



# Incident Report

**Print Date/Time:** 08/16/2016 09:57  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00015569

**Incident Date/Time:** 8/8/2016 1:00:00 PM  
**Location:** 9210 MARKET PL  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 344-8749  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

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

## Unit/Personnel

Unit	Personnel
19D2	SS0127-Adams
19S15	SS0126-Hingtgen

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BOGDANOVA-PETROVA, ELENA IVANOVA	116 97TH AVE Lake Stevens WA 982583942	(425) 387-2003	White	Female	12/13/1969
2	Reporting Party	BURGHDUFF, TONY					
1	Driver	SCHUH, ERIC ARTHUR	13864 AVON ALLEN RD Mount Vernon WA 982736909	(360) 708-4631		Male	07/07/1971
2	Driver	BOGDANOVA-PETROVA, ELENA IVANOVA	116 97TH AVE Lake Stevens WA 982583942	(425) 387-2003	White	Female	12/13/1969

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
M	1

## Property

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

08/08/2016 : 13:07:47 SP0424 Narrative: PD OS, AID CAN CXL

08/08/2016 : 13:02:17 SP0263 Narrative: \*\*USS\*\* FOR AID

08/08/2016 : 13:02:11 SP0263 Narrative: UNK INJ, ADVISING AID TO STAGE

08/08/2016 : 13:02:06 SP0308 Narrative: Narrative added from associated Call #: 15 - LR308

08/08/2016 : 13:02:02 SP0308 Narrative: Narrative added from associated Call #: 15 - CC, WEST ON MARKET PL, GRY SEDAN AND BLK SEDAN, BLKING MARKET

08/08/2016 : 13:01:17 SP0263 Narrative: RP CALLING FROM NEARBY APTS, ONE BLU OR SILV, OTHER VEH IS BLK, BLKNG EB LANES,

08/08/2016 : 13:00:31 SP0263 Narrative: AC, 2 VEHS, DRIVERS VERBAL

# COLLISION REPORT



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E571967**

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FROM TO  
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INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" 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 type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	2015-00015569
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	08 - 08 - 2016	1300	31	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
MARKET PLACE	BLOCK NO. <input checked="" type="checkbox"/>	9210
	MILE POST	

DISTANCE	MILES	N	E	SR 9
	FEET	S	W	

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 D: 3607084631
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LAST NAME	SCHUH	FIRST NAME	ERIC	MIDDLE INITIAL	A
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STREET NEW ADDRESS	13864 AVON ALLEN RD
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CITY	MOUNT VERNON	ST	WA	ZIP	982736909
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CDL	A	RESTRICTIONS	B, K	ENDORSEMENTS	
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DRIVER'S LICENSE #	SCHUHEA297MG	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07 - 07 - 1971
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	10623E	STATE	WA	VIN#	3FAHP0HA6AR315873
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	FORD	MODEL	FUSION	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.	SNOHOMISH CONSERVATION 528 91ST AVE NE # A LAKE STEVENS WA 98258
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ENDURIS 2016-00-154
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253872003
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LAST NAME	BOGDANOVA-PETROVA	FIRST NAME	ELENA	MIDDLE INITIAL	I
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STREET NEW ADDRESS	116 97TH AVE SE UNIT A54
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CITY	LAKE STEVENS	ST	WA	ZIP	982583942
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	BOGDAEI314RL	STATE	WA	SEX	F	D.O.B. MMDDYYYY	12 - 13 - 1969
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AJY4406	STATE	WA	VIN#	5NMSH73E28H163214
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	HYUN	MODEL	SANTA	STYLE	UT	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.	ELENA BOGDANOVA-PETROVA 116A 97TH AVE SE LAKE STEVENS WA 98258 D: 4253872003
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN COMMERCE ACPA-000088896
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	M. HINGTGEN	BADGE OR ID #	0126	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E571967**

CASE # **2015-00015569**

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**

Veh #2 was stopped at the red traffic signal at Market Place and SR 9. Veh #2 was in the eastbound lane. Veh #2 was approximately 6 car lengths from the intersection and was at a complete stop behind those vehicles. Veh #1 was traveling east towards the stopped traffic and failed to stop, impacting the rear of Veh #2.

Driver of Veh #1 stated that accident is, "Pretty much my fault."

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)

<b>M. HINGTGEN</b>		UNIT OR DIST. DET		<b>08-08-16 02:04 PM</b>		PLACE SIGNED	
INVESTIGATING OFFICER'S SIGNATURE				DATED			
APPROVED BY <b>W. AUKERMAN 0072</b>						DATE <b>8/9/2016 3:56:36 PM</b>	
BADGE OR ID #	<b>0126</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>1:00 PM</b>	TIME POLICE ARRIVED	<b>1:04 PM</b>

REPORT NO. E571967

CASE # 2015-00015569

DATE AND TIME OF COLLISION 08/08/16 13:00

