



Incident Report

Print Date/Time: 04/02/2016 18:52
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00005190

Incident Date/Time:	3/17/2016 6:50:00 PM	Incident Type:	Collision
Location:	79TH AVE SE / 20TH ST SE LAKE STEVENS WA 98258	Venue:	Lake Stevens
Phone Number:	(425) 501-9277	Source:	911
Report Required:	No	Priority:	3
Prior Hazards:	No	Status:	3
LE Case Number:		Nature of Call:	

Unit/Personnel

Unit	Personnel
19N1	SS0126-Hingtgen
19N2	SS0127-Adams
19N3	SS0130-Rutherford
19S12	SS0079-Summers

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	COMBS, MEGAN		(425) 501-9277			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AIB3097	
Involved Vehicle						AQY0987	
Involved Vehicle						AYM9534	
Involved Vehicle						C44151E	
Involved Vehicle						DNGMSTR	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

03/17/2016 : 19:31:11 SP0279 Narrative: CMD TERM

03/17/2016 : 19:10:08 SP0312 Narrative: DICKS ENRT FOR PONTIAC SUNFIRE

03/17/2016 : 19:08:01 SP0312 Narrative: TOW FOR 4 RND, SEVERE FRONT & BACK DMG, DNGMSTR

03/17/2016 : 19:01:45 SP0279 Narrative: 5 VEHS, 4 GRN, 4 POSS YEL

03/17/2016 : 18:57:28 SP0279 Narrative: BLOCKING EB LANE, INVEST

03/17/2016 : 18:54:16 SP0312 Narrative: AA, BOLOD

03/17/2016 : 18:53:11 SP0338 Narrative: LR338

03/17/2016 : 18:52:39 SP0338 Narrative: REAR END COL, SUBJS GETTING OUT , BABY INVOLVED

03/17/2016 : 18:52:19 SP0338 Narrative: TK VS GOLD SEDAN, EO INTERSECTION BLKING, UKN INJ



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E526595

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FROM TO 7 3 33
FROM TO 7 3 34
4 35
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INTERSTATE CITY STREET FIRE RESULTED
STATE ROUTE OTHER STOLEN VEHICLE
COUNTY RD PRIVATE WAY HIT & RUN INVOLVED

CASE # 16-00005190
LOCAL AGENCY CODING
TOTAL # OF UNITS 03 OBJECT STRUCK

TRIBAL RESERVATION
DATE OF COLLISION 03 - 17 - 2016 TIME (2400) 1853 COUNTY # 31 MILES N E IN S W OF 0664 CITY #

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
20TH STREET SE BLOCK NO. 7900 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET) 79TH AVENUE SE
MILES N E S W

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME SILKISS-HERO FIRST NAME KAYA MIDDLE INITIAL M

STREET NEW ADDRESS 13328 S MACHIAS RD

CITY SNOHOMISH ST WA ZIP 982905609

CDL RESTRICTIONS J ENDORSEMENTS

DRIVER'S LICENSE # SILKIKM160KB STATE WA SEX F D.O.B. MMDDYYYY 05 - 02 - 1984

ON DUTY STATUS AIRBAG 3 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # C44151E STATE WA VIN# 3TMLU4EN7FM200747

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2015 MAKE TOYT MODEL TACOM STYLE CW VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # NATIONAL GENERAL 20030219584
VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME KINARTHY FIRST NAME JONATHAN MIDDLE INITIAL A

STREET NEW ADDRESS 8327 1ST PL SE

CITY LAKE STEVENS ST WA ZIP 982583394

CDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # KINARJA276QT STATE WA SEX M D.O.B. MMDDYYYY 11 - 30 - 1973

ON DUTY STATUS AIRBAG 6 RESTR. 9 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # DNGMSTR STATE WA VIN# 1G2JD12F427320307

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2002 MAKE PONT MODEL SNFCP STYLE CP VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. OWNED BY DRIVER. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # FARMERS 184695579
VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) R. RUTHERFORD BADGE OR ID # 130 AGENCY WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E526595**

CASE # **16-00005190**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	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	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	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	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

I was ndispatched to a three vehicle collision at 79th Avenue SE and 20th Street SE. Dispatch advised that the eastbound lanes of 20th Street SE were blocked. Upon arrival, I found that there were two separate collisions at the same location. The second collision was handled by another officer. I was determined that vehicle 1 was travelling E/B and came upon vehicles that were slowing and almost stopped for heavy traffic. Vehicle driver said that she could not stop and rear ended vehicle 2 which pushed it into vehicle 3. There were no injuries reported and vehicle 2 was towed by a private tow. The weather was clear and dry. The roadway was dry and it was during daylight hours.

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)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-17-16 08:34 PM

DATED

PLACE SIGNED

APPROVED BY
ROBERT MINER 0095

DATE
3/19/2016 3:55:46 AM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	6:54 PM	TIME POLICE ARRIVED	6:59 PM
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SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E526595

CASE # 16-00005190

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COMMERCIAL MOTOR CARRIER

UNIT # USDOT IOC # VEHICLE TYPE CARGO BODY TYPE

2 1

CARRIER NAME

1 28

3 1

CARRIER ADDRESS

2

CITY ST ZIP

3

4

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

0 1 29

4a

ADDITIONAL UNITS

5

UNIT # 3 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE

LAST NAME LOVING FIRST NAME LOUISE MIDDLE INITIAL K

30

STREET NEW ADDRESS 17324 9TH PLACE NE

6 1

CITY SNOHOMISH ST WA ZIP 98290

CDL RESTRICTIONS ENDORSEMENTS

7

DRIVER'S LICENSE # LOVINLK397C7 STATE WA SEX M D.O.B. MMDDYYYY 02 - 27 - 1961

1 2 31

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

8

LICENSE PLATE # AQY0987 STATE WA VIN# 3GNFK16R4XG139657

1 32

TRAILER PLATE # STATE TRAILER PLATE # STATE

10

VEH. YEAR 1999 MAKE CHEV MODEL SUBSW STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

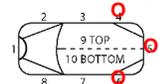
11 3 5

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # PROGRESSIVE 701858486

VEHICLE LEGALITY STANDING CITATION # CHARGE

SHADE IN DAMAGED AREA



FROM TO 7 3 33

13 4

UNIT # MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE

FROM TO 34

14

LAST NAME FIRST NAME MIDDLE INITIAL

4 35

STREET NEW ADDRESS

36

15 1

CITY ST ZIP

37

CDL RESTRICTIONS ENDORSEMENTS

38

17

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

39

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

40

19

LICENSE PLATE # STATE VIN#

20

TRAILER PLATE # STATE TRAILER PLATE # STATE

21

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

22

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALITY STANDING CITATION # CHARGE

SHADE IN DAMAGED AREA



1 41

23

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)

R. RUTHERFORD INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET 03-17-16 08:34 PM DATED: PLACE SIGNED

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BADGE OR ID # 130 ORI # WA0311900 APPROVED BY MINER DATE 3/19/2016 PAGE 3 OF 4

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REPORT NO. E526595

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DATE AND TIME OF COLLISION 03/17/16 18:53

