



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E475676**

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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 #	15-0200067
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

DATE OF COLLISION	10 - 28 - 2015	TIME (2400)	0603	COUNTY #	31	MILES		CITY #	0664
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>									

STREET NEW ADDRESS	94TH DR SE	BLOCK NO.	1700
DISTANCE	600	MILES	00
OF (REFERENCE OR CROSS STREET)			
20TH ST SE			

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: 4252320596
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LAST NAME	DORSON	FIRST NAME	MARK	MIDDLE INITIAL	A
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STREET NEW ADDRESS	9720 11TH PL SE UNIT B
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CITY	LAKE STEVENS	ST	WA	ZIP	982581906
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	DORSOMA188CF	STATE	WA	SEX	M	D.O.B.	02 - 06 - 1982
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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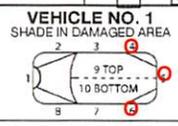
LICENSE PLATE #	AWG4716	STATE	WA	VIN#	KNADC123126195416
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2002	MAKE	KIA	MODEL	RIO	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. DAVID PARKER 12918 12TH AVE NW MARYSVILLE WA 98271

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	5Z1027821	CHARGE	NO VEHICLE INSURANCE
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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
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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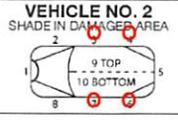
LICENSE PLATE #	AIB3077	STATE	WA	VIN#	JF1GJAC62CH013460
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2012	MAKE	SUBA	MODEL	IMPREZA	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. SHANNON DOYLE 13302 60TH DR NE MARYSVILLE WA 98271 D: 3606724983

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USA 022220109C71037	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E475676**

CASE # 15-0200067

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		FOLEY AMANDA A										NATURE OF INJURIES						
ADDRESS & PHONE #		9720 11TH PL SE UNIT B LAKE STEVENS WA 982581906 4252320596								SEX	F	D.O.B. MMDDYYYY	07	-	31	-	1982	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)												NATURE OF INJURIES						
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)												NATURE OF INJURIES						
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

On 10/28/2015 at about 0604 hours (all times approximate) I was dispatched by police radio to a three car vehicle collision at 1719 94th Drive SE in the city of Lake Stevens. Arriving on scene I spoke to the driver and passenger of U1 and the owners of units U2 and U3. Based on evidence and statements made at the scene it is found that the driver of U1 was not sure if he fell asleep behind the wheel or had parked (since he and the female passenger are living out their vehicle) and that U1 had rolled backwards (southbound) on 94th Drive, left the roadway into a driveway and backed into U2 at a great enough speed to move the back of U2 about 6-8 feet which then caused U2 to collide into the driver's side rear corner of the bumper of U3. The driver of U1 did not recall any details of the collision other than the noise had awoken him. The owner of U3 stated he was coming outside when he noticed U1 going backwards in the street and then into his driveway and strike his girlfriend's car which then struck his truck. The owner of U3 stated the driver and passenger seemed out of it when he made contact with them after the collision but responded right away when asked if they were okay. Speaking with the driver of U1 I did not smell the odor of alcohol and I did not detect any indication of possible impairment. At the time of the collision there were no reported injuries. At the time of the collision the driver of U1 handed me an expired vehicle insurance card. When I asked the driver if the vehicle insurance is current, the driver stated probably not. The driver of U1 was cited for not having vehicle insurance. I took digital images of the involved vehicles and later printed the images and saved the images to a CD-R as evidence. All units were moved from the collision scene and U1 drove from the collision scene.

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		10-28-15 09:09 AM DATED		PLACE SIGNED	
APPROVED BY R. BROOKS 0013						DATE 10/28/2015 2:00:41 PM	
BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	6:04 AM	TIME POLICE ARRIVED	6:10 AM



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E475676

CASE # 15-0200067

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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** _____

LAST NAME UNKNOWN **FIRST NAME** _____ **MIDDLE INITIAL** _____

STREET NEW ADDRESS

CITY _____ **ST** _____ **ZIP** _____

CDL _____ **RESTRICTIONS** _____ **ENDORSEMENTS** _____

DRIVER'S LICENSE # _____ **STATE** _____ **SEX** U **D.O.B.** M M D D Y Y Y Y - - - - -

ON DUTY **STATUS** _____ **AIRBAG** 9 **RESTR.** 9 **EJECT** 9 **HELMET USE** 9 **INJURY CLASS** 1 **NATURE OF INJURIES** _____

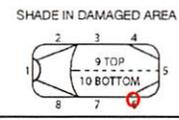
LICENSE PLATE # B18514S **STATE** WA **VIN#** 1FTSW31P64EB55410

TRAILER PLATE # _____ **STATE** _____ **TRAILER PLATE #** _____ **STATE** _____

VEH. YEAR 2004 **MAKE** FORD **MODEL** F350PU **STYLE** CW **VEHICLE TOWED** YES NO **TOWED BY** _____ **GOVT. VEHICLE** YES NO

REGISTERED OWNER INFO. RYAN MILLER 1719 94TH DR SE LAKE STEVENS WA 98258 D: 3606724983

LIABILITY INSURANCE IN EFFECT **INSURANCE CO & POLICY #** _____ **VEHICLE LEGALLY STANDING** YES NO **CITATION #** _____ **CHARGE** _____



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.** M M D D Y Y Y Y - - - - -

ON DUTY **STATUS** _____ **AIRBAG** _____ **RESTR.** _____ **EJECT** _____ **HELMET USE** _____ **INJURY CLASS** _____ **NATURE OF INJURIES** _____

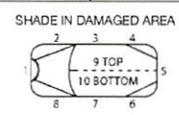
LICENSE PLATE # _____ **STATE** _____ **VIN#** _____

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** _____



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.** M M D D Y Y Y Y - - - - -

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** _____

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)

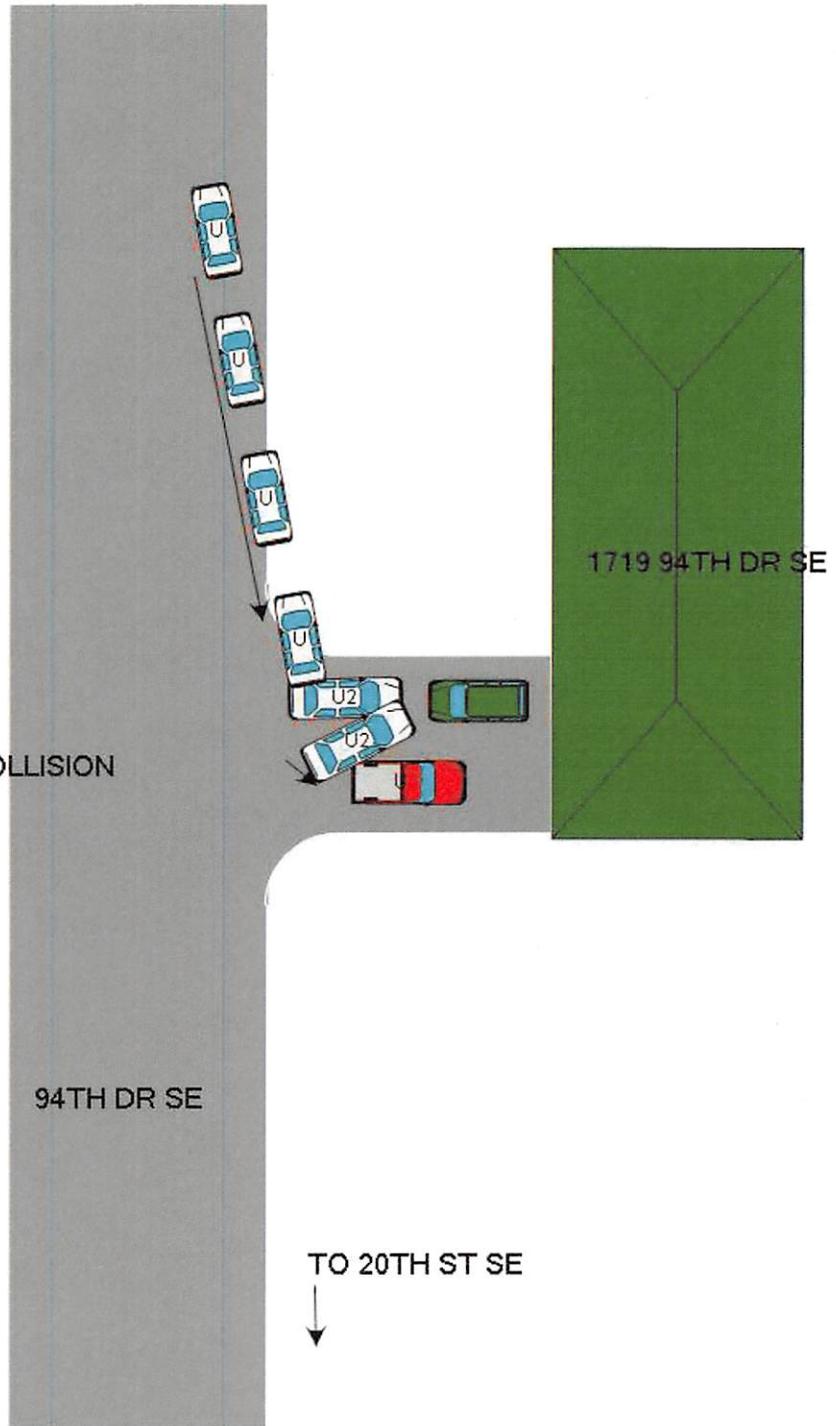
W. AUKERMAN **10-28-15 09:09 AM**
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 72 **ORI #** WA0311900 **APPROVED BY** BROOKS **DATE** 10/28/201 **PAGE** 3 **OF** 4

NOT TO SCALE



OFFICER DID NOT OBSERVE COLLISION





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 15-200067

VICTIM WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) <u>Miller Ryan David</u>	RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>06-24-91</u>	AGE <u>24</u>	HGT <u>5'11</u>	WGT <u>175</u>	HAIR <u>Blond</u>	EYES <u>Blue</u>
STREET ADDRESS <u>1719 94th Dr SE</u>			CITY <u>Lake Stevens</u>		STATE <u>WA</u>	ZIP <u>98258</u>			
HOME PHONE		CELL PHONE <u>360-672-4983</u>			WORK PHONE				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT				

STATEMENT:

While walking out of my home I saw a white Kia rio going backwards into my driveway hitting my girlfriends 2012 white Subaru pushing it into my 2004 Red Ford F350.

Damaged driver side of Subaru
Damaged rear bumper of Ford

Driver and passenger seemed out of it when I came outside to check on them but responded right away when asked if they were ok.

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

SIGNATURE: <u>Ryan Miller</u>	DATE SIGNED: <u>10-28-15</u>
OFFICER/NUMBER: <u>AUERMAN # 72</u>	DATE SIGNED: <u>10-28-15</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

EXCHANGE OF INFORMATION

OFFICER NAME: *W. AUKERMAN #72*
AGENCY: *LAKE STEVENS PD*

COLLISION: *10/28/15 06:03 AM*
DISPATCH: *10/28/15 06:04 AM*
ARRIVAL: *10/28/15 06:10 AM*

CASE#: *15-0200067*
LOCATION: *94TH DR SE BN:1700*
AT 20TH ST SE

NARRATIVE/ NOTES:

UNIT 1:	<i>MOTOR VEHICLE -</i> 2002 KIA RIO PLATE: <i>AWG4716 (WA)</i>	TOWED BY:
<hr/>		
DRIVER: <i>MARK A DORSON</i>	VEH OWNER: <i>DAVID J PARKER</i>	
ADDRESS: <i>9720 11TH PL SE UNIT B</i> <i>LAKE STEVENS, WA 982581906</i>	ADDRESS: <i>12918 12TH AVE NW</i> <i>MARYSVILLE, WA 98271</i>	
DL #: <i>DORSOMA188CF</i>	STATE: <i>WA</i>	
PHONE:	PHONE:	
ALT PHONE:	ALT PHONE:	
INSURED BY:	INSURED BY:	
POLICY #:	POLICY #:	
<hr/>		
UNIT 2:	<i>MOTOR VEHICLE - No Driver</i> 2012 SUBA IMPREZA PLATE: <i>AIB3077 (WA)</i>	TOWED BY:
<hr/>		
NAME:	VEH OWNER: <i>SHANNON L DOYLE</i>	
ADDRESS:	ADDRESS: <i>13302 60TH DR NE</i> <i>MARYSVILLE, WA 98271</i>	
DL #:	STATE:	
PHONE:	PHONE:	
ALT PHONE:	ALT PHONE:	
INSURED BY:	INSURED BY: <i>USA</i>	
POLICY #:	POLICY #: <i>022220109C71037</i>	
<hr/>		
UNIT 3:	<i>MOTOR VEHICLE - No Driver</i> 2004 FORD F350PU PLATE: <i>B18514S (WA)</i>	TOWED BY:
<hr/>		
NAME:	VEH OWNER: <i>RYAN D MILLER</i>	
ADDRESS:	ADDRESS: <i>1719 94TH DR SE</i> <i>LAKE STEVENS, WA 98258</i>	
DL #:	STATE:	
PHONE:	PHONE:	
ALT PHONE:	ALT PHONE:	
INSURED BY:	INSURED BY: <i>FARMERS</i>	
POLICY #:	POLICY #: <i>188142259</i>	

INFRACTION TRAFFIC NON-TRAFFIC L.E.A. ORI #: WA0311900 COURT ORI #: WA03119VB INFRACTION #: 5Z1027821 REPORT #: 15-0200067

IN THE DISTRICT MUNICIPAL COURT OF **LAKE STEVENS VIOLATION BUREAU**
 STATE OF WASHINGTON COUNTY OF CITY/TOWN OF **LAKE STEVENS** PLAINTIFF VS. NAMED DEFENDANT

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. (SCANNED) **DORSOMA188CF** STATE **WA** EXPIRES **02-06-18** PHOTO ID MATCHED YES NO NAME: LAST **DORSON** FIRST **MARK** MIDDLE **ANTHONY** SFX CDL/CLP YES NO

ADDRESS **9720 11TH PL SE UNIT B** IF NEW ADDRESS PASSENGER CITY **LAKE STEVENS** STATE **WA** ZIP CODE **982581906**

EMPLOYER _____ EMP LOCATION _____
 DATE OF BIRTH **02-06-82** RACE **W** SEX **M** HEIGHT **5'05"** WEIGHT **175** EYES **HAZ** HAIR _____ RESIDENTIAL PHONE NO. _____ CELL/PAGER PHONE NO. _____ WORK PHONE NO. _____

VIOLATION DATE ON OR ABOUT **10/28/2015 06:10** INTERPRETER NEEDED LANG: _____ AT LOCATION **94TH DR SE** REF. TRAFFICWAY **20TH ST SE** M.P. BLOCK # **1700** CITY/COUNTY OF **LAKE STEVENS/SNOHOMISH**

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEH LIC NO **AWG4716** STATE **WA** EXPIRES **08-10-16** VEH YR **2002** MAKE **KIA** MODEL **RIO** STYLE **SEDAN 4 DR** COLOR **WHITE**
 TR #1 LIC NO _____ STATE _____ EXPIRES _____ TR YR _____ TR #2 LIC NO _____ STATE _____ EXPIRES _____ TR YR _____

OWNER/COMPANY IF OTHER THAN DRIVER **PARKER**
 ADDRESS **REPORT OF SALE 09/2015** CITY **MARYSVILLE** STATE **WA** ZIP CODE **98270**

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

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

VEH SPEED	INA	ZONE	SMD	PACE	AIRCRAFT	VIOLATION/STATUTE CODE	DESCRIPTION	PENALTY \$
						1. VIOLATION/STATUTE CODE 46.30.020	OP MOT VEH W/OUT INSURANCE	550.00
						2. VIOLATION/STATUTE CODE		
						3. VIOLATION/STATUTE CODE		
						4. VIOLATION/STATUTE CODE		
						5. VIOLATION/STATUTE CODE		

RELATED # _____ DATE ISSUED **10-28-15** 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 **W. AUKERMAN** # **72** OFFICER # _____

TICKET SERVED ON VIOLATOR TICKET REFERRED TO PROSECUTOR
 TICKET SENT TO COURT FOR MAILING

NOTICE OF INFRACTION

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.

- I have enclosed a check or money order. In U.S. funds, for the amount listed. I understand this will go on my driving record if "traffic" is checked. DO NOT SEND CASH. NSF checks will be treated as failure to respond.
 - Mitigation Hearing. I agree I have committed the infraction(s), but I want a hearing to explain the circumstances. Please send me a court date, and I promise to appear on that date. I know I can ask witnesses to appear but they are not required to appear. I understand this will go on my driving record if "traffic" is checked. The court may allow time payments or reduce the penalty where allowed by law.
 - Contested Hearing. I want to contest (challenge) this infraction. I did not commit the infraction. Please send me a court date, and I promise to appear on that date. The state must prove by a preponderance of the evidence that I committed the infraction. I know I can require (subpoena) witnesses, including the officer who wrote the ticket to attend the hearing. The court will tell me how to request a witness's appearance. I understand this will go on my driving record if I lose and "traffic" is checked.
- NOTICE: You may be able to enter into a payment plan with the court under RCW 46.63.110.**

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

Court contact information:
 Phone 1: (425)334-1012

LAKE STEVENS VIOLATION BUREAU
PO BOX 257
LAKE STEVENS WA 98258

My mailing address is: (PLEASE PRINT)
 Name: _____ Apt: _____
 Street or PO Box _____ State: _____ Zip Code: _____
 City: _____ Work: _____
 Telephone: Home: _____
 Is interpreter needed? Language: _____
 X: _____
 (SIGNATURE): **5Z1027821**

INFRACTION # 5Z1027821 LSP IT DORSON, MARK A 020682

