



# Incident Report

**Print Date/Time:** 12/30/2015 10:03  
**Login ID:** ss0137

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2015-00202647

**Incident Date/Time:** 12/10/2015 4:42:00 AM  
**Location:** SR 9 SE / 20TH ST SE  
LAKE STEVENS WA 98258  
**Phone Number:** (360) 722-4284  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 2  
**Status:** 2  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19N2	SS0131-Wells

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	FERRY, KELLY					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car					948ZFL	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E492204

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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 #	15-202647
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LOCAL AGENCY CODING	0664
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TOTAL # OF UNITS	01	OBJECT STRUCK	
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TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12	-	10	-	2015		0443	31			0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 9	BLOCK NO. <input checked="" type="checkbox"/>	1700
	MILE POST	

DISTANCE	400	00	MILES	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> S	E	W	OF (REFERENCE OR CROSS STREET)	20TH ST SE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252680321
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LAST NAME	LOPEZ	FIRST NAME	ARASELI	MIDDLE INITIAL	
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STREET NEW ADDRESS	8904 1ST ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583347
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	LOPEZA*191MW	STATE	WA	SEX	F	D.O.B. MMDDYYYY	07	-	16	-	1981
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	948ZFL	STATE	WA	VIN#	JTDBT923881196268
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2008	MAKE	TOYT	MODEL	YAR4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. NATANAHUEL HUERTA-ALVARADO 8904 1ST ST SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 903318203
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME		FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX		D.O.B. MMDDYYYY		-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE	INJURY CLASS		NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	C. WELLS #131	BADGE OR ID #	131	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E492204**

CASE # **15-202647**

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 LOPEZ was traveling southbound in approximatley the 1700/1800 block of SR 9 when a deer ran out in front of her. LOP{EZ was unable to swerve to avoid the collison due to additional vehicles in the lane next to her. LOPEZ attempted to avoid the collision by hard braking. After stritking the deer she was stopped her vehicle and then moved it to the roadway shoulder.

LOPEZ indicated her neck and back were sore but declined Aid.

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)

**C. WELLS #131**

**12-10-15 09:55 PM**

INVESTIGATING OFFICER'S SIGNATURE \_\_\_\_\_ UNIT OR DIST. DET \_\_\_\_\_ DATED \_\_\_\_\_ PLACE SIGNED \_\_\_\_\_

APPROVED BY  
**ROBERT MINER 0095**

DATE  
**12/10/2015 9:59:36 PM**

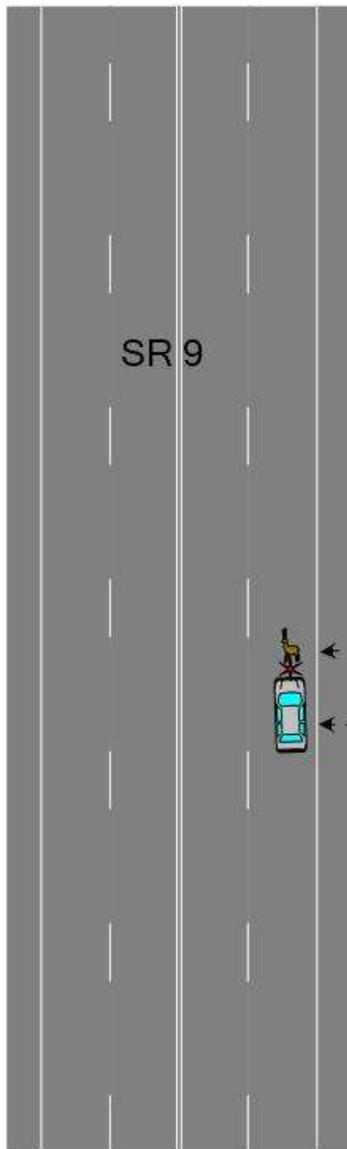
BADGE OR ID #	<b>131</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>4:43 AM</b>	TIME POLICE ARRIVED	<b>4:46 AM</b>
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REPORT NO. E492204

CASE # 15-202647

DATE AND TIME OF COLLISION 12/10/15 04:43

Not to Scale



Deer

Unit 1 LOPEZ

Approximately 1800 block SE