STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E420065

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

CASE # 15-01089

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 | OBJECT STRUCK

TRIBAL RESERVATION

DATE OF COLLISION M M 04 - D D 28 - Y Y Y Y 2015 | TIME (2400) 1827 | COUNTY # 31 | MILES | N ☐ E ☐ S ☐ W ☐ | IN ☑ OF ☐ | CITY # 0664

ON (PRIMARY TRAFFIC WAY) 20TH ST SE | INTERSECTION ☐ NON-INTERSECTION ☑ | BLOCK NO. ☑ MILE POST ☐ 9700

DISTANCE 200 . 00 MILES ☐ FEET ☑ | N ☐ S ☐ | E ☐ W ☑ | OF (REFERENCE OR CROSS STREET) 99TH AVE SE

UNIT 01 MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ | DAMAGE THRESHOLD MET YES ☑ NO ☐ | PHONE D: 4255305692

LAST NAME ROOD | FIRST NAME CHRISTA | MIDDLE INITIAL M

STREET NEW ADDRESS ☐ 16632 169TH ST SE

CITY MONROE | ST WA | ZIP 982722900

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # ROOD*CM095R5 | STATE WA | SEX F | D.O.B. MMDDYYYY 12 - 25 - 1991

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

LICENSE PLATE # AOA7446 | STATE WA | VIN# 19UUA56752A027337

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2002 | MAKE ACUR | MODEL 32TL4D | STYLE 4D | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. CHIRSTA ROOD 16632 169TH ST SE MONROE WA 98272

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # OMNI INSURANCE CO 4415558

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

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 D: 4253464305

LAST NAME HOOLE | FIRST NAME DEIDRE | MIDDLE INITIAL S

STREET NEW ADDRESS ☐ 920 96TH AVE

CITY LAKE STEVENS | ST WA | ZIP 982580000

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # HOOLEDS194NT | STATE WA | SEX F | D.O.B. MMDDYYYY 08 - 30 - 1981

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

LICENSE PLATE # 909YPJ | STATE WA | VIN# 1FMYU02161KE82522

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2001 | MAKE FORD | MODEL ESCAPE | STYLE UT | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. DEIDRE HOOLE 920 96TH AVE SE LAKE STEVENS WA 98258 D: 4253464305

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # ALLSTATE 964099309

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

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

OFFICER'S NAME (PRINT) G. HEINEMANN #133 | BADGE OR ID # #0133 | AGENCY WA0311900

1	2	2	2	3	1	2	3	4	4a	5	6	7	8	9	9	10	11	12	13	14	15	16	17
1	2	3	1	8	2	3	0	1	0	6	1	2	2	3	1	2	2	3	7	3	7	3	4
27			28				29		30		31			32				33		34		35	36

18	19	20	21	22	23	24	25	26															
37	38	39	40	41	42																		

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E420065

CASE # 15-01089

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	THILMONY TAYVIN M																
ADDRESS & PHONE #	16632 169TH ST SE MONROE WA 98272									SEX	M	D.O.B. MMDDYYYY	11	- 07	- 2012		
PASSENGER ☑ WITNESS ☐	UNIT #	1	SEAT POS.	7	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE	2	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 one was traveling eastbound on 20th ST SE from SR 9. Unit one was directly behind Unit two. The flow of traffic continued eastbound and Unit two braked due to traffic ahead. Unit one did not see that Unit two was braking and rearended them. No damage done to Unit two. The fire department arrived on scene to check the well being of the infant in the back seat of Unit one. There were no injuries.

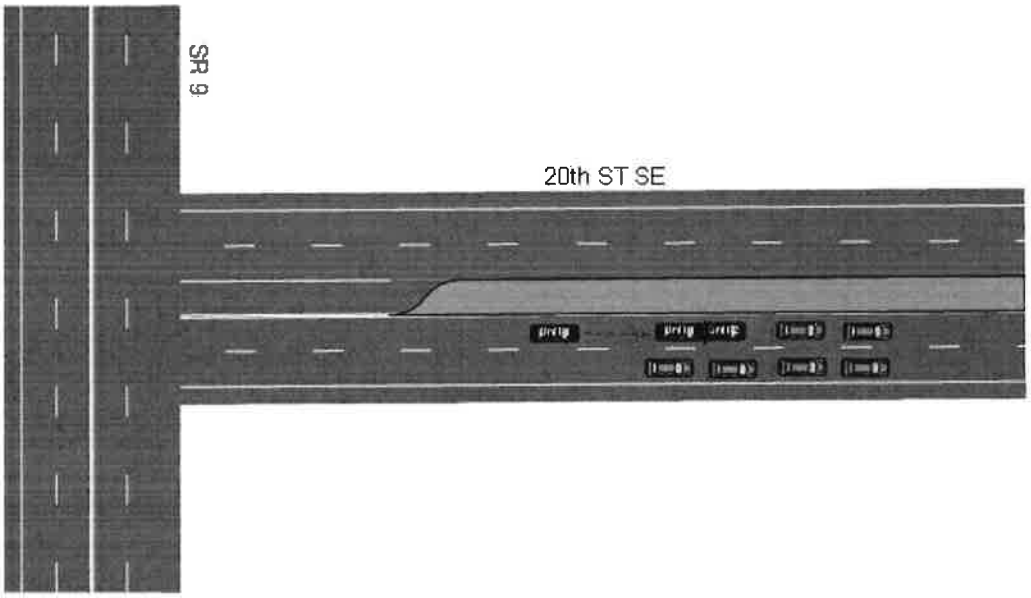
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN #133		04-29-15 03:08 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
BOB SUMMERS 079	4/29/2015 4:50:15 AM

BADGE OR ID #	#0133	ORI #	WA0311900	TIME POLICE DISPATCHED	6:28 PM	TIME POLICE ARRIVED	6:34 PM

Not to scale



Incident History for: #SS15008214 Xref: #SS15008213 #AG15001171
Case Numbers: $SS15001089
Entered 04/28/15 18:27:30 BY SPDF24 SP0320
Dispatched 04/28/15 18:28:30 BY SPSC40 SP0312
Enroute 04/28/15 18:28:30
Onscene 04/28/15 18:34:14
Closed 04/28/15 18:53:23

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION,NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1418 Map Page: 397F-3 Group: SS1 Beat: SOUT
Src: T
Loc: 20 ST SE/99 AV SE ,LKS (V)

Loc Info:
Name: DEIDRE HOOLE Addr: Phone: 4253464305

/1827	(SP0320)	ENTRY		,2 VEH MVA, UNK INJ
/1827		CROSS		#AG15001171
/1827	(SP0312)	$CROSS		#SS15008213
/1827		DUP		#SS15008213
/1827		VIEWED		
/1828	(SP0320)	SUPP		NAM: DEIDRE HOOLE,
				PHO: 4253464305,
				TXT: BLKG, BLK CAR VS DRK SEDAN
/1828	(SP0312)	DISPER	19N3	#SS133 HEINEMANN,OFFICER (GAVIN)
/1828		ASSTER	19N1	[20 ST SE/99 AV SE ,LKS]
				#SS102 PLANALP,OFFICER (DANIEL)
/1834		ONSCNE	19N3	
/1836		ONSCNE	19N1	
/1843		$PREMPT	19N1	
/1846		ASNCAS	19N3	$SS15001089
/1853	(SP0297)	CLEAR	19N3	D/H
/1853		CLOSE	19N3	

LSPD ORIGINAL