Incident Report

Print Date/Time: 03/23/2016 06:58
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00005318**

Incident Date/Time:	3/19/2016 3:42:33 PM	**Incident Type:**	Collision
Location:	SR 204 / SR 9 NE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(425) 760-0953	**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	RUDAT, JAMES		(425) 760-0953			

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

03/19/2016 : 15:43:45 SP0136 Narrative: NEXT TO THE 76 STATION AND BURGER KING
03/19/2016 : 15:43:31 SP0136 Narrative: AC WB SR 204 - RP REAR ENDED - NON INJ, PULLED OVER TO THE SIDE, RP IN A 88 ALFA ROMERO SPIDER, CREAM COLORED

PHOTOS

16- 5318

ALBERT LEE
Ford Mart
027-ZKN

626
AXK8034

16-00005318, 031916 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E526538

CASE #	2016-00005318
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)	TIME (2400)	COUNTY #	MILES		CITY #
03 - 19 - 2016	1542	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

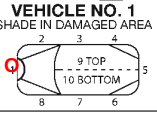
ON (PRIMARY TRAFFIC WAY): SR-9
INTERSECTION ☑ NON-INTERSECTION ☐
BLOCK NO. ☑ MILE POST ☐: 700

DISTANCE: MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐
OF (REFERENCE OR CROSS STREET): SR-204

UNIT 01

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

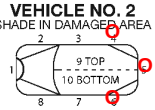
LAST NAME	ALDERSON	FIRST NAME	EMILY
MIDDLE INITIAL	R		
STREET / NEW ADDRESS ☐	11241 31ST PL NE		
CITY	LAKE STEVENS	ST	WA
ZIP	982588114		
CDL		RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #	ALDERER038M9	STATE	WA
SEX	F	D.O.B. MMDDYYYY	07 - 29 - 1997
ON DUTY ☐	STATUS	AIRBAG 2	RESTR. 4
EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
LICENSE PLATE #	AXK8034	STATE	WA
VIN#	1YVGF22C225260545		
TRAILER PLATE #		STATE	
TRAILER PLATE #		STATE	
VEH. YEAR	2002	MAKE	MAZD
MODEL	626	STYLE	4D
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	
REGISTERED OWNER INFO.			
LIABILITY INSURANCE IN EFFECT ☑	INSURANCE CO & POLICY #	STATE FARM 3794760B0147A	
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	RUDAT	FIRST NAME	JAMES
MIDDLE INITIAL	R		
STREET / NEW ADDRESS ☐	13624 12TH ST NE		
CITY	LAKE STEVENS	ST	WA
ZIP	98258		
CDL		RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #		STATE	
SEX	U	D.O.B. MMDDYYYY	- -
ON DUTY ☐	STATUS	AIRBAG 2	RESTR. 4
EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
LICENSE PLATE #	027ZWN	STATE	WA
VIN#	ZARBC5763J1056331		
TRAILER PLATE #		STATE	
TRAILER PLATE #		STATE	
VEH. YEAR	1988	MAKE	ALFA
MODEL	SPICV	STYLE	RD
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	
REGISTERED OWNER INFO.			
LIABILITY INSURANCE IN EFFECT ☑	INSURANCE CO & POLICY #	USAA 002881965C71044	
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 3

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E526538

CASE # 2016-00005318

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		

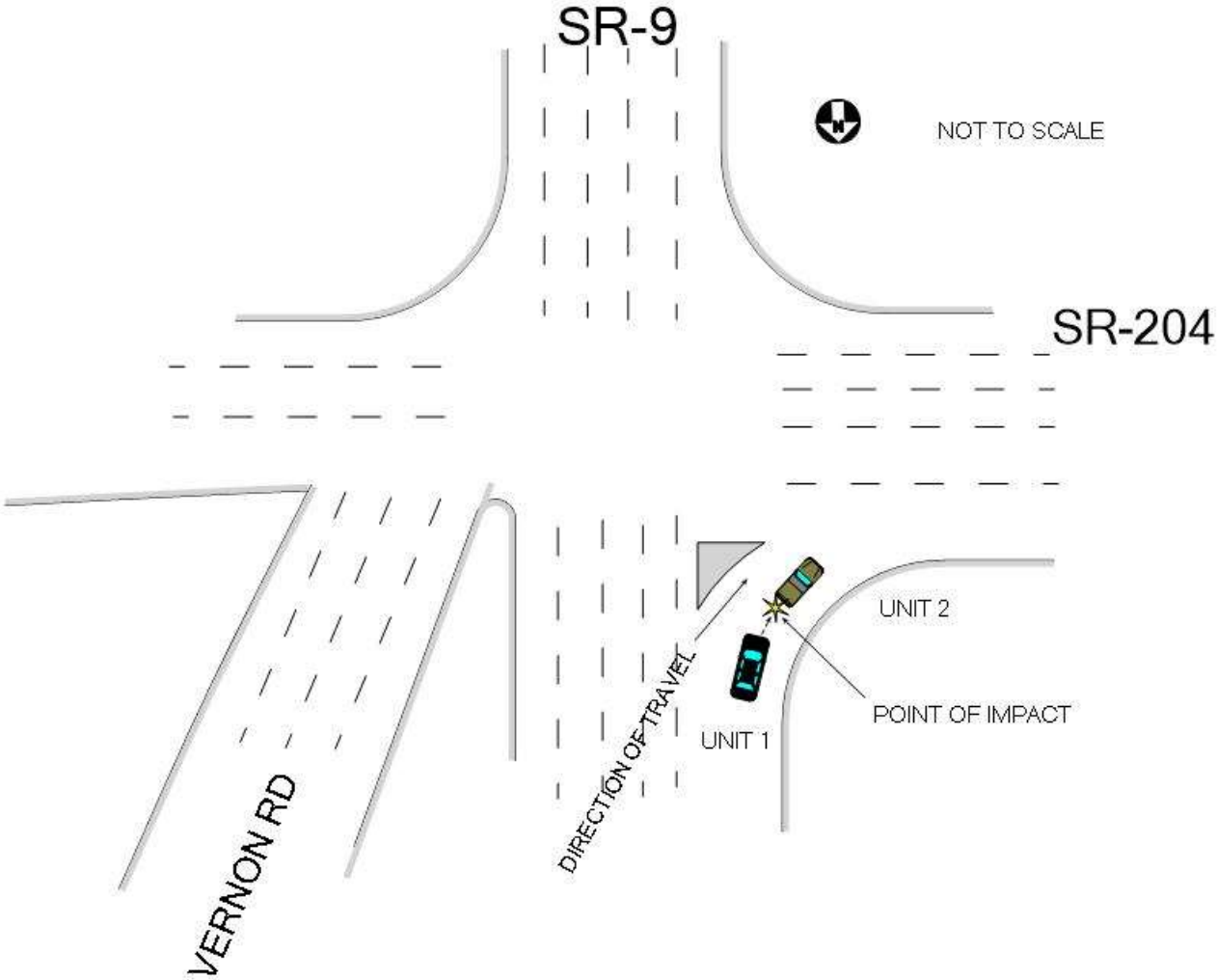
NARRATIVE

UNIT 2 WAS STOPPED, YIELDING TO TRAFFIC, SOUTHBOUND / WESTBOUND AT THE INTERECTION OF SR 9 / SR 204. UNIT 1 WAS DRIVING BEHIND UNIT 2, DRIVING SOUTHBOUND ON SR 9 AND TURNING RIGHT ONTO SR 204. UNIT 1 DID NOT YIELD TO UNIT 2 IN FRONT OF HER 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 07:31 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 0095	3/21/2016 5:04:11 AM

BADGE OR ID #	0136	ORI #	WA0311900	TIME POLICE DISPATCHED	3:42 PM	TIME POLICE ARRIVED	3:48 PM

REPORT NO. E526538 **CASE #** 2016-00005318 **DATE AND TIME OF COLLISION** 03/19/16 15:42