



Incident Report

Print Date/Time: 12/22/2016 12:44
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00024482

Incident Date/Time: 12/9/2016 6:19:00 AM
Location: 20TH ST SE / 91ST AVE SE
LAKE STEVENS WA 98258

Incident Type: Collision
Venue: Lake Stevens

Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
1947	SS0136-Shein
1948	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Involved Party	ROLDAN LIBRADO, JOSE ANTONIO	1617 3RD ST Marysville WA 982705003	(425) 614-7780		Male	12/31/1979
2	Involved Party	HUDSON, WHITNEY R	9206 19TH PL SE LAKE STEVENS WA 98258	(206) 697-3359		Female	01/14/1986

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2001	Chevrolet	Tahoe		AUT8028	WA

Disposition(s)

Disposition	Count
M	1

Property

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

12/09/2016 : 06:21:20 SP0243 Narrative: SINGLE VEH INTO A FENCE/NON INJ

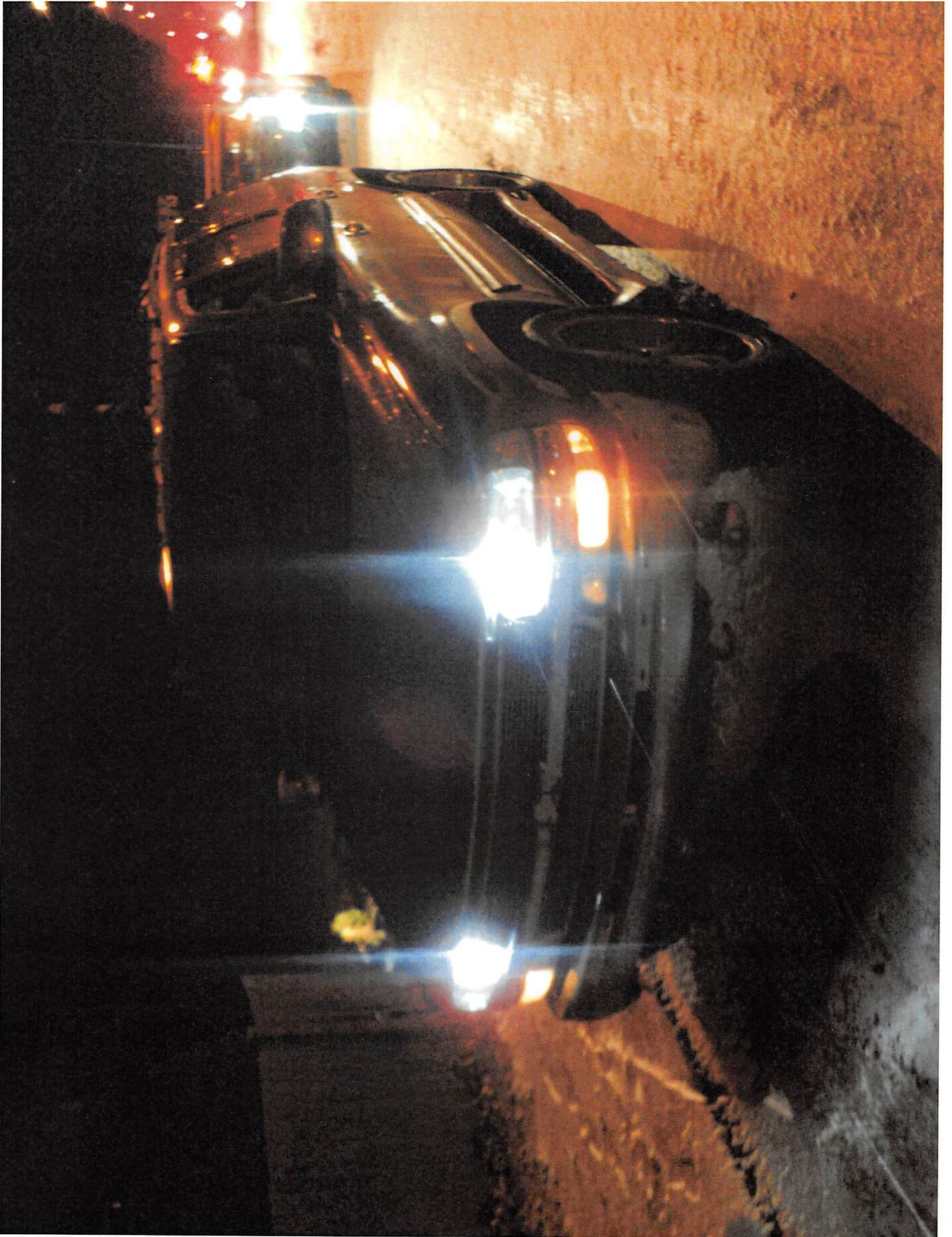
12/09/2016 : 06:19:56 SP0243 Narrative: CHECKING IF AID NEEDED

12/09/2016 : 06:19:22 SP0243 Narrative: BLKING

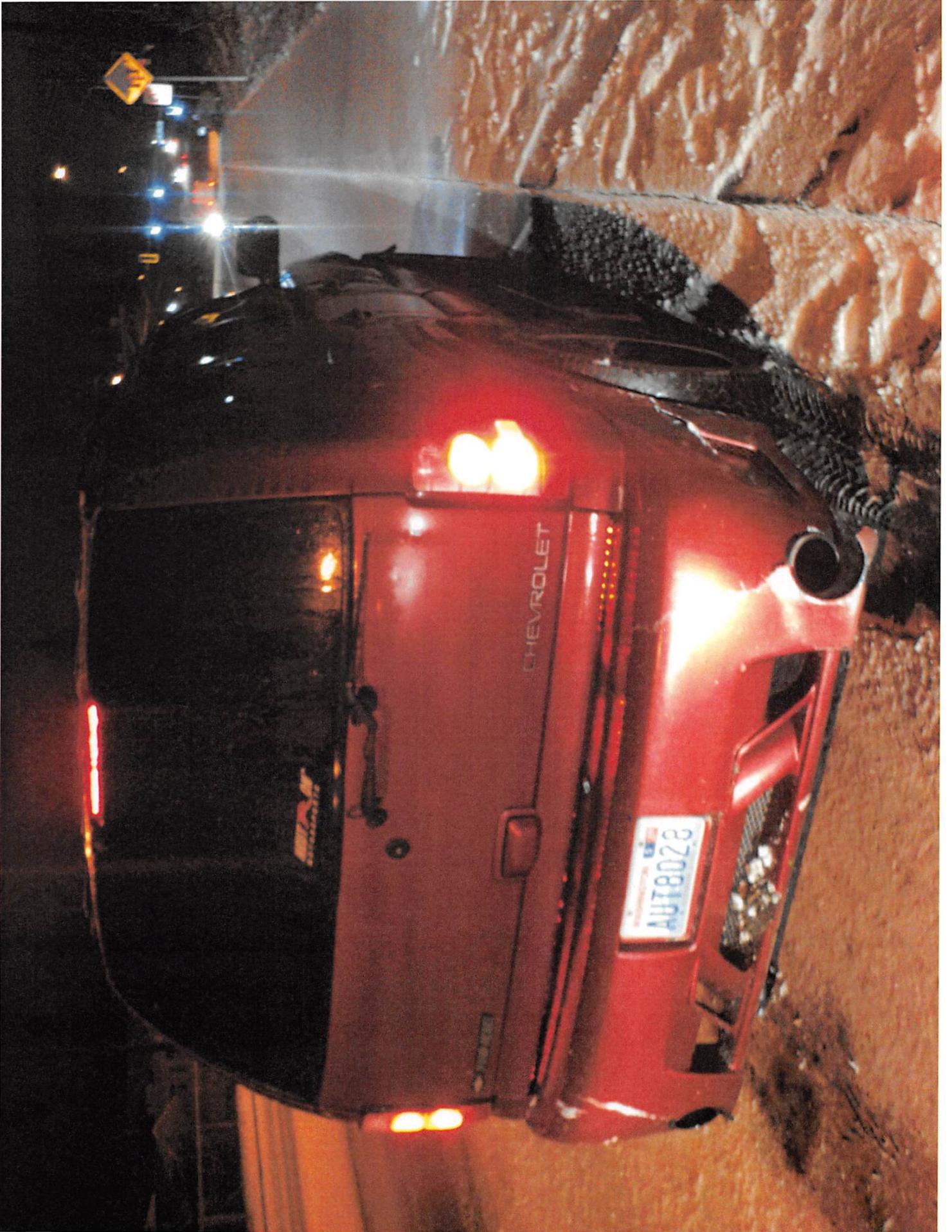
16-24482



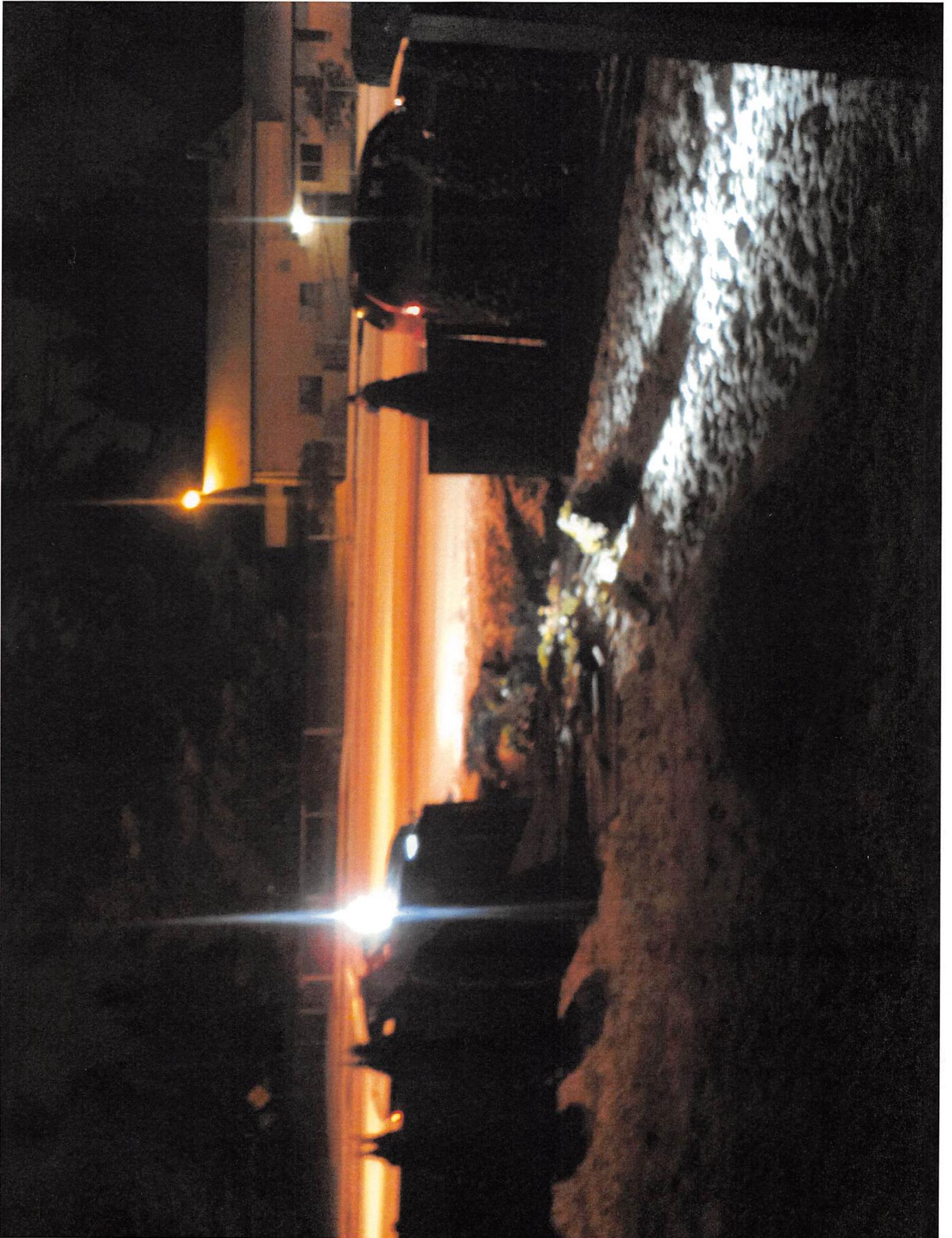












COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E619972**

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1 1 2 31

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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 #	2016-00024482
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	03	OBJECT STRUCK	METAL SIGN POST
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DATE OF COLLISION	12 - 09 - 2016	TIME (2400)	0619	COUNTY #	31	MILES		CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20TH ST SE	BLOCK NO.	9200
	MILE POST	

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)

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: 4256147780
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LAST NAME	ROLDAN LIBRADO	FIRST NAME	JOSE	MIDDLE INITIAL	A
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STREET NEW ADDRESS	1617 3RD ST
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CITY	MARYSVILLE	ST	WA	ZIP	982705003
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ROLDAJA213RU	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12 - 31 - 1979
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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 #	AUT8028	STATE	WA	VIN#	1GNEK13T01J220575
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2001	MAKE	CHEV	MODEL	TAHOE	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 #	OMNI 4183939
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 2066973359
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LAST NAME	HUDSON	FIRST NAME	WHITNEY	MIDDLE INITIAL	R
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STREET NEW ADDRESS	9206 19TH PL 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 #		STATE		SEX	F	D.O.B. MMDDYYYY	01 - 14 - 198 6
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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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"/>
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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	



OFFICER'S NAME (PRINT)	G. SHEIN	BADGE OR ID #	0136	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E619972**

CASE # **2016-00024482**

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 12/09/2016 at approximately 0620 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.

UNIT 1 was traveling eastbound in the 9200-block of 20th St S.E., Lake Stevens, WA. UNIT 1 lost control due to snow on road, crossed opposite lanes, and collided with a fence, tree of a private residence. Exchange of information completed between driver of UNIT 1 and property owner of private residence.

Photographs of the damage to vehicle and fence / tree submitted along with this report.

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

12/9/2016
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		12-09-16 03:52 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
C. WELLS 0131		12/14/2016 8:15:23 AM	
BADGE OR ID # 0136	ORI # WA0311900	TIME POLICE DISPATCHED 6:19 AM	TIME POLICE ARRIVED 6:25 AM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E619972

CASE # 2016-00024482

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COMMERCIAL MOTOR CARRIER

UNIT # USDOT IOC # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # 3 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE D: 3607057000

LAST NAME DOT FIRST NAME WA STATE MIDDLE INITIAL

STREET NEW ADDRESS 310 MAPLE PARK AVE SE PO BOX 47300

CITY OLYMPIA ST WA ZIP 98504

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY

ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

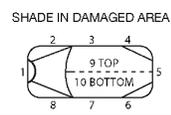
LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE



UNIT # MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET 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 STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

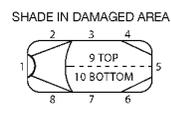
LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # 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)

G. SHEIN 12-09-16 03:52 PM INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 0136 ORI # WA0311900 APPROVED BY WELLS DATE 12/14/201 PAGE 3 OF 4

REPORT NO. E619972

CASE # 2016-00024482

DATE AND TIME OF COLLISION 12/09/16 06:19

