



Incident Report

Print Date/Time: 09/26/2016 10:58
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00018579

Incident Date/Time: 9/19/2016 2:33:00 PM
Location: 10027 LUNDEEN PKWY
LAKE STEVENS WA 98258
Phone Number: (425) 422-8739
Report Required: Yes
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
19R1	SS0144-Michael

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BARNES, KRISTA		(425) 422-8739			
1	Driver	BARNES, SEAN MICHAEL	7511 21ST PL NE Lake Stevens WA 98258			Male	04/24/2000
1	Witness	WYNNE, COLESON		(425) 583-0788		Unknown	

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	1999	Toyota	4RUNNER		BBH5906	WA

Disposition(s)

Disposition	Count
R	1

Property

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

09/19/2016 : 14:36:04 SP0331 Narrative: NON INJ, SON DIDNT KNOW WHAT TO DO SO HE CAME HOME, LR331

09/19/2016 : 14:35:30 SP0331 Narrative: CC AT 7511 21ST PL NE, 5+ AGO, H/R, BLU 80'S CHEVY PK, NO PLATES ON IT, LSH TWDS SR 9, MALE REAR ENDED RP'S SON AND SAID HE WOULDNT GIVE HIM ANY INFO, THEN LEFT.

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E586313**

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1 1 2 31

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1 1 2 32

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3 7 33

3 9 34

9 35

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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 checked="" type="checkbox"/>

CASE #	2016-00018579
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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	09 - 19 - 2016	1430	31	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
LUNDEEN PKWY	BLOCK NO. <input checked="" type="checkbox"/>	9700
	MILE POST	

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
				LAKE DR

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	UNKNOWN	FIRST NAME		MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY		ST		ZIP
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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	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	UNKNOWN	STATE		VIN#
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	MAKE	UNKN	MODEL	UNKNO	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.	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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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
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LAST NAME	BARNES	FIRST NAME	SEAN	MIDDLE INITIAL	M
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STREET NEW ADDRESS	7511 21ST PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583197
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BARNESM005J4	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04	24	2000
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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 #	BBH5906	STATE	WA	VIN#	JT3HN87R9X0210800
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1999	MAKE	TOYT	MODEL	4RUNNER	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.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO INSURANCE H2282289	VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	A. MICHAEL #0144	BADGE OR ID #	0144	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E586313**

CASE # **2016-00018579**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **WYNNE COLESON**

ADDRESS & PHONE # **4255830788** SEX **U** 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

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

V2 was driving west bound on Lundeen Parkway and slowed to a stop as he approached the roudabout of Lundeen and Lake Dr. V2 looked in his rearview and saw a blue, older model truck approaching him from the rear. He saw that the vehicle was going quickly and was not slowing.

V1 struck the back of V2 as it was waiting at the roundabout. Both vehicles pulled onto Lake Dr and contacted each other. Driver of V1 told driver of V2 "Don't call the cops, I don't have insurance and they will arrest me." He then got into his vehicle and drove away.

The male was described as a white male with facial hair, he was unkempt and "scary".

The suspect vehicle was an older blue truck with no license plates.

**** AUTO-POPULATED SECTION ****
 THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":
 Motor Vehicle Unit 1
 Traffic Control: ROUNDABOUT
 Motor Vehicle Unit 2
 Traffic Control: ROUNDABOUT
 **** END OF AUTO-POPULATED SECTION ****

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)

A. MICHAEL #0144 _____ **09-19-16 10:48 PM** _____
 INVESTIGATING OFFICER'S SIGNATURE _____ UNIT OR DIST. DET _____ DATED _____ PLACE SIGNED _____

APPROVED BY **BOB SUMMERS 0079** _____ DATE **9/20/2016 5:22:59 AM**

BADGE OR ID # **0144** ORI # **WA0311900** TIME POLICE DISPATCHED **2:35 PM** TIME POLICE ARRIVED **2:51 PM**

REPORT NO. E586313

CASE # 2016-00018579

DATE AND TIME OF COLLISION 09/19/16 14:30

