



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E449840**

1

2

3

4

4a

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

1 0 1 27

2 2 3

1 1 8 28

1 9 29

1 3 30

1 2 31

32

7 1 33

34

1 35

36

1 7 37

38

39

40

1 41

1 42

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

CASE #	<b>15-01975</b>	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK

TRIBAL RESERVATION		
DATE OF COLLISION	<b>08 - 06 - 2015</b>	TIME (2400)
	<b>2149</b>	COUNTY #
	<b>31</b>	MILES
		CITY #
		<b>0664</b>

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
<b>SR 9 NE</b>	BLOCK NO. <input checked="" type="checkbox"/>	<b>717</b>
	MILE POST	

DISTANCE	<b>600</b>	MILES	OF (REFERENCE OR CROSS STREET)
	<b>00</b>	FEET	<b>SAFeway PARKING LOT</b>

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
LAST NAME	<b>HENNAGIR</b>		FIRST NAME	<b>ANDREW</b>
			MIDDLE INITIAL	<b>M</b>

STREET NEW ADDRESS	<b>222 101ST AVE NE</b>		
CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>
		ZIP	<b>98258</b>

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	<b>HENNAAM119NG</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>08 - 07 - 1989</b>
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>9</b>	EJECT <b>1</b>	HELMET USE <b>2</b>	INJURY CLASS <b>1</b>	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

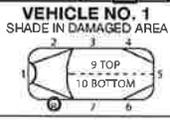
LICENSE PLATE #	<b>AUU4838</b>	STATE	<b>WA</b>	VIN#	<b>1HGCG5642XA133400</b>
-----------------	----------------	-------	-----------	------	--------------------------

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

VEH. YEAR	<b>1999</b>	MAKE	<b>HOND</b>	MODEL	<b>ACCOR</b>	STYLE	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	<b>SPEEDWAY TOWING</b>	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	--------------	-------	---	----------	------------------------	---

REGISTERED OWNER INFO.	<b>OWNED BY DRIVER</b>	
------------------------	------------------------	--

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	<b>5Z0847365</b>	CHARGE	<b>IMPAIRED DRIVING</b>
--	-------------------------	--	------------	------------------	--------	-------------------------



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 type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
LAST NAME	<b>UNKNOWN</b>		FIRST NAME		MIDDLE INITIAL	

STREET NEW ADDRESS			
CITY		ST	
		ZIP	

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #		STATE		SEX	<b>U</b>	D.O.B. MMDDYYYY	
--------------------	--	-------	--	-----	----------	-----------------	--

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>1</b>	EJECT <b>1</b>	HELMET USE <b>2</b>	INJURY CLASS <b>1</b>	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

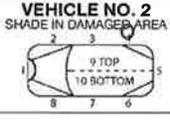
LICENSE PLATE #	<b>ACT0889</b>	STATE	<b>WA</b>	VIN#	<b>3VWDA81H7WM245821</b>
-----------------	----------------	-------	-----------	------	--------------------------

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

VEH. YEAR	<b>1998</b>	MAKE	<b>VOLK</b>	MODEL	<b>GOLF</b>	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	-------------	-------	---	----------	--	---

REGISTERED OWNER INFO.	<b>ROBERT WEISS 6325 83RD AVE NE LAKE STEVENS WA 98258 D: 3606530983</b>	
------------------------	--	--

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #		CHARGE	
---	-------------------------	--	------------	--	--------	--



OFFICER'S NAME (PRINT)	<b>W. AUKERMAN</b>	BADGE OR ID #	<b>72</b>	AGENCY	<b>WA0311900</b>
------------------------	--------------------	---------------	-----------	--------	------------------



1591972

CORRECTION

REPORT NO. **E449840**

CASE # **15-01975**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **NELSON TYLER P**

ADDRESS & PHONE # **TRANSIENT LAKE STEVENS WA 98258** SEX **M** D.O.B. **08** - **13** - **1992**

PASSENGER  WITNESS  UNIT # **1** SEAT POS. **3** AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **WEISS AUDELIA R**

ADDRESS & PHONE # **6325 83RD AVE NE LAKE STEVENS WA 98258 3606530983** SEX **F** D.O.B. **07** - **06** - **1952**

PASSENGER  WITNESS  UNIT # **2** SEAT POS. **3** AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B.

PASSENGER  WITNESS  UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

**NARRATIVE**

On 08/06/2015 at about 2149 hours (all times approximate) Robert Weiss called 911 from the Safeway parking lot located at 717 SR 9 NE, in the city of Lake Stevens, to report a hit and run collision (U2 being occupied by a female passenger at the time). Information was provided which led police officers to a nearby McDonalds where U1 and the driver (Hennagir), along with passenger Nelson, were contacted by police. Hennagir was taken into custody for impaired driving, hit and run occupied motor vehicle and reckless endangerment. Based on evidence and statements at the scene it is found U1 attempted to park in a space next to U2 in the Safeway parking lot when U1 struck U2. U1 then left the scene without exchanging information. Hennagir's vehicle was impounded by Speedway Towing and he processed for impaired driving (BrAC 0.179). Hennagir was booked into the Marysville Jail.

\*\*\*\* AUTO-POPULATED SECTION \*\*\*\*

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: PARKING (TURNING RIGHT)

\*\*\*\* END OF AUTO-POPULATED SECTION \*\*\*\*

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)

**W. AUKERMAN**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**08-07-15 05:23 AM**

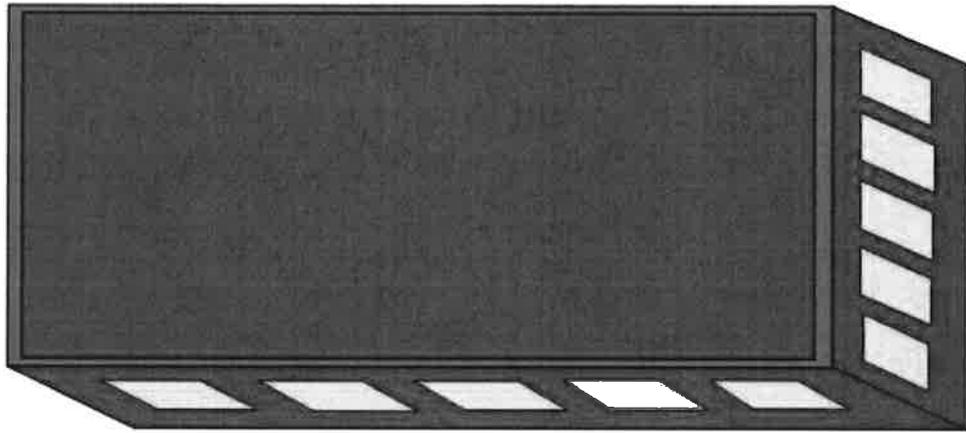
DATED

PLACE SIGNED

APPROVED BY  
**BOB SUMMERS 079**

DATE  
**8/7/2015 9:02:47 AM**

BADGE OR ID # **72** ORI # **WA0311900** TIME POLICE DISPATCHED **9:50 PM** TIME POLICE ARRIVED **9:51 PM**

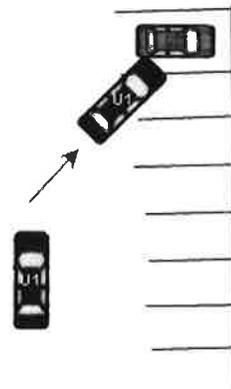


SAFEWAY-717 SR 9 NE



NOT TO SCALE

OFFICER DID NOT OBSERVE COLLISION



7TH PLACE NE

TO SR 9 NE

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT



CASE NUMBER 1501975

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Weiss Audelia Ortega</u>	RACE	ETH	SEX <u>F</u>	DOB <u>7/6/52</u>	AGE <u>63</u>	HGT	WGT	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>6325 83rd Ave Ne</u>		CITY <u>Marysville</u>			STATE <u>WA</u>	ZIP <u>98270</u>	RES. STATUS			
HOME PHONE <u>360-653-0983</u>		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS <u>wei55@Frontier.com</u>								

I, Audelia Weiss, 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 in the passenger seat of our 1998 VW waiting for my husband @ Lake Stevens Safeway. I felt a "jolt" on the rear of the car. A dark Honda proceeded to scrape the car as they attempted to park. The other driver & passenger were laughing, apparently unaware that I was in the car. They never shut off their car or got out to look at the damage. My husband came out, I told him the car was hit. As we were looking for damage, they attempted to drive over the sidewalk 3 times. They gave up, & backed up, almost hitting cars behind us.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Audelia O. Weiss</u>	DATE SIGNED: <u>8/6/2015</u>	LOCATION SIGNED: <u>Lk Stevens</u>
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED: <u>11</u>	LOCATION SIGNED: <u>11</u>

"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

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-01975

TOW / IMPOUND AND INVENTORY RECORD

- NON-IMPOUND / TOW
AAA or OTHER ROADSIDE ASSISTANCE
EVIDENCE
SEIZED UNDER RCW 69.50.505
IMPOUND ONLY
DUI/PC IMPOUND WITH 12 HOUR HOLD
DWLS IMPOUND WITH DAY HOLD

- INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
REGISTERED OWNER MAY REDEEM

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN: 1HGC65642XA133400
LICENSE: AUV4838 STATE: WA YEAR: 99 MAKE: HONDA MODEL: ACD
MILEAGE: Report of Sale Digital STYLE: 4DR COLOR: BLK

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI): HENNAGIR, ANDREW M
STREET ADDRESS: 222 101 AVE NE
CITY, STATE, ZIP CODE: LK STEVENS
PHONE: 080789

NAME (LAST, FIRST, MI): HENNAGIR, ANDREW M
STREET ADDRESS: 222 101 AVE NE
CITY, STATE, ZIP CODE: LK STEVENS WA 98258
PHONE:

NAME (LAST, FIRST, MI): SAME
STREET ADDRESS:
CITY, STATE, ZIP CODE:
PHONE:

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 8/6/15 AT 2240 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING (360)563-5630 TO REMOVE THIS VEHICLE FROM 500 BLK SR 9 McDONALDS (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE: [Signature] DOL TOW TRUCK NO.: 534803 DATE: 8-6-15

Table with 4 columns: EQUIPMENT, DAMAGE, EVIDENCE (DRIVER'S SIDE), EVIDENCE (PASSENGER'S SIDE). Includes checkboxes for glove box, keys, stereo, etc., and diagrams of vehicle damage.

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

LG BAG OF MARIJUANA/GUN + PIPE

DRIVER DUI

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

OFFICER'S SIGNATURE: [Signature] # 13

BADGE NO. 13

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE: X

\*\*\*\*\*  
\*\*\* FAX TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

JOB NO. 2449  
DESTINATION ADDRESS 914254073968  
SUBADDRESS  
DESTINATION ID SnoPac  
ST. TIME 08/06 23:07  
TX/RX TIME 00' 28  
PGS. 1  
RESULT OK

CHECK ALL THAT APPLY:

- NON-IMPOUND / TOW
- AAA or OTHER ROADSIDE ASSISTANCE
- EVIDENCE
- SEIZED UNDER RCW 69.50.505
- IMPOUND ONLY
- DUI/PC IMPOUND WITH 12 HOUR HOLD
- DWLS IMPOUND WITH \_\_\_\_\_ DAY HOLD
- INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
- REGISTERED OWNER MAY REDEEM \_\_\_\_\_
- CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
- CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-01975

TOW / IMPOUND AND INVENTORY RECORD

VEHICLE INFORMATION

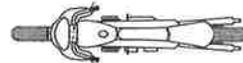
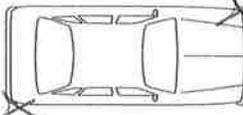
VIN 1H4G1C1G15642XAL1334010				
LICENSE AUV4838	STATE WA	YEAR 99	MAKE HONDA	MODEL ACD
<input type="checkbox"/> Report of Sale	MILEAGE <input type="checkbox"/> Digital	STYLE HDR	COLOR BLK	

DRIVER		REGISTERED OWNER		LEGAL OWNER	
NAME (LAST, FIRST, MI) HENNAGIR, ANDREW M		NAME (LAST, FIRST, MI) HENNAGIR, ANDREW M		NAME (LAST, FIRST, MI) SAME	
STREET ADDRESS 222 101 AVE NE		STREET ADDRESS 222 101 AVE NE		STREET ADDRESS	
CITY, STATE, ZIP CODE LK STEVENS		CITY, STATE, ZIP CODE LK STEVENS WA 98258		CITY, STATE, ZIP CODE	
PHONE	DOB 080789	PHONE		PHONE	

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 8/6/15 AT 2240 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING (360)563-5630 (TOWING FIRM) TO REMOVE THIS VEHICLE FROM 500 BLK SR 9 McDONALDS

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.  
TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 534803 DATE 8-6-15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT SHADE DAMAGED AREA		LG BG CVM
<input checked="" type="checkbox"/> KEYS [ 1 ]	<input type="checkbox"/> R FRONT		LEFT IN VEH
<input checked="" type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE 		
<input type="checkbox"/> AUDIO TAPES / CD'S [ ]	<input type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE 		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		
INVENTORY/EVIDENCE		NARRATIVE OR DIAGRAM (List reason(s) for impound.)	

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number AUKERMAN 72	Case Number 15-01975
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: DUI / HIT + RUN	Date/Time: 8/15 2330

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING  
 \*Evi will be held until court dispo or when the Statute of Limitations has expired  
 \*Found and Sfkg will be held for 60 days or 60 days past owner notification

Case # 15-01975	Item #	Item	Brand Name	Storage Location	Disposition
	WAI	PHOTO CD			
	Action #	Brand/Model/Caliber (Further Description)			
3	Serial #	Where Found	Weight of Narcotic		

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions PHOTOS TAKEN BY 72 + 13						

Item #	Item	Brand Name	Storage Location	Disposition
	Brand/Model/Caliber	(Further Description)		
Action #	Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item	Brand Name	Storage Location	Disposition
	Brand/Model/Caliber	(Further Description)		
Action #	Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item	Brand Name	Storage Location	Disposition
	Brand/Model/Caliber	(Further Description)		
Action #	Serial #	Where Found	Weight of Narcotic	

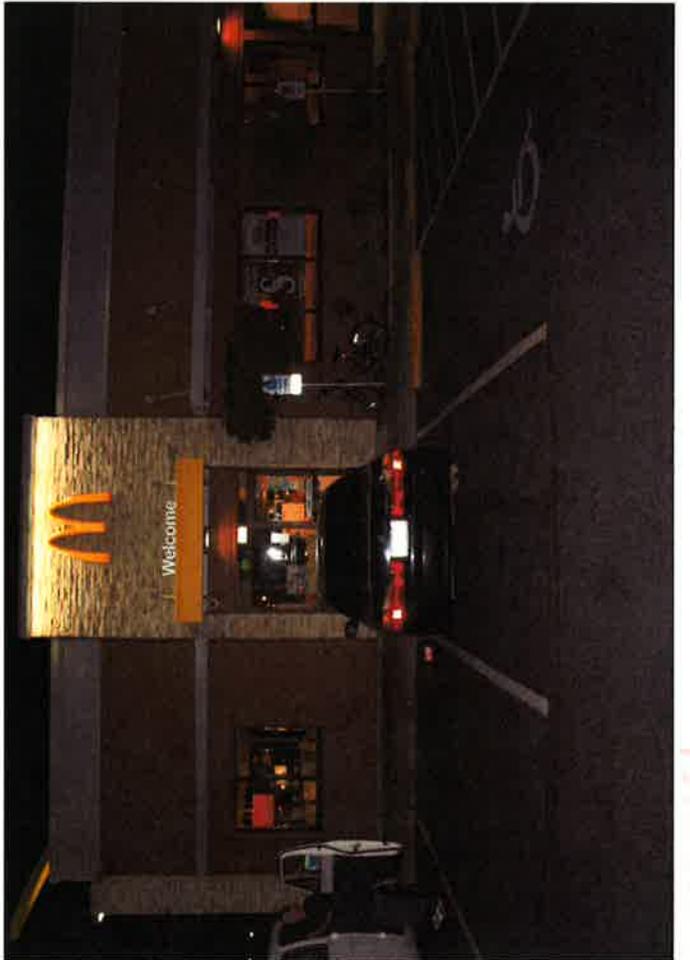
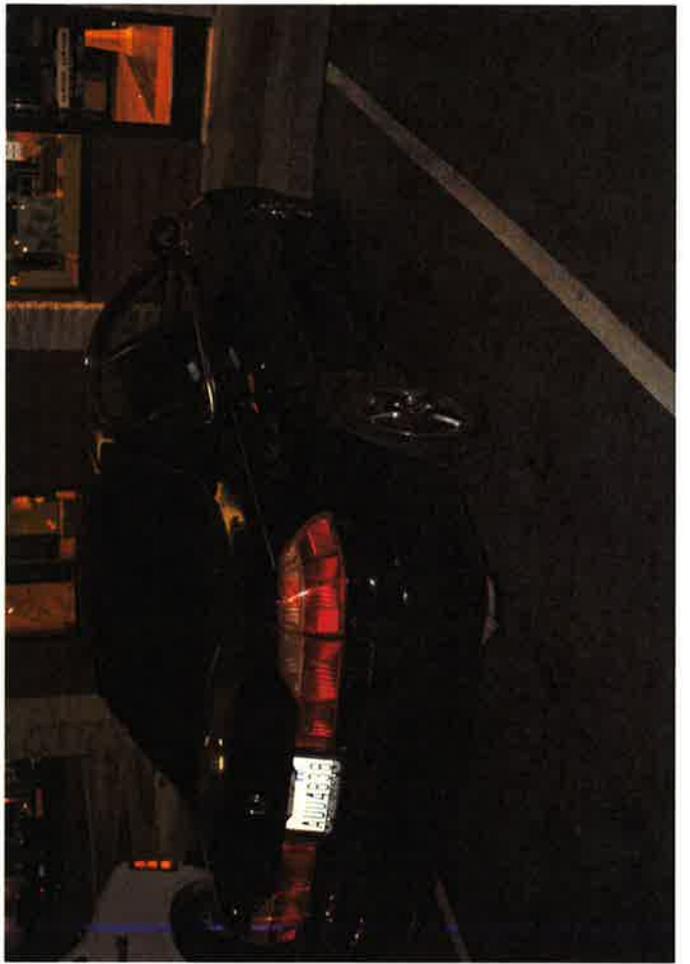
Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

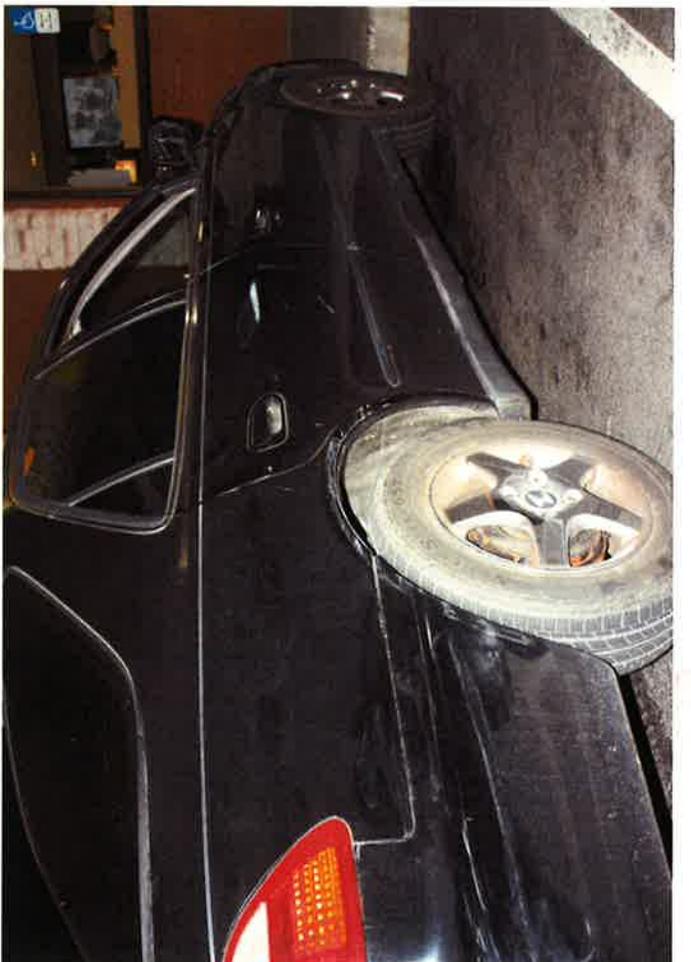
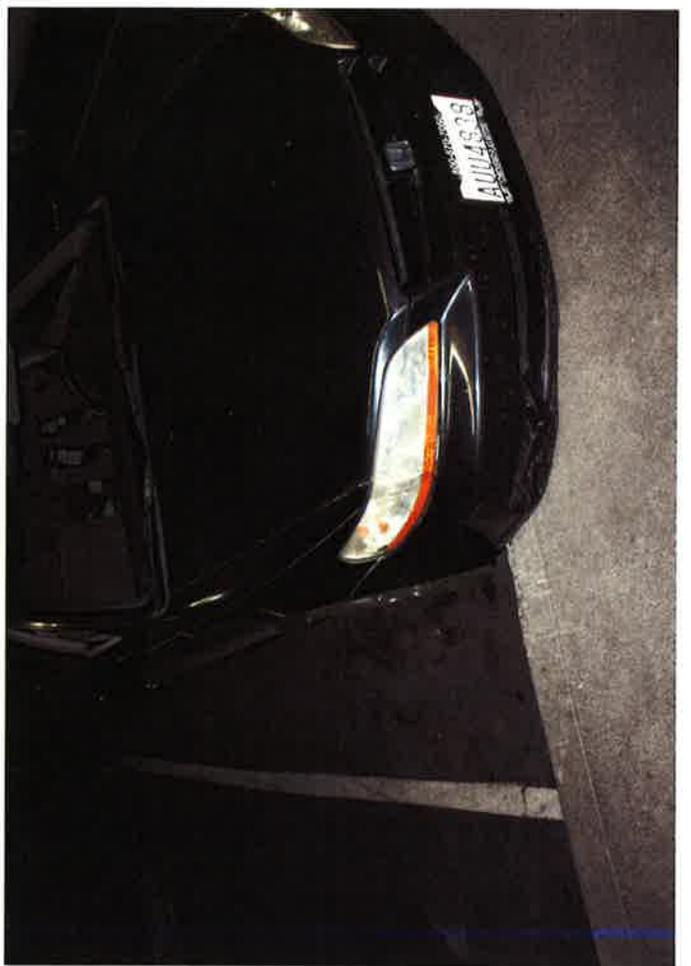
Item #	Item	Brand Name	Storage Location	Disposition
	Brand/Model/Caliber	(Further Description)		
Action #	Serial #	Where Found	Weight of Narcotic	

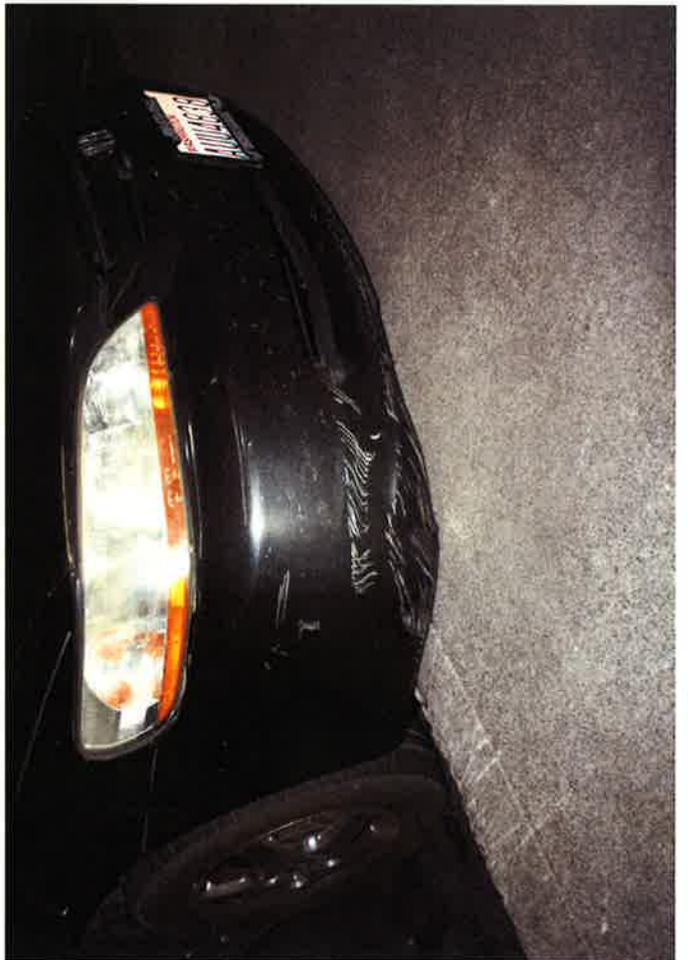
Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:

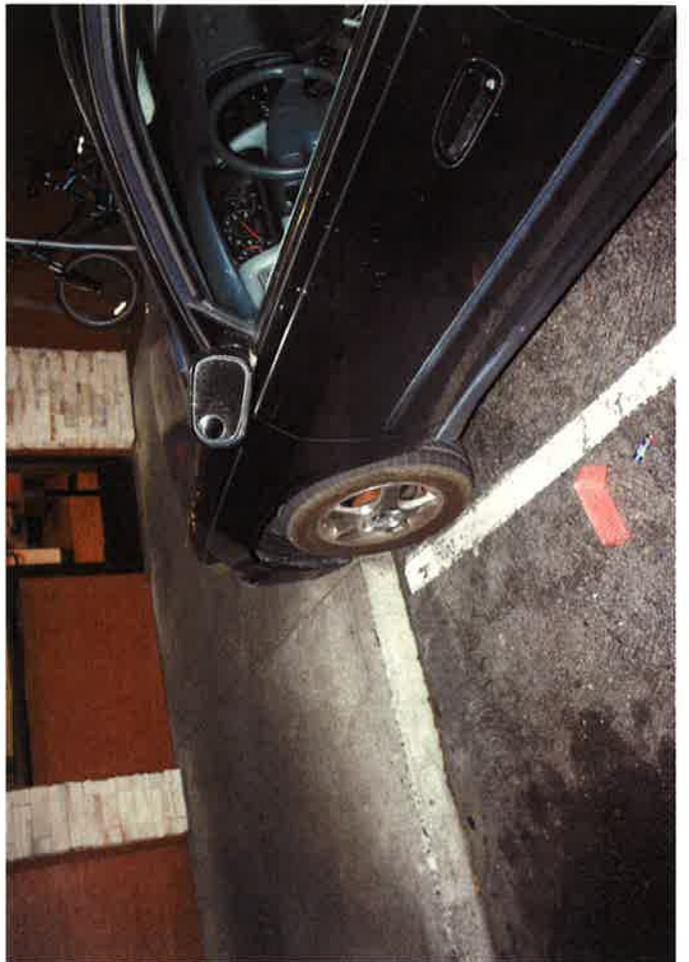
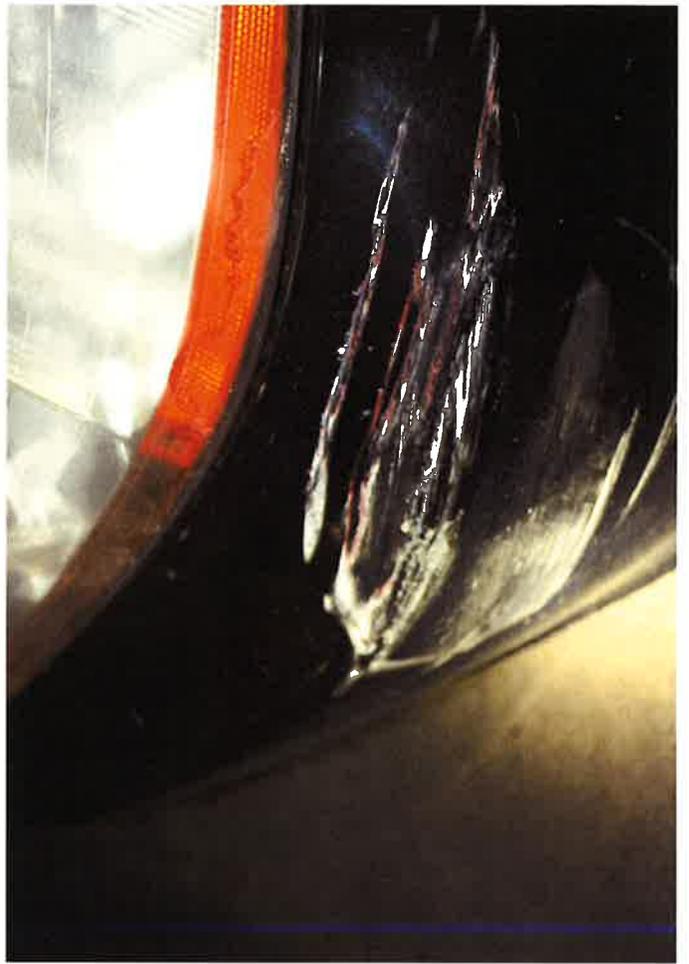
Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File



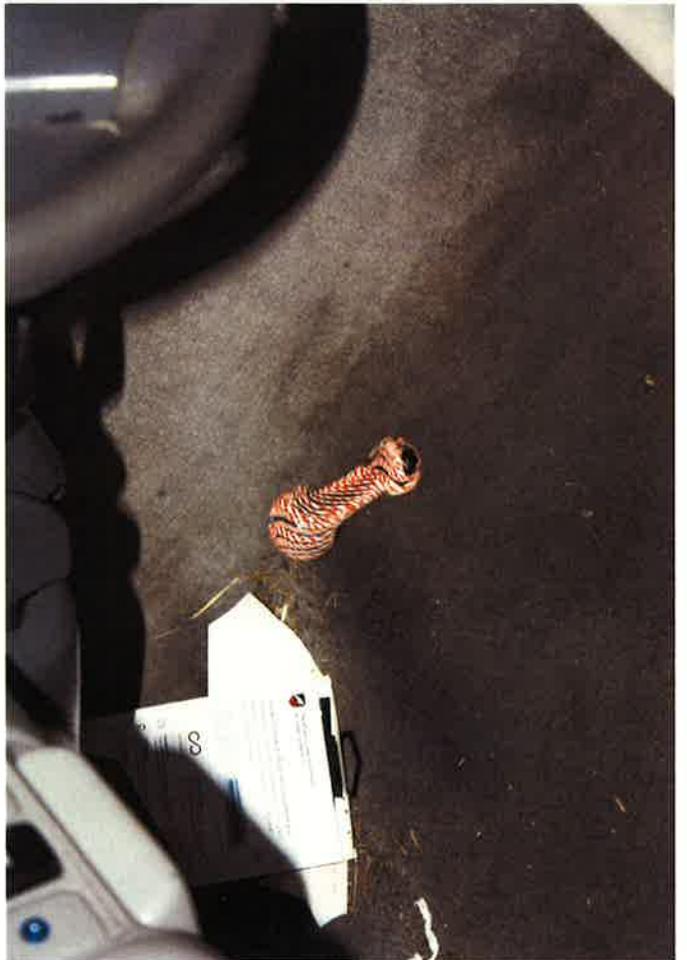
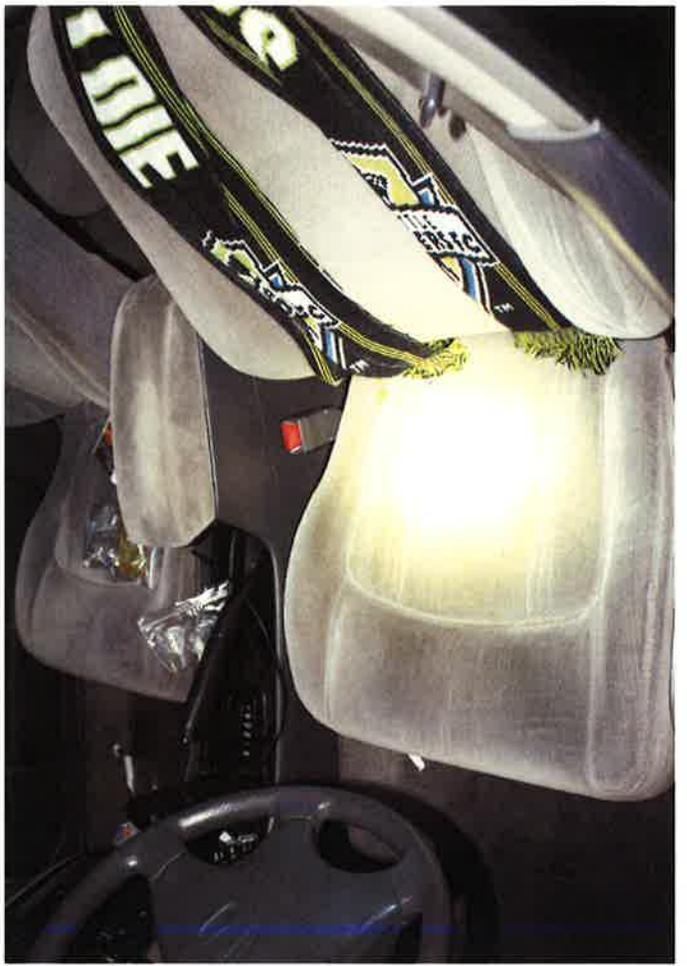




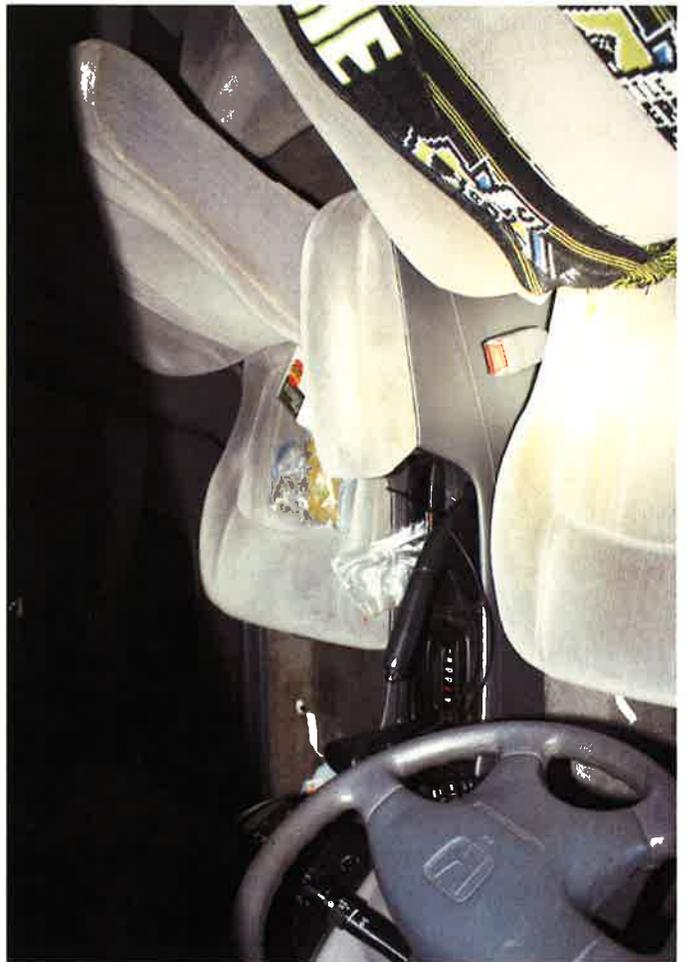
TRIAL

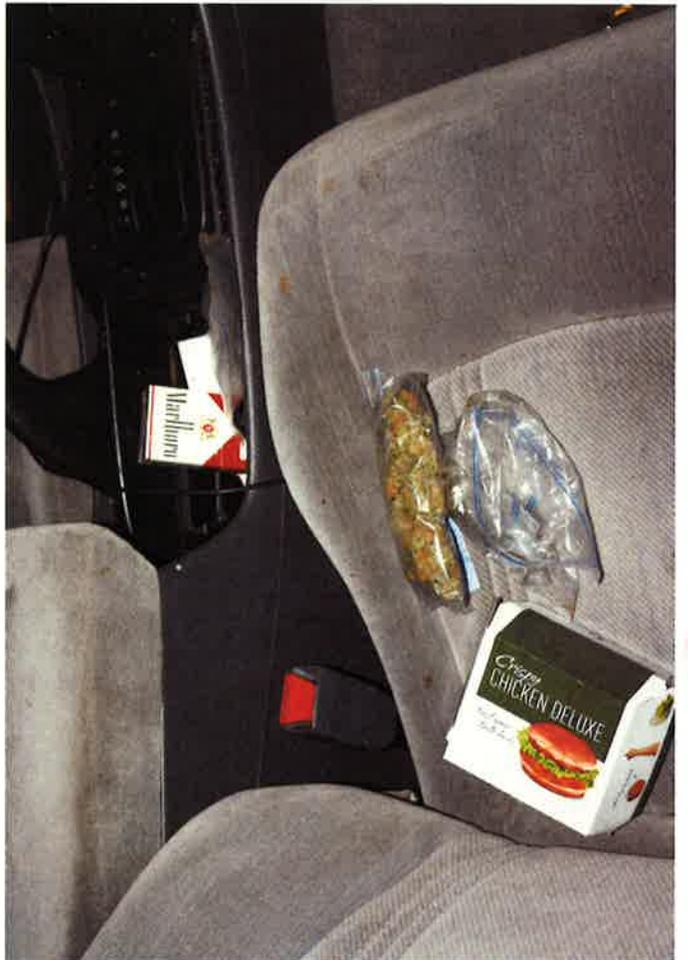
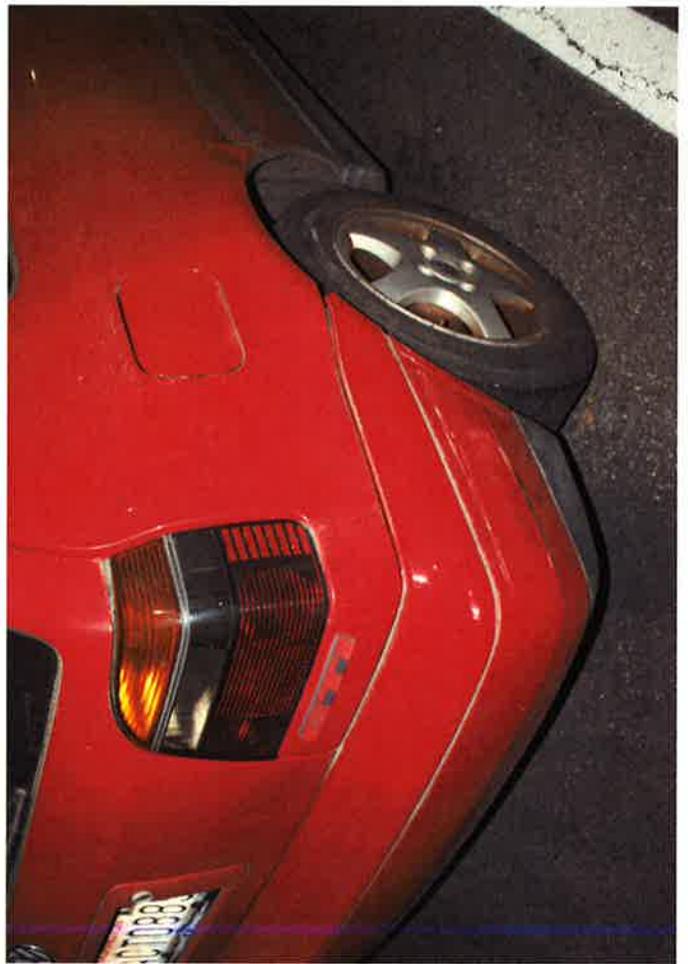


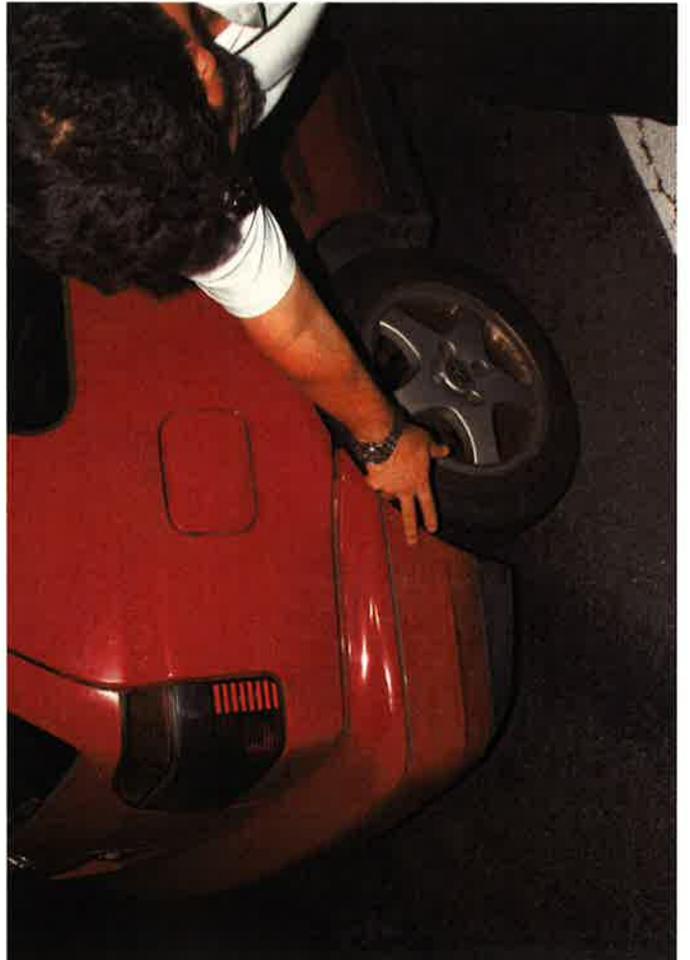
10/10/10



10/11







441069





/2341 (SS72 ) \*ONSCNE 19N2

\*\*\* New Date: 08/07/15 \*\*\*

/0057 (SP0377) TRANS 19N2 [MAR JAIL ]

/0105 (SS72 ) \*TRANSC 19N2

/0132 \*CLEAR 19N2 D/K

,BOOKING MARYSVILLE

/0132 CLOSE 19N2