



Incident Report

Print Date/Time: 10/17/2016 10:57
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00020509

Incident Date/Time: 10/14/2016 2:02:00 PM
Location: MARKET PL / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 508-5346
Report Required: No
Prior Hazards: No
LE Case Number: 2016-00020509

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0131-Wells
19D2	SS0136-Shein
19D3	SS0138-Fiske
19R1	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Driver	NORIEGA, STEVEN JOHN, Jr.	4425 MERIDIAN AVE N MARYSVILLE WA 98271	(425) 508-5346	White	Male	05/03/1979
3	Driver	WILSON, JONATHAN R	7903 58TH PL NE MARYSVILLE WA 98270	(425) 446-0792		Unknown	09/19/1985
1	Reporting Party	NORIEGA, STEVE		(425) 508-5346			
5	Driver	HEINZ, KRISTA K	8930 184TH AVE NE GRANITE FALLS WA 98252	(425) 622-3650		Female	09/11/1986
1	Passenger	WILSON, BROOKLYN	7903 58TH PL NE MARYSVILLE WA 98270			Female	04/24/2015

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2003	Ford		White	210ZPB	WA
Involved Vehicle	Passenger Car	2000	Subaru	LEGACY		ASA3345	WA
Involved Vehicle	Passenger Car	2005	Chevrolet	SUBURBAN		ATC1647	WA

Disposition(s)

Disposition	Count
B	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

CAD Narrative

10/14/2016 : 14:46:09 ss0133 Narrative: Krista K. Heinz is Unit 1, indicated brakes locked up, attempted to move right which did not happen very well. Said the male in front (unit 3) got out and yelled at her then took off.

Safeco Insurance- Policy number H2261633 Phone # is 425-622-3650

10/14/2016 : 14:39:38 SP0100 Narrative: MARKET/SR 9 IS THE CAUSAL VEH?

10/14/2016 : 14:39:00 SP0100 Narrative: OTHER VEH LOCATED MARKET/R 9

10/14/2016 : 14:38:53 SP0100 Narrative: WACICE711SES41.WA0311900

LOCATED EWW NAM/WILSON,JONATHAN REID

WAC/14W0120692 OCA/C00061957

10/14/2016 : 14:32:33 SP0100 Narrative: ER PROV FOR CLEARANCE TO BOOK

10/14/2016 : 14:30:52 SP0100 Narrative: WACICE707SES41.WA0311900

LOCATED EWW NAM/WILSON,JONATHAN REID

WAC/14W0186209 OCA/14010408

10/14/2016 : 14:16:23 SP0100 Narrative: OTHER PARTY THAT CALLED AT 425 622 3650 NO ANSWER

10/14/2016 : 14:09:56 SP0411 Narrative: RP SEES PD, IS PULLING INTO PUD SUB STA FOR CC. LR411

10/14/2016 : 14:09:05 SP0411 Narrative: RP WAS JUST PASSED BY SCSO. STILL CONTINUING WB ON 64TH

10/14/2016 : 14:07:49 SP0411 Narrative: RP NOW TURNING WB ON 64TH TOW MARYSVILLE.

10/14/2016 : 14:06:30 SP0411 Narrative: RP STATES HE'S HAVING BACK SPASMS, IS REFUSING TO STOP FOLLOWING RUNNING VEH. RUNNING VEH WAS THE MIDDLE VEH IN A 3-CAR REAR END COL.

10/14/2016 : 14:05:42 SP0100 Narrative: Narrative added from associated Call #: 33 - ** SAME AS CFS 28

10/14/2016 : 14:05:40 sp0251 Narrative: Narrative added from associated Call #: 33 - LR251

10/14/2016 : 14:05:13 SP0411 Narrative: TOTAL OF 3 VEH INVOLVED, 3RD VEH IS STILL AT THE SCENE, POSS WHI FORD ESCAPE W/FRONT END DAMAGE. RP NOW SITTING AT LIGHT AT SR 92, STILL NB ON 9

10/14/2016 : 14:05:04 sp0251 Narrative: Narrative added from associated Call #: 33 - CC, WHT ESCAPE , NON BLKING , NON INJ REAR END HIT AND RUN, RUNNING VEH N/D N/L POSS WHT SUV

10/14/2016 : 14:04:33 SP0100 Narrative: AGENCY ADVISED

10/14/2016 : 14:04:14 SP0411 Narrative: RP IS FOLLOWING RUNNING VEH. RP IS WHI 2000 SUBARU OUTBACK. JUST PASSED FRONTIER VILLAGE APPROACHING SOPER HILL RD.

10/14/2016 : 14:03:40 SP0411 Narrative: AC, JO, H & R RUNNING VEH WHI CHEV SUBURBAN L/ATC1647

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E596510**

12

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" 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 # **2016-00020509**

LOCAL AGENCY CODING **0311900**

TOTAL # OF UNITS **03** OBJECT STRUCK

22

TRIBAL RESERVATION

31

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION **10** - **15** - **2016** **1402** **31** N E IN S W OF **0664**

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

STATE ROUTE 9 BLOCK NO. MILE POST

4a

5

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W **MARKET PL**

61

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE **D: 4256223650**

LAST NAME **HEINZ** FIRST NAME **KRISTA** MIDDLE INITIAL **K**

STREET NEW ADDRESS **8930 184TH AVE NE**

CITY **GRANITE FALLS** ST **WA** ZIP **98252**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **F** D.O.B. **09** - **11** - **1986**

ON DUTY STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **210ZPB** STATE **WA** VIN# **1FMYU92163KB86312**

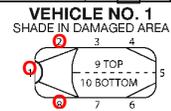
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2003** MAKE **FORD** MODEL **ESCAPE** STYLE **SD** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **TRAVIS HEINZ 8930 184TH AVE NE GRANITE FALLS WA 98252 D: 4256223650**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **SAFECO H2261633**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **D: 4254460792**

LAST NAME **WILSON** FIRST NAME **JONATHAN** MIDDLE INITIAL **R**

STREET NEW ADDRESS **7903 58TH PL NE**

CITY **MARYSVILLE** ST **WA** ZIP **98270**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **WILSOJR159OR** STATE **WA** SEX **U** D.O.B. **09** - **19** - **1985**

ON DUTY STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **ATC1647** STATE **WA** VIN# **3GNFK16ZX5G192005**

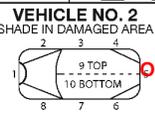
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2005** MAKE **CHEV** MODEL **SUBURB** STYLE **SD** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **LEA WILSON 7903 58TH PL NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) **B. FISKE #0138** BADGE OR ID # **0138** AGENCY **WA0311900**

25

26

1 5 1 27

2

3

1 5 1 28

2

3

0 1 29

0 7 30

1 1 2 31

2

3

1 1 2 32

2

3

FROM TO

5 1 33

FROM TO

9 9 34

4 35

4 36

37

38

39

40

1 41

1 42



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E596510**

CASE # **2016-00020509**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **WILSON BROOKLYN**

ADDRESS & PHONE # **7903 58TH PL NE MARYSVILLE WA 98270** SEX **F** D.O.B. MMDDYYYY **04** - **24** - **2015**

PASSENGER WITNESS UNIT # **2** SEAT POS. **8** AIRBAG **2** RESTR. **6** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **WILSON ROMAN**

ADDRESS & PHONE # **7903 58TH PL NE MARYS CORNER WA 98270** SEX **M** D.O.B. MMDDYYYY **08** - **21** - **2009**

PASSENGER WITNESS UNIT # **2** SEAT POS. **7** AIRBAG **2** RESTR. **8** EJECT **1** HELMET USE **2** INJURY CLASS **1** 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

V3 was stopped at the traffic light facing northbound on State Route 9 SE at the Market Pl intersection. V2 was stopped behind V3. V1 struck V2 in the rear, which pushed V2 forward into the rear of V3.

Refer to Case Report for more information.

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. FISKE #0138

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-16-16 08:41 AM

DATED

PLACE SIGNED

APPROVED BY
ROBERT MINER 0095

DATE
10/16/2016 10:01:42 PM

BADGE OR ID # **0138** ORI # **WA0311900** TIME POLICE DISPATCHED **2:04 PM** TIME POLICE ARRIVED **2:10 PM**



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E596510

CASE # 2016-00020509

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

1 8 27
2
3
1 28
2
3
0 7 29
30
1 2 31
2
3
1 32
2
3
FROM TO 9 9 33
FROM TO
34
4 35
36
37
38
39
40
1 41
42

COMMERCIAL MOTOR CARRIER		INTERSTATE <input type="checkbox"/>	INTRASTATE <input type="checkbox"/>
UNIT #	USDOT	IOC #	VEHICLE TYPE
CARRIER NAME		CARGO BODY TYPE	

CARRIER ADDRESS	CITY	ST	ZIP
-----------------	------	----	-----

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

ADDITIONAL UNITS

UNIT # 3	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: 4255085346
-----------------	---	--------------------------------------	-------------------------------------	---	--	---------------------

LAST NAME NORIEGA	FIRST NAME STEVEN	MIDDLE INITIAL J
--------------------------	--------------------------	-------------------------

STREET NEW ADDRESS 4425 MERIDIAN AVE N #6
--

CITY MARYSVILLE	ST WA	ZIP 98271
------------------------	--------------	------------------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE # NORIESJ213KC	STATE WA	SEX M	D.O.B. 05	-	03	-	1979
--	-----------------	--------------	------------------	---	-----------	---	-------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 9	EJECT 1	HELMET USE 2	INJURY CLASS 7	NATURE OF INJURIES BACK SPASM
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------------------------

LICENSE PLATE # ASA3345	STATE WA	VIN# 4S3BH6659Y7642016
--------------------------------	-----------------	-------------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR 2000	MAKE SUBA	MODEL LEGACY	STYLE SW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------	------------------	---------------------	-----------------	---	----------	---

REGISTERED OWNER INFO. VERONICA LEWIS 4425 MERIDIAN AVE N #6 MARYSVILLE WA 98271 D: 4255085346	SHADE IN DAMAGED AREA
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
VEHICLE LEGALITY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #
CHARGE	

UNIT #	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
-----------	------	-------	-------	--	----------	--

REGISTERED OWNER INFO.	SHADE IN DAMAGED AREA
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
VEHICLE LEGALITY YES <input type="checkbox"/> NO <input type="checkbox"/>	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)

B. FISKE #0138	10-16-16 08:41 AM
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET
DATED:	PLACE SIGNED

BADGE OR ID # 0138	ORI # WA0311900	APPROVED BY MINER	DATE 10/16/201	PAGE 3	OF 4
---------------------------	------------------------	--------------------------	-----------------------	---------------	-------------

REPORT NO. E596510

CASE # 2016-00020509

DATE AND TIME OF COLLISION 10/15/16 14:02

Not to Scale (Officer did not witness)

