STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E326415

CASE #	14-01106
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE ☐ CITY STREET ☑ STATE ROUTE ☐ OTHER ☐ COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐ STOLEN VEHICLE ☐ HIT & RUN INVOLVED ☑

TRIBAL RESERVATION

DATE OF COLLISION (M M - D D - Y Y Y Y)	TIME (2400)	COUNTY #	MILES		CITY #
05 - 08 - 2014	1847	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY) FRONTAGE RD — INTERSECTION ☐ NON-INTERSECTION ☑ — BLOCK NO. ☑ MILE POST ☐ 700

DISTANCE 100.00 MILES ☐ FEET ☑ N ☑ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) SR 204

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

LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
STREET NEW ADDRESS ☐			
CITY		ST	ZIP
CDL		RESTRICTIONS	ENDORSEMENTS
DRIVER'S LICENSE #		STATE	SEX U — D.O.B. MMDDYYYY

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

LICENSE PLATE #	AMB4071	STATE	WA	VIN#	1B4HS28Z2WF176692
TRAILER PLATE #		STATE		TRAILER PLATE #	STATE

VEH. YEAR 1998 | MAKE DODG | MODEL DURAN | STYLE 4T | 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. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☑ PHONE D: 4253505507

LAST NAME	CABE	FIRST NAME	MICHAEL — MIDDLE INITIAL J
STREET NEW ADDRESS ☐	1033 117TH DR SE		
CITY	LAKE STEVENS	ST WA	ZIP 982588985
CDL		RESTRICTIONS	ENDORSEMENTS L
DRIVER'S LICENSE #	CABE*MJ165NE	STATE WA	SEX M — D.O.B. MMDDYYYY 08 - 05 - 1984

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

LICENSE PLATE #	B10971G	STATE	WA	VIN#	
TRAILER PLATE #		STATE		TRAILER PLATE #	STATE

VEH. YEAR 2006 | MAKE DODG | MODEL RAM 1500 | STYLE 4T | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. MICHAEL CABE 1033 117TH DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # PROGRESSIVE 6697146

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
STEVE WARBIS	112	WA0311900

PART A 3000-345-159 R (7/06)

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E326415

CASE # 14-01106

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	MCSHANE JAMIE A
ADDRESS & PHONE #	1033 117TH AVE SE LAKE STEVENS WA 98258
SEX	F
D.O.B. MMDDYYYY	07 - 19 - 1988

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

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
☐	☐								

NARRATIVE

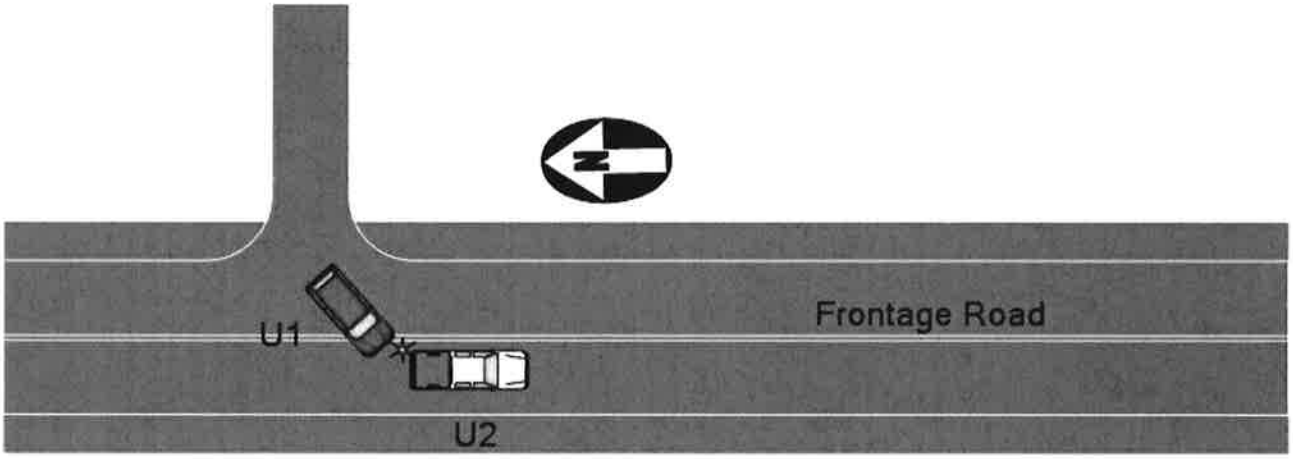
Unit 2 was traveling south on frontage Rd. Unit 1 was entering frontage Rd. from a parking lot on the east side of frontage Rd.turning north. Unit 1 struck the rear corner of unit 2. Both vehicles pulled to the side of the road; however when the driver of unit 1 exited his vehicle, he informed the driver of unit 2 that he did not have insurance. The driver of unit 1 got back into his vehicle and fled the scene.

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

INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
STEVE WARBIS		05-09-14 05:01 AM	

APPROVED BY	DATE
ROBERT MINER 095	5/9/2014 8:38:47 AM

BADGE OR ID #	112	ORI #	WA0311900	TIME POLICE DISPATCHED	6:47 PM	TIME POLICE ARRIVED	6:48 PM


N
Frontage Road
U1
U2

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-01106

VICTIM / WITNESS

NON-DISC ☐	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	CABE, MICHAEL JUSTIN	W	N	M	8-5-1984	29	[illegible]	[illegible]	[illegible]	BRO

STREET ADDRESS	CITY	STATE	ZIP	RES. STATUS
1033 117th DR SE	LAKE STEVENS	WA	98258	FULL

HOME PHONE	CELL PHONE	PLACE OF EMPLOYMENT
425-350-5507	425-350-5507	SNOHOMISH COUNTY SHERIFFS OFFICE

WORK PHONE	EMAIL ADDRESS
425-359-4168	justin_cabe22@hotmail.com

I, MICHAEL CABE, 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 05-08-2014 @ ABOUT 1845 HOURS I WAS TRAVELING SOUTHBOUND ON VERNON RD INFRONT OF THE CHEVRON @ ABOUT THE 700 BLOCK. A RED DODGE DURANGO, LICENSE "AMB4071" PULLED OUT IN FRONT OF ME OUT OF THE CHEVRON PARKING LOT, CUTTING OFF ONCOMING TRAFFIC IN THE PROCESS. THE DURANGO MERGED INTO ME CAUSING THE FRONT PASSENGER FENDER/BUMPER OF THE DURANGO TO COLLIDE INTO THE REAR DRIVER'S SIDE BUMPER/REAR PANEL; CAUSING A DENT AND PAINT TRANSFER. I IMMEDIATELY PULLED OVER TO THE SHOULDER AND GOT OUT OF MY VEHICLE TO CONTACT THE DURANGO DRIVER. THE MALE DRIVER OF THE DURANGO GOT OUT AND LOOKED AT THE DAMAGE. I ASKED THE DRIVER IF HE HAD INSURANCE AND HE SAID "NO". I TOLD HIM TO WAIT IN HIS VEHICLE UNTIL POLICE ARRIVE TO TAKE THE REPORT. THE MALE GOT IN HIS VEHICLE, ACCELERATED QUICKLY IN REVERSE. TURNING AROUND, MAKING TRAFFIC IN BOTH DIRECTIONS YIELD TO HIM. THE DRIVER SPUN HIS TIRES AND FLED NORTHBOUND ON VERNON RD. I THEN CALLED 911. MALE DRIVER: WHITE, MID 30'S, BROWN SHORT HAIR, NO FACIAL HAIR, DARK ATHLETIC CLOTHING. I COULD POSITIVELY IDENTIFY THE DRIVER. THERE WAS AN UNKNOWN DESCRIPTION WHITE FEMALE IN FRONT SEAT OF DURANGO.

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	LOCATION SIGNED
J. CABE. J. Cabe	5-8-14	VERNON RD / SR 9
OFFICER/NUMBER:	**DATE SIGNED**	**LOCATION SIGNED**
S. WAMBSIR	5-8-14	LAKE STEVENS PD

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

REVISED 4/2009

Incident History for: #SS14008536
Case Numbers: $SS14001106
Entered 05/08/14 18:47:36 BY SPCT09 SP0355
Dispatched 05/08/14 18:47:48 BY SPDP17 SP0380
Enroute 05/08/14 18:47:48
Onscene 05/08/14 18:48:57
Closed 05/08/14 19:25:07

Initial Type: COLP Initial Alarm Level: Final Alarm Level:
Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H
Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST
Src: T
Loc: 731 FRONTAGE RD ,LKS btwn 4 ST NE & N DAVIES RD (V)

Loc Info:
Name: CABE, JUSTIN Addr: Phone: 4253505507

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/1847  (SP0355)  ENTRY          ,CC HIT AND RUN ACC, RP ON THE SHOULDER RED DODG
                                E DURANGO L/AMB4071, LSH NB ON FRONTAGE RD
/1847  (SP0380)  DISPER  19N2    #SS112  WARBIS,OFFICER (STEVE)
/1847  (SP0355)  CHANGE         NAM:  -->  CABE, JUSTIN,
                                PHO:  -->  4253505507
/1848            SUPP           TXT: RP OFF DUTY DEPUTY
/1848  (******)  REMINQ  19N2   AMB4071
/1848  (SP0380)  REMINQ  19N2   LIC,19N2,AMB4071,,,
/1848  (SS112 ) *ONSCNE  19N2
/1850            REMINQ  19N2   MDTWANT,,,,,,,WA,TUSSJH268QS,,,,,,,,,,,,,
/1854  (SP0380)  ASNCAS  19N2   $SS14001106
/1911  (SS112 )  REMINQ  19N2   MDTVEH,AMB4071,,WA,,,,,,,,,,,
/1925           *CLEAR   19N2   D/H
/1925            CLOSE   19N2
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