Incident Report

Print Date/Time: 04/01/2016 10:31
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00005785**

Incident Date/Time:	3/26/2016 3:07:00 PM	**Incident Type:**	Collision
Location:	SR 92 / SR 9 NE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(316) 461-4814	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin
19D3	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	REFOR, LAURA					

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

03/26/2016 : 15:08:37 SP0331 Narrative: CC, NON INJ, NON BLKG, GRY BOXTER VS BLU PK, EB ON SR 92. LR331

16-00005785, 032616 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E528336

CASE #	2016-00005785
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 - 26 - 2016	1506	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY): SR9
INTERSECTION ☑ NON-INTERSECTION ☐
BLOCK NO. ☐ MILE POST ☐

DISTANCE: MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐
OF (REFERENCE OR CROSS STREET): SR92

UNIT 01

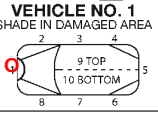
MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☑ PHONE D: 3603911171

LAST NAME	MC CORMACK	FIRST NAME	SCOTT
MIDDLE INITIAL	A		
STREET NEW ADDRESS ☐	16733 OVENELL RD		
CITY	MOUNT VERNON	ST	WA
ZIP	982738258		
CDL		RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #	MCCORSA385R3	STATE	WA
SEX	M	D.O.B. MMDDYYYY	12 - 23 - 1962
ON DUTY ☐	STATUS	AIRBAG 1	RESTR. 4
EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
LICENSE PLATE #	B06170C	STATE WA	VIN# 1GCDC14HOEJ188681
TRAILER PLATE #		STATE	TRAILER PLATE #	STATE
VEH. YEAR 1984	MAKE CHEV	MODEL SILVER	STYLE PK
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # DAIRYLAND AUTO INSURANCE WA 454111534
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # LS 5455 CHARGE NO PROOF OF VALID INSURANCE

VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02

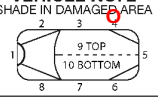
MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 3164614814

LAST NAME	RESOR	FIRST NAME	LAURA
MIDDLE INITIAL	C		
STREET NEW ADDRESS ☐	30 119TH DR SE		
CITY	LAKE STEVENS	ST	WA
ZIP	982587722		
CDL		RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #	RESORLC282NB	STATE	WA
SEX	F	D.O.B. MMDDYYYY	08 - 02 - 1972
ON DUTY ☐	STATUS	AIRBAG 2	RESTR. 4
EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
LICENSE PLATE #	AUU7422	STATE WA	VIN# WP0CA29887U712306
TRAILER PLATE #		STATE	TRAILER PLATE #	STATE
VEH. YEAR 2007	MAKE PORS	MODEL BOXCV	STYLE CV
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	

REGISTERED OWNER INFO. ROBERT RESOR 30 119TH DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # GEICO 4268-76-02-06
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
D. IRWIN	0105	WA0311900

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

PAGE 01 OF 3

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E528336

CASE # 2016-00005785

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	JOHNSON STEVEN T
ADDRESS & PHONE #	16733 OVENELL RD MOUNT VERNON WA 982738258
SEX	M
D.O.B. MMDDYYYY	11 - 15 - 1987

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☑	☐	1	3	1	4	1		1	

NAME (LAST, FIRST, MIDDLE INITIAL)	RESOR BRANDON L
ADDRESS & PHONE #	30 119TH DR SE LAKE STEVENS WA 98258
SEX	M
D.O.B. MMDDYYYY	12 - 29 - 2006

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☑	☐	2	3	2	4	1		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

UNIT #2 was southbound on SR9 stopped at the intersection of SR92. UNIT #1 was stopped directly behind UNIT #2 When the light changed green UNIT #2 proceeded forward (left turn) onto SR92 and stalled the engine, bringing UNIT #2 to a stop.

UNIT #1 had pulled forward and began to make the left tun onto SR92, but did not notice UNIT #2 had stalled. UNIT #1 failed to stop in time and avoid the collision with UNIT #2.

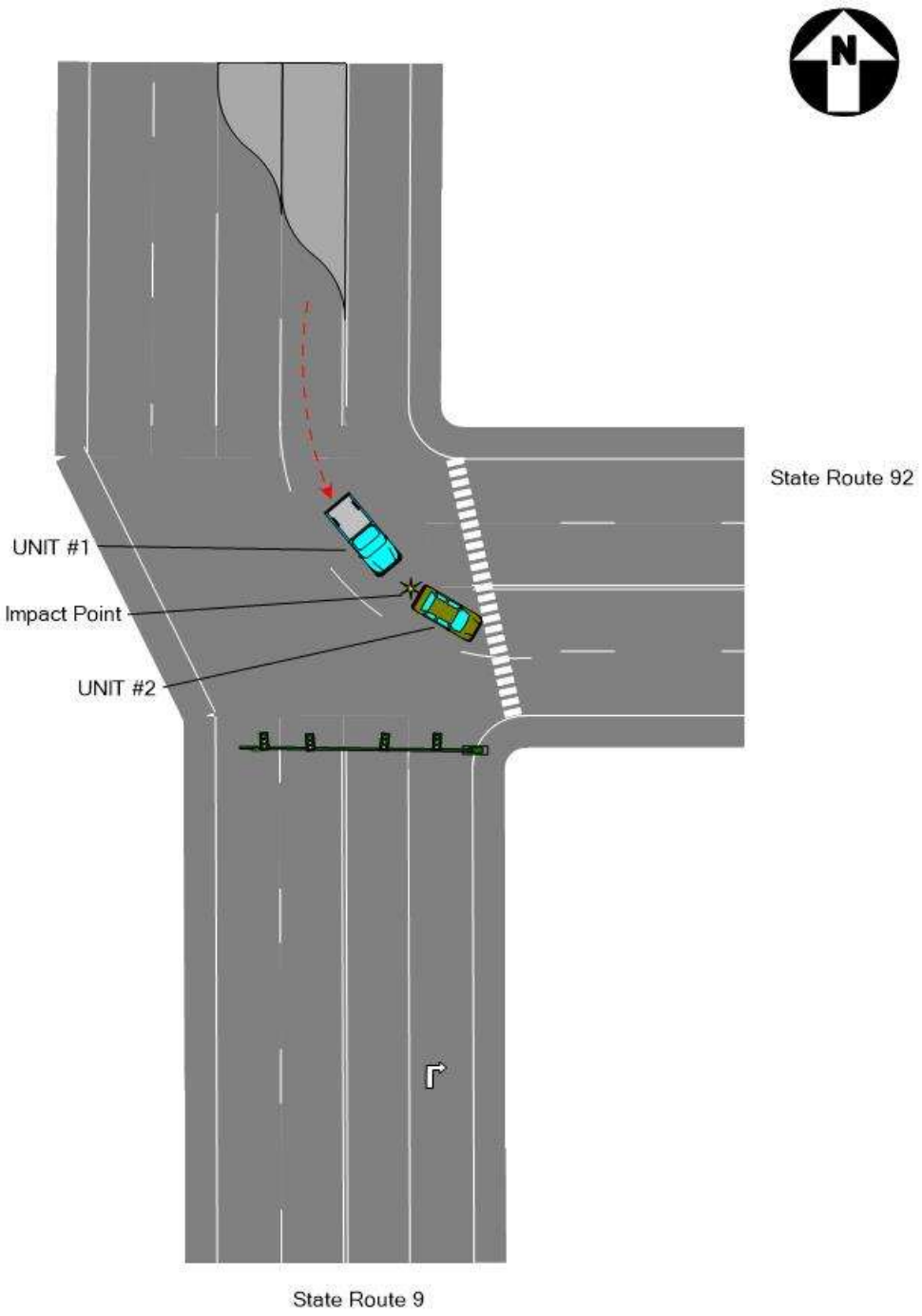
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. IRWIN		03-26-16 04:33 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
SGT. C. VALVICK 0071	3/26/2016 5:04:30 PM

BADGE OR ID #	0105	ORI #	WA0311900	TIME POLICE DISPATCHED	3:08 PM	TIME POLICE ARRIVED	3:10 PM

REPORT NO. E528336 **CASE #** 2016-00005785 **DATE AND TIME OF COLLISION** 03/26/16 15:06



** not to scale **

55MPH

STATEMENT MCCORMACK, SCOTT

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-00005785

VICTIM ☐ WITNESS ☐ NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
McCormack Scott A	M		M	12/23/62	52	5'10	210	BR.	Gr

STREET ADDRESS	CITY	STATE	ZIP
16733 Overall Rd	MU	WA	98273

HOME PHONE	CELL PHONE	WORK PHONE
360-391-1171		

EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT
	Unemployed

STATEMENT:

Turning left at E92 Toward Lk. Stevens Light turned Green Traffic Moved forward car died in front of me Bumped Light Rear Bumper on Porsche Vehicle in my 3rd chev p/u.

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

SIGNATURE:	DATE SIGNED: 3/26/2016
OFFICER/NUMBER: #105	DATE SIGNED: 3/26/16

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

BRANDON L 122906

STATEMENT RESOR, LAURA

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-00005785

VICTIM ☐ WITNESS ☐ NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
Resor Laura	W	Caucasian	F	8/2/72	43	4'11	112	Blo	B

STREET ADDRESS	CITY	STATE	ZIP
30 119th DR SE	Lake Stevens	WA	98258

HOME PHONE	CELL PHONE	WORK PHONE
3164614814		

EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT
	—

STATEMENT:

I was traveling South on Hway 9. Stopped at light. My car stalled. Car behind me hit me ~~[illegible]~~ ~~[illegible]~~ ended my car. My car was not in motion when I was hit.

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

SIGNATURE:	DATE SIGNED: 3/22/16
OFFICER/NUMBER: #105	DATE SIGNED: 3/26/16

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