Incident Report

Print Date/Time: 03/23/2016 06:45
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00005374**

Incident Date/Time:	3/20/2016 10:45:39 AM	**Incident Type:**	Collision
Location:	SR 9 NE / LUNDEEN PKWY LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(206) 395-4119	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D3	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	KIM, KIETH					

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

03/20/2016 : 10:48:39 SP0357 Narrative: FIRE CAN CANCEL, NON INJ
03/20/2016 : 10:48:15 SP0357 Narrative: AC, NOW, 2 VEHS, NON INJ, NON BLKING, ON LUNDEEN W/O, WHI PRIUS VS GRY TOYT HIGHLANDER, LR357

PHOTOS

PRIUS
WASHINGTON
ATC1255

16-00005374, 032016 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E526535

CASE #	2016-00005374
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE ☐ CITY STREET ☑ FIRE RESULTED ☐
STATE ROUTE ☐ OTHER ☐ STOLEN VEHICLE ☐
COUNTY RD ☐ PRIVATE WAY ☐ HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

DATE OF COLLISION (M M D D Y Y Y Y)	TIME (2400)	COUNTY #	MILES		CITY #
03 - 20 - 2016	1110	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY): SR-9
INTERSECTION ☑ NON-INTERSECTION ☐
BLOCK NO. ☑ MILE POST ☐: 1800

DISTANCE: MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐
OF (REFERENCE OR CROSS STREET): LUNDEEN PKWY

UNIT 01

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
WASHO	LINDSAY	A

STREET ADDRESS / NEW ADDRESS ☐: 2108 82ND DR NE

CITY	ST	ZIP
LAKE STEVENS	WA	982586465

CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
WASHOLA244R8	WA	F	12 - 28 - 1976

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

LICENSE PLATE #	STATE	VIN#
AEC9714	WA	5TDBK3EH5BS064344

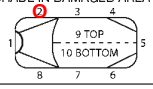
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
2011	TOYT	HIG4D	UT	YES ☐ NO ☑		YES ☐ NO ☑

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # ESURANCE PAWA-005648466
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

LAST NAME	FIRST NAME	MIDDLE INITIAL
KIM	KEITH	K

STREET ADDRESS / NEW ADDRESS ☐: 2521 85TH DR NE

CITY	ST	ZIP
LAKE STEVENS	WA	982586411

CDL	RESTRICTIONS	ENDORSEMENTS
	B	

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
KIM**KK357QB	WA	M	11 - 02 - 1965

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

LICENSE PLATE #	STATE	VIN#
ATC1255	WA	JTDKN3DU1F0410601

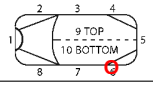
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
2015	TOYT	PRIUS	4H	YES ☐ NO ☑		YES ☐ NO ☑

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # OREGON MUTUAL WP733458
VEHICLE LEGALLY STANDING YES ☑ NO ☐ CITATION # CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA



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

1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	0	1	8	0	3	0	8	1	2	1	2	1	7	9	9	4	4
27		28		29		30		31		32		33		34		35	36

18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
37	38	39	40	41	42												

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

PAGE 01 OF 3

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E526535

CASE # 2016-00005374

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		

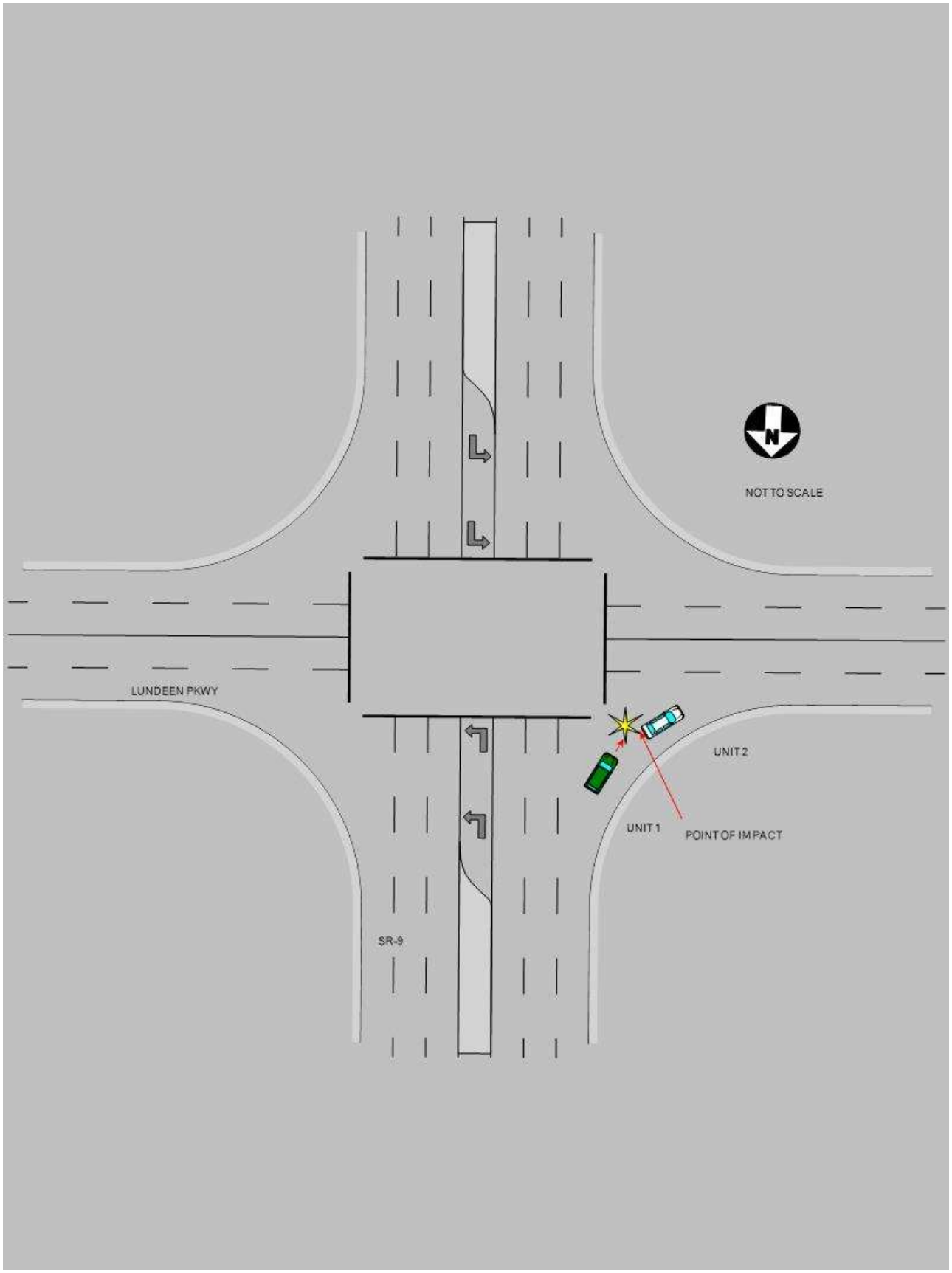
NARRATIVE

Unit 2 was stopped at the intersection of SR-9 & Lundeen Pkwy, yielding to traffic and red traffic signal, waiting to turn right onto Lundeen Pkwy in the right-turn lane. Unit 1 was behind Unit 2. Unit 1 did not yield to Unit 2 and rear-ended Unit 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)

G. SHEIN		03-20-16 03:26 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 0095	3/21/2016 5:04:58 AM

BADGE OR ID #	0136	ORI #	WA0311900	TIME POLICE DISPATCHED	11:10 AM	TIME POLICE ARRIVED	11:12 AM

REPORT NO. E526535 **CASE #** 2016-00005374 **DATE AND TIME OF COLLISION** 03/20/16 11:10