Incident Report

Print Date/Time: 12/23/2015 09:14
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2015-00203473**

Incident Date/Time:	12/22/2015 9:55:56 AM	**Incident Type:**	Collision
Location:	91ST AVE NE / VERNON RD LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(425) 583-1272	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D1	SS0112-Warbis

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HANNIGAN, LILLIAN		(425) 583-1272			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.

Hannah Olliges Statement

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER_____
2015-00203473

VICTIM ☐ **WITNESS** ☐ **NON-DISCLOSURE** ☐

NAME (LAST, FIRST, MIDDLE)	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
Olliges, Hannah Marie			F	05/12/96	19	5'6"	120	blonde	green

STREET ADDRESS	CITY	STATE	ZIP
824 E Lakeshore Dr.	Lake Stevens	WA	98258

HOME PHONE	CELL PHONE	WORK PHONE
425-397-7180	425-350-6941	

EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT
n/a	

STATEMENT:

Coming off vernon rode I didn't see any cars + I pulled out + hit a white truck right by the back left wheel. She was coming from the gym.

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

SIGNATURE:	DATE SIGNED:
Hannah Olliges	12/22/15
OFFICER/NUMBER: S. WAKISS 112	DATE SIGNED: 12-22-15

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

Lillian Hannigan Statement

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2015-00203473

VICTIM [X] **WITNESS** [ ] **NON-DISCLOSURE** [ ]

NAME (LAST, FIRST, MIDDLE)	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
Hannigan Lillian Grace	white		F	10/04/96	19	5'9"	140	brown	brown

STREET ADDRESS	CITY	STATE	ZIP
8121 2nd PL SE Apt A	Lake Stevens	WA	98258

HOME PHONE	CELL PHONE	WORK PHONE
425 330 1141	425 5031272	NA

EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT
hannigan.lilly@gmail.com	NA college student

STATEMENT:

I was driving South bound on 91st toward highway 2 when ~~the other driver~~ the other driver ~~drive~~ drove into the intersection hitting ~~the~~ my drivers side back wheel, and a little infront of the wheel.

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

SIGNATURE:	DATE SIGNED:
Lillian Hannigan	12/22/15
OFFICER/NUMBER: S. WARNICK 112	DATE SIGNED: 12-22-15

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

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E497005

INTERSTATE		CITY STREET	✓
STATE ROUTE		OTHER	
COUNTY RD		PRIVATE WAY	

FIRE RESULTED	
STOLEN VEHICLE	
HIT & RUN INVOLVED	

TRIBAL RESERVATION:

CASE #: 00203473

LOCAL AGENCY CODING:

TOTAL # OF UNITS: 02

OBJECT STRUCK:

DATE OF COLLISION (M M - D D - Y Y Y Y): 12 - 22 - 2015

TIME (2400): 0957

COUNTY #: 31

MILES:

N ☐ S ☐ E ☐ W ☐

IN OF ☐

CITY #: 0664

ON (PRIMARY TRAFFIC WAY): 91ST AVE NE

INTERSECTION ✓ NON-INTERSECTION ☐

BLOCK NO. ☐ MILE POST ☐

DISTANCE:

MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐

OF (REFERENCE OR CROSS STREET): VERNON RD

UNIT 01

MOTOR VEHICLE ✓ PEDAL-CYCLE ☐

DAMAGE THRESHOLD MET YES ✓ NO ☐

PHONE: D: 4253506941

LAST NAME	OLLIGES	FIRST NAME	HANNAH	MIDDLE INITIAL: M

STREET NEW ADDRESS ☐: 824 E LAKESHORE DR

CITY	LAKE STEVENS	ST	WA	ZIP	982588672

CDL		RESTRICTIONS		ENDORSEMENTS			
DRIVER'S LICENSE #	OLLIGHM044KK	STATE	WA	SEX	F	D.O.B. MMDDYYYY	05 - 12 - 1996

ON DUTY ☐	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS: 1

NATURE OF INJURIES:

LICENSE PLATE #	AEV8944	STATE	WA	VIN#	JF1GH6B63BH824760
TRAILER PLATE #		STATE		TRAILER PLATE #	STATE

VEH. YEAR	2011	MAKE	SUBA	MODEL	IMPREZ	STYLE	SW

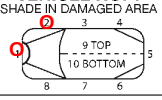
VEHICLE TOWED YES ☐ NO ✓ TOWED BY: GOVT. VEHICLE YES ☐ NO ✓

REGISTERED OWNER INFO.: PAUL OLLIGES 824 E LAKESHORE DR LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ✓ INSURANCE CO & POLICY #: USAA 00319 51 70C 7101

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02

MOTOR VEHICLE ✓ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ✓ NO ☐

PHONE: D: 4255831272

LAST NAME	HANNIGAN	FIRST NAME	LILLIAN	MIDDLE INITIAL: G	

STREET NEW ADDRESS ☐: 8121 2ND PL SE

CITY	LAKE STEVENS	ST	WA	ZIP	982587366

CDL		RESTRICTIONS		ENDORSEMENTS			
DRIVER'S LICENSE #	HANNILG043PF	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10 - 06 - 1996

ON DUTY ☐	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS: 1

NATURE OF INJURIES:

LICENSE PLATE #	C76862D	STATE	WA	VIN#	1FTYR14E81TA52657
TRAILER PLATE #		STATE		TRAILER PLATE #	STATE

VEH. YEAR	2001	MAKE	FORD	MODEL	R10PU	STYLE	PC

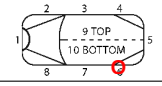
VEHICLE TOWED YES ☐ NO ✓ TOWED BY: GOVT. VEHICLE YES ☐ NO ✓

REGISTERED OWNER INFO.: RUSSELL HANNIGAN 8121 2ND PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ✓ INSURANCE CO & POLICY #: ALLSTATE 96 4470819

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT): STEVE WARBIS

BADGE OR ID #: 112

AGENCY: WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E497005

CASE # 00203473

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																	
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY		-		-	
PASSENGER ☐ WITNESS ☐	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 ☐ WITNESS ☐	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 ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

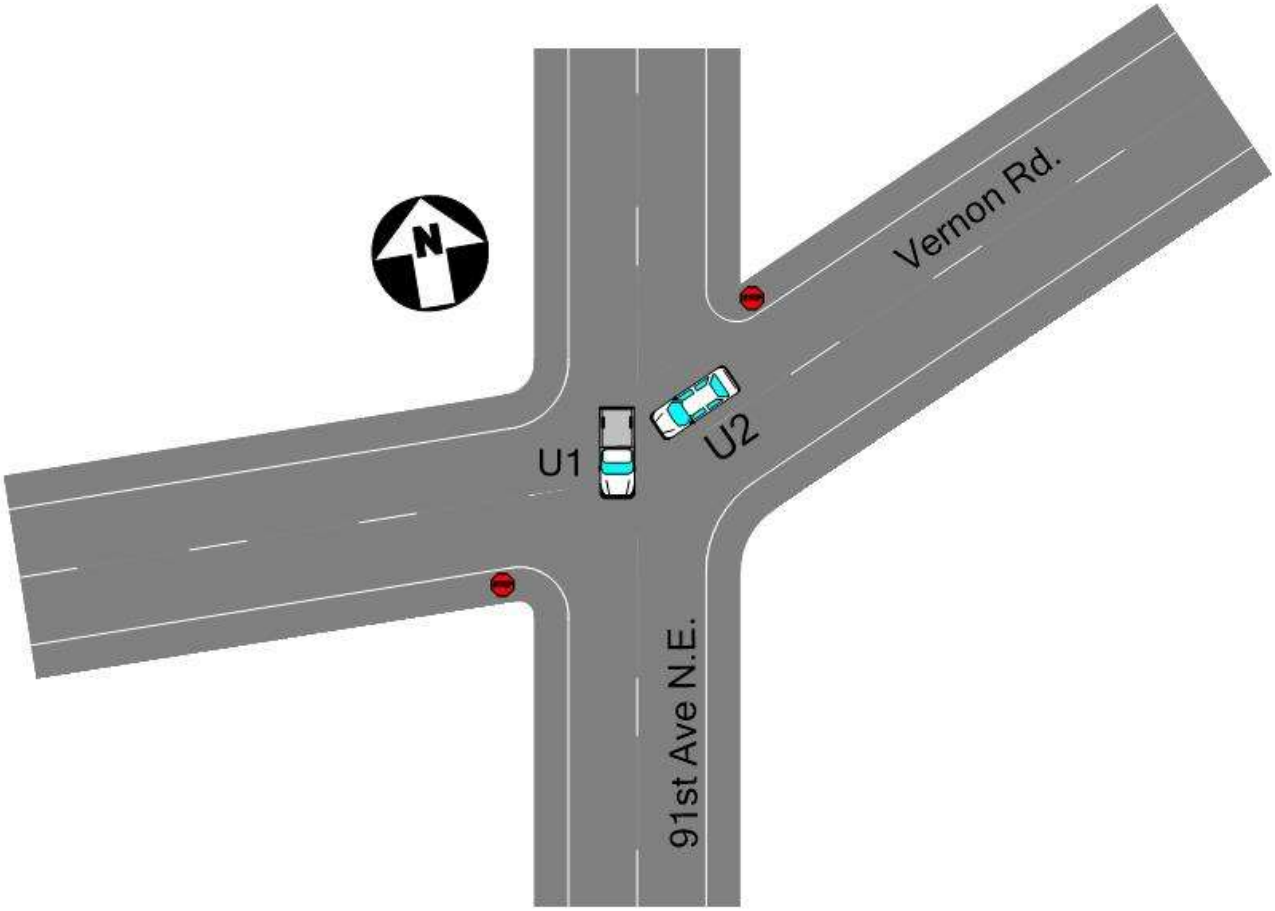
NARRATIVE

Unit 2 was traveling south on 91st Ave N.E. Unit 1 did not see Unit 2 crossing the intersection and started from a stopped position at the stop sign. Unit 1 struck the side of Unit 2. No injuries and both units driven from the 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)

STEVE WARBIS		12-22-15 06:08 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 0095	12/22/2015 11:14:14 PM

BADGE OR ID #	112	ORI #	WA0311900	TIME POLICE DISPATCHED	9:57 AM	TIME POLICE ARRIVED	10:01 AM

REPORT NO. E497005 **CASE #** 00203473 **DATE AND TIME OF COLLISION** 12/22/15 09:57