



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E494069

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INTERSTATE CITY STREET [X] FIRE RESULTED
STATE ROUTE OTHER STOLEN VEHICLE
COUNTY RD PRIVATE WAY HIT & RUN INVOLVED [X]

CASE # 15-202681
LOCAL AGENCY CODING 0664
TOTAL # OF UNITS 02 OBJECT STRUCK

TRIBAL RESERVATION
DATE OF COLLISION 12-06-2015 TIME (2400) 1800 COUNTY # 31 MILES N E IN [X] S W OF 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION [X]
25TH PL NE BLOCK NO. [X] 11300
MILE POST

DISTANCE 7500 MILES FEET [X] OF (REFERENCE OR CROSS STREET) 113TH DR NE

UNIT 01 MOTOR VEHICLE [X] PEDAL-CYCLE DAMAGE THRESHOLD MET YES [X] 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. MMDYYYYY

ON DUTY [X] STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # AUH6940 STATE WA VIN# JNKBV61E68M220835

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2008 MAKE INFI MODEL G354D STYLE 4D VEHICLE TOWED YES [X] NO TOWED BY GOVT. VEHICLE YES [X] NO

REGISTERED OWNER INFO. GANE GERSHMEL 1611 MITCHELL RD LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT [X] INSURANCE CO & POLICY # ALLSTATE 987206969
VEHICLE LEGALLY STANDING YES [X] NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE [X] PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES [X] 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. MMDYYYYY

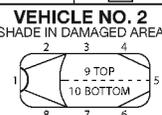
ON DUTY [X] STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE FORD MODEL G354D STYLE VEHICLE TOWED YES [X] NO TOWED BY GOVT. VEHICLE YES [X] NO

REGISTERED OWNER INFO.
LIABILITY INSURANCE IN EFFECT [X] INSURANCE CO & POLICY #
VEHICLE LEGALLY STANDING YES [X] NO CITATION # CHARGE



OFFICER'S NAME (PRINT) C. CHRISTENSEN BADGE OR ID # 0075 AGENCY WA0311900



1591972

CORRECTION

REPORT NO.

**E494069**

CASE #

15-202681

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

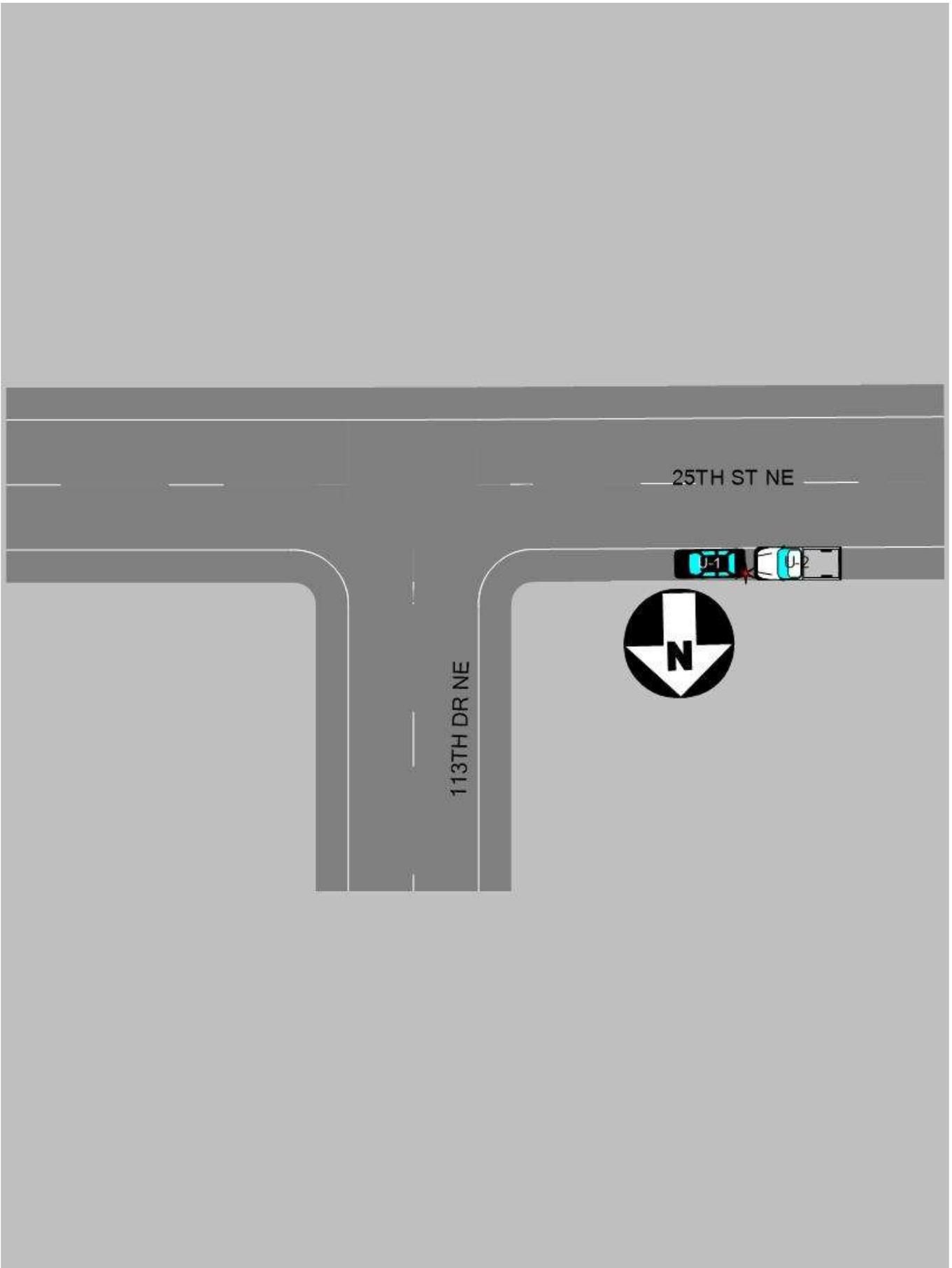
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
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 owner of Unite 1 reported that he parked his his vehicle on 12/06/2015 between 1800 and 2200 hours in the 11200 25th St NE. The vehile was parekd illegally facing the opisite direction of the traffic. Vehicle owner said a white Ford truck was parked behind him facing the same direction. Vehicle owner said when he returned to his vehicle late the white Ford was gone and there was a large dent in on the drivers side rear bumper. Vehicle owner said he waited to report the incident because he came back to the scene several times looking for the vehicle, but was unable to locate it.

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)

<b>C. CHRISTENSEN</b>			<b>12-15-15 03:22 PM</b>		
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		PLA CE SIGNED
APPROVED BY <b>ROBERT MINER 0095</b>				DATE <b>12/15/2015 10:57:58 PM</b>	
BADGE OR ID #	<b>0075</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>4:08 PM</b>
				TIME POLICE ARRIVED	<b>4:08 PM</b>





# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 15-00202681

VICTIM  WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) <u>Gershmel, Austin, G</u>		RACE <u>W</u>	ETHNICITY <u>White</u>	SEX <u>M</u>	D.O.B. <u>8/24/93</u>	AGE <u>22</u>	HGT <u>5'9"</u>	WGT <u>150</u>	HAIR <u>brn</u>	EYES <u>brn</u>
STREET ADDRESS <u>1611 Mitchell Rd</u>				CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98258</u>		
HOME PHONE <u>425-374-0195</u>		CELL PHONE <u>206-251-2979</u>			WORK PHONE <u>~</u>					
EMAIL ADDRESS (OPTIONAL) <u>agershme@comcast.net</u>					PLACE OF EMPLOYMENT <u>Bar and Grills (Seattle)</u>					

**STATEMENT:**

On Sunday night 12/6/15 I was parked in front of the 113<sup>th</sup> Wildback on 25<sup>th</sup> St. in front of a older white pick up. I arrived around 5:30pm and left at 10pm when I noticed the damage, and the pick up was gone, along with the rest of the cars parked on the road.

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

SIGNATURE: <u>Austin Gershmel</u>	DATE SIGNED: <u>12/18/15</u>
OFFICER/NUMBER: <u>C. [Signature] #23</u>	DATE SIGNED: <u>12/18/15</u>

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