



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E488975**

1 2 3 27
2
3
1 8 28
2
3
0 1 29
0 6 30
1 1 2 31
2
3
1 1 2 32
2
3
FROM TO 3 7 33
FROM TO 3 7 34
4 35
4 36
37
38
39
40
41
1 42

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" 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 # **15-00202086**

LOCAL AGENCY CODING

TOTAL # OF UNITS **03** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **12 - 01 - 2015** **0645** **31** N E IN OF **0664**
S W

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
STATET ROUTE 204 BLOCK NO. **8100**
MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
500 **00** MILES N E **81ST AVENUE NE**
FEET S W

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME **WALLACE** FIRST NAME **WAYNE** MIDDLE INITIAL **E**

STREET NEW ADDRESS **107 99TH AVE SE**

CITY **LAKE STEVENS** ST **WA** ZIP **982581962**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **WALLAWE432J9** STATE **WA** SEX **M** D.O.B. **04 - 29 - 1957**

ON DUTY STATUS AIRBAG **3** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AQN7296** STATE **WA** VIN# **2G2WP552271200541**

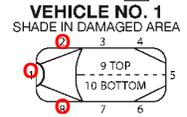
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2007** MAKE **PONT** MODEL **GRA4D** STYLE **4D** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **PROGRESSIVE 904407220**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME **CUADRAS** FIRST NAME **ERIC** MIDDLE INITIAL

STREET NEW ADDRESS **2525 87TH AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982586410**

ODL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **CUADRE*283RS** STATE **WA** SEX **M** D.O.B. **12 - 10 - 1972**

ON DUTY STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **7** NATURE OF INJURIES **CHEST PAIN**

LICENSE PLATE # **AMK5633** STATE **WA** VIN# **YV1MS682752069603**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2005** MAKE **VOLV** MODEL **S404D** STYLE **4D** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **GEICO 4393459682**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **0130** AGENCY **WA0311900**



1591972

CORRECTION

REPORT NO.

E488975

CASE #

15-00202086

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

12/01/2015 I was dispatched to a three vehicle unknown injury collision in the 8100blk of SR204. Upon arrival I found three vehicles on the north shoulder. I contacted the driver of vehicle 2 who was complaining of chest pain. He was treated by aid but not transported. Driver 1 and driver 3 were evaluated but not transported by aid. I spoke with driver 1 who said that he was travelling W/B in heavy morning commute traffic. Driver 1 said that driver's in front of him slowed or were stopping for traffic and he could not stop in time. Driver 1 collided with rear of vehicle 2 who was then pushed into the rear of vehicle 3. Driver 1 and driver 2 arranged for the their own tows for their vehicles.

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)

R. RUTHERFORD			12-01-15 08:50 AM		
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		PLACE SIGNED
APPROVED BY ROBERT MINER 0095				DATE 12/2/2015 10:53:45 PM	
BADGE OR ID #	0130	ORI #	WA0311900	TIME POLICE DISPATCHED	6:46 AM
			TIME POLICE ARRIVED	6:54 AM	



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E488975

CASE # 15-00202086

1 1 8 27

2

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE

1

CARRIER NAME

6

CARRIER ADDRESS

4

CITY ST ZIP

4a

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

5

ADDITIONAL UNITS

3

UNIT # 3 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE

6

LAST NAME **CRESWELL** FIRST NAME **ROGER** MIDDLE INITIAL **B**

2

STREET NEW ADDRESS **10038 2ND PL NE**

7

CITY **LAKE STEVENS** ST **WA** ZIP **982581659**

8

CDL RESTRICTIONS ENDORSEMENTS

9

DRIVER'S LICENSE # **CRESWRB487RB** STATE **WA** SEX **M** D.O.B. **12** - **02** - **1952**

9

ON DUTY STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

5

LICENSE PLATE # **982XLS** STATE **WA** VIN# **2T1BR12E51C465751**

5

TRAILER PLATE # STATE TRAILER PLATE # STATE

5

VEH. YEAR **2001** MAKE **TOYT** MODEL **COA4D** STYLE **4D** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

4

REGISTERED OWNER INFO. **OWNED BY DRIVER**

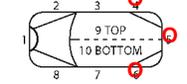
4

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **STATE FARM 2242006B8647B**

1

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

SHADE IN DAMAGED AREA



FROM TO 3 7 33

1

UNIT # MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE

4

LAST NAME FIRST NAME MIDDLE INITIAL

16

STREET NEW ADDRESS

17

CITY ST ZIP

18

CDL RESTRICTIONS ENDORSEMENTS

19

DRIVER'S LICENSE # STATE SEX D.O.B. M MDDYYYYY - -

20

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

21

LICENSE PLATE # STATE VIN#

22

TRAILER PLATE # STATE TRAILER PLATE # STATE

23

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

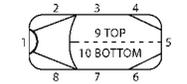
24

REGISTERED OWNER INFO.

24

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

SHADE IN DAMAGED AREA



1 41

42

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)

25

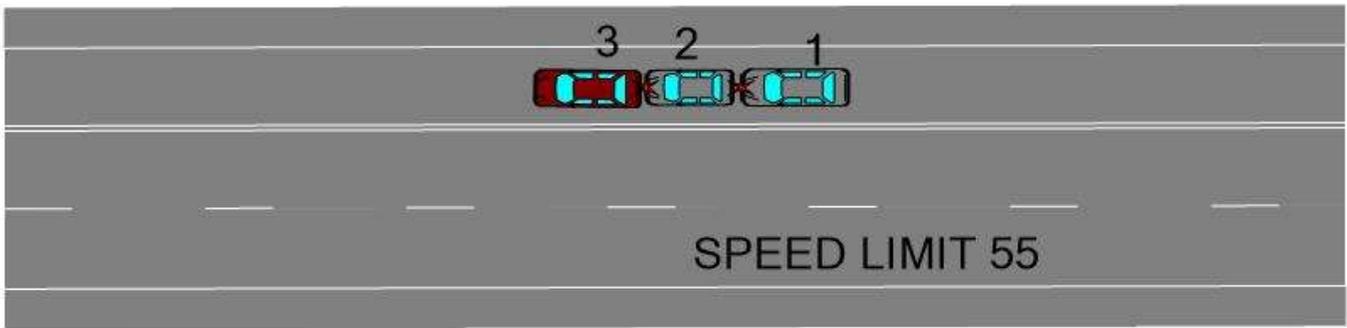
R. RUTHERFORD INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET **12-01-15 08:50 AM** DATED: PLACE SIGNED

26

BADGE OR ID # **0130** ORI # **WA0311900** APPROVED BY **MINER** DATE **12/2/2015** PAGE **3** OF **4**



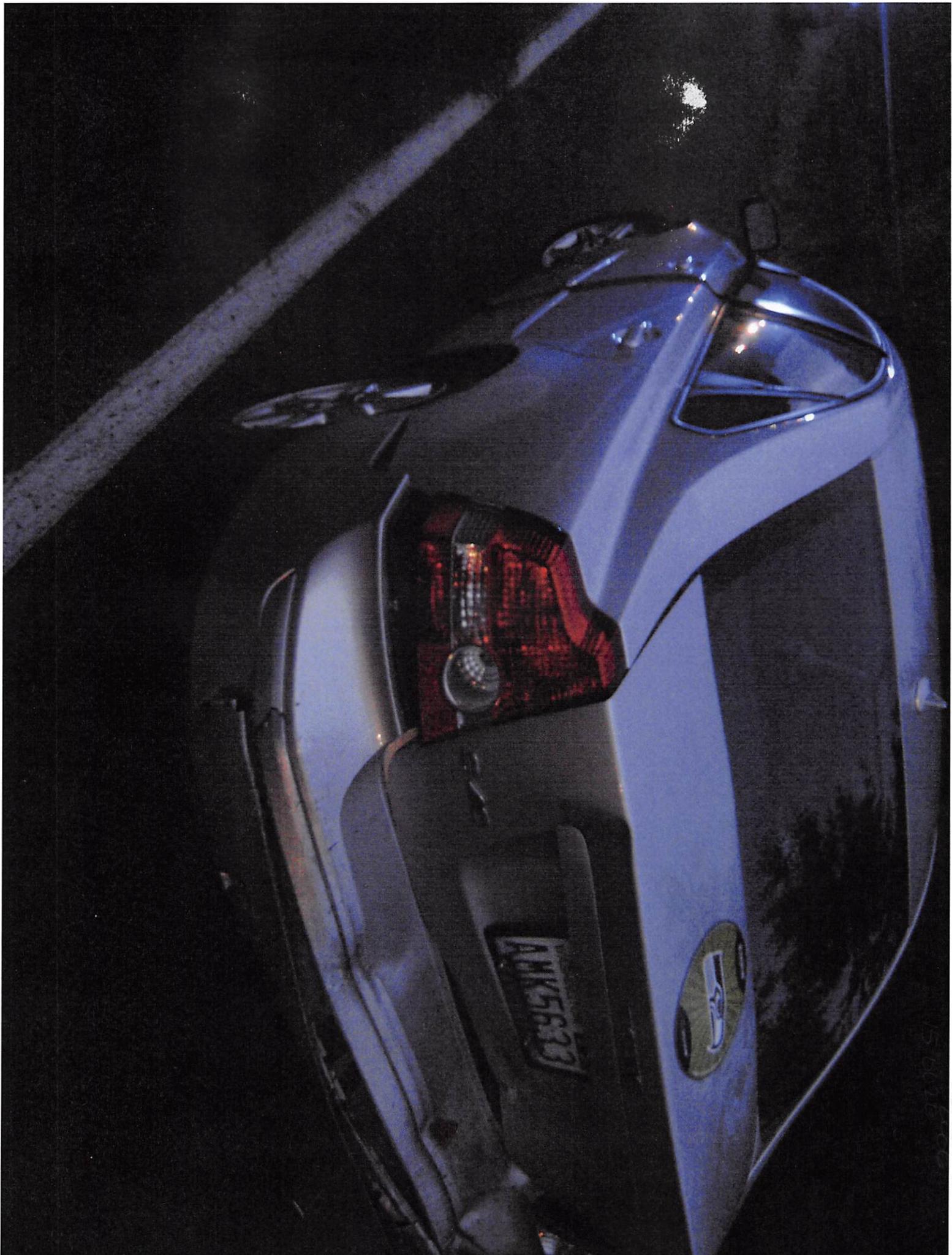
8100 blk State Route 204



NOT TO SCALE



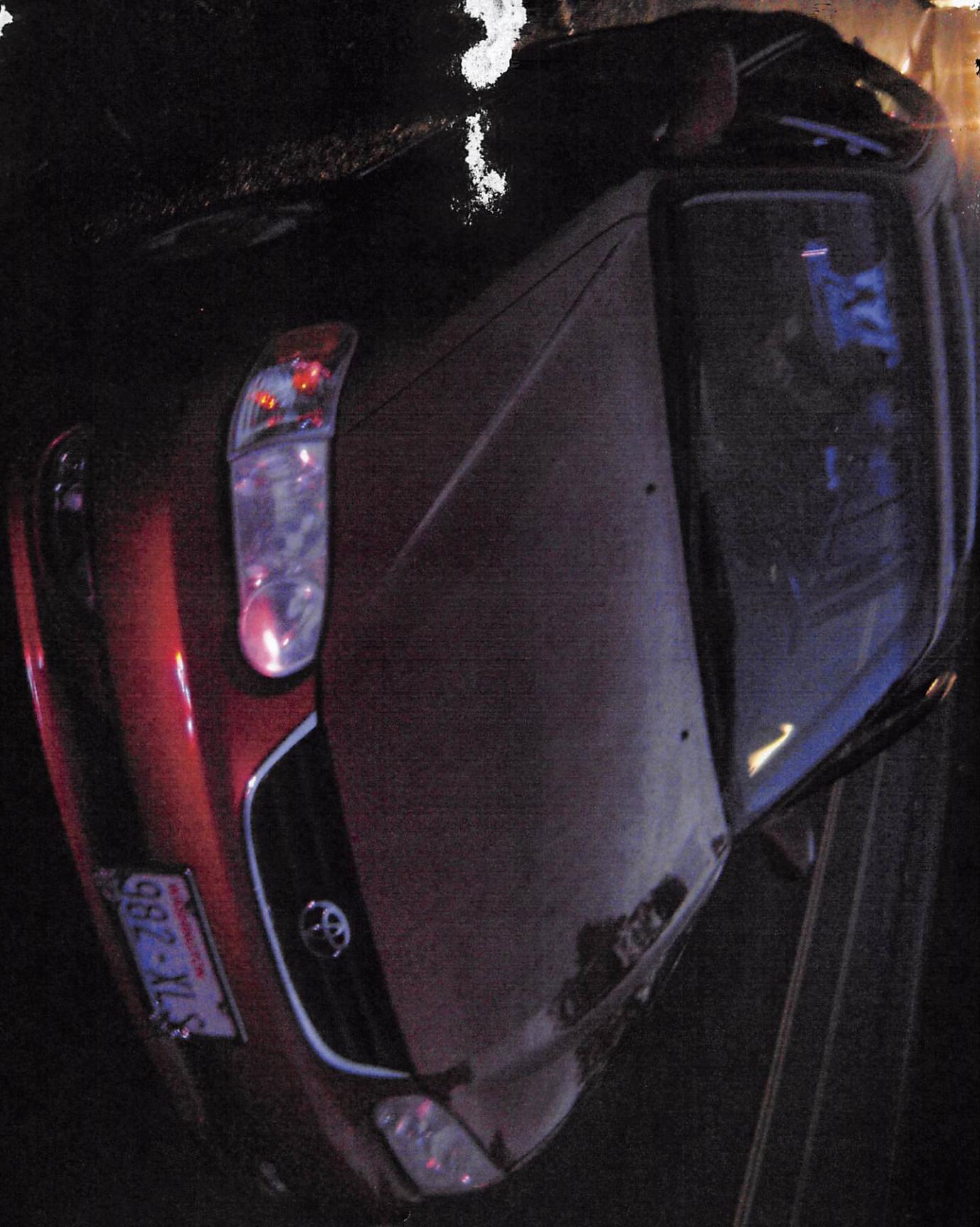
15-160167086











WASHINGTON
982-XLS



