Incident Report

Print Date/Time: 07/20/2016 10:48
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00008702**

Incident Date/Time:	5/8/2016 2:47:00 PM	**Incident Type:**	Collision
Location:	SR 9 NE / LUNDEEN PKWY LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:		**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19R1	SS0131-Wells

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WSP					

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

05/08/2016 : 14:48:36 SP0401 Narrative: ALL INFO FROM WSP, LR401
05/08/2016 : 14:48:23 SP0401 Narrative: NON BLKING, ALL VEHS ON SHOULDER OF NB SR 9
05/08/2016 : 14:48:01 SP0401 Narrative: AC, 2 AGO, 3 VEH NON INJ, BLU DODGE AVENGER VS NISSAN SUV VS HYUNDAI PC

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E542062

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

TRIBAL RESERVATION:

CASE #: 16-8702

LOCAL AGENCY CODING: 0664

TOTAL # OF UNITS: 03 | OBJECT STRUCK:

DATE OF COLLISION (M M / D D / Y Y Y Y): 05 - 08 - 2016 | TIME (2400): 1447 | COUNTY #: 31 | MILES: . | N ☐ S ☐ E ☐ W ☐ | IN ☑ OF ☐ | CITY #: 0664

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

DISTANCE: . | MILES ☐ FEET ☐ | N ☐ S ☐ E ☐ W ☐ | OF (REFERENCE OR CROSS STREET): LUNDEEN PKWY

UNIT 01

MOTOR VEHICLE ☑ | PEDAL-CYCLE ☐ | DAMAGE THRESHOLD MET YES ☑ NO ☐ | PHONE: D: 4252319104

LAST NAME: SPANGLER JR | FIRST NAME: RICHARD | MIDDLE INITIAL: A

STREET NEW ADDRESS ☑: 7323 64TH ST NE

CITY: LAKE STEVENS | ST: WA | ZIP: 98270

CDL: | RESTRICTIONS: | ENDORSEMENTS: L

DRIVER'S LICENSE #: SPANGRA144RB | STATE: WA | SEX: M | D.O.B. MMDDYYYY: 12 - 02 - 1986

ON DUTY ☐ | STATUS: | AIRBAG: 2 | RESTR.: 4 | EJECT: 1 | HELMET USE: | INJURY CLASS: 1 | NATURE OF INJURIES:

LICENSE PLATE #: AED0441 | STATE: WA | VIN#: 1B3BD1FG3BN506596

TRAILER PLATE #: | STATE: | TRAILER PLATE #: | STATE:

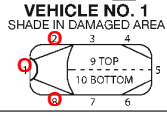
VEH. YEAR: 2011 | MAKE: DODG | MODEL: AVENGE | STYLE: 4D | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY: | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.: RICHARD SPANGLER 7323 64TH ST NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY #: SAFECO H2171979

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: D: 2539411364

LAST NAME: TURNER | FIRST NAME: DUANE | MIDDLE INITIAL: L

STREET NEW ADDRESS ☐: 6021 S 296TH PL

CITY: AUBURN | ST: WA | ZIP: 980013029

CDL: | RESTRICTIONS: | ENDORSEMENTS:

DRIVER'S LICENSE #: TURNEDL542LZ | STATE: WA | SEX: M | D.O.B. MMDDYYYY: 06 - 09 - 1946

ON DUTY ☐ | STATUS: | AIRBAG: 2 | RESTR.: 4 | EJECT: 1 | HELMET USE: | INJURY CLASS: 1 | NATURE OF INJURIES:

LICENSE PLATE #: AOX2711 | STATE: WA | VIN#: 5N1AT2MV9EC813674

TRAILER PLATE #: | STATE: | TRAILER PLATE #: | STATE:

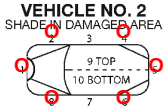
VEH. YEAR: 2014 | MAKE: NISS | MODEL: ROGUE | STYLE: UT | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY: | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.: DUANE TURNER 6021 S 296TH PL AUBURN WA 98001

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY #: PROP & CASUALTY 55 PHH364547-312009

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION #: | CHARGE:

VEHICLE NO. 2
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT): C. WELLS | BADGE OR ID #: 0131 | AGENCY: WA0311900

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E542062

CASE # 16-8702

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	TURNER OPALENE
ADDRESS & PHONE #	6021 S 296TH PL AUBURN WA 980013029
SEX	F
D.O.B. MMDDYYYY	04 - 30 - 1932
PASSENGER ☑ WITNESS ☐	
UNIT #	2
SEAT POS.	3
AIRBAG	2
RESTR.	4
EJECT	1
HELMET USE	
INJURY CLASS	7
NATURE OF INJURIES	BRUISED LEFT KNEE

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 #1 SPANGLER failed to stop and struck Unit #2 TURNER from behind which caused Unit #2 to crash into Unit #3 HARRIS.

Passenger of Unit #2 complained of bruising to her left knee. Aid declined on scene. She will get a check by her doctor at a later time.

No other injuries reported.

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)

C. WELLS		05-08-16 07:22 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
M. HINGTGEN 0126	5/10/2016 5:11:43 PM

BADGE OR ID #	0131	ORI #	WA0311900	TIME POLICE DISPATCHED	2:48 PM	TIME POLICE ARRIVED	2:51 PM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E542062

CASE # 16-8702

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE

CARRIER NAME	
CARRIER ADDRESS	
CITY	ST ZIP

NAME SOURCE	# AXLES	GVWR	PLACARD	+	NAME IF NO NUMBER
			☐		

ADDITIONAL UNITS

UNIT #	MOTOR VEHICLE	PEDAL-CYCLE	PEDESTRIAN	PROPERTY OWNER	DAMAGE THRESHOLD MET YES / NO	PHONE
3	☑	☐	☐	☐	☑ / ☐	D: 4252681882

LAST NAME	FIRST NAME	MIDDLE INITIAL
HARRIS	JENNIFER	D

STREET NEW ADDRESS ☐	CITY	ST	ZIP
17827 19TH AVE SE	BOTHELL	WA	980126493

CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
HARRIJD228J0	WA	F	04 - 20 - 1978

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

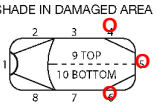
LICENSE PLATE #	STATE	VIN#
AOK2586	WA	5NMSH13E47H025914

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES / NO	TOWED BY	GOVT. VEHICLE YES / NO
2007	HYUN	SANTAFE	UT	☐ / ☑		☐ / ☑

REGISTERED OWNER INFO. JENNIFER HARRIS E202 BOTHELL WA 98012

SHADE IN DAMAGED AREA



LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY #	CITATION #	CHARGE
☑	STATE FARM 309 7969-F23-47		

VEHICLE LEGALLY STANDING YES ☐ NO ☐

FROM 5 TO 1

UNIT

UNIT #	MOTOR VEHICLE	PEDAL-CYCLE	PEDESTRIAN	PROPERTY OWNER	DAMAGE THRESHOLD MET YES / NO	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
☐							

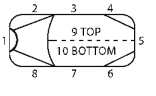
LICENSE PLATE #	STATE	VIN#

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



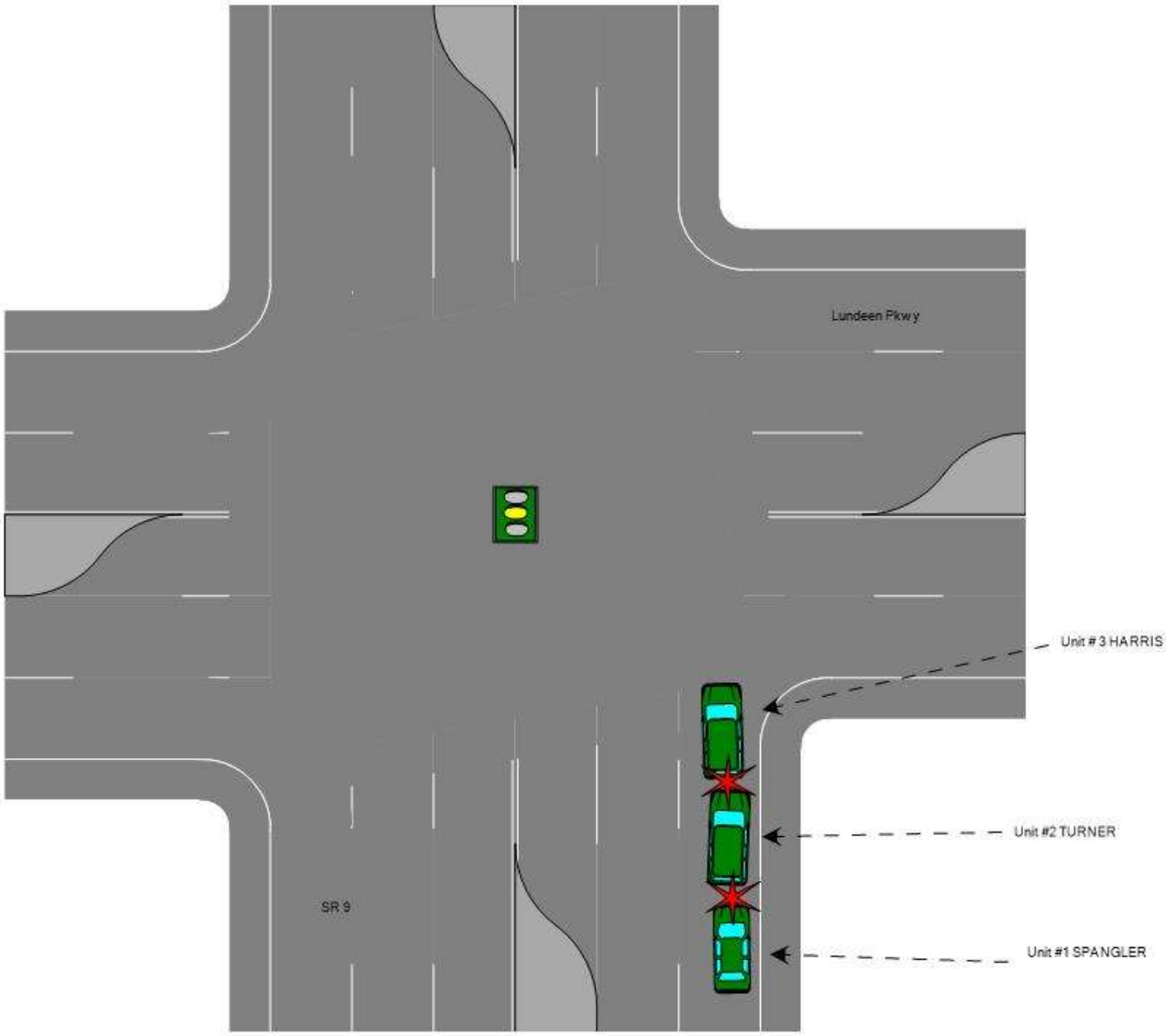
LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY #	CITATION #	CHARGE
☐			

VEHICLE LEGALLY STANDING YES ☐ NO ☐

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)

C. WELLS		05-08-16 07:22 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED

BADGE OR ID #	ORI #	APPROVED BY	DATE	PAGE	OF
0131	WA0311900	HINGTGEN	5/10/2016	3	4

3000-345-013 R (7/06)

REPORT NO. E542062 **CASE #** 16-8702 **DATE AND TIME OF COLLISION** 05/08/16 14:47