Incident Report

Print Date/Time: 12/31/2015 16:10
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2015-00203223**

Incident Date/Time:	12/18/2015 5:02:00 PM	**Incident Type:**	Collision
Location:	91ST AVE SE / 20TH ST SE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(206) 313-8851	**Source:**	911
Report Required:	No	**Priority:**	2
Prior Hazards:	No	**Status:**	2
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D1	SS0136-Shein
19D2	SS0127-Adams
19D3	SS0130-Rutherford

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	DEBUKE, DENISE		(425) 377-8516			
2	Reporting Party	HANSON, SHANELL		(206) 313-8851			

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.

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E498099

CASE #	2015-00203223
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	MAILBOX

INTERSTATE ☐ CITY STREET ☑ STATE ROUTE ☐ OTHER ☐ COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐ STOLEN VEHICLE ☐ HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

DATE OF COLLISION (M M - D D - Y Y Y Y)	TIME (2400)	COUNTY #	MILES	N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐	CITY #
12 - 18 - 2015	1702	31				0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☑

20TH ST SE — BLOCK NO. ☑ MILE POST ☐ — 8900

DISTANCE ___ MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET)

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 2068772986

LAST NAME	HENRICKSON	FIRST NAME	PAUL
MIDDLE INITIAL	D		
STREET NEW ADDRESS ☐	622 S STILLAGUAMISH AVE APT 4		
CITY	ARLINGTON	ST	WA
ZIP	982231699		
CDL	B	RESTRICTIONS	B, K
ENDORSEMENTS			
DRIVER'S LICENSE #	HENRIPD536R0	STATE	WA
SEX	M	D.O.B. MMDDYYYY	12 - 20 - 1947
ON DUTY ☐	STATUS	AIRBAG 2	RESTR. 4
EJECT 1	HELMET USE 2	INJURY CLASS 7	NATURE OF INJURIES: SCRATCH ON FOREHEAD
LICENSE PLATE #	ALC5937	STATE WA	VIN# 1J4GW68N1XC620097
TRAILER PLATE #		STATE	TRAILER PLATE # STATE
VEH. YEAR 1999	MAKE JEEP	MODEL JPCH	STYLE 4W
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	
REGISTERED OWNER INFO. PAUL HENRICKSON 13758 3RD AVE NW SEATTLE WA 98177			
LIABILITY INSURANCE IN EFFECT ☐	INSURANCE CO & POLICY #		
VEHICLE LEGALLY STANDING YES ☐ NO ☐	CITATION # 5Z1199379, 5Z1199379	CHARGE OP MOT VEH W/OUT INSURANCE,	

VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE

LAST NAME	PERRELLA-HUOT	FIRST NAME	CLARISSA
MIDDLE INITIAL			
STREET NEW ADDRESS ☐	3020 74TH DR NE		
CITY	MARYSVILLE	ST	WA
ZIP	982706810		
CDL		RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #	PERREC*388P2	STATE	WA
SEX	F	D.O.B. MMDDYYYY	10 - 22 - 1962
ON DUTY ☐	STATUS	AIRBAG 2	RESTR. 4
EJECT 1	HELMET USE 2	INJURY CLASS 7	NATURE OF INJURIES: BIT TONGUE
LICENSE PLATE #	AWN8184	STATE WA	VIN# 1FMDU34X8NUD60515
TRAILER PLATE #		STATE	TRAILER PLATE # STATE
VEH. YEAR 1992	MAKE FORD	MODEL EXPLR	STYLE UT
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	
REGISTERED OWNER INFO. CLARISSA PERRELLA-HUOT 328 91ST AVE NE LAKE STEVENS WA 98258			
LIABILITY INSURANCE IN EFFECT ☐	INSURANCE CO & POLICY #		
VEHICLE LEGALLY STANDING YES ☐ NO ☐	CITATION #	CHARGE	

VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) G. SHEIN	BADGE OR ID # 0136	AGENCY WA0311900

PAGE 01 OF 4

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E498099

CASE # 2015-00203223

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 westbound on 20th St SE at about the 8900-bock. Unit 1 was traveling eastbound at about the 8800-block and attempted to make a left turn onto an access road to 8821 20th St SE. Unit 2 struck Unit 1. Unit 1 then collided with a mailbox.

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)

G. SHEIN		12-24-15 08:01 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
SGT. C. VALVICK 0071	12/25/2015 2:09:58 PM

BADGE OR ID #	0136	ORI #	WA0311900	TIME POLICE DISPATCHED	5:02 PM	TIME POLICE ARRIVED	5:10 PM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E498099

CASE # 2015-00203223

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY | ST | ZIP

NAME SOURCE | # AXLES | GVWR | PLACARD ☐ | + | NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # 3 | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☑ | DAMAGE THRESHOLD MET YES ☐ NO ☑ | PHONE

LAST NAME: UNKNOWN | FIRST NAME: UNKNOWN | MIDDLE INITIAL

STREET NEW ADDRESS ☐: 8827 20TH ST SE UNIT B

CITY: LAKE STEVENS | ST: WA | ZIP: 98258

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # | STATE | SEX: U | D.O.B. MMDDYYYY

ON DUTY ☐ | STATUS | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

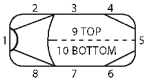
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

SHADE IN DAMAGED AREA



FROM TO

UNIT # | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ☐ NO ☐ | PHONE

FROM TO

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # | STATE | SEX | D.O.B. MMDDYYYY

ON DUTY ☐ | STATUS | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

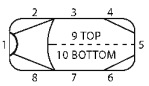
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

SHADE IN DAMAGED AREA



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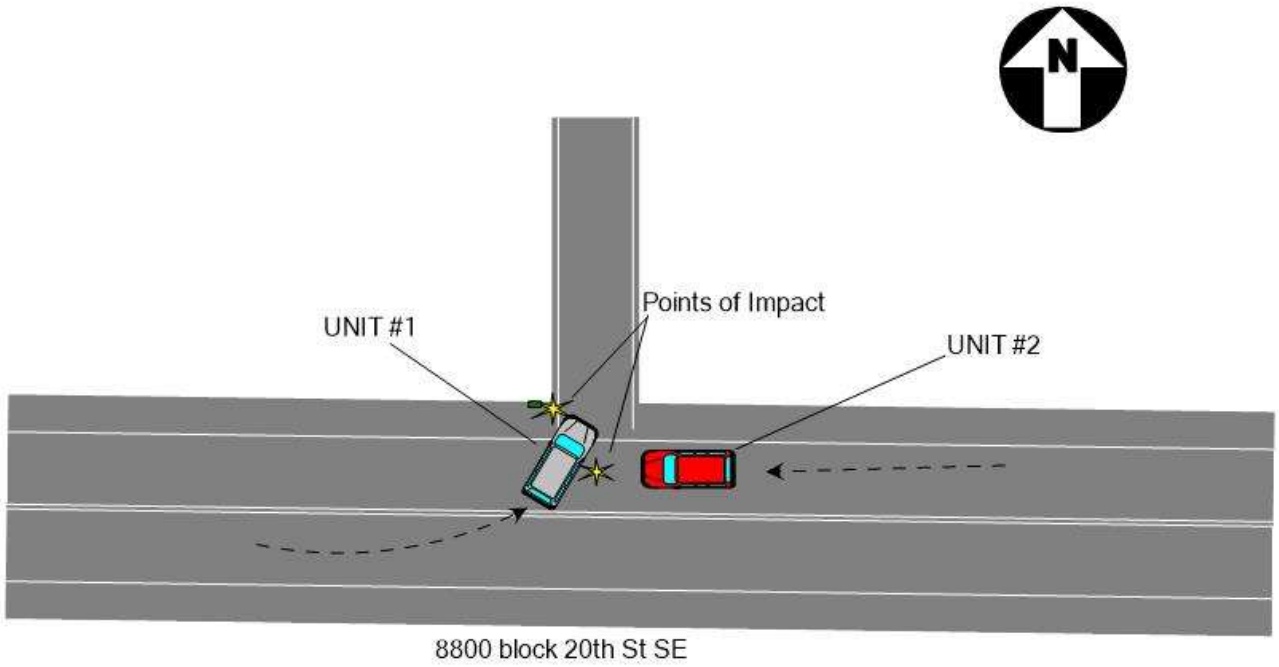
G. SHEIN		12-24-15 08:01 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED

BADGE OR ID #	0136	ORI #	WA0311900	APPROVED BY	VALVICK	DATE	12/25/201	PAGE 3 OF 4

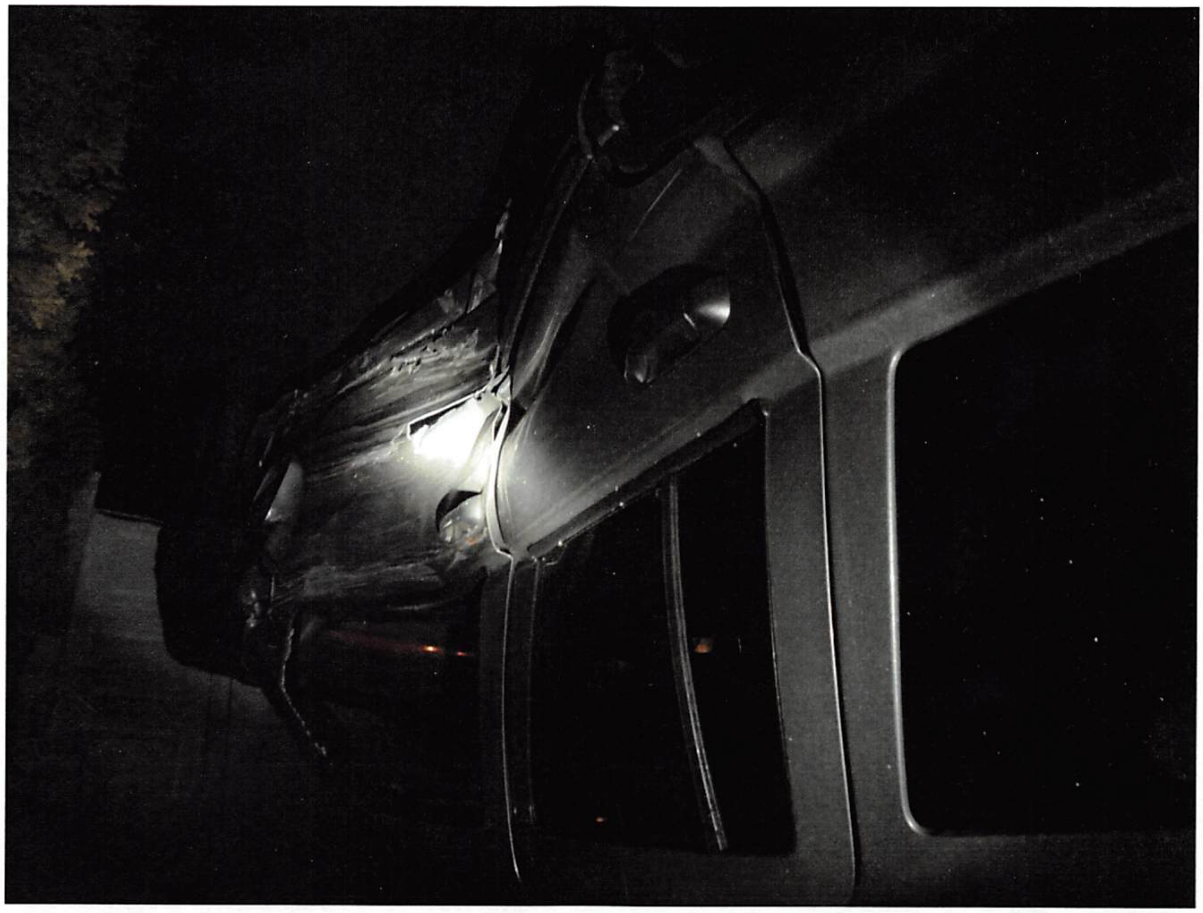
REPORT NO. E498099 **CASE #** 2015-00203223 **DATE AND TIME OF COLLISION** 12/18/15 17:02



** not to scale **

35MPH

Photos



203223

WASHINGTON
AL C59337

AB R 750
BAHAMAS
EXPLORER