



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E486809**

1 2 3 27

1 1

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 # **15-00201852**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

2 1

TRIBAL RESERVATION

3 1

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **11 - 26 - 2015** **1513** **31** N E IN OF **0664**
S W

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR 9 BLOCK NO. **3400**
MILE POST

4a

DISTANCE OF (REFERENCE OR CROSS STREET)
899 **90** MILES N E **SR 92**
FEET S W

5

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE **D: 2082842553**

6 1

LAST NAME **FOGLESONG** FIRST NAME **TAYLOR** MIDDLE INITIAL **J**

STREET NEW ADDRESS **1131 82ND DR SE**

7

CITY **LAKE STEVENS** ST **WA** ZIP **982583194**

8

CDL RESTRICTIONS ENDORSEMENTS

9 9

DRIVER'S LICENSE # **FOGLETJ028QP** STATE **WA** SEX **F** D.O.B. **11 - 17 - 1998**

10 9

ON DUTY STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **SORE KNEE**

11 5 5

LICENSE PLATE # **AAD6469** STATE **WA** VIN# **JM1BJ226321555959**

12 0 0

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 3

VEH. YEAR **2002** MAKE **MAZD** MODEL **PROES** STYLE **4D** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **JILL FOGLESONG 1131 82ND DR SE LAKE STEVENS WA 98258**

14 3

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **STATE FARM 47-2595-G28**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



15 2

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **D: 4252680808**

16 2

LAST NAME **SEGLE** FIRST NAME **MICHAEL** MIDDLE INITIAL **B**

STREET NEW ADDRESS **8408 30TH ST SE**

17

CITY **LAKE STEVENS** ST **WA** ZIP **982584529**

18

ODL RESTRICTIONS ENDORSEMENTS

19

DRIVER'S LICENSE # **SEGLEMB385M0** STATE **WA** SEX **M** D.O.B. **07 - 20 - 1962**

20

ON DUTY STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

21

LICENSE PLATE # **B59192X** STATE **WA** VIN# **1FTFW1ET0DFC58491**

22

TRAILER PLATE # STATE TRAILER PLATE # STATE

23

VEH. YEAR **2013** MAKE **FORD** MODEL **F150** STYLE **CW** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **MICHAEL SEGLE 8408 30TH ST SE LAKE STEVENS WA 98258**

24

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **GRANGE INS PAS0002133210**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



25

OFFICER'S NAME (PRINT) **R. BROOKS** BADGE OR ID # **0013** AGENCY **WA0311900**

26

0 1 29

0 6 30

1 1 2 31

1 1 2 32

5 1 33

5 1 34

4 35

4 36

3 41

3 42



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CORRECTION

REPORT NO. **E486809**

CASE # **15-00201852**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **COFFEE BILLY R**

ADDRESS & PHONE # **32781 FLORENCE AVE CRESWELL HEIGHTS OR 97426 2069629014** SEX **M** D.O.B. MMDDYYYY **07** - **20** - **1962**

PASSENGER WITNESS UNIT # **2** SEAT POS. **3** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **SEGLE SHANNA M**

ADDRESS & PHONE # **8408 30TH ST SE LAKE STEVENS WA 4252680808** SEX **F** D.O.B. MMDDYYYY **06** - **22** - **1969**

PASSENGER WITNESS UNIT # **2** SEAT POS. **7** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **GOETZ ABBY M**

ADDRESS & PHONE # **8408 30TH ST SE LANGLEY WA 4252680808** SEX **F** D.O.B. MMDDYYYY **01** - **30** - **1998**

PASSENGER WITNESS UNIT # **2** SEAT POS. **9** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NARRATIVE

Unit 2 was slowing for traffic that cut him off and was stopping in front of him causing unit 2 to slam on the brakes and skidd. Unit 1 was not able to stop in time and struck unit 2 from behind causing extensive damage to Unit 1. Aid was declined.

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. BROOKS INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET **11-26-15 05:25 PM** DATED PLACE SIGNED

APPROVED BY **R. BROOKS 0013** DATE **11/26/2015 5:26:59 PM**

BADGE OR ID # **0013** ORI # **WA0311900** TIME POLICE DISPATCHED **3:14 PM** TIME POLICE ARRIVED **3:17 PM**



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E486809

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NAME (LAST, FIRST, MIDDLE INITIAL)	WATKINS RUSSELL S
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ADDRESS & PHONE # WA 4252380167	SEX M	D.O.B. MMDDYYYY 12	-	30	-	1958
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PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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NAME (LAST, FIRST, MIDDLE INITIAL)	
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ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY	-		-	
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ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY	-		-	
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