



Incident Report

Print Date/Time: 04/26/2016 08:52
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00007674

Incident Date/Time: 4/24/2016 1:04:00 AM
Location: 303 91ST AVE NE
LAKE STEVENS WA 98258
Phone Number: (425) 212-9193
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0132-Kilroy
19N3	SS0134-Lyons
19S16	SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Driver	SUDDARTH, LEGEND TY				Male	07/31/1999
2	Reporting Party	TRENT/OWNER					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AYY9962	
Involved Vehicle	Passenger Car	1995			Red	AYY9962	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**04/24/2016 : 01:05:56 SP0321 Narrative: NON INJ, BLU HONDA L/AYY9962, SMELL OF ALCOHOL.
04/24/2016 : 01:05:04 SP0321 Narrative: CC, VEH VS BUILDING**

16-00007674, 042416 COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E537117**

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1 1 2 31

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1 32

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FROM TO 7 3 33

FROM TO 34

4 35

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42

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	2016-0007674
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	03	OBJECT STRUCK	BUILDING
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TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	04	-	24	-	2016	0104	31							0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
91ST AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	300
	MILE POST	

DISTANCE	500	00	MILES	N	E	FEET	S	W	OF (REFERENCE OR CROSS STREET)	SR 204
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	SUDDARTH	FIRST NAME	LEGEND	MIDDLE INITIAL	T
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STREET NEW ADDRESS	2310 236TH AVE NE
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CITY	GRANITE FALLS	ST	WA	ZIP	982529303
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SUDDALT010MU	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07	-	31	-	1999
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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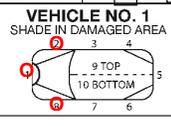
LICENSE PLATE #	A YY9962	STATE	WA	VIN#	JHMCD5638SC024949
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1995	MAKE	HOND	MODEL	ACD4D	STYLE	SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	ANNA SUDDARTH 2310 236TH AVE NE GRANITE FALLS WA 98252
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	6Z0380903	CHARGE	OP MOT VEH W/OUT INSURANCE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4254043350
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LAST NAME	HAWAIIAN	FIRST NAME	SHAVED ICE	MIDDLE INITIAL
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STREET NEW ADDRESS	303 91ST AVE NE SUITE 103 CHRIS & RICHARD
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	U	D.O.B. MMDDYYYY	-	-
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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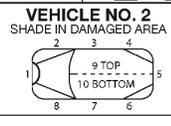
LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E537117**

CASE # **2016-0007674**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		OSBORNE JUSTIN T																
ADDRESS & PHONE #		4255957683				SEX	M	D.O.B. MMDDYYYY	03	-	09	-	1999					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		SCHNEIDER BEN C																
ADDRESS & PHONE #		3603487955				SEX	M	D.O.B. MMDDYYYY	11	-	04	-	1998					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	7	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		ROBERTS SETH C																
ADDRESS & PHONE #		4257604948				SEX	M	D.O.B. MMDDYYYY	12	-	02	-	1998					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

Unit 1 was attempting to park in front of 303 91st Ave NE. When the driver of unit 1 went to put his foot on the brake and it slipped off onto the gas. Unit 1 went past the parking spot and hit the building owned by unit 2 and unit 3.

There were no injuries and unit 1 was driven from the scene.

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)

J. KILROY #0132		UNIT OR DIST. DET		04-24-16 10:50 PM		PLACE SIGNED	
INVESTIGATING OFFICER'S SIGNATURE				DATED			
APPROVED BY W. AUKERMAN 0072				DATE 4/25/2016 4:36:24 AM			
BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	1:05 AM	TIME POLICE ARRIVED	1:10 AM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E537117

CASE # 2016-0007674

1 2 3 4 4a 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42

COMMERCIAL MOTOR CARRIER

UNIT # USDOT IOC # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # 3 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE D: 4252129193

LAST NAME BARTON FIRST NAME TRENT MIDDLE INITIAL

STREET NEW ADDRESS 303 91ST AVE NE SUITE 104 MOB GAMES

CITY LAKE STEVENS ST WA ZIP 98258

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO. SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALITY STANDING YES NO CITATION # CHARGE

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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO. SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALITY STANDING YES NO CITATION # CHARGE

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)

J. KILROY #0132 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET 04-24-16 10:50 PM DATED: PLACE SIGNED

BADGE OR ID # #0132 ORI # WA0311900 APPROVED BY AUKERMAN DATE 4/25/2016 PAGE 3 OF 4

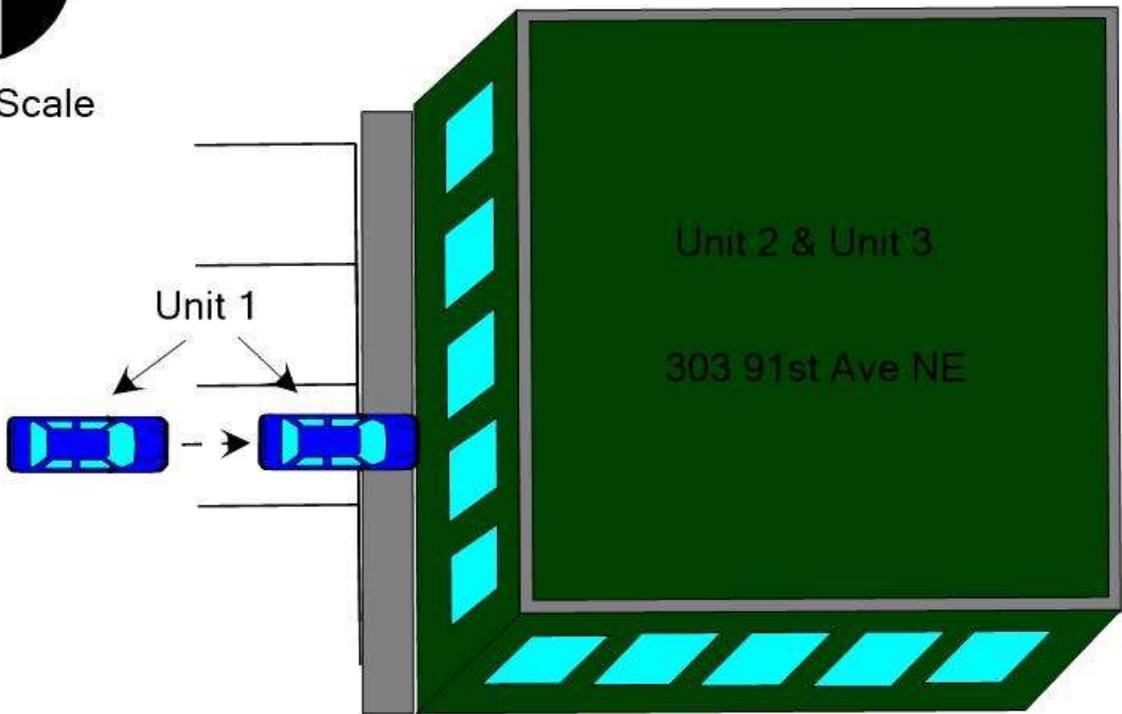
REPORT NO. E537117

CASE # 2016-0007674

DATE AND TIME OF COLLISION 04/24/16 01:04



Not To Scale



STATEMENT BARTON, TRENT



LAKE STEVENS POLICE DEPARTMENT
INCIDENT STATEMENT FORM

CASE NUMBER 2016-0007674

VICTIM WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) <u>Barton Trent</u>			RACE	ETHNICITY <u>W</u>	SEX <u>M</u>	D.O.B. <u>02/28</u>	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>303 91st Ave NE Lake Stevens</u>					CITY <u>Lake Stevens</u>		STATE <u>WA</u>	ZIP <u>98258</u>			
HOME PHONE <u>425-</u>			CELL PHONE <u>425-</u>			WORK PHONE <u>425-212-9183</u>					
EMAIL ADDRESS (OPTIONAL)						PLACE OF EMPLOYMENT <u>M.O.B. Games</u>					

STATEMENT:

I was sorting cards and getting orders ready and
seen a car drive into the window of the front of the
store. Called in right away.

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

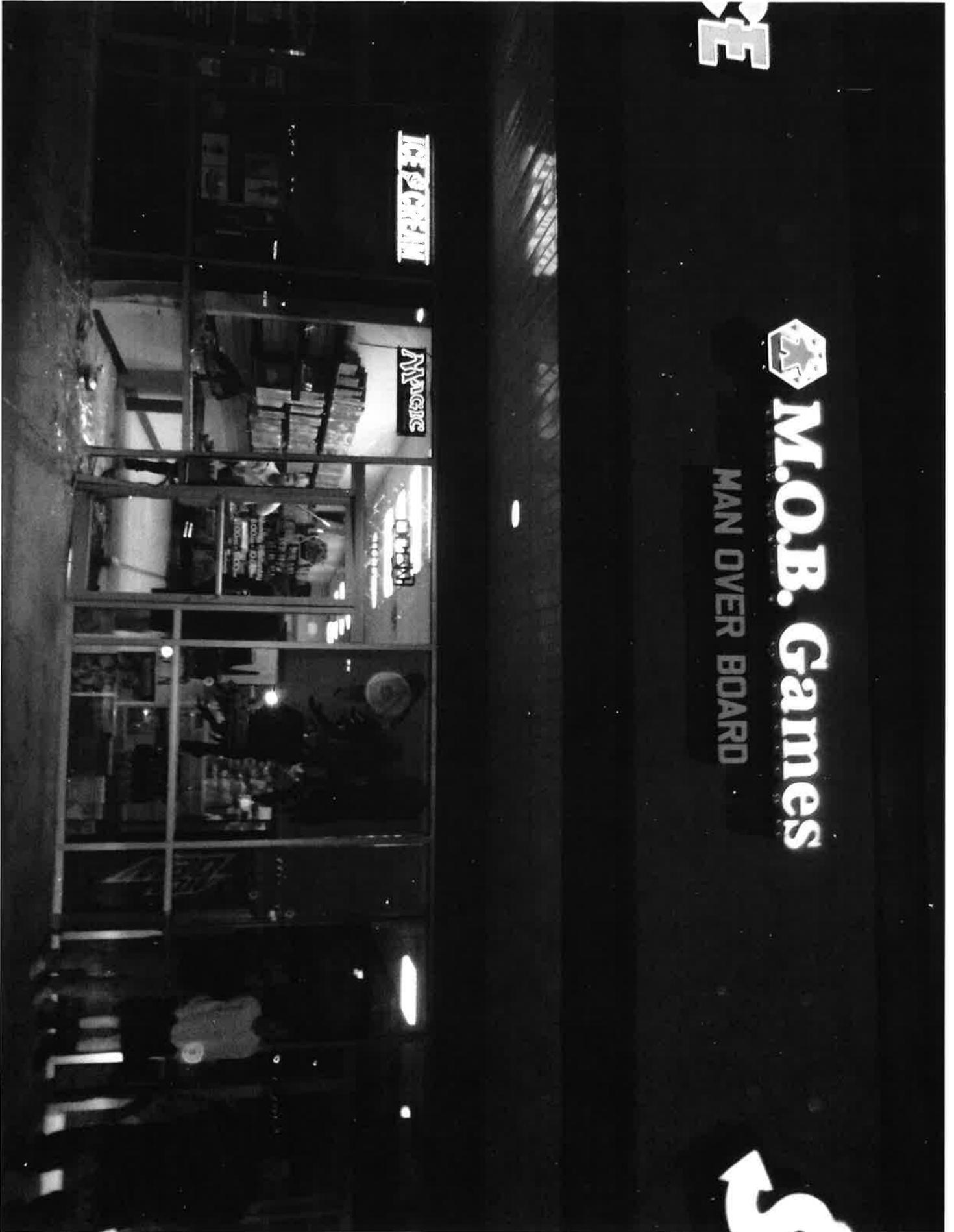
SIGNATURE: <u>Trent Barton</u>	DATE SIGNED: <u>APR 24, 2016</u>
OFFICER/NUMBER: <u>KILROY / 132</u>	DATE SIGNED: <u>4/24/16</u>

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

Chris & Richard
425-530-4014
Hawaiian Shaved Ice
425 404-3350
SU 103

Pacific Star Ins.
5525.313
253-314-5373

PHOTOS













WASHINGTON
EVERGREEN STATE
A Y Y 9 9 6 2

STATEMENT SUDDARTH, LEGEND



LAKE STEVENS POLICE DEPARTMENT
INCIDENT STATEMENT FORM

CASE NUMBER 2016-0007674

VICTIM WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) <u>Legend Suddarth, Legend TY</u>		RACE <u>Cauc</u>	ETHNICITY <u>white</u>	SEX <u>M</u>	D.O.B. <u>7/31/1999</u>	AGE <u>16</u>	HGT <u>6'2"</u>	WGT <u>175</u>	HAIR <u>blonde</u>	EYES <u>blue</u>
STREET ADDRESS <u>2310 236th Ave NE</u>				CITY <u>Granite Falls</u>			STATE <u>WA</u>	ZIP <u>98252</u>		
HOME PHONE <u>N/A</u>		CELL PHONE <u>425-953-6608</u>			WORK PHONE <u>425-157-6608 N/A</u>					
EMAIL ADDRESS (OPTIONAL) <u>legendsuddarth@yanco.com</u>					PLACE OF EMPLOYMENT <u>N/A</u>					

STATEMENT:

~~I~~ Just went to Jack in the Box rain got all in the car from the drive thru, I went to push on the brake foot slipped off and I hit the gas. ~~to~~ When I realized my foot was on the gas it was to late to stop before the curb of MOB Games. then I went over the curb and ~~it~~ crashed into the entrance of ~~the~~ MOB Games.

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

SIGNATURE: <u>Legend Suddarth</u>	DATE SIGNED: <u>4/24/16 4/24/2016</u>
OFFICER/NUMBER: <u>SKILROY/132</u>	DATE SIGNED: <u>4/24/16</u>

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