Incident Report

Print Date/Time: 02/01/2016 10:59
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00000917**

Incident Date/Time:	1/15/2016 1:43:00 PM	**Incident Type:**	Collision
Location:	S DAVIES RD / S LAKE STEVENS RD LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(425) 422-3847	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D3	SS0135-Parnell

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SHARPE, JIM					

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.

CAD Narrative

01/15/2016 : 13:45:02 SP0368 Narrative: AGENCY ADVISED
01/15/2016 : 13:44:38 SP0382 Narrative: CC, NON INJ, NON BLOCKING, MAR GMC SUV VS SIL HONDA 2DR

Collision Report

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E507383

CASE # 16-917

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 | OBJECT STRUCK

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): 01 - 15 - 2016 | TIME (2400): 1343 | COUNTY #: 31 | MILES | N S E W | IN OF ✓ | CITY #: 0664

ON (PRIMARY TRAFFIC WAY): S. LAKE STEVENS RD | INTERSECTION ✓ | NON-INTERSECTION | BLOCK NO. | MILE POST

DISTANCE | MILES FEET | N S E W | OF (REFERENCE OR CROSS STREET): S. DAVIES RD

UNIT 01

MOTOR VEHICLE ✓ | PEDAL-CYCLE | DAMAGE THRESHOLD MET YES ✓ NO | PHONE: D: 4256727308

LAST NAME: SHARPE | FIRST NAME: JIM | MIDDLE INITIAL: L

STREET NEW ADDRESS | 12729 MACHIAS CUTOFF

CITY: LAKE STEVENS | ST: WA | ZIP: 982588619

CDL: A | RESTRICTIONS: B, K | ENDORSEMENTS

DRIVER'S LICENSE #: SHARPJL613KZ | STATE: WA | SEX: M | D.O.B. MMDDYYYY: 05 - 09 - 1939

ON DUTY | STATUS | AIRBAG: 2 | RESTR.: 9 | EJECT: 1 | HELMET USE: 2 | INJURY CLASS: 1 | NATURE OF INJURIES

LICENSE PLATE #: AGK1285 | STATE: WA | VIN#: 1HGEM22165L045060

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

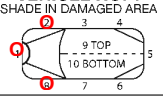
VEH. YEAR: 2005 | MAKE: HOND | MODEL: CIVCP | STYLE | VEHICLE TOWED YES NO ✓ | TOWED BY | GOVT. VEHICLE YES NO ✓

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ✓ | INSURANCE CO & POLICY #: ALLSTATE 976256791

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: 4252992841

LAST NAME: LUBICK | FIRST NAME: CAMERON | MIDDLE INITIAL: S

STREET NEW ADDRESS | 7531 34TH ST NE

CITY: MARYSVILLE | ST: WA | ZIP: 982707007

CDL | RESTRICTIONS: B | ENDORSEMENTS

DRIVER'S LICENSE #: LUBICCS304Q3 | STATE: WA | SEX: M | D.O.B. MMDDYYYY: 11 - 23 - 1970

ON DUTY | STATUS | AIRBAG: 2 | RESTR.: 9 | EJECT: 1 | HELMET USE: 2 | INJURY CLASS: 1 | NATURE OF INJURIES

LICENSE PLATE #: AGT6184 | STATE: WA | VIN#: 1GKEV337X8J144263

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

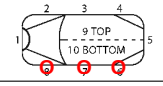
VEH. YEAR: 2008 | MAKE: GMC | MODEL: ACADIA | STYLE: 4W | VEHICLE TOWED YES NO ✓ | TOWED BY | GOVT. VEHICLE YES NO ✓

REGISTERED OWNER INFO. CAMERON LUBICK 12421 5TH PL NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ✓ | INSURANCE CO & POLICY #: PEMCO CA 1389799

VEHICLE LEGALLY STANDING YES NO | CITATION # | CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT): K. PARNELL | BADGE OR ID #: 0135 | 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. E507383

CASE # 16-917

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	MOHR CHRISTA A
ADDRESS & PHONE #	12358 14TH AVE NE SEATTLE WA 98125
SEX	U
D.O.B. MMDDYYYY	

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
	☑	1	3	2	9	1	2	1	

NAME (LAST, FIRST, MIDDLE INITIAL)	LUBICK HARRISON C
ADDRESS & PHONE #	7531 34TH ST NE MARYSVILLE WA 98270
SEX	M
D.O.B. MMDDYYYY	05 - 09 - 2008

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
	☑	2	9	2	9	1	2	1	

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
☐	☐								

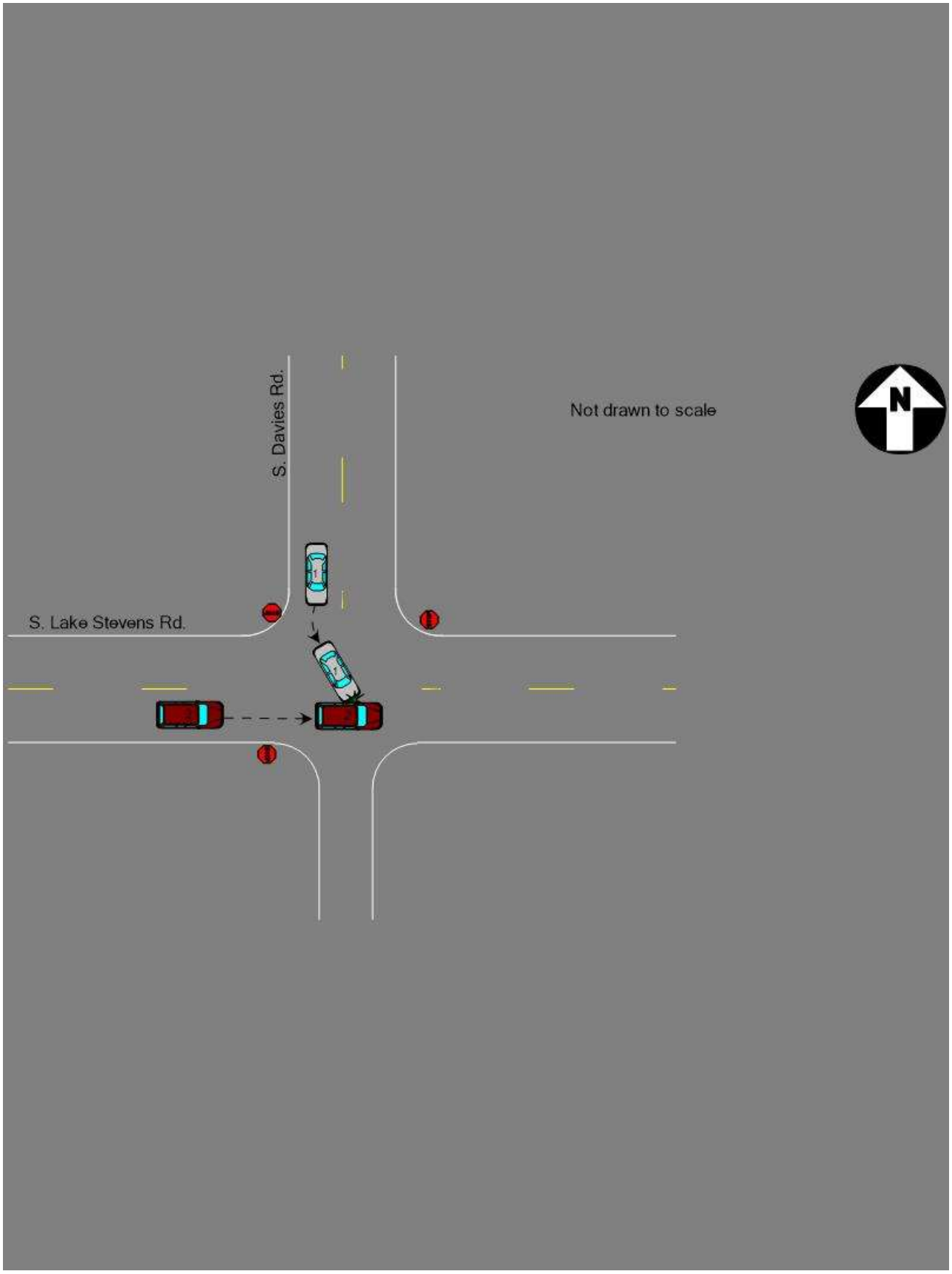
NARRATIVE

Veh. 2 came to stop at stop sign, then proceeded EB through intersection. Veh. 1 came to stop at stop sign, could see due to sun in eyes, made left turn EB onto S. Lake Stevens. Front end of veh. 1 impacted driver's side door of veh. 2.

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)

K. PARNELL		01-15-16 05:22 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 0095	1/19/2016 8:04:07 PM

BADGE OR ID #	0135	ORI #	WA0311900	TIME POLICE DISPATCHED	1:45 PM	TIME POLICE ARRIVED	1:45 PM

REPORT NO. E507383 **CASE #** 16-917 **DATE AND TIME OF COLLISION** 01/15/16 13:43