD evidence room.

See Officer Hingtgen's follow up regarding his contact with John.

Recommendations:

I recommend that this case be forwarded to the Marysville Municipal Court and the City Prosecutors Office for charging.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

<small>OFFICER NAME / NUMBER</small> D.PLANALP #102	<small>APPROVED BY</small> 
---	--

LSPD
ORIGINAL

FOLLOW-UP REPORT

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run Collision/Negligent Driving 1st	INCIDENT NUMBER 14-02066
NAME OF VICTIM(S) Abunimeh, Karim (9/2/81)		

On 8/24/14 at approximately 1607 hrs., Ofc. Planalp was dispatched to a non-priority collision at 1920 S. Lake Stevens Rd, Tom Thumb Grocery. At approximately 1922 hrs., Ofc. Planalp advised that the second vehicle involved in the collision had left the scene and the male driver may have been intoxicated. Ofc. Planalp provided the WA LIC #C16134A. The vehicle returned to Sloan, John K (4/24/63) at 11044 25th St SE.

At approximately 1624 hrs., I started heading towards the registered owners address. I arrived on scene at approximately 1630 hrs. I immediately noticed the truck in the driveway and confirmed the license plate with dispatch. I approached the home and looked into the front door side window, prior to knocking on the door. A male, matching the physical description of John, came within view of the window and noticed me. I motioned to him to come to the door. The male did so without incident.

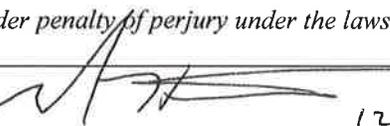
I contacted the male, later identified with current WSDL as John. I immediately noticed that John had very red and water eyes. I asked John if he was involved in a collision. John stated that he had been involved in one about 15 minutes ago. I asked him if he provided any information to the other driver. John said that he gave them his name and phone number but didn't have his insurance card. I asked him how he provided that information to them. He said that he wrote it down on a piece of paper. While John was talking to me, it sounded to me as his speech was very slurred. John was also swaying in all directions while standing on a flat concrete entrance way. I asked John if he could get me his insurance information. John reentered the home and approximately a minute later, he returned and stated he couldn't find it. When John returned, I stepped closer to his doorway. When I did so, I could smell the strong odor of intoxicants emitting from his breath and/or person. I asked John how much he had to drink today. John said, "Like 7 beers." I asked John if he felt his ability to operate a motor vehicle was impaired in any way. John said, "I'm fine." I asked John if he would be willing to provide a voluntary breath sample. John said words to the effect of, "Sure." I informed John that the test was completely voluntary and asked that he understood. John said, "Yes," and continued with the test. At approximately 1640 hrs., John provided a PBT breath sample of .209 BrAC. I informed John of the reading and he became extremely emotional. John began to cry and was unable to communicate with me.

At the conclusion of the contact, John's wife was able to provide me with insurance documentation. I provided that information to Ofc. Planalp to give to the other vehicle.

I took photos of the truck while in the driveway and then traveled to the accident locations to obtain photos of the scene.

I had no further involvement in this incident.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER M. Hingtgen #126	APPROVED BY 
--	--

LSPD
ORIGINAL



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO.

1
2
3
4
4a
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

1 1 0 27
2
3
1 1 8 28
2
3
0 3 29
0 7 30
1 1 2 31
2
3
1 1 2 32
2
3
FROM TO
3 1 33
FROM TO
9 9 34
3 35
4 36
37
38
39
40
1 41
1 42

INTERSTATE <input 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 checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	14-02086
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	08 - 24 - 2014	1607	31	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF 0864

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
S LAKE STEVENS RD	BLOCK NO. <input checked="" type="checkbox"/>	1920
MILE POST		
DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4258790909
---------	---	--------------------------------------	--	---------------------

LAST NAME	SLOAN	FIRST NAME	JOHN	MIDDLE INITIAL	K
-----------	-------	------------	------	----------------	---

STREET NEW ADDRESS	11004 25TH ST SE
--------------------	------------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	--------------	----	----	-----	-------

GDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	SLOANJK377J4	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04 - 24 - 1963
--------------------	--------------	-------	----	-----	---	-----------------	----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------

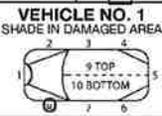
LICENSE PLATE #	C16134A	STATE	WA	VIN#	1GCGK29R8TE190854
-----------------	---------	-------	----	------	-------------------

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

VEH. YEAR	1996	MAKE	CHEV	MODEL	K2PU	STYLE	PC	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	------	-------	----	---	----------	---

REGISTERED OWNER INFO. JOHN SLOAN 11004 25TH ST SE LAKE STEVENS WA 98258 D: 4258790909

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ESURANCE INSURANCE PAWA-005200485
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	4Z0779307, 4Z0779307
	CHARGE	HIT AND RUN ATTENDED VEHICLE,



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252639734
---------	---	--------------------------------------	-------------------------------------	---	--	---------------------

LAST NAME	ABUNIMEH	FIRST NAME	KARIM	MIDDLE INITIAL	
-----------	----------	------------	-------	----------------	--

STREET NEW ADDRESS	12903 7TH ST NE
--------------------	-----------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	--------------	----	----	-----	-------

GDL	3	RESTRICTIONS	ENDORSEMENTS
-----	---	--------------	--------------

DRIVER'S LICENSE #	H01158118	STATE	HI	SEX	M	D.O.B. MMDDYYYY	09 - 02 - 1981
--------------------	-----------	-------	----	-----	---	-----------------	----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--	--------------	---	--------------------

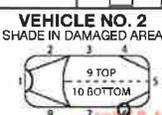
LICENSE PLATE #	APC9010	STATE	WA	VIN#	3C4PDBG3DT705985
-----------------	---------	-------	----	------	------------------

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

VEH. YEAR	2013	MAKE	DODG	MODEL	JOURNEY	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	---------	-------	----	---	----------	---

REGISTERED OWNER INFO. KARIM ABUNIMEH 12903 7TH ST NE LAKE STEVENS WA 98258 D: 4252639734

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 01869 24 10U
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	
	CHARGE	



OFFICER'S NAME (PRINT)	D. PLANALP	BADGE OR ID #	102	AGENCY	WA0311900
------------------------	------------	---------------	-----	--------	-----------

ORIGINAL



1591972

CORRECTION

REPORT NO.

CASE # 14-02066

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

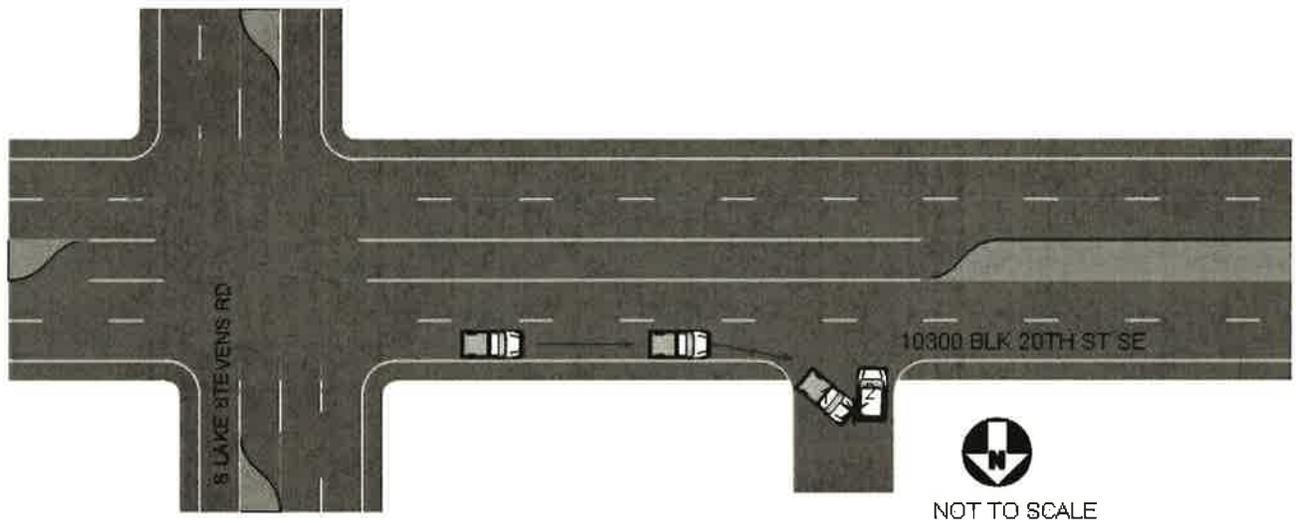
NAME (LAST, FIRST, MIDDLE INITIAL)		ABUNIMEH CATHERINE P																
ADDRESS & PHONE #		12903 7TH ST NE LAKE STEVENS WA 98258						SEX	F	D.O.B. MMDDYYYY	08	-	28	-	1975			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		ABUNIMEH MICHAEL C																
ADDRESS & PHONE #		12903 7TH ST NE LAKE STEVENS WA 98258 4252639734						SEX	M	D.O.B. MMDDYYYY	11	-	11	-	2004			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		ABUNIMEH MIRANDA K																
ADDRESS & PHONE #		12903 7TH ST NE LAKE STEVENS WA 98258 4252639734						SEX	F	D.O.B. MMDDYYYY	04	-	21	-	2000			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

V-2 was facing southbound in the parking lot at 1920 S Lake Stevens RD waiting to turn right/westbound onto 20th ST SE. V-1 was westbound on 20th ST SE and turned right/northbound into the parking lot. V-1 collided into the rear driver side of V-2. While exchanging information, V-1 left the scene when he learned that the police were called. V-1 driver was contacted at his house. Criminal charges will be forwarded.

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)

<u>D. PLANALP</u>		<u>08-24-14 05:33 PM</u>	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY <u>BOB SUMMERS 079</u>		DATE	
BADGE OR ID #	102	ORI #	WA0311900
TIME POLICE DISPATCHED	4:07 PM	TIME POLICE ARRIVED	4:20 PM



← TOM THUMB GROCERY
← 1920 S LAKE STEVENS RD

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-02066

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>ABUWIMEH, KARIM</u>	RACE <u>W</u>	ETH	SEX <u>M</u>	DOB <u>9-2-81</u>	AGE <u>32</u>	HGT <u>6'4"</u>	WGT <u>255</u>	HAIR <u>BRN</u>	EYES <u>BRN</u>
STREET ADDRESS <u>12903 7th St NE</u>		CITY <u>LAKE STEVENS</u>			STATE <u>WA</u>	ZIP <u>98258</u>	RES. STATUS			
HOME PHONE <u>2125-263-9734</u>		CELL PHONE <u>808-223-5301</u>			PLACE OF EMPLOYMENT <u>NAVY, Everett</u>					
WORK PHONE		EMAIL ADDRESS <u>Kabuwimeh@gmail.com</u>								

I, KARIM ABUWIMEH, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

ON 24 AUG 2014 I WAS DRIVING A SILVER DODGE JOURNEY LICENSE PLATE APC9010 MAKING A RIGHT TURN OUT OF THE PARKING LOT OF TOM THUMB GROCERY / GAS STATION ON TO 20th ST HEADING TOWARDS SR 9. I WAS AT A COMPLETE STOP WHEN A BLUE PICKUP TRUCK LICENSE PLATE WA C16134A WAS MAKING A RIGHT TURN INTO THE SAME PARKING LOT. AS HE WAS TURNING IN HE STOPPED FOR A SECOND THINKING HE HAD ENOUGH CLEARANCE TO PASS ME WITHOUT INCIDENT HOWEVER HE DID NOT AND HIT MY VEHICLE ON THE DRIVERS SIDE REAR QUARTER PANEL. WE BOTH PULLED INTO THE PARKING LOT WHERE HE HANDED ME HIS CAR REGISTRATION. MY WIFE CALLED LAKE STEVENS POLICE DEPARTMENT AND WHEN I TOLD THE DRIVER THIS HE SAID HE HAD TO GO HOME AND GOT INTO HIS VEHICLE AND DROVE OFF. I DID SMELL A STRONG ODOR OF ALCOHOL ON THE DRIVER.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED <u>24 AUG 14</u>	LOCATION SIGNED <u>Tom Thumb Parking Lot</u>
OFFICER/NUMBER:  #102	DATE SIGNED <u>8-24-14</u>	LOCATION SIGNED <u>LIC. STEVENS, WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-02066

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Abunimeh, Catherine, Paladdy</u>	RACE	ETH	SEX <u>F</u>	DOB <u>8/28/75</u>	AGE <u>38</u>	HGT <u>5</u>	WGT <u>150</u>	HAIR <u>blk</u>	EYES <u>brn</u>
STREET ADDRESS <u>12903 7th St NE</u>		CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98258</u>	RES. STATUS			
HOME PHONE <u>425 263 9734</u>		CELL PHONE <u>808 223 5301</u>			PLACE OF EMPLOYMENT <u>u/a</u>					
WORK PHONE <u>w/s</u>		EMAIL ADDRESS <u>catherine.abunimeh@gmail.com</u>								

I, Catherine Abunimeh, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

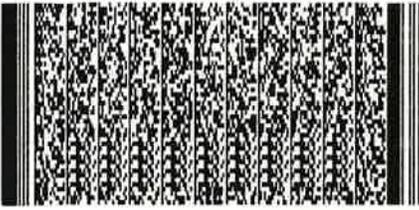
As a passenger in the front seat I witnessed as my husband waited to turn ~~left~~^{right} (when clear) a Chevrolet 4x4 navy blue truck (lic WA C16134A) turning right onto the 20th St entrance of Tom Thumb clipped the (L) corner bumper of our car. We were exiting the entrance of Tom Thumb via 20th St turning right waiting for it to be clear.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED <u>8/24/14</u>	LOCATION SIGNED <u>Tom Thumb 20th St Stevens WA</u>
OFFICER/NUMBER: <u>[Signature] #102</u>	DATE SIGNED <u>8-24-14</u>	LOCATION SIGNED <u>LAKE STEVENS, WA</u>

LSPD ORIGINAL

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"



STATE OF WASHINGTON
DEPARTMENT OF LICENSING
PO Box 9038 • Olympia, Washington 98507-9038

Vehicle Title Application/Registration Certificate

04/28/2014

1411831240135816

C16134A

License plate C16134A	Issue date 04/2014	Tab no S082090	Reg expiration 04/28/2015	Value code 22689	Year 1996	Mo reg 12	Mo gwt 12	Power G	Use TRK
Model year 1996	Make CHEV	Series/Body K2PU	Model GK2	BT PC	Vehicle identification (VIN)/Serial no 1GCGK29R8TE190854	Res co 31	Prev plate	Scale wt 5599	
Seats	Gross weight 10000	Gwt start 04/28/2014	Gwt exp 04/28/2015	Fleet	Equipment number	Prev Title 770810247064761	Prev st SC		
Brands:									
Comment: USE TAX WAIVED (C) - COLOR-BLUE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.									

Mileage

E

Registered owner

Legal owner

SLOAN, JOHN KEVIN
11004 25TH ST SE
LAKE STEVENS WA 98258

425 879-0901

I certify that the information contained hereon is accurate and complete.

X
Signature of registered owner(s)

Subscribed and sworn to before

X
Signature of registered owner(s)

_____ this _____ day of _____

FILING	\$7.00	TBD FEE 4231	CHECK	\$144.50
SUBAGENT	\$12.00	RTA EXCISE	CASH	
LOCAL FEE		USE TAX	TOTAL FEES	\$144.50
LICENSE SRVC		OTHER		
GWT/VWT FEE	\$60.00	DONOR AWARENESS		
QUICK TITLE		STATE PARKS		\$5.00

Validation code 02312401141180428140046013581

ORIGINAL

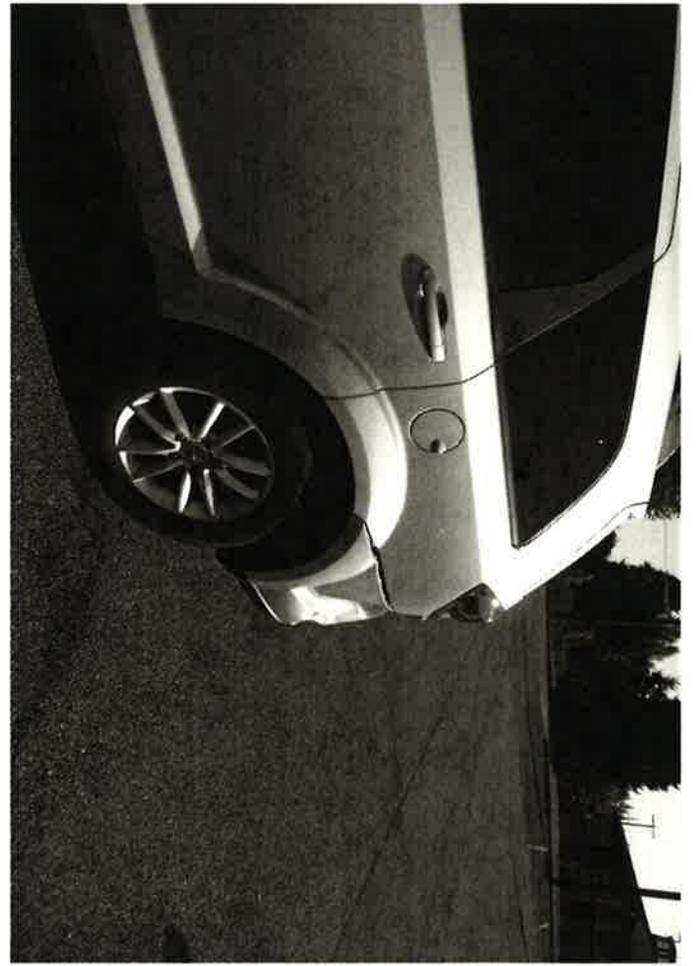
RPT ID: ATITPR-4

This document is not proof of ownership.

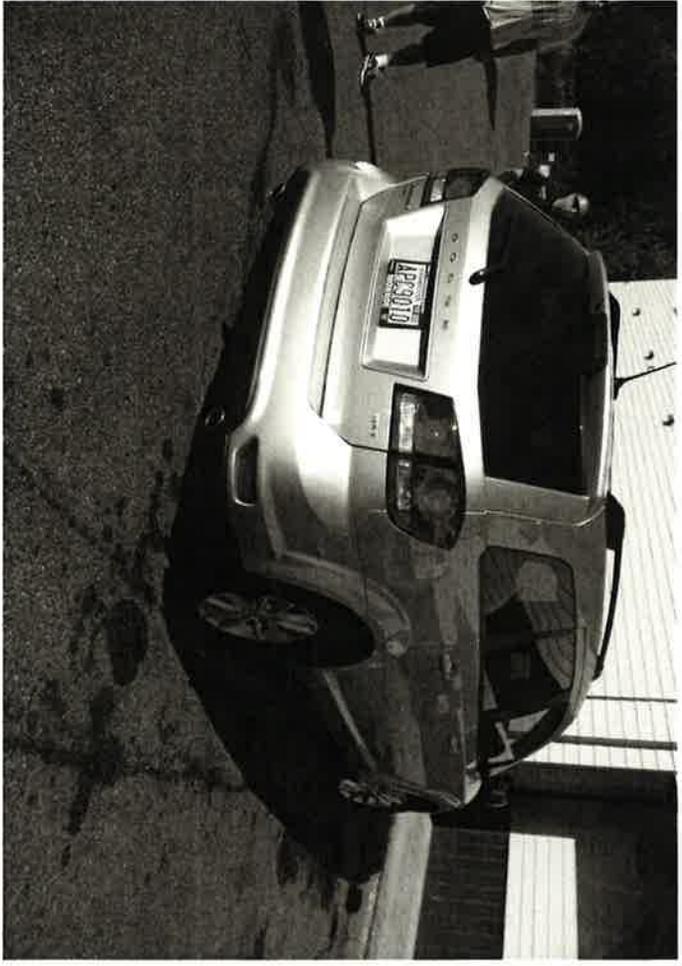
VehicleTitlePage2 (R/6/12)E

LSPD ORIGINAL

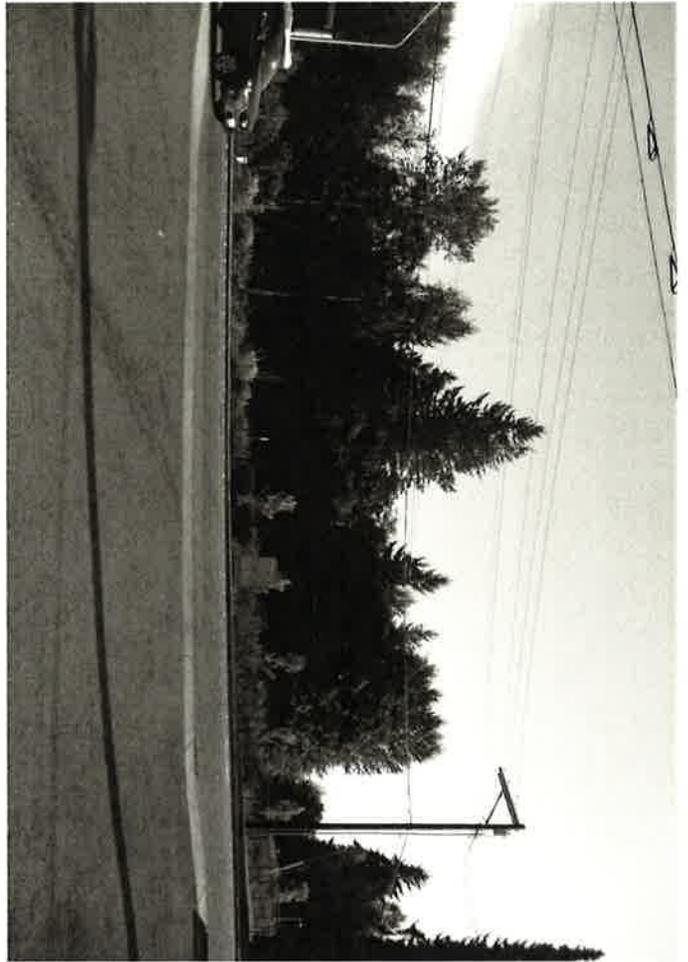
ORIGINAL
LSPD



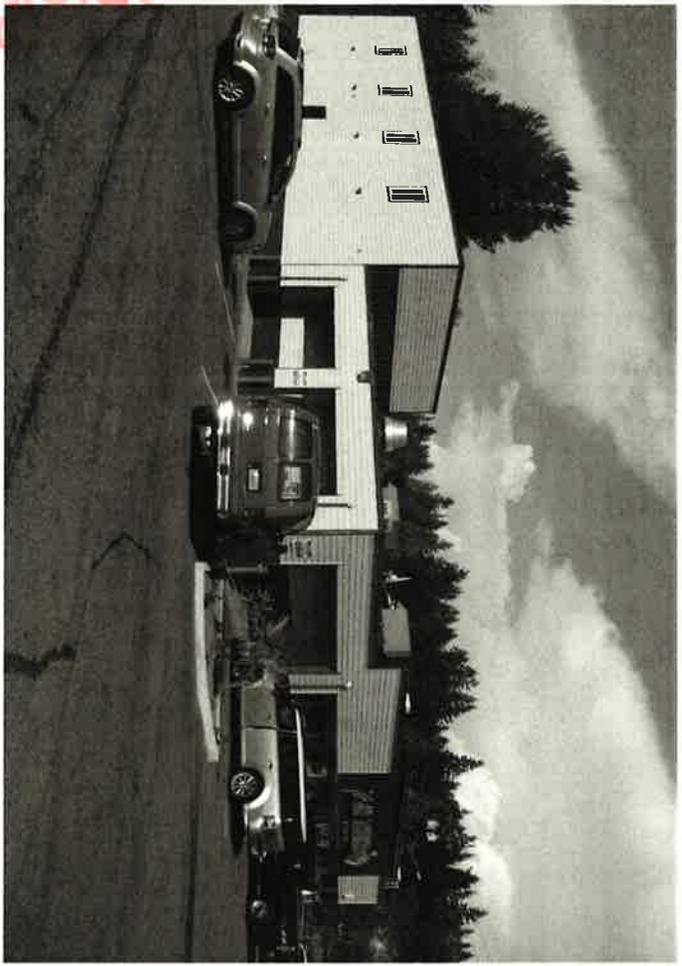
CHINA



ORIGINAL
LSPD



ORIGINAL



10/21/11



LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number D. PLANALPHEI02		Case Number 14-02066			
Type of Crime: Felony / <u>Misdemeanor</u> (Circle)		Type of Case: <u>HIT&RUN/NEG-1</u>		Date/Time: <u>8-24-14/1750</u>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification					
Item # 1	Item <u>VEH REGISTRATION</u>		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action # 3	Serial # <u>C16134A</u>	Where Found	Weight of Narcotic			
Owner's Name <u>JOHN SLOAN</u>		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item # 2	Item <u>CD WITH PICS</u>		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action # 3	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location		
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Case # 14-02066

ROUTING: _____
 White: Property Room
 Yellow: Case File
ORIGINAL

Evidence Control Use Only:

Received by Evidence: NCIC/WACIC Date: _____ CAD/RMS Checked _____
 Name: _____ # _____ NCIC/WACIC + Date: _____ Owner Letter Sent: _____
 Date: _____ Time: _____ NCIC/WACIC - Date: _____ Owner Letter Sent: _____

Incident History for: #SS14016602

Case Numbers: \$\$\$14002066

Entered 08/24/14 16:07:09 BY SPCT08 SP0301
Dispatched 08/24/14 16:07:31 BY SPDP17 SP0194
Enroute 08/24/14 16:07:31
Onscene 08/24/14 16:20:20
Closed 08/24/14 17:23:58

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: I
Police BLK: SS003 Fire BLK: AG1419 Map Page: 397F-4 Group: SS1 Beat: SOUT

Src: T
Loc: 1920 S LAKE STEVENS RD , LKS -- TOM THUMB GROCERY , LKS btwn S DAVIES RD & 2
0 ST SE (V)

Loc Info:

Name: ABUNIMEH, CATHERINE Addr: Phone: 8082235301

/1607 (SP0301) ENTRY , CC, DODGE JOURNEY VS CHEVY PU , NON INJ NON BLKG
/1607 (SP0194) DISPER 19D1 #SS102 PLANALP, OFFICER (DANIEL)
/1610 (SS102) REMINQ 19D1 MDTVEH, AKR8405, , WA, , , , , , , , , , ,
/1610 REMINQ 19D1 MDTVEH, AFN4281, , WA, , , , , , , , , , ,
/1612 REMINQ 19D1 MDTVEH, 496ZRC, , WA, , , , , , , , , , ,
/1620 *ONSCNE 19D1
/1622 (*****) REMINQ 19D1 C16134A
/1622 (SP0297) REMINQ 19D1 LIC, 19D1, C16134A, , ,
/1622 MISC 19D1 , SOUNDS LIKE HE TOOK OFF 10 AGO INTOX
/1624 ASSTER 19D2 [11004 25 ST SE]
#SS126 HINGTGEN, OFFICER (MICHAEL)
/1624 (SS126) REMINQ 19D2 MDTWANT, , , , , , WA, SLOANJK377J4, , , , , , , , , , ,
/1625 (*****) REMINQ 19D1 APC9010
/1625 (SP0297) REMINQ 19D1 LIC, 19D1, APC9010, , ,
/1629 ONSCNE 19D2
/1629 ASNCAS 19D1 \$\$\$14002066
/1630 CONTCT 19D2 Contact in 5 Minutes
, THAT TRUCK IS HERE
/1638 (SP0194) OK 19D2
/1639 (SS102) REMINQ 19D1 MDTWANT, ABUNIMEH, KARIM, , 090281, , , WA, , , , , , , , , , ,
,
/1639 REMINQ 19D1 MDTWANT, ABUNIMEH, KARIM, , 090281, M, X, HI, , , , , , , , , , ,
, , ,
/1639 REMINQ 19D1 MDTWANT, ABUNIMEH, CATHERINE, P, 082875, , , WA, , , , , , , , , , ,
, , , , ,
/1640 REMINQ 19D1 MDTWANT, ABUNIMEH, CATHERINE, P, 082875, F, X, HI, , , , , , , , , , ,
, , , , ,
/1642 REMINQ 19D1 MDTVEH, C16134A, , WA, , , , , , , , , , ,
/1642 REMINQ 19D1 MDTWANT, , , , , , WA, SLOANJK377J4, , , , , , , , , , ,
/1642 (SS126) REMINQ 19D2 MDTWANT, SLOAN, JOHN, K, 042463, , , WA, , , , , , , , , , ,
/1642 (SS102) *MISC 19D1 , DRIVER V-1 SLOAN, JOHN KEVIN DOB/04-24-1963
/1643 (SS126) *MISC 19D2 , PAWA-005200485, ESURANCE INSURANCE
/1643 *MISC 19D2 , 1640 .209 BRAC
/1650 (SP0194) NEWLOC 19D2 [1920 S LAKE STEVENS RD , LKS]
/1652 (SS126) REMINQ 19D2 MDTVEH, AKE9127, , WA, , , , , , , , , , ,
/1653 (SP0194) ONSCNE 19D2
/1659 OK 19D2
/1700 CLEAR 19D2
/1702 CHGLOC 19D1 [LKS PD]
/1709 (SS102) *ONSCNE 19D1
/1709 (SP0194) OK 19D1
/1723 CLEAR 19D1 D/I



LSPD
ORIGINAL