



# Lake Stevens Police Department Detail

**Print Date/Time:** 12/30/2015 11:07  
**Login ID:** ss0137  
**Case Number:** 2015-00203271

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

**Case Details:**

<b>Case Number:</b>	2015-00203271	<b>Incident Type:</b>	Collision
<b>Location:</b>	10100 LUNDEEN PKWY BLK LAKE STEVENS, WA 98258	<b>Occured From:</b>	12/19/2015 14:00
		<b>Occured Thru:</b>	12/19/2015 14:30
		<b>Reported Date:</b>	12/19/2015 14:15 Saturday
<b>Reporting Officer ID:</b>	SS0130-Rutherford	<b>Status:</b>	Closed
		<b>Status Date:</b>	12/25/2015

Assigned Officer	Assignment Date/Time	Assignment Type	Assigned By Officer	Due Date/Time
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<u>Associated Cases</u>	<u>Status</u>	<u>Assisting ORIs</u>	<u>Role</u>
<u>Modus Operandi</u>		<u>Solvability Factors</u>	<u>Weight</u>

**Offenses**

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	State	NR	46.52.020(5)	HIT AND RUN ATTEND PROPERTY DAMAGE	1

**Offense # 1**

<b>Group/ORI:</b>	State	<b>Crime Code:</b>	NR	<b>Statute:</b>	46.52.020 (5)	<b>Counts:</b>	1	<b>Attempt/ Commit Code:</b>	Commit
<b>Description:</b>	HIT AND RUN ATTEND PROPERTY DAMAGE				<b>Offense Date:</b>	12/19/2015			
<b>Scene Code:</b>	Hwy-Road-Alley-St-Sidewlk				<b>Bias/Motivation:</b>	*None (No Bias)			
<b>Domestic Code:</b>	No								
<b>IBR Seq. No:</b>	1								

**Offender Suspected of Using**

**Alcohol:** No  
**Drugs:** No  
**Computer:** No

**Subjects**

Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
Registered Owner	1	AKINS, PATRICIA RUTH	12413 24 PL NE D Lake Stevens, WA 98258	(425) 377-1716	White	Female	01/14/1960 55
Suspect	1	2015-00203271, Unknown			Unknown	Unknown	
Victim	1	ANGLIN, JASON EIRC	2402 103RD DR SE Lake Stevens, WA 982585190			Male	01/14/1973 42



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**Subject # 1-Registered Owner**

Primary: No  
Name: AKINS, PATRICIA RUTH  
Address: 12413 24 PL NE D  
Lake Stevens WA 98258  
Primary Phone: (425) 377-1716  
Race: White  
Height: 5ft 7 in  
Eyes: BRO  
Sex: Female  
Weight: 150.0 lbs.  
Age: 55  
DOB: 01/14/1960  
DVL #: AKINSPR405  
State: WA  
BM

**Related Offenses**

Group/ORI	Crime Code	Statute	Description
State	NR	46.52.020(5)	HIT AND RUN ATTEND PROPERTY DAMAGE

**Subject # 1-Suspect**

Primary: No  
Name: 2015-00203271, Unknown  
Race: Unknown  
Sex: Unknown

**Related Offenses**

Group/ORI	Crime Code	Statute	Description
State	NR	46.52.020(5)	HIT AND RUN ATTEND PROPERTY DAMAGE

**Subject # 1-Victim**

Primary: No  
Name: ANGLIN, JASON EIRC  
Address: 2402 103RD DR SE  
Lake Stevens WA 982585190  
DVL #: ANGLIJE270B  
State: M  
Victim Type: Individual  
Sex: Male  
DOB: 01/14/1973  
Age: 42  
State: WA

**Related Offenses**

Group/ORI	Crime Code	Statute	Description
State	NR	46.52.020(5)	HIT AND RUN ATTEND PROPERTY DAMAGE

**Arrests**

Arrest No.	Name	Address	Date/Time	Type	Age
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**Property**

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
12/19/2015	Destroy Damage Vand	Automobile	Toyota	Sienna (van)	Temp Plate		



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## Seq #1

**Property Codes:** Destroy Damage  
Vand  
**Property Type:** Automobile  
**Initial Value:** \$2,000.00  
**Date Received:** 12/19/2015

**Description:** Temp Plate  
**Make:** Toyota  
**Model:** Sienna (van)  
**Color:** Gold  
**Style:** Van/Minivan  
**Reg. ORI:** WA0311900

## Associated Subjects

Type	Name	Address	Phone	Notified How	Date
Owner	ANGLIN, JASON EIRC	2402 103RD DR SE Lake Stevens, WA 982585190			

## Vehicles

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
1	Suspect Vehicle	Passenger Car	1992	Chevrolet	C10	Red	B18222N	WA

### Vehicle # 1

**Type:** Passenger Car  
**Color:** Red  
**Date/Time:** 12/19/2015 14:15  
**Year:** 1992  
**License Plate:** B18222N  
**Location:** 10100 LUNDEEN PKWY  
LAKE STEVENS,WA 98258  
**Make:** Chevrolet  
**State:** WA  
**Model:** C10

- Liquor Board
- Dawson Place
- Juvenile Court
- Juvenile Prosecutor
- Mental Health
- APS
- District Court
- Municipal Court
- DOL
- CPS
- Other \_\_\_\_\_
- City Attorney
- County Prosecutor
- Federal Prosecutor
- Domestic Violence Unit
- City Prosecutor
- Detectives

Jason Anglin Statement



LAKE STEVENS POLICE DEPARTMENT  
INCIDENT STATEMENT FORM

CASE NUMBER 15 203271

VICTIM  WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) <u>ANGLIN, JASON ERIC</u>	RACE	ETHNICITY	SEX <u>M</u>	D.O.B. <u>01/14/73</u>	AGE <u>42</u>	HGT <u>5'8"</u>	WGT <u>175</u>	HAIR <u>B</u>	EYES <u>B</u>
STREET ADDRESS <u>2403 MADRONA DR</u>			CITY <u>LAKE STEVENS</u>		STATE <u>WA</u>	ZIP <u>98258</u>			
HOME PHONE <u>N/A</u>	CELL PHONE <u>(425) 244-5560</u>		WORK PHONE <u>(425) 423-3030</u>						
EMAIL ADDRESS (OPTIONAL) <u>DIVERJASON@COMCAST.NET</u>			PLACE OF EMPLOYMENT <u>AVIATION TECHNICAL SERVICES</u>						

**STATEMENT:**

ON SATURDAY, 12/19/2015, AT APPROX. 2:15 I WAS DRIVING WESTBOUND ON LUNDEEN PARKWAY WHEN I WAS HIT ON THE PASSENGER SIDE OF MY VAN BY A RED CHEVY PICKUP TURNING WESTBOUND ONTO LUNDEEN FROM 101<sup>ST</sup> AVE N.E. I TURNED INTO THE DRIVEWAY FOR NATE'S FAST FORWARD TO EXCHANGE INFO, HOWEVER THE TRUCK KEPT ON DRIVING. I CALLED 911 TO REPORT THE HIT & RUN. AFTER TALKING TO THE OFFICER NATE (OWNER OF NATE'S FAST FORWARD) PULLED UP AND SAID HE FOLLOWED THE TRUCK AND GOT THE LICENSE #.

LICENSE #: B18222N NATE'S PHONE: (B) 425-397-6863  
(C) 425-321-8487

I DID NOT GET NATE'S LAST NAME.

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

SIGNATURE: 	DATE SIGNED: <u>12/21/2015</u>
OFFICER/NUMBER: <u>B18222N</u>	DATE SIGNED: <u>12/21/2015</u>

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

GOOD TOYOTA CREDIT

AKINS, PATRICIA R

01-14-60

# Collision Report



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E497758**

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FROM TO  
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1 41  
1 42

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input 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 checked="" type="checkbox"/>

CASE #	15-00203271	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
12	19	2015	1415	31	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

**LUNDEEN PARKWAY** BLOCK NO.  **10100**

MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES  N  E  **101ST AVENUE NE**

FEET  S  W

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
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LAST NAME	<b>UNKNOWN</b>		FIRST NAME	MIDDLE INITIAL
STREET NEW ADDRESS				
CITY	ST	ZIP		

CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	U	D.O.B. MMDDYYYY	-	-
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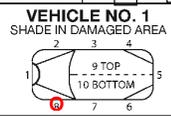
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
<b>B18222N</b>	<b>WA</b>	

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1992	MAKE	CHEV	MODEL	C1	STYLE	PK	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.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	<b>ANGLIN</b>		FIRST NAME	<b>JASON</b>	MIDDLE INITIAL	<b>E</b>
STREET NEW ADDRESS	<b>2402 103RD DR SE</b>					
CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982585190</b>	

CDL	RESTRICTIONS	<b>B</b>	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>01</b>	-	<b>14</b>	-	<b>1973</b>
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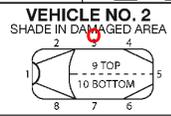
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
<b>AXL0226</b>	<b>WA</b>	<b>5TDBK22C98S010069</b>

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2008	MAKE	TOYT	MODEL	SIENNA	STYLE	SV	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. <b>OWNED BY DRIVER</b>	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # <b>GEICO 4404664783</b>
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
<b>R. RUTHERFORD</b>	<b>0130</b>	<b>WA0311900</b>



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E497758**

CASE # **15-00203271**

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**

12/19/2015 I was dispatched to a hit and run collision at 101st Avenue NE and Lundeen Parkway. I contacted the victim driver who said that he was west on Lundeen Parkway when an older red truck exited 101st Avenue NE and struck the passenger side of his vehicle. The suspect driver fled west on Lundeen Parkway. An uninvolved, unnamed person followed the suspect and obtained a license plate which is included in the report. I attempted contact at the r/o address twice with negative results.

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. RUTHERFORD**

**12-23-15 05:53 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY  
**SGT. C. VALVICK 0071**

DATE  
**12/24/2015 1:47:59 PM**

BADGE OR ID #	<b>0130</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:16 PM</b>	TIME POLICE ARRIVED	<b>2:36 PM</b>
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REPORT NO. E497758

CASE # 15-00203271

DATE AND TIME OF COLLISION 12/19/15 14:15

