



Incident Report

Print Date/Time: 11/01/2016 12:58
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00021417

Incident Date/Time:	10/28/2016 5:14:00 AM	Incident Type:	Collision
Location:	MARKET PL / SR 9 NE LAKE STEVENS WA 98258	Venue:	Lake Stevens
Phone Number:	(206) 499-4632	Source:	911
Report Required:	No	Priority:	3
Prior Hazards:	No	Status:	3
LE Case Number:		Nature of Call:	

Unit/Personnel

Unit	Personnel
19N1	SS0072-Aukerman
19N3	SS0134-Lyons

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Involved Party	ANDERSON, CHRISTIAN ROBERT	8007 55TH PL NE MARYSVILLE WA 98270	(206) 499-4632	White	Male	02/16/1977
2	Involved Party	MARTINEZ HERNANDEZ, NOE	1205 15TH ST ANACORTES WA 98221	(360) 391-2348		Unknown	10/07/1970
1	Reporting Party	ANDERSON, CHRISTIAN		(206) 499-4632			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2003	Hyundai	ACCENT		987ZSE	WA
Involved Vehicle	Passenger Car	1985	Toyota	COA2D		595XIT	WA

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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10/28/2016 : 05:15:12 SP0339 Narrative: WEST SIDE OF SR 9, GRY HYUNDIA VS TOYT PC
10/28/2016 : 05:14:49 SP0339 Narrative: CC,NOW, 2 VEH COL, NON BLKING, NON INJ.

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
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1591971

REPORT NO. **E601596**

12

22

34

4

4a

5

61

7

8

91

101

1140

1240

132

142

152

162

17

18

19

20

21

22

23

24

25

26

1 0 7 27

2

3

1 1 8 28

2

3

0 1 29

0 1 30

1 1 2 31

2

3

1 1 2 32

2

3

1 5 33

1 5 34

4 35

4 36

37

38

39

40

1 41

1 42

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 #	2016-00021417
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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DATE OF COLLISION	10 - 28 - 2016	TIME (2400)	0514	COUNTY #	31	MILES		CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 9 NE	BLOCK NO. <input checked="" type="checkbox"/>	300
	MILE POST	

DISTANCE	100	00	MILES	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	OF (REFERENCE OR CROSS STREET)	MARKET PL
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 3603912348
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LAST NAME	MARTINEZ-HERNANDEZ	FIRST NAME	NOE	MIDDLE INITIAL	
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STREET NEW ADDRESS	1205 15TH ST
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CITY	ANACORTES	ST	WA	ZIP	98221
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MARTIN*304PG	STATE	WA	SEX	U	D.O.B. MMDDYYYY	10 - 07 - 1970
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	595XIT	STATE	WA	VIN#	JT2AE88C3F0109041
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1985	MAKE	TOYO	MODEL	COA2D	STYLE		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.	OWNED BY DRIVER	
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	MIDDLESEX INS CO 476515958
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input 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	
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LAST NAME	ANDERSON	FIRST NAME	CHRISTOPHER	MIDDLE INITIAL	R
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STREET NEW ADDRESS	8007 55TH PL NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ANDERC234CW	STATE	WA	SEX	U	D.O.B. MMDDYYYY	02 - 16 - 1977
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	987ZSE	STATE	WA	VIN#	KMHCF35C93U248191
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	HYUN	MODEL	ACCENT	STYLE	3P	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.	OWNED BY DRIVER	
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERPRISE AX01386544
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
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1591972

CORRECTION

REPORT NO. **E601596**

CASE # **2016-00021417**

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

On 10/28/2016 at 0514 hours I was dispatched to a two vehicle non-blocking, non-injury collision at the intersection of SR 9 NE and Market Place NE in the city of Lake Stevens. I spoke to both involved drivers. Based on evidence and statements at the scene it is found U1 and U2 were both traveling southbound on SR 9 approaching the traffic light controlled intersection of Market Place. The driver of U2 said a vehicle had cut him off that come from the right turn lane into the southbound lane of travel in front of him. The driver of U2 applied the brakes to avoid a collision and U1 ran into the back of U2. U1 did not observe to be damaged. U2 appeared to sustain reportable damage. There were no reported injuries at the time of the collision and both vehicle drove from the scene with copies of the exchange of 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)

W. AUKERMAN				10-28-16 05:48 AM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY ROBERT MINER 0095				DATE 10/29/2016 3:21:27 AM			
BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	5:14 AM	TIME POLICE ARRIVED	5:27 AM

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DATE AND TIME OF COLLISION 10/28/16 05:14

