STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E260412

CASE #	13-01872
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

INTERSTATE ☐ CITY STREET ☐
STATE ROUTE ☑ OTHER ☐
COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

DATE OF COLLISION (M M - D D - Y Y Y Y)	TIME (2400)	COUNTY #	MILES		CITY #
07 - 31 - 2013	1755	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☑ NON-INTERSECTION ☐

STATE ROUTE 9 — BLOCK NO. ☑ MILE POST ☐ 9400

DISTANCE MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) SOPER HILL

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 3606914129

LAST NAME KEELER FIRST NAME URSULA MIDDLE INITIAL A

STREET / NEW ADDRESS 6008 102ND ST NE

CITY MARYSVILLE ST WA ZIP 982706600

CDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # KEELEUA714P8 STATE WA SEX F D.O.B. MMDDYYYY 10 - 28 - 1929

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # DP13383 STATE WA VIN# 2FAFP74W3XX100673

TRAILER PLATE # STATE TRAILER PLATE # STATE

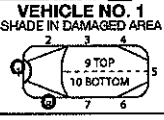
VEH. YEAR 1999 MAKE FORD MODEL VIC4D STYLE 4D VEHICLE TOWED YES ☐ NO ☑ TOWED BY GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # HARTFORD UNDERWRITERS 55 PHD291538-155543

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 1 SHADE IN DAMAGED AREA



UNIT 02

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 4258765530

LAST NAME LONG FIRST NAME KEVIN MIDDLE INITIAL L

STREET / NEW ADDRESS 6327 ARMAR RD

CITY MARYSVILLE ST WA ZIP 982704430

CDL RESTRICTIONS B ENDORSEMENTS L

DRIVER'S LICENSE # LONG*KL433MS STATE WA SEX M D.O.B. MMDDYYYY 07 - 10 - 1957

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # 596ZBY STATE WA VIN# 1FBHS31G6EHB97036

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1984 MAKE FORD MODEL CLWSW STYLE VEHICLE TOWED YES ☐ NO ☑ TOWED BY GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # FARMERS 188586097

VEHICLE LEGALLY STANDING YES ☑ NO ☐ CITATION # CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) ANDREW THOR BADGE OR ID # 115 AGENCY WA0311900

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E260412

CASE # 13-01872

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	DROULLARD JEFFERY W
ADDRESS & PHONE #	5747 AUSTIN PL ROCK ISLAND WA 98850
SEX	M
D.O.B. MMDDYYYY	

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☑	☐	3	3	2	4	1	2	1	

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

Vehicle 1 did not stop in time to avoid colliding with vehicle 2 which had stopped for traffic. This caused vehicle 2 to collide with vehicle 3 which had also stopped for traffic.

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)

INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
ANDREW THOR		08-01-13 05:26 AM	

APPROVED BY	DATE
ROBERT MINER 095	8/2/2013 4:27:12 AM

BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
115	WA0311900	5:57 PM	6:03 PM

PART B 3000-345-160 R (7/06)

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E260412

CASE # 13-01872

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # | USDOT | ICC # | 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 YES ☑ NO ☐ | PHONE D: 4254781282

LAST NAME: DROULLARD | FIRST NAME: TRAVIS | MIDDLE INITIAL: L

STREET / NEW ADDRESS: 5747 AUSTIN PL

CITY: ROCK ISLAND | ST: WA | ZIP: 988509790

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE #: DROULTL290J4 | STATE: WA | SEX: M | D.O.B. MMDDYYYY: 04 - 24 - 1971

ON DUTY ☐ | STATUS | AIRBAG: 2 | RESTR.: 4 | EJECT: 1 | HELMET USE: 2 | INJURY CLASS: 1 | NATURE OF INJURIES

LICENSE PLATE #: AAL0183 | STATE: WA | VIN#: KNDJT2A27A7160506

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR: 2010 | MAKE: KIA | MODEL: SOUL | STYLE: UT | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY #: STATE FARM 131 5618-F09-47-B

VEHICLE LEGALLY STANDING YES ☑ NO ☐ | CITATION # | CHARGE

SHADE IN DAMAGED AREA: 1 2 3 4 5 6 7 8 9 TOP 10 BOTTOM

UNIT # | MOTOR VEHICLE ☐ | PEDAL CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ☐ NO ☐ | 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 #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

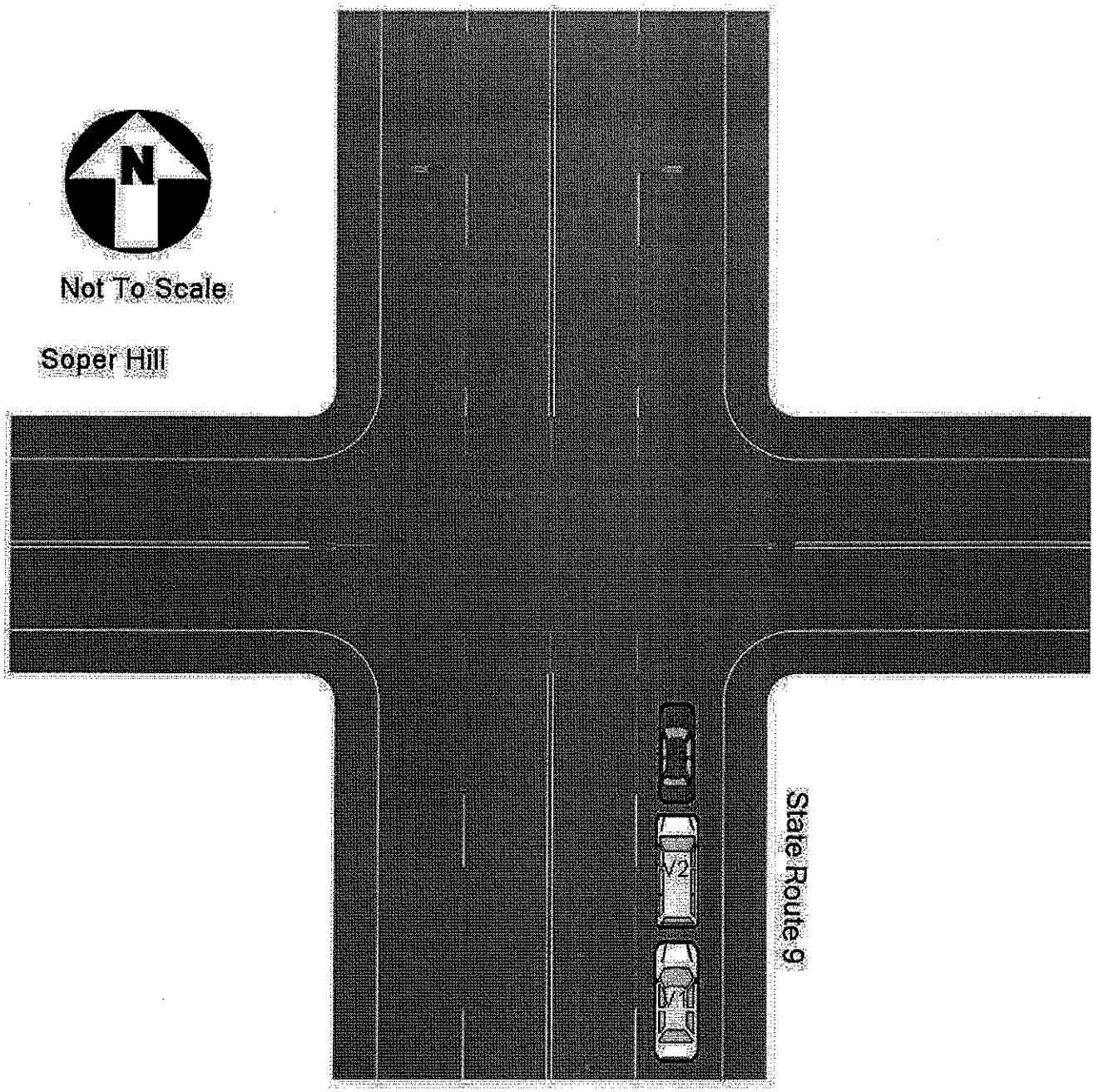
SHADE IN DAMAGED AREA: 1 2 3 4 5 6 7 8 9 TOP 10 BOTTOM

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)

ANDREW THOR — INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST DET | 08-01-13 05:26 AM — DATED: | PLACE SIGNED

BADGE OR ID #: 115 | ORI #: WA0311900 | APPROVED BY: MINER | DATE: 8/2/2013 | PAGE 3 OF 4

3000-345-013 R (7/06)


N
Not To Scale
Soper Hill
V2
V1
State Route 9

Incident History for: #SS13017185
Case Numbers: $SS13001872

Entered	07/31/13	17:55:36	BY SPCT01 SP0376
Dispatched	07/31/13	17:57:05	BY SPSC39 SP0112
Enroute	07/31/13	17:57:05	
Onscene	07/31/13	18:03:29	
Closed	07/31/13	18:21:24	

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT,NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST
Src: T
Loc: SOPER HILL RD/SR 9 NE ,LKS (V)

Loc Info: ON HWY 9
Name: EROULLARD, JEFF Addr: Phone: 4254787594

/1755	(SP0376)	ENTRY		,CC, 3 VEH ACC, NOT BLOCKING ON SHOULDER, NON-IN J 1/GRN KIA SOL 2/WHI VAN 3 /WHI FORD SEDAN
/1756	(SP0112)	AGCADV		,BCST
/1756		VIEWED		
/1757		DISPER	SS1939	#SS115 THOR,OFFICER (ANDREW)
/1803		ONSCNE	SS1939	
/1809	(SS115)	REMINQ	SS1939	MDTVEH,DP13383,,WA,,,,,,,,,,
/1810	(SP0112)	ASNCAS	SS1939	$SS13001872
/1821	(SP0337)	CLEAR	SS1939	D/H
/1821		CLOSE	SS1939	

SECTOR COLLISION