STATE OF WASHINGTON
**POLICE TRAFFIC COLLISION REPORT**

1591971

**REPORT NO. E423509**

| | |
|---|---|
| CASE # | 15-01185 |
| LOCAL AGENCY CODING | |
| TOTAL # OF UNITS | 03 |
| 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 - 10 - 2015 | 1515 | 31 | | N ☐ S ☐ E ☐ W ☐ | IN ☑ OF ☐ 0664 |

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

20TH ST SE — BLOCK NO. ☑ MILE POST ☐ 7200

DISTANCE 300 . 00 MILES ☐ FEET ☑ N ☐ S ☐ E ☑ W ☐ OF (REFERENCE OR CROSS STREET) 71ST AVE SE

## UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 4253970327

| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|---|---|---|
| THORP | SHARON | L |

STREET NEW ADDRESS ☐ 3033 95TH DR SE

| CITY | ST | ZIP |
|---|---|---|
| LAKE STEVENS | WA | 982585626 |

| CDL | RESTRICTIONS | ENDORSEMENTS |
|---|---|---|
| | B, J | |

| DRIVER'S LICENSE # | STATE | SEX | D.O.B. MMDDYYYY |
|---|---|---|---|
| THORPSL420MW | WA | F | 07 - 16 - 1958 |

| ON DUTY | STATUS | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |
|---|---|---|---|---|---|---|---|
| ☐ | | 3 | 4 | 1 | 2 | 7 | CUT TO CHIN |

| LICENSE PLATE # | STATE | VIN# |
|---|---|---|
| ANF0699 | WA | JM1BC1413V0168442 |

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

VEH. YEAR 1997 MAKE MAZD MODEL PRO4D STYLE 4D VEHICLE TOWED YES ☐ NO ☑ TOWED BY GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. RICHARD THORP 3033 95TH DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # AMERICAN INSURE ALL 475818731

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: 4253748275

| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|---|---|---|
| MC KINLAY | SCOTT | H |

STREET NEW ADDRESS ☐ 10822 4TH AVE SE

| CITY | ST | ZIP |
|---|---|---|
| EVERETT | WA | 982040000 |

| CDL | RESTRICTIONS | ENDORSEMENTS |
|---|---|---|
| | B | |

| DRIVER'S LICENSE # | STATE | SEX | D.O.B. MMDDYYYY |
|---|---|---|---|
| MCKINSH364PT | WA | M | 10 - 30 - 1964 |

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

| LICENSE PLATE # | STATE | VIN# |
|---|---|---|
| B05233K | WA | 4TAVN13D3RZ288659 |

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

VEH. YEAR 1994 MAKE TOYO MODEL PU STYLE VEHICLE TOWED YES ☐ NO ☑ TOWED BY GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. SCOTT MC KINLAY 10822 4TH AVE SE EVERETT WA 98208

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # STATE FARM 192 4304-F20-47

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA

| OFFICER'S NAME (PRINT) | BADGE OR ID # | AGENCY |
|---|---|---|
| M. HINGTGEN | 126 | WA0311900 |



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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E423509

CASE # 15-01185

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| 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 | | |
| 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

Veh #1, Veh #2, and Veh #3 were traveling east in the 7200 blk of 20th St SE. Veh #3 was followed by Veh #2. Veh #2 was followed by Veh #1. Veh #3 was forced to slow for forward traffic and had to stop abruptly for a dog that ran directly infront of the vehicle Veh #2 was able to stop rapidly to initially avoid impacting Veh #3. Veh #1 was unable to stop and struck Veh #2 in the rear. Due to the height of Veh #1's hood and the force of impact, Veh #1 underrode Veh #2, lifting Veh #2's rear tires off of the ground. The impact also cause, Veh #2 to be forced forward, impacting Veh #3 in the rear bumper.

All of the involved occupants stated that they were not injured. The driver of Veh #1 had a laceration on her chin. She stated that it was due to the airbags being deployed. All occupants refused any aid treatment.

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)

| M. HINGTGEN | | 05-10-15 05:13 PM | |
|---|---|---|---|
| INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST. DET | DATED | PLACE SIGNED |

| APPROVED BY | DATE |
|---|---|
| BOB SUMMERS 079 | 5/11/2015 8:54:11 AM |

| BADGE OR ID # | 126 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 3:17 PM | TIME POLICE ARRIVED | 3:20 PM |
|---|---|---|---|---|---|---|---|

**SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT**

013197

**REPORT NO.** E423509

**CASE #** 15-01185

## COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

| UNIT # | USDOT | ICC # | VEHICLE TYPE | CARGO BODY TYPE |
|---|---|---|---|---|
| | | | | |

CARRIER NAME:

CARRIER ADDRESS:

CITY: ST: ZIP:

NAME SOURCE: # AXLES: GVWR: PLACARD ☐ + NAME IF NO NUMBER:

## ADDITIONAL UNITS

**UNIT #** 3 — MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☑ PHONE: D: 3603208072

LAST NAME: PARKER FIRST NAME: JESSICA MIDDLE INITIAL: S

STREET (NEW ADDRESS ☐): 734 SW OTTERCREST ST

CITY: OAK HARBOR ST: WA ZIP: 982777223

CDL: RESTRICTIONS: ENDORSEMENTS:

DRIVER'S LICENSE #: PARKEJS270KH STATE: WA SEX: F D.O.B. MMDDYYYY: 05 - 08 - 1973

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

LICENSE PLATE #: AMX6613 STATE: WA VIN#: 3C4PDDBG7DT731702

TRAILER PLATE #: STATE: TRAILER PLATE #: STATE:

VEH. YEAR: 2013 MAKE: DODG MODEL: JOUR4D STYLE: VN VEHICLE TOWED YES ☐ NO ☑ TOWED BY: GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.: JESSICA PARKER 734 SW OTTERCREST ST OAK HARBOR WA 98277

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY #: USAA 00779 68 70U

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

SHADE IN DAMAGED AREA: 2 3 4 1 9 TOP 10 BOTTOM 8 7 6

FROM 7 TO 3

**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: 2 3 4 1 9 TOP 10 BOTTOM 5 8 7 6

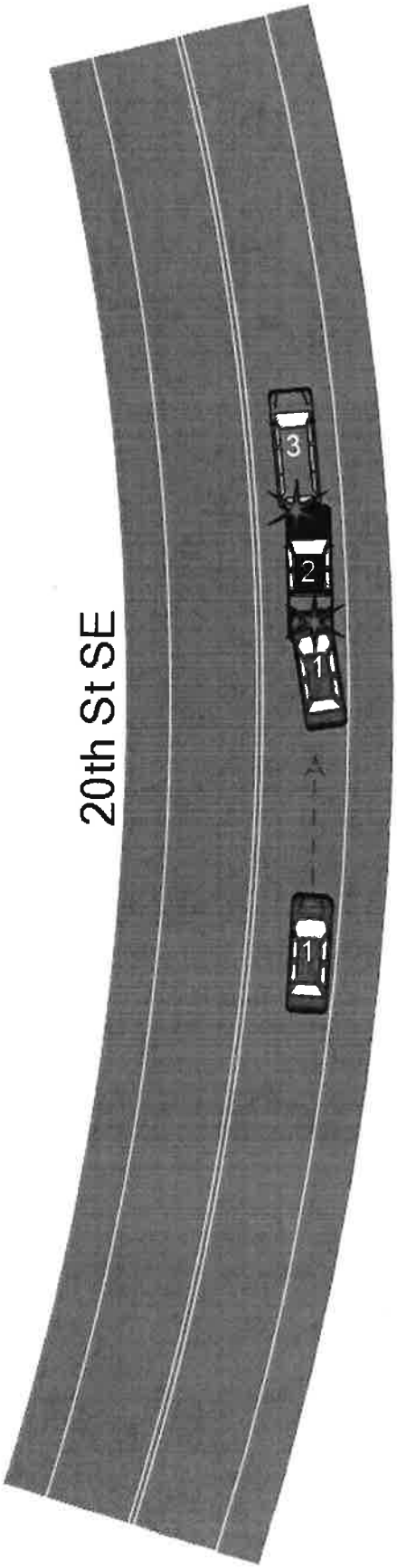
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN — INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST DET | 05-10-15 05:13 PM — DATED: | PLACE SIGNED

BADGE OR ID #: 126 ORI #: WA0311900 APPROVED BY: SUMMERS DATE: 5/11/2015 PAGE 3 OF 4

3000-345-013 R (7/06)

*Not to Scale*



Incident History for: #SS15009012
Case Numbers: $SS15001185
Received 05/10/15 15:15:39 BY SPDF24 SP0323
Entered 05/10/15 15:17:16 BY SPDF24 SP0323
Dispatched 05/10/15 15:17:27 BY SPDP17 SP0386
Enroute 05/10/15 15:17:27
Onscene 05/10/15 15:20:53
Closed 05/10/15 15:49:38

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION,NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1317 Map Page: 397C-4 Group: SS1 Beat: SOUT
Src: 9
Loc: 20 ST SE/CAVALERO RD ,LKS (V)
Latitude: (+) 47.978132 Longitude: (-) 122.133100

Loc Info:
Name: MCGLOTHERIN, CHOLE Addr: Phone: 4253284422

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/1517  (SP0323)  ENTRY          ,AC, WEST OF LOC, NON INJ DRK BLU PU VS TAN HOND
                                A CIVIC REAR END ACC
/1517  (SP0386)  DISPER  19D3    #SS133  HEINEMANN,OFFICER (GAVIN)
/1517           $PREMPT  19D3
/1517           $DISPER  19D2    #SS126  HINGTGEN,OFFICER (MICHAEL)
/1517            PREDSP  19D3   19D2
/1520            ONSCNE  19D2
/1521            MISC    19D2   ,BLCKING
/1521            ASSTER  19S15  [20 ST SE/CAVALERO RD ,LKS]
                                 #SS102  PLANALP,OFFICER (DANIEL)
/1523  (******)  REMINQ  19D2   ANF0699
/1523  (SP0386)  REMINQ  19D2   LIC,19D2,ANF0699,,,
/1523  (******)  REMINQ  19D2   B05233K
/1523  (SP0386)  REMINQ  19D2   LIC,19D2,B05233K,,,
/1526            ASNCAS  19D2   $SS15001185
/1533  (SS126 )  REMINQ  19D2   MDTWANT,THORP,SHARON,L,071658,,,WA,,,,,,,,,,,,,
/1533            REMINQ  19D2   MDTWANT,MCKINLAY,SCOTT,H,103064,,,WA,,,,,,,,,,,
                                ,,
/1537            REMINQ  19D2   MDTVEH,AMX6613,,WA,,,,,,,,,,,
/1548  (SS102 )  CLEAR   19S15
/1549  (SP0386)  CLEAR   19D2   D/H
/1549            CLOSE   19D2
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LSPD
ORIGINAL