



Incident Report

Print Date/Time: 12/09/2016 14:31
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00023882

Incident Date/Time: 12/1/2016 3:46:00 PM
Location: SR 9 SE / 4TH ST SE
LAKE STEVENS WA 98258
Phone Number: (425) 583-3927
Report Required: No
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
1947	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MATHEW, ELYSSA		(425) 583-3927			
1	Involved Party	VAN BUSKIRK, KATHERINE	10315 37TH ST SE LAKE STEVENS WA 98258	(425) 308-7683		Female	12/20/1941
2	Involved Party	MATHEW, ELYSSA C	501 E GALENA ST GRANITE FALLS WA 98252	(425) 583-3927		Female	01/20/1996

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	1993	Mazda	MX5CV		AZS4550	WA
Involved Vehicle	Passenger Car	2016	Ford	ESCAPE		AXK9236	WA

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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12/01/2016 : 15:48:49 sp0228 Narrative: AGENCY ADVISED

12/01/2016 : 15:48:39 SP0194 Narrative: LR194

12/01/2016 : 15:48:13 SP0194 Narrative: 2 CARS, NON INJ, NON BLKING, RED MAZDA MIATA VS FORD SUV

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E615271**

12

22

31

4

4a

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6

7

8

99

109

11 5 5

12 0 0

13 4

14 4

15 2

16 2

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26

1 2 3 27

2

3

1 1 8 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

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 #	2016-00023882
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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	N	E	IN	S	W	OF	CITY #
DATE OF COLLISION	12	-	01	-	2016	1546	31										0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9	BLOCK NO. <input checked="" type="checkbox"/>	400
	MILE POST	

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
				4TH ST SE
	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: 4253087683
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LAST NAME	VAN BUSKIRK	FIRST NAME	KATHERINE	MIDDLE INITIAL	
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STREET NEW ADDRESS	10315 37TH ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	VANBUK*598R0	STATE	WA	SEX	F	D.O.B. MMDDYYYY	12	-	20	-	1941
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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 #	AXK9236	STATE	WA	VIN#	1FMCU9J92GUB39497
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2016	MAKE	FORD	MODEL	ESCAPE	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.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 007783658
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 D: 4255833927
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LAST NAME	MATHEW	FIRST NAME	ELYSSA	MIDDLE INITIAL	C
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STREET NEW ADDRESS	501 E GALENA ST
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CITY	GRANITE FALLS	ST	WA	ZIP	98252
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MATHEEC043B0	STATE	WA	SEX	F	D.O.B. MMDDYYYY	01	-	20	-	1996
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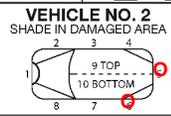
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AZS4550	STATE	WA	VIN#	JM1NA3514P1415087
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1993	MAKE	MAZD	MODEL	MX5CV	STYLE	CV	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 #	PROGRESSIVE 910773789
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	



OFFICER'S NAME (PRINT)	G. SHEIN	BADGE OR ID #	0136	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E615271**

CASE # **2016-00023882**

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 12/01/2016 at approximately 1546 hours I, Officer Shein (SS0136) of the Lake Stevens Police Department was on routine patrol in a fully marked patrol vehicle equipped with lights and sirens wearing full duty uniform with shoulder patches and a badge. I responded to a report of a collision in the 400-block of SR 9 S.E., Lake Stevens, WA.

UNIT 1 rear-ended UNIT 2. Driver of UNIT 1 said that "the foot slipped off the brake pedal, so I hit her." UNIT 2 was legally standing, yielding to traffic ahead.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Gleb Shein #136
Officer

12/3/2016
Date

Lake Stevens, WA
Location Signed

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)

G. SHEIN		12-03-16 09:54 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
C. WELLS 0131		12/3/2016 6:09:55 PM	
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
0136	WA0311900	3:46 PM	3:52 PM

REPORT NO. E615271

CASE # 2016-00023882

DATE AND TIME OF COLLISION 12/01/16 15:46

