



Incident Report

Print Date/Time: 06/26/2016 12:16
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00011210

Incident Date/Time: 6/11/2016 11:46:00 AM
Location: SR 9 SE / 4TH ST SE
LAKE STEVENS WA 98258
Phone Number: (425) 760-5314
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
19D2	SS0132-Kilroy
19S13	SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ROBERTSON, SARA					
1	Driver	FISKE, JUSTINE EVELYN	2221 107TH AVE SE LAKE STEVENS WA 98258	(562) 676-5891	Unknown	Female	03/19/1991
2	Driver	ROBERTSON, SARAH	1907 91ST DR Lake Stevens WA 98258			Unknown	

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AST9821	
Involved Vehicle						AXF6975	

Disposition(s)

Disposition	Count
R	1

Property

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

06/11/2016 : 12:11:08 SP0368 Narrative: 19D2 - TOW OS

06/11/2016 : 12:03:46 SP0338 Narrative: W/1

06/11/2016 : 11:57:01 SP0174 Narrative: DICKS TOWING ENRT

06/11/2016 : 11:55:37 SP0174 Narrative: SVR Notes: SKY VALLEY NOT AVL

06/11/2016 : 11:54:25 SP0174 Narrative: SVR Notes: VOICE MAIL ON SPEEDWAY, CALLING NEXT ROTATION

06/11/2016 : 11:53:55 SP0338 Narrative: 1 GRN 1 YEL

06/11/2016 : 11:53:25 SP0174 Narrative: SVR Notes: 1 TOW, HEAVY FRONT END DAMAGE

06/11/2016 : 11:51:49 SP0338 Narrative: 2 CAR BLKING APPEARS ALL OCC'S OUT VEH INVEST

06/11/2016 : 11:49:08 SP0370 Narrative: LR370

06/11/2016 : 11:48:13 SP0370 Narrative: BLKING NB LANE, BLK VW JETTA VS SIL TOYOTA

06/11/2016 : 11:47:52 SP0174 Narrative: AA BCST

06/11/2016 : 11:47:20 SP0370 Narrative: CC, NOW, BLOCKING, AIR BAG DEPLOYMENT

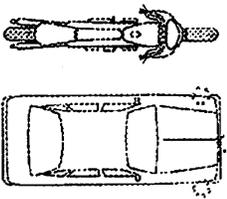
- CHECK ALL THAT APPLY:**
- NON-IMPOUND/TOW
 - AAA OR OTHER ROADSIDE ASSISTANCE
 - EVIDENCE
 - SEIZED UNDER RCW 9A.50.005
 - IMPOUND ONLY
 - DUPLICATED IMPOUND WITH 12 HOUR HOLD
 - DWLS IMPOUND WITH ___ DAY HOLD
 - INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
 - REGISTERED OWNER MAY REDEEM
- CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
- CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE SERVICE ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
2016-00011210

VEHICLE INFORMATION				
VIN 2T1BURHE8FC248609				
LICENSE AST9821	STATE WASHINGTON	YEAR 2015	MAKE TOYOTA	MODEL COROLLA
<input type="checkbox"/> Report of Sale	MILEAGE <input checked="" type="checkbox"/> Digital DIGITAL UNREADABLE	STYLE SEDAN 4 DR		COLOR SILVER/ALUMINUM
DRIVER		REGISTERED OWNER		LEGAL OWNER
NAME (LAST, FIR ST, MI) FISKE, JUSTINE E		NAME (LAST, FIR ST, MI) RAMOS, JUSTINE E		NAME (LAST, FIR ST, MI)
STREET ADDRESS 2221 107TH AVE SE		STREET ADDRESS 2221 107TH AVE SE		STREET ADDRESS
CITY, STATE, ZIP CODE LAKE STEVENS, WA 982585792		CITY, STATE, ZIP CODE LAKE STEVENS, WA 98258		CITY, STATE, ZIP CODE
PHONE (562)676-5891	DOB 3/19/1991	PHONE	PHONE	

AUTHORIZATION AND RECEIPT			
ON <u>6/11/2016</u> AT <u>11:00</u>	PURSUANT TO RCW 46.55.065, 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS		
(DATE)	(TIME)	(24 HOURS)	
IN THE DESCRIBED VEHICLE, I AUTHORIZED <u>DICKS TOWING</u>		<u>5138-036</u>	
(TOWING FIRM)		(DCU TRUCK NO)	
DRIVEN BY <u>RICH</u>	TO REMOVE THIS VEHICLE FROM <u>400 SR 94TH ST SE</u>		
(DRIVER'S PRINTED FIRST AND LAST NAME)	(LOCATION)		

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input checked="" type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		
			

INVENTORY	NARRATIVE OR DIAGRAM
	<p style="text-align: center;">Collision</p> <p style="text-align: center;"><small>(List reason(s) for impound)</small></p>

- I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.
- I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.
- THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC SIGNATURE	<u>J. Kilroy #0132</u>	SNOHOMISH, WA	#0132	Lake Stevens PD
		COUNTY, WA	BADGE NO	AGENCY



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E552513

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

CASE # 2016-00011210

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK

TRIBAL RESERVATION

DATE OF COLLISION 06 - 11 - 2016 TIME (2400) 1147 COUNTY # 31 MILES N E IN S W OF 0664 CITY #

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR 9 BLOCK NO. 400 MILE POST

DISTANCE 200 00 MILES N E S W OF (REFERENCE OR CROSS STREET) 4TH ST SE

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE D: 5626765891

LAST NAME FISKE FIRST NAME JUSTINE MIDDLE INITIAL E

STREET NEW ADDRESS 2221 107TH AVE SE

CITY LAKE STEVENS ST WA ZIP 982585792

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # FISKEJE090DR STATE WA SEX F D.O.B. MDDYYYYY 03 - 19 - 1991

ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES NECK AND BACK

LICENSE PLATE # AST9821 STATE WA VIN# 2T1BURHE8FC248609

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2015 MAKE TOYT MODEL COROL STYLE 4D VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. JUSTINE RAMOS 2221 107TH AVE SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # ALLSTATE 987143803

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE D: 4257605314

LAST NAME ROBERTSON FIRST NAME SARAH MIDDLE INITIAL R

STREET NEW ADDRESS 1907 91ST DR SE

CITY LAKE STEVENS ST WA ZIP 982583784

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # ROBERSR117C4 STATE WA SEX F D.O.B. MDDYYYYY 02 - 24 - 1989

ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES HEAD

LICENSE PLATE # AXF6975 STATE WA VIN# 3VWDX7AJ2DM443442

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2013 MAKE VOLK MODEL JETTA STYLE 4D VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. SARAH ROBERTSON 1907 91ST DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # METLIFE 3080257790

OFFICER'S NAME (PRINT) J. KILROY #0132 BADGE OR ID # #0132 AGENCY WA0311900





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E552513**

CASE # **2016-00011210**

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

Unit 1 was driving north on SR 9 in the 400 block. Unit 2 was driving north on SR 9 in the 400 block slowing down for traffic. Unit 1 did not slow down in time and struck unit 2.

Driver of unit 1 was taken to the hospital for neck and back pain. Driver of unit 2 drove herself away from the scene after aid checked her out.

Unit 1 was towed 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				06-11-16 06:28 PM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY ROBERT MINER 0095				DATE 6/12/2016 9:25:28 AM			
BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	11:47 AM	TIME POLICE ARRIVED	11:51 AM

REPORT NO. E552513

CASE # 2016-00011210

DATE AND TIME OF COLLISION 06/11/16 11:47



Not To Scale

SR 9 NE (400 Block)

