STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E363088

CASE #	14-02481
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 #
10 - 06 - 2014	1444	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☑ NON-INTERSECTION ☐

STATE ROUTE 204 — BLOCK NO. ☐ MILE POST ☐

DISTANCE — MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) MARKET PLACE

UNIT 01

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

LAST NAME	HASS	FIRST NAME	BRANDON
MIDDLE INITIAL	L		
STREET (NEW ADDRESS ☐)	20507 133RD ST NE		
CITY	GRANITE FALLS	ST	WA
ZIP	982529567		
CDL		RESTRICTIONS	
ENDORSEMENTS	L		
DRIVER'S LICENSE #	HASS*BL202PR	STATE	WA
SEX	M	D.O.B. MMDDYYYY	10 - 19 - 1980
ON DUTY ☐	STATUS	AIRBAG 2	RESTR. 4
EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
LICENSE PLATE #	B45801U	STATE	WA
VIN#	1GBHC292X4E318442		
TRAILER PLATE #		STATE	
TRAILER PLATE #		STATE	
VEH. YEAR	2004	MAKE	CHEV
MODEL	C2PU	STYLE	4C
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	

REGISTERED OWNER INFO. RYAN DONOVAN DBA PO BOX 1093 SUMNER WA 98390

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # MIDDLESEX INSURANCE COMPANY 47 4626019

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # 4Z0896587 CHARGE DWLS 2ND DEGREE / 46.20.342.1B

VEHICLE NO. 1 SHADE IN DAMAGED AREA — 9 TOP, 10 BOTTOM

UNIT 02

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE

LAST NAME	CARTER	FIRST NAME	DEBBIE
MIDDLE INITIAL	L		
STREET (NEW ADDRESS ☐)	2608 117TH DR NE		
CITY	LAKE STEVENS	ST	WA
ZIP	982589546		
CDL		RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #	CARTEDL410JB	STATE	WA
SEX	F	D.O.B. MMDDYYYY	04 - 02 - 1959
ON DUTY ☐	STATUS	AIRBAG 2	RESTR. 4
EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
LICENSE PLATE #	AOK1912	STATE	WA
VIN#	1HGCM563X7A057554		
TRAILER PLATE #		STATE	
TRAILER PLATE #		STATE	
VEH. YEAR	2007	MAKE	HOND
MODEL	ACD4D	STYLE	4D
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	

REGISTERED OWNER INFO. OWEN CARTER 2608 117TH DR NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # GEICO 4232-06-75-30

VEHICLE LEGALLY STANDING YES ☑ NO ☐ CITATION # CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA — 9 TOP, 10 BOTTOM

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
DENNIS IRWIN	105	WA0311900

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E363088

CASE # 14-02481

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	CARTER OWEN B															
ADDRESS & PHONE #	2608 117TH DR NE LAKE STEVENS WA 98258									SEX	M	D.O.B. MMDDYYYY	05 - 01 - 1958			
PASSENGER ☑ WITNESS ☐	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	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	

NARRATIVE

UNIT #2 was eastbound on SR 204 just west of Market Place and had stopped for the red traffic light. UNIT #1 was traveling directly behind UNIT #2 and failed to notice UNIT #2 had stopped.

UNIT #1 struck UNIT #2 from behind.

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)

DENNIS IRWIN		10-08-14 07:04 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 095	10/8/2014 9:50:19 PM

BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	2:45 PM	TIME POLICE ARRIVED	2:48 PM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E363088

CASE # 14-02481

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #	1	USDOT		ICC #		VEHICLE TYPE		CARGO BODY TYPE	

CARRIER NAME

CARRIER ADDRESS

CITY | ST | ZIP

NAME SOURCE | # AXLES 00 | GVWR 0 | PLACARD ☐ | + | NAME IF NO NUMBER

ADDITIONAL UNITS

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

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | RESTRICTIONS | ENDORSEMENTS

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

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

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

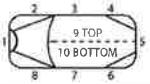
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

SHADE IN DAMAGED AREA



FROM TO

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

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | RESTRICTIONS | ENDORSEMENTS

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

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

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

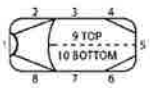
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

SHADE IN DAMAGED AREA

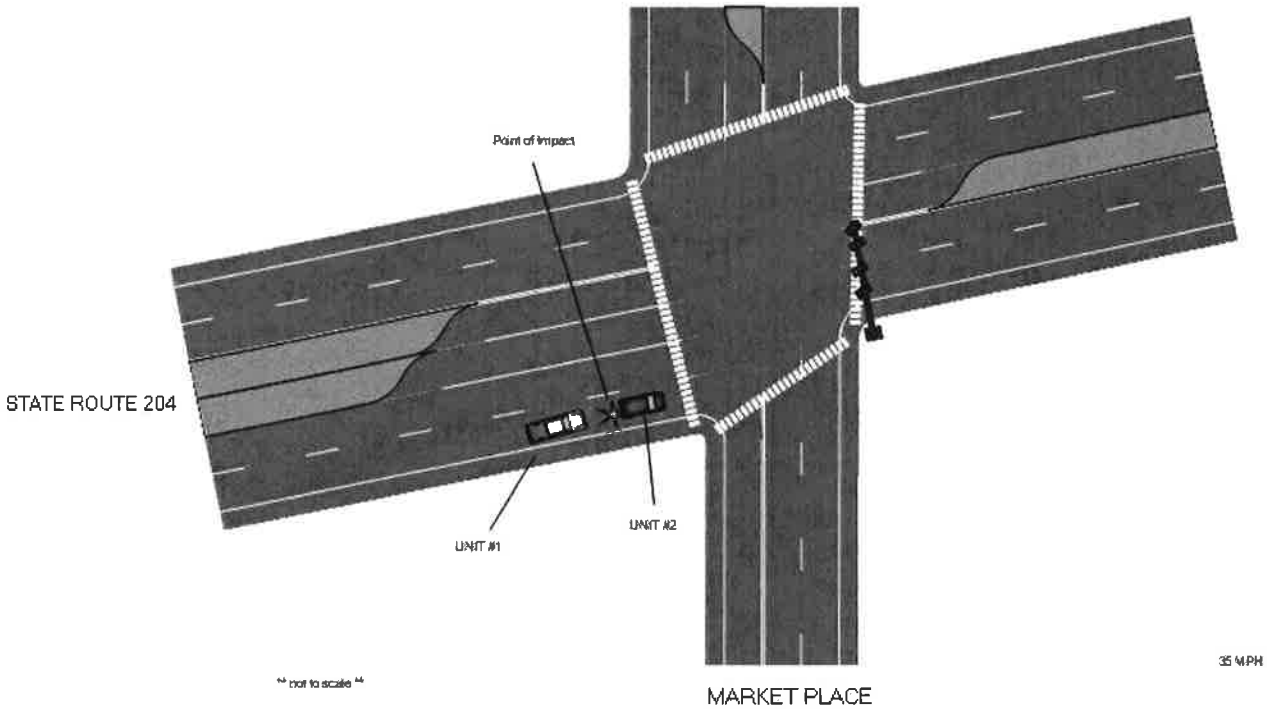


I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN		10-08-14 07:04 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED

BADGE OR ID #	105	ORI #	WA0311900	APPROVED BY	MINER	DATE	10/8/2014

3000-345-013 R (7/06)


Point of Impact
STATE ROUTE 204
UNIT #1
UNIT #2
** not to scale **
MARKET PLACE
35 MPH

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-02481

VICTIM / WITNESS

NON-DISC ☐	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	Carter, Debbie, Lee	W	Cauc	F	4/2/59	55	5	1	brown	green

STREET ADDRESS	CITY	STATE	ZIP	RES. STATUS
2608 117th Dr. NE	Lake Stevens	WA	98258	WA/US

HOME PHONE	CELL PHONE	PLACE OF EMPLOYMENT
425-397-2237	425-238-0813	Lake Stevens School District

WORK PHONE	EMAIL ADDRESS
425-355-1535	odcarter4@gmail.com

I, Debbie Carter, 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.

I was stopped at the light on highway 204 when the truck behind me hit my car - rear ended..

LSPD ORIGINAL

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
Debbie Carter	10/6/14	Lake Stevens Haggens parking lot
OFFICER/NUMBER: #105	DATE SIGNED 10/06/14	LOCATION SIGNED LAKE STEVENS, WA

"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

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-02481

VICTIM / WITNESS

NON-DISC ☐	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	Hass Brandon Lee	W	W	M	10/19/1980	33	5'8"	170	Brn	Brn

STREET ADDRESS	CITY	STATE	ZIP	RES. STATUS
20507 133 ST NE	Granite Falls	WA	98252	

HOME PHONE	CELL PHONE	PLACE OF EMPLOYMENT
360 691-1441		

WORK PHONE	EMAIL ADDRESS
425 231 5206	

I, _____, 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.

I was driving up to the stop sign and also watching the car behind me when I realized traffic was stopped for the light it was to late.

LSPD ORIGINAL

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
	10-6-14	Haggen Parking
OFFICER/NUMBER: #105	DATE SIGNED 10/06/14	LOCATION SIGNED LAKE STEVENS WA

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REVISED 4/2009

Incident History for: #SS14019687
Case Numbers: $SS14002481
Entered 10/06/14 16:44:54 BY SPCT06 SP0302
Dispatched 10/06/14 16:45:37 BY SPDP17 SP0224
Enroute 10/06/14 16:45:37
Onscene 10/06/14 16:48:17
Closed 10/06/14 17:49:52

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION,NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS002 Fire BLK: AG1518 Map Page: 397D-1 Group: SS1 Beat: WEST
Src: T
Loc: MARKET PL/SR 204 ,LKS (V)

Loc Info: ON SR 204
Name: CARTER, DEBBIE Addr: Phone: 4252380813

/1644 (SP0302) ENTRY ,CC, J/O, 2 VEH ACC,NON/INJ, NON/BLKG, RED HON A
CC VS WHI TRK ,PULLED OFF ONTO MARKET PL
/1645 (SP0224) DISPER 19D2 #SS127 ADAMS,OFFICER (NATHAN)
/1645 ASSTER 19D1 [MARKET PL/SR 204 ,LKS]
#SS105 IRWIN,OFFICER (DENNIS)
/1648 (SS105) *ONSCNE 19D1
/1649 (SP0224) NEWLOC 19D1 [HAGGENS]
/1649 $PREMPT 19D2
/1652 ASNCAS 19D1 $SS14002481
/1656 (SS105) *MISC 19D1 ,INS WEST AMERICAN INS CO BAW53736026
/1657 *MISC 19D1 ,INSURANCE UNIT #2 GEICO 4232 06 75 30
/1700 REMINQ 19D1 MDTWANT,HASS,BRANDON,L,101980,,,WA,,,,,,,,,,,,,
/1738 *MISC 19D1 ,MIDDLE SEX INS CO 47 4626019
/1749 (SP0224) CLEAR 19D1 D/H
/1749 CLOSE 19D1

LSPD ORIGINAL