



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E460633**

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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 #	15-2314	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION		
M M D D Y Y Y Y	TIME (2400)	COUNTY #
DATE OF COLLISION 09 - 11 - 2015	1753	31
MILES		CITY #
		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
20TH ST SE		BLOCK NO. <input checked="" type="checkbox"/>
		MILE POST <input type="checkbox"/>
DISTANCE		OF (REFERENCE OR CROSS STREET)
		S. LAKE STEVENS RD

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: 4255124128	N: 4252394633

LAST NAME	DONAHUE	FIRST NAME	CASSIDY	MIDDLE INITIAL	L
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STREET NEW ADDRESS	11833 5TH PL 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 #	DONAHCL087Q7	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11 - 27 - 1992
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 3	RESTR. 9	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
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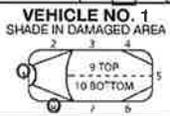
LICENSE PLATE #	AWL5042	STATE	WA	VIN#	KMHCG45C34U551245
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2004	MAKE	HYUN	MODEL	ACC4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **CASSIDY DONAHUE 11833 5TH PL NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 964935815
VEHICLE LEGALLY BEING DRIVEN 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: 2063138851	

LAST NAME	HANSEN	FIRST NAME	SHANNELL	MIDDLE INITIAL	P
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STREET NEW ADDRESS	418 75TH ST SE APT 9
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CITY	EVERETT	ST	WA	ZIP	982035533
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CDL	RESTRICTIONS B	ENDORSEMENTS
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DRIVER'S LICENSE #	HANSESP217MS	STATE	WA	SEX	F	D.O.B. MMDDYYYY	07 - 10 - 1979
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 9	EJECT 1	HELMET USE 2	INJURY CLASS 6	NATURE OF INJURIES
							ABRASIONS TO ARM FROM BROKEN GLASS

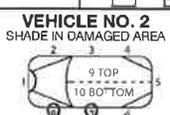
LICENSE PLATE #	AEN8286	STATE	WA	VIN#	1NXBR12E4YZ370669
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2000	MAKE	TOYT	MODEL	COR4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SHANNELL HANSEN 78 CAMERON LAKE LOOP RD OKANOGAN WA 98840**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 70452644
VEHICLE LEGALLY BEING DRIVEN YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	K. PARNELL #0135	BADGE OR ID #	0135	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E460633**

CASE # **15-2314**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **LAHTI GARRICK M**

ADDRESS & PHONE # **4253207680** SEX **M** D.O.B. **08** - **29** - **1999**

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

NAME (LAST, FIRST, MIDDLE INITIAL) **HANSEN ZARA A**

ADDRESS & PHONE # **WA 4252800171** SEX **F** D.O.B. **07** - **02** - **1998**

PASSENGER WITNESS UNIT # **2** SEAT POS. **8** 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

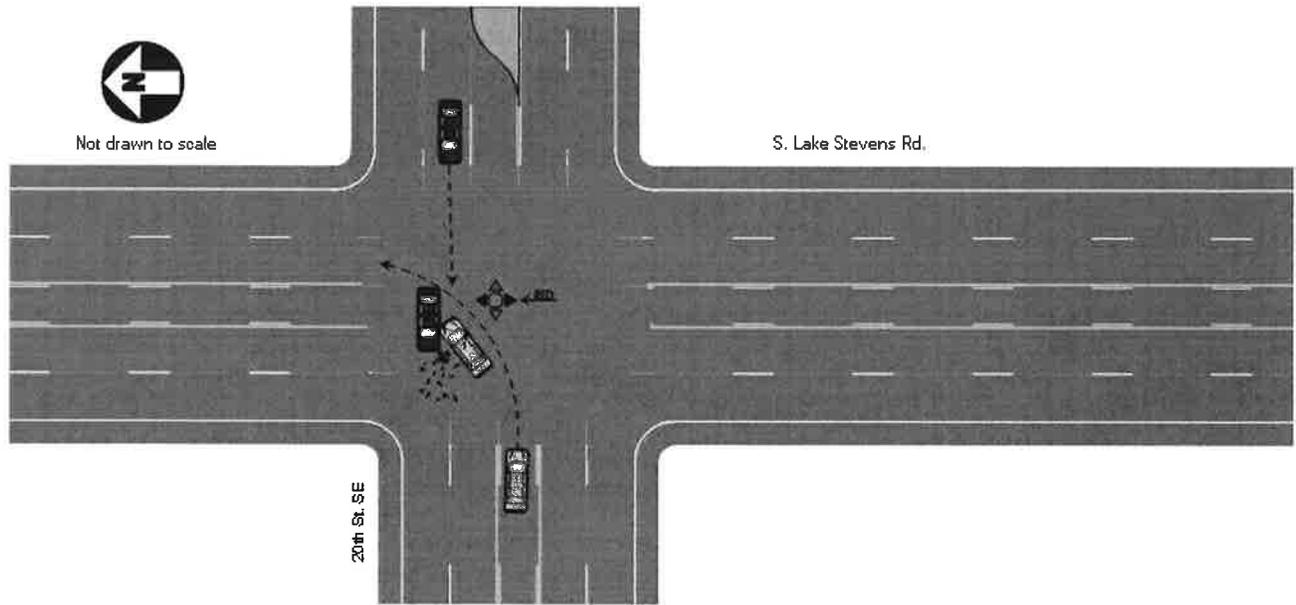
Veh. 1 was turning left from 20th St. SE to S. Lake Stevens Rd. with a flashing yellow light. Veh. 2 was traveling WB on 20th St SE with a green light. Veh. 1 turned into veh. 2. Veh. 2 attempted to swerve out of the way, but was impacted on the driver side by the front of veh. 1

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)

K. PARNELL #0135 INVESTIGATING OFFICER'S SIGNATURE **09-12-15 03:35 AM** DATED UNIT OR DIST. DET PLACE SIGNED

APPROVED BY **ROBERT MINER 095** DATE **9/12/2015 4:25:51 AM**

BADGE OR ID # **0135** ORI # **WA0311900** TIME POLICE DISPATCHED **5:54 PM** TIME POLICE ARRIVED **5:59 PM**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-2314

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hansen Zara A.	RACE W	ETH	SEX F	DOB 07/02/98	AGE 17	HGT 5'3"	WGT 116.5	HAIR B	EYES B
STREET ADDRESS 418 75 th ST SE Apt. 9		CITY Everett			STATE WA	ZIP 98203	RES. STATUS			
HOME PHONE N/A		CELL PHONE (425) 280-0171			PLACE OF EMPLOYMENT N/A					
WORK PHONE N/A		EMAIL ADDRESS zhansencajias@gmail.com								

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.

We were headed ~~straight~~ west on 20th ST. On the way down the hill I saw people turning so I looked up at the light to make sure that it wasn't red. I saw that it was green, so then I looked at the drivers that were turning and saw her stop then I looked to my boy-friend and then I saw the other car move. Next thing I know she hit us, and heard my mom scream and the other car leave.

ORIGINAL

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

SIGNATURE: <i>[Signature]</i>	DATE SIGNED 9/11/15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: <i>[Signature]</i> #135	DATE SIGNED 09-12-15	LOCATION SIGNED Lake Stevens, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-2314

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Lahti, Garrick Michael	RACE Asian	ETH Asian	SEX M	DOB 8/29/99	AGE 16	HGT	WGT 145	HAIR black	EYES brown
STREET ADDRESS 425 75th St NE #25		CITY Everett			STATE WA	ZIP 98203	RES. STATUS			
HOME PHONE 208-682-6026		CELL PHONE 425-320-7680			PLACE OF EMPLOYMENT N/A Student					
WORK PHONE N/A		EMAIL ADDRESS Garrick.lahti@yahoo.com								

I, Garrick Lahti, 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.

We were heading west on 20th Street and I didn't see very much because I was texting on my phone.

LSPD
ORIGINAL

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

SIGNATURE: <i>Garrick Lahti</i>	DATE SIGNED: 9/11/15	LOCATION SIGNED: Lake Stevens
OFFICER/NUMBER: <i>K. Lee #135</i>	DATE SIGNED: 09-12-15	LOCATION SIGNED: Lake Stevens, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-2314

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hansen, Shannell ♀	RACE C	ETH	SEX F	DOB 7/10/79	AGE 36	HGT 5'3"	WGT 120	HAIR Brn	EYES Hazel
STREET ADDRESS 418 75th ST SE #9		CITY Everett			STATE WA	ZIP 98203	RES. STATUS			
HOME PHONE 206 313-8851		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Shannell Hansen, 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.

Headed west bound on 20th ST SE, My light was GREEN. I began thru the intersection AT S Lake Stevens and saw A silver honda/mini trying to turn left. I realized she was going to hit me. I switched lanes to the (R) to try and avoid impact from (L) hand driver she then hit my car driver side just behind driver wheel. Glass shattered on driver door. My car stalled out and other driver proceeded down S Lake Stevens.

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LSPD ORIGINAL

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

SIGNATURE: <i>Shannell Hansen</i>	DATE SIGNED 9/11/15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: Kane #135	DATE SIGNED 09-12-15	LOCATION SIGNED Lake Stevens, WA

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-2314

NON-DISC NAME (LAST, FIRST, MIDDLE) Donahue, Cassidy L DOB 11-27-1992

I was on 20th St, in the lane to take a left at Tom Thumb. There was a car in front of me and the light was a blinking yellow arrow. I went behind that car and didn't see the red car making a right onto 20th. We hit in the middle of the intersection. My airbags went off. I went to the parking lot across the street from Tom Thumb and parked. I then got out of the car and called my aunt and waited for her. We then met up with the police and the drivers of the other car.

LSPD ORIGINAL

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: 9/11/15	LOCATION SIGNED: Lake Stevens, WA
OFFICER/NUMBER: Kaul #135	DATE SIGNED: 09-12-15	LOCATION SIGNED: Lake Stevens, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>P. Seviliana #170</i>	Case Number <i>15-2314</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>COLLISION</i>	Date/Time: <i>7/2/15 1532</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 Sfgk will be held for 60 days or 60 days past owner notification

Case # 15-2314

Item # <i>KB-1</i>	Item <i>Photo CD</i>		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action # <i>3</i>	Serial #	Where Found	Weight of Narcotic		

Owner's Name <i>LSPD</i>	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#170</i>						

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 <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

LSPD
FINAL

3605636090 , DRIVER IS CALLING AAA, SKY VALLEY
NEVER CALLED

/1812		OK	19N4	
/1817		ASNCAS	19N4	\$SS15002314
/1820	(SP0257)	SUPP		TXT: WITN CALLING IN THINKS SAW SUSP THAT FLED S CENE, UNK ADD ON S LAKE STEVEN S RD, CAN PH RP F OR INFO ON LOC RP -MILES 425 405 8892
/1821	(SP0377)	CROSS		#AG15002853
/1827	(SP0374)	SUPP		TXT: RP CB RUN VEH WENT TO 105 E LAKE STEVENS RD , WHI PC WITH DAMAGE TO RIGHT FRONT END
/1833	(SS95)	*ASST	19S13	[20 ST SE/S LAKE STEVENS RD , LKS] #SS95 MINER, SGT (ROBERT)
/1838	(SP0194)	ENROUT	19S13	
/1839	(SS95)	*ONSCNE	19S13	
/1846	(SP0194)	OK	19S13	
/1856	(SS95)	CLEAR	19S13	
/1857	(SP0377)	CLEAR	19N4	D/H
/1857		CLEAR	19N1	D/H
/1857		CLOSE	19N1	

LSPD
ORIGINAL