



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E460020

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input 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 #	15-02277
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	09 - 08 - 2015	1736	31	N S E W IN OF
				0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
91ST AVE NE	BLOCK NO.	MILE POST
DISTANCE	MILES	FEET
	N S E W	STATE ROUTE 204

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 D: 2063938441
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LAST NAME	FORZA	FIRST NAME	JAMES	MIDDLE INITIAL	C
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STREET NEW ADDRESS	23205 60TH AVE W
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CITY	MOUNTLAKE TERRACE	ST	WA	ZIP	98043
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	FORZAJC187K9	STATE	WA	SEX	M	D.O.B. MMDDYYYY	05 - 29 - 1982
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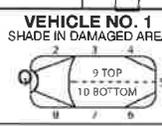
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ANT3628	STATE	WA	VIN#	JA3AJ26E85U024318
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	MITZ	MODEL	LANCER	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"/>
REGISTERED OWNER INFO.	AJA GOETTLER 1303 99TH AVE SE LAKE STEVENS WA 98258 D: 4257606537									

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 905 804 147
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	5Z0991663
	CHARGE	NO VALID OPER LICENSE WITH



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 D: 8056105007
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LAST NAME	PAASCH	FIRST NAME	CAITLIN	MIDDLE INITIAL	A
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STREET NEW ADDRESS	830 93RD AVE SE
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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 #	D5378361	STATE	CA	SEX	F	D.O.B. MMDDYYYY	03 - 09 - 1992
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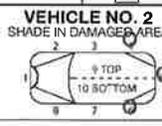
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	6KUK497	STATE	CA	VIN#	3FAHPHAXAR209698
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2010	MAKE	FORD	MODEL	FUSION	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"/>
REGISTERED OWNER INFO.										

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 014 610 545
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	
	CHARGE	



OFFICER'S NAME (PRINT)	C. LYONS #0134	BADGE OR ID #	0134	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E460020**

CASE # **15-02277**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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
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

Vehicle 1 was heading southbound on 91st Ave NE and approaching the stoplight at the intersection of State Route 204 and collided into the rear of Vehicle 2. Damage thresholds were not met on either of the vehicles and no injuries occurred.

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)

C. LYONS #0134

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-09-15 07:13 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

9/10/2015 2:52:17 AM

BADGE OR ID #

0134

ORI #

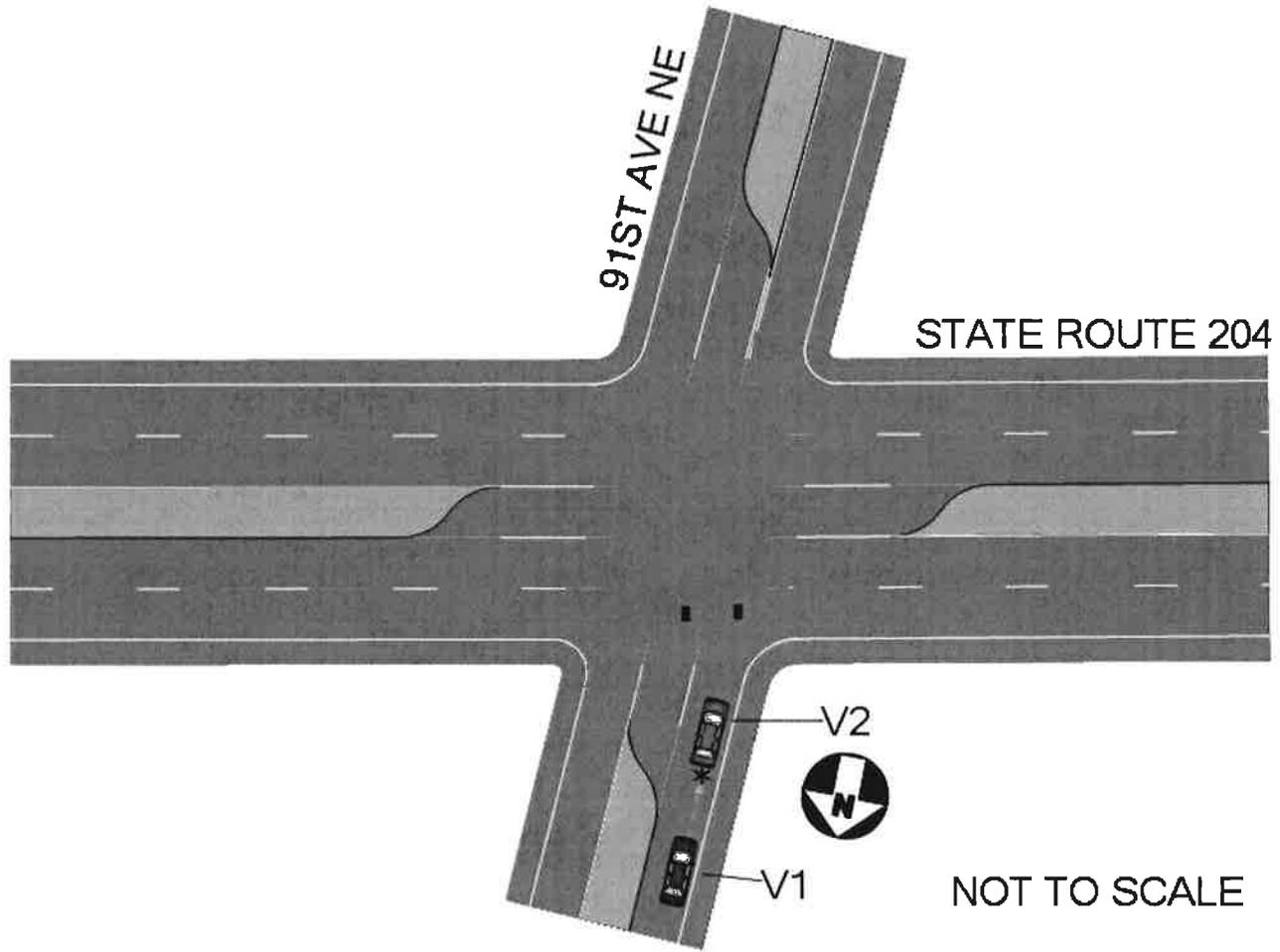
WA0311900

TIME POLICE DISPATCHED

5:56 PM

TIME POLICE ARRIVED

6:01 PM



IN THE DISTRICT MUNICIPAL COURT OF LAKE STEVENS VIOLATION BUREAU LAKE STEVENS CITY/TOWN OF LAKE STEVENS

STATE OF WASHINGTON COUNTY OF THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON PLAINTIFF VS. NAMED DEFENDANT

DRIVERS LICENSE NO. FORZAJC187K9 STATE: EXPIRES W/A 05-29-18 PHOTO ID MATCHED YES NO NAME: LAST FORZA FIRST JAMES MIDDLE C SFX C EDUC/CP YES NO

ADDRESS 23205 60TH AVE W IF NEW ADDRESS PASSENGER CITY MOUNTLAKE TERRACE STATE WA ZIP CODE 98043

EMPLOYER DATE OF BIRTH 05-29-82 RACE W SEX M HEIGHT 6'01" WEIGHT 170 EYES BRO HAIR BRO RESIDENTIAL PHONE NO. (206)393-8441 CELL/PAGER PHONE NO. (206)393-8441 WORK PHONE NO. M.P. BLOCK # SR204 CITY/COUNTY OF LAKE STEVENS/SNOHOMISH

VIOLATION DATE 09/08/2015 17:56 INTERPRETER NEEDED AT LOCATION 91ST AVE NE REF. TRAFICWAY

VEH LIC NO AN73628 STATE WA EXPIRES 10-25-15 VEH YR 2005 MAKE MITSUBISHI MODEL LANCER ES STATE WA EXPIRES SEDAN 4 DR COLOR MAROON/ TR #1 LIC NO TR #2 LIC NO

OWNER/COMPANY/IF OTHER THAN DRIVER AJA C GOETTLER DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

ADDRESS 1303 99TH AVE SE CITY LAKE STEVENS STATE WA ZIP CODE 98258

ACCIDENT NO INJURY COMMERCIAL VEHICLE YES NO 16+ PASS YES NO HAZMAT YES NO EXEMPT VEHICLE FIRE LEA

VEH SPEED IN A ZONE SMD PAGE AIRCRAFT DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

- 1. VIOLATION/STATUTE CODE 46.20.015 NO VALID OPER LICENSE WITH VALID ID PENALTY \$ 550.00
- 2. VIOLATION/STATUTE CODE PENALTY \$
- 3. VIOLATION/STATUTE CODE PENALTY \$
- 4. VIOLATION/STATUTE CODE PENALTY \$
- 5. VIOLATION/STATUTE CODE PENALTY \$

RELATED # DATE ISSUED 09-09-15 TOTAL PENALTY \$ 550.00
 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER C. LYONS #0134 # 0134 OFFICER

TICKET SERVED ON VIOLATOR
 TICKET SENT TO COURT FOR MAILING

NOTICE OF INFRACCTION
 This is a non-criminal offense for which you cannot go to jail.
YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.
 Your response must be postmarked by midnight of the day it is due at the court.
 If you do not respond or appear for court hearings:

TRAFFIC
 The court will find that you committed the infraction.
 You may lose your driver's license privilege.
 Your penalty will be increased.
 Failure to pay may result in a referral of your case to a collection agency.

NON-TRAFFIC
 The court will find that you committed the infraction.
 It is a crime and will be treated accordingly.
 Your penalty may be increased.
 Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:

LAKE STEVENS VIOLATION BUREAU
 PO BOX 257
 LAKE STEVENS WA 98258

My mailing address is: (PLEASE PRINT)
 Name: _____
 Street or PO Box _____
 City: _____ State: _____ Zip Code: _____
 Telephone: Home: _____ Work: _____
 is interpreter needed? Language: _____

(SIGNATURE): _____
 520991663

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-02277

A VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>CATHERINE PAASCH, CAITLIN</u>	RACE <u>Wh</u>	ETH	SEX <u>F</u>	DOB <u>3/9/92</u>	AGE <u>23</u>	HGT <u>5'2"</u>	WGT <u>135</u>	HAIR <u>BR</u>	EYES <u>BL</u>	
STREET ADDRESS <u>830 93RD AVE SE</u>				CITY <u>LAKE STEVENS</u>			STATE <u>WA</u>	ZIP <u>98258</u>	RES. STATUS <u>E</u>		
HOME PHONE			CELL PHONE <u>805 610 5007</u>			PLACE OF EMPLOYMENT <u>EVERETT GENESIS REHAB CARE CENTER</u>					
WORK PHONE			EMAIL ADDRESS <u>caity2008@gmail.com</u>								

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.

@ THE STOP LIGHT (VERMOURD / 91ST AVE SE) HEADED SOUTH & REAR ENDED BY A MAROON COLORED SEDAN W/ LP ANT 3628. GOT OUT OF CAR TO INSPECT DAMAGE AND TOLD OTHER DRIVER TO FOLLOW ME SO WE WEREN'T BLOCKING THE LIGHT. (WHITE MALE, MID 20'S, BLONDE SHORT BUZZED HAIR, ≈ 6'1") WHEN I TURNED AND PARKED OTHER DRIVER KEPT GOING SOUTH ON 91ST AVE. COLLIDED W/ REAR END OF MY VEHICLE GOING BETWEEN 5-10MPH

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>Caitlin Paasch</u>	DATE SIGNED <u>9/8/15</u>	LOCATION SIGNED <u>Lake Stevens</u>
OFFICER/NUMBER: <u>C. Lyons #134</u>	DATE SIGNED <u>9/8/15</u>	LOCATION SIGNED <u>Lake Stevens</u>

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-02277

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Foza James C</u>	RACE <u>W</u>	ETH	SEX <u>M</u>	DOB <u>5/29/82</u>	AGE <u>33</u>	HGT <u>6'</u>	WGT <u>160</u>	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>23205 60th Ave W</u>		CITY <u>mount lake terrace</u>			STATE <u>WA</u>	ZIP <u>98043</u>	RES. STATUS			
HOME PHONE		CELL PHONE <u>206 393 8441</u>			PLACE OF EMPLOYMENT <u>N/A</u>					
WORK PHONE		EMAIL ADDRESS								

James Foza, 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 on about 9/8/15 and 9 I thought I was hit from behind the car in front stopped I stopped and the car behind stopped I told the guy that it didnt look like any damages the lady in front said something and I said we should pull over to jack in the box at 711 and she got into her car and turned as I went straight to talk with the guy I told him that it didnt look like there was any damage and he left and I came over to 1303 99th Ave SE to finish working on a car

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 <u>9/8/15</u>	LOCATION SIGNED <u>Lake Stevens</u>
OFFICER/NUMBER: <u>C. Lyons #134</u>	DATE SIGNED <u>9/8/15</u>	LOCATION SIGNED <u>Lake Stevens</u>

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LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>C. Lyons #134</i>	Case Number <i>15-02277</i>
Type of Crime: ..Felony-/Misdemeanor-(Circle)-	Type of Case: <i>Collision</i>	Date/Time: <i>9/8/15, 1756</i>

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 Sfgt will be held for 60 days or 60 days past owner notification

Case # 15-02277

Item # <i>CL-1</i>	Item <i>CD of pics of cars in collision</i>	Brand Name	Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber (Further Description)			
	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
Action #	Brand/Model/Caliber (Further Description)			
	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
Action #	Brand/Model/Caliber (Further Description)			
	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
Action #	Brand/Model/Caliber (Further Description)			
	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
Action #	Brand/Model/Caliber (Further Description)			
	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 <input checked="" type="checkbox"/>	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

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WASHINGTON STATE DEPARTMENT OF LICENSING
Vehicle Registration Certificate ANT3528

License plate ANT3626	Issue date 10/2013	Titl no E929619	Reg expiration 10/25/2014	Vehicle code 13999	Year 2008	Mod reg 12	Mod part G	Use PAS	Mod p 2008	Class MTS	Spec LANAD
Vehicle name (VIN) Serial no JAKA26E85U024318	Fees cd 31	Weight wt 3250	Class LE	UT 4D	Color	Grd st	Dist tag	Dist tag	Dist tag	Dist tag	Dist tag
Print plate 669VSS	Print \$3.00	Fees	ATA tax	SALES tax \$5.00	Dist/Veh reg \$10.00	Other \$54.75	Total fees \$72.75	Dist st			

Signature of registered owner: *[Signature]*
 Signature of registered lessee: *[Signature]*

Comments:
 PL F - COLOR/MAROON - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED

Verification code: 1303240218231107613003224823

REF ID: AREGPR-1
 This certificate is not proof of ownership.



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