



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E497006**

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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 # **15-203419**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **12 - 21 - 2015** **1836** **31** N S E W IN OF  **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
**HWY 204** BLOCK NO.  **1000**  
MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)  
MILES N E S W **10TH ST SE**  
FEET

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 4252322241**

LAST NAME **SCOTT** FIRST NAME **DONAL** MIDDLE INITIAL **E**

STREET NEW ADDRESS **1814 DOUGLAS AVE**

CITY **EVERETT** ST **WA** ZIP **982018617**

CDL **A** RESTRICTIONS **K** ENDORSEMENTS **L**

DRIVER'S LICENSE # **SCOTTDE491B2** STATE **WA** SEX **M** D.O.B. MDDYYYY **01 - 22 - 1951**

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

LICENSE PLATE # **B54411Z** STATE **WA** VIN# **3D7MU48C14G256974**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2004** MAKE **RAM** MODEL **DODGE** STYLE **PK** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. **DON FAGERLIE D AND G BACKHOE INC 29414 40TH AVE NW STANWOOD WA D: 4253343918**

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **AMERICAN ECONOMY 01C173040043**  
VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 4253302425**

LAST NAME **MARSHALL** FIRST NAME **STACI** MIDDLE INITIAL **M**

STREET NEW ADDRESS **7231 33RD PL NE**

CITY **MARYSVILLE** ST **WA** ZIP **982706997**

ODL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **MARSHSM230MC** STATE **WA** SEX **F** D.O.B. MDDYYYY **07 - 03 - 1977**

ON DUTY  STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **7** NATURE OF INJURIES **NECK SORENESS + BLOOD SHOT LT EYE**

LICENSE PLATE # **AFB2711** STATE **WA** VIN# **JH4CL96884C038374**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2004** MAKE **ACUR** MODEL **TSX4D** STYLE **4D** VEHICLE TOWED YES  NO  TOWED BY **RESCUE TOWING** GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. **JESSE MARSHALL 7231 33RD PL NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **MARYSVILLE INSURANCE H1679970**  
VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



OFFICER'S NAME (PRINT) **C. WELLS #131** BADGE OR ID # **131** AGENCY **WA0311900**



1591972

CORRECTION

REPORT NO.

**E497006**

CASE #

15-203419

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

Unit #1 SCOTT was traveling westbound on Hwy 204 and, unknown to SCOTT, he lost one tire of a dully. The tire struck Unit #2 which was traveling eastbound on Hwy 204 which caused extensive front end damage. I could easily see the residual rubber markings on Unit #2's front end.

Unit #1 SCOTT said he noticed the tire was gone when he got home. He had returned to the area to look for the tire and noticed the crash. He stopped his vehicle and came forward to tell me he lost a tire off his work truck at about 630 pm when he was traveling home. He didn't know it had hit anyone.

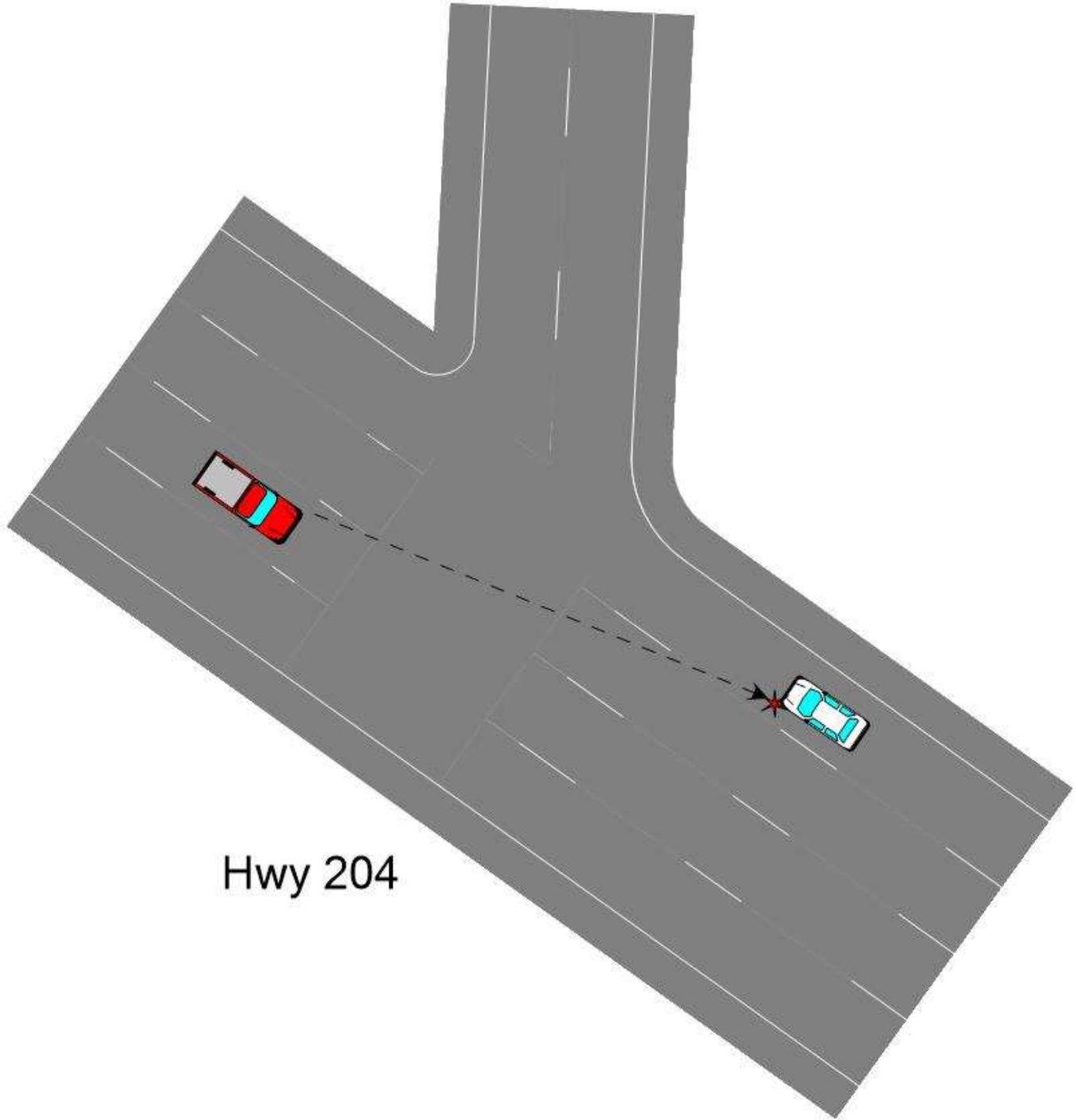
He provided his driver's license, insurance and vehicle information.

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. WELLS #131</b>			<b>12-21-15 10:49 PM</b>		
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		PLACE SIGNED
APPROVED BY <b>ROBERT MINER 0095</b>				DATE <b>12/22/2015 11:13:16 PM</b>	
BADGE OR ID #	<b>131</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>6:36 PM</b>
			TIME POLICE ARRIVED	<b>6:47 PM</b>	



10th St SE



Hwy 204