



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E373548**

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

CASE #	14-02802	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 11 - 07 - 2014	0829	31		0664
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>	

STATE ROUTE 204	BLOCK NO.	
	MILE POST	

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
				91ST AVE NE

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: 4253436157
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LAST NAME	KOT	FIRST NAME	OLEG	MIDDLE INITIAL	N
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STREET NEW ADDRESS <input checked="" type="checkbox"/>	11313 60TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	KOT**ON212CD	STATE	WA	SEX	M	D.O.B. MMDDYYYY	02 - 04 - 1979
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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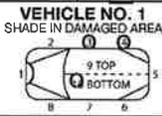
LICENSE PLATE #	C26090B	STATE	WA	VIN#	1FTFW1ET6EKD75629
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	FORD	MODEL	F150	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	COMFORT INC 11313 60TH ST NE LAKE STEVENS WA 98258
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 75871293-9
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



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: 4252327599
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LAST NAME	PHAM	FIRST NAME	NHUNG	MIDDLE INITIAL	H
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STREET NEW ADDRESS <input type="checkbox"/>	11014 MERIDIAN DR SE
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CITY	EVERETT	ST	WA	ZIP	982080000
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	PHAM*NH1220M	STATE	WA	SEX	F	D.O.B. MMDDYYYY	09 - 14 - 1988
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	491MH7	STATE	WA	VIN#	JT2BG22K610583828
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2001	MAKE	TOYT	MODEL	CAM4D	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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REGISTERED OWNER INFO.	TRANG PHAN 11014 MERIDIAN DR SE EVERETT WA 98208
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 236 3226-E01-47
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE





1591972

CORRECTION

REPORT NO. **E373548**

CASE # **14-02802**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CATON LEAH																
ADDRESS & PHONE #		3222 127TH AVE NE LAKE STEVENS WA 98258 4253598879						SEX	F	D.O.B. MMDDYYYY	11	-	08	-	1987			
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

NARRATIVE

UNIT #2 WAS NORTHBOUND ON 91ST AVE NE APPROACHING THE INTERSECTION OF SR 204 AND BEGAN MAKING A LEFT TURN (WESTBOUND) ONTO SR 204 ON A GREEN LIGHT.

UNIT #1 WAS EAST BOUND ON SR 204 AND FAILED TO STOP FOR THE RED LIGHT AT THE INTERSECTION OF 91ST AVE NE AND STRUCK UNIT #2

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

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

11-11-14 12:56 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

11/11/2014 5:19:09 PM

BADGE OR ID # **105**

ORI #

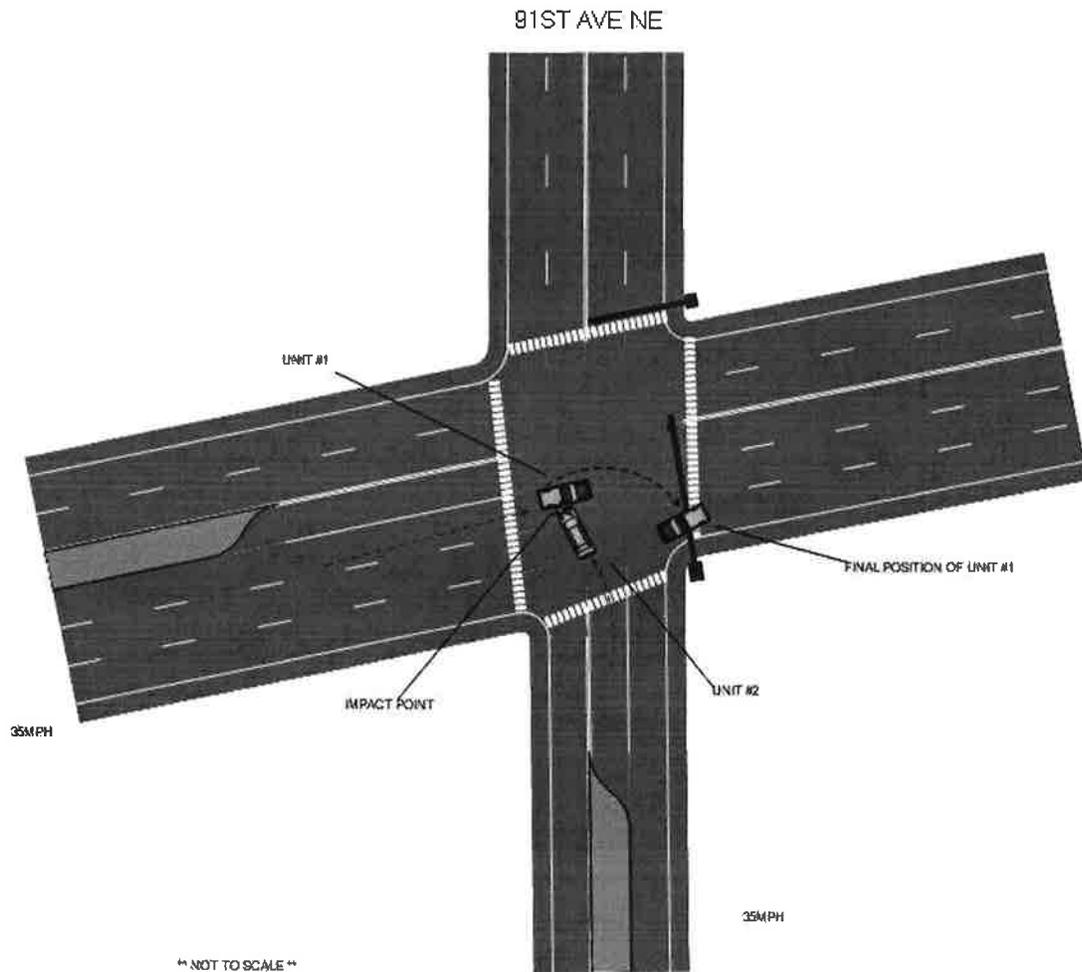
WA0311900

TIME POLICE DISPATCHED

8:29 AM

TIME POLICE ARRIVED

8:30 AM



SR 204

14-02802



LSPD ORIGINAL

[Handwritten signature]
1/2

14-02802



LSPD ORIGINAL

J. P. 10/5 2/2

14-02802



WASHINGTON STATE PATROL

Driver Statement



Name Oleg Kot Date of Birth 02/04/79

Address 11313 60th NE Apartment # _____ City, State, Zip Code Lake Stevens WA 98258

Home Phone (425) 405-3930 Work Phone (425) 343-6157
Fax _____ E-mail _____

Are you injured? Yes No Were you wearing your seatbelt? Yes No
Is your vehicle equipped with an airbag? Yes No

If injured, what are your injuries? _____

Please circle which lane were you in?
Carpool Left Center Right Left turn lane Right turn lane Two-way left turn other _____

Please circle which lane the other vehicle was in?
Carpool Left Center Right Left turn lane Right turn lane Two-way left turn other _____

Collision Description

Describe how the collision occurred in as much detail as possible, including what you were doing prior to the collision, what street you were on and the other vehicles location/actions:

I was driving on 204 Hwy and when was crossing 91 Ave NE did not see Red light at my way with thru and bron hidden by the car on my left.

LSPD ORIGINAL

Please complete other side

14-02802



WASHINGTON STATE PATROL

Driver Statement



Name Nhung Pham Date of Birth 09/14/88

Address 11014 Meridian Dr Apartment # Se City, State, Zip Code Everett WA 98208

Home Phone <u>(425) 232 7599</u>	Work Phone
Fax	E-mail

Are you injured? Yes No Were you wearing your seatbelt? Yes No

Is your vehicle equipped with an airbag? Yes No

If injured, what are your injuries? _____

Please circle which lane were you in?
Carpool Left Center Right Left turn lane Right turn lane Two-way left turn other _____

Please circle which lane the other vehicle was in?
Carpool Left Center Right Left turn lane Right turn lane Two-way left turn other _____

Collision Description

Describe how the collision occurred in as much detail as possible, including what you were doing prior to the collision, what street you were on and the other vehicles location/actions:

I'm going to work and I want to turn by left.
Another guy ran red light and hit my car.

LSPD ORIGINAL

Please complete other side

14-0280Z



WASHINGTON STATE PATROL

Driver Statement



Lean Caton

Name

Nov 8, 1987

Date of Birth

3222 127th Ave NE

Address

Apartment #

Lake Stevens, WA, 98258

City, State, Zip Code

Home Phone	Work Phone 425-359-8879 cell
Fax	E-mail

Are you injured? Yes No

Were you wearing your seatbelt? Yes No

Is your vehicle equipped with an airbag? Yes No

If injured, what are your injuries? _____

Please circle which lane were you in?

Carpool Left Center Right Left turn lane Right turn lane Two-way left turn other _____

Please circle which lane the other vehicle was in?

Carpool Left Center Right Left turn lane Right turn lane Two-way left turn other _____

Collision Description

Describe how the collision occurred in as much detail as possible, including what you were doing prior to the collision, what street you were on and the other vehicles location/actions:

I was walking out of Walgreens when I saw a dark ford truck speed through the intersection @ a red light hitting a small greenish/grey car who had a green light heading toward highway 9.

LSPD ORIGINAL

Please complete other side

Incident History for: #SS14022160 Xref: #AG14003201
Case Numbers: \$SS14002802
Received 11/07/14 08:29:48 BY SPDF26 SP0204
Entered 11/07/14 08:30:31 BY SPDF26 SP0204
Dispatched 11/07/14 08:31:39 BY SPDP17 SP0371
Enroute 11/07/14 08:31:39
Onscene 11/07/14 08:31:39
Closed 11/07/14 09:24:20

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: 377E-7 Group: SS1 Beat: WEST
Src: 9
Loc: 718 91 AV NE ,LKS -- WALGREENS btwn SR 204 & VERNON RD (V)

Loc Info: WALGREEN DRUG STORES,
Name: Addr: Phone: 4253341837

/0830 (SP0204) ENTRY ,2 VEH, UNK INJ, BLKING, SUV VS CAR
/0830 CROSS #AG14003201
/0830 (SP0371) VIEWED
/0831 DISPOS 1911 #SS104 LAMBIER,LT. (JEFF)
/0838 ASSTOS 19D1 [718 91 AV NE ,LKS]
#SS105 IRWIN,OFFICER (DENNIS)
/0845 ROTREQ 19D1 TOW 5745 LKS RESCUE TOWING
4253345821
/0849 MISC 19D1 ,RESCUE TOW ENROUTE, 4 ROUND FRONT END DAMAGE
/0900 ASNCAS 19D1 \$SS14002802
/0903 MISC 1911 ,TOW ETA 5 MIN
/0906 (SS105) REMINQ 19D1 MDTWANT,,,,,,WA,PHAMNH122OH,,,,,,,,,,,,,
/0906 REMINQ 19D1 MDTWANT,PHAM,NHUNG,H,091488,,,WA,,,,,,,,,,,,,
/0907 (SP0371) CLEAR 1911 ,INTERSECTION CLEAR D1 STANDING BY FOR TOW
/0907 (SS105) REMINQ 19D1 MDTWANT,KOT,OLEG,N,020479,,,WA,,,,,,,,,,,,,
/0918 REMINQ 19D1 MDTVEH,491MHT,,WA,,,,,,,,,,,,,
/0924 (SP0297) CLEAR 19D1 D/H
/0924 CLOSE 19D1

LSPD
ORIGINAL