



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E276891**

1 5 0 27
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1 1 8 28
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0 1 29

INTERSTATE CITY STREET FIRE RESULTED
STATE ROUTE OTHER STOLEN VEHICLE
COUNTY RD PRIVATE WAY HIT & RUN INVOLVED

CASE # **13-02539**

LOCAL AGENCY CODING

TOTAL # OF UNITS **05** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **10 - 11 - 2013** **1535** **31** N E IN S W OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

STATE ROUTE **9** BLOCK NO. MILE POST **3400**

DISTANCE OF (REFERENCE OR CROSS STREET)
150 **00** MILES N E STATE ROUTE **92**
FEET S W

UNIT 01 MOTOR VEHICLE PEDAL CYCLE DAMAGE THRESHOLD MET YES NO PHONE **D: 3606580441**

LAST NAME **KRISTENSEN** FIRST NAME **KATARZYNA** MIDDLE INITIAL **R**

STREET NEW ADDRESS **9708 63RD DR NE**

CITY **MARYSVILLE** ST **WA** ZIP **982700000**

CDL RESTRICTIONS **B** ENDORSEMENTS

DRIVER'S LICENSE # **KRISTKR288DF** STATE **WA** SEX **F** D.O.B. **03 - 06 - 1972**

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

LICENSE PLATE # **623WUJ** STATE **WA** VIN# **3GNFK16Z53G263155**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2003** MAKE **CHEV** MODEL **SUBSW** STYLE **4T** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **ROBERT KRISTENSEN 9708 63RD DR NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **AMERICAN COMMERCE ACPA-000788192**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE PEDAL CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **D: 3604030275**

LAST NAME **JOHNER** FIRST NAME **MICHAEL** MIDDLE INITIAL **W**

STREET NEW ADDRESS **20227 80TH AVE NE UNIT 34**

CITY **ARLINGTON** ST **WA** ZIP **982235905**

CDL RESTRICTIONS **B** ENDORSEMENTS

DRIVER'S LICENSE # **JOHNEMW665OF** STATE **WA** SEX **M** D.O.B. **09 - 06 - 1934**

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

LICENSE PLATE # **B98355X** STATE **WA** VIN# **3D7MX48C86G247845**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2006** MAKE **DODG** MODEL **RAMPU** STYLE **2T** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **MICHAEL JOHNER 20227 80TH AVE NE UNIT 34 ARLINGTON WA 98223**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **NATIONWIDE INS PPNM0025842130-8**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) **CHAD CHRISTENSEN** BADGE OR ID # **075** AGENCY **WA0311900**

0 6 30
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FROM TO
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FROM TO
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4 35
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37
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40



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E276891**

CASE # **13-02539**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **KRISTENSEN ROBERT J**

ADDRESS & PHONE # **9708 63RD DR NE MARYSVILLE WA 98270 3606580441** SEX **M** D.O.B. **04** - **21** - **1970**

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

NAME (LAST, FIRST, MIDDLE INITIAL) **KRISTENSEN ERIK R**

ADDRESS & PHONE # **9708 63RD DR NE MARYSVILLE WA 98270** SEX **M** D.O.B. **09** - **03** - **2004**

PASSENGER WITNESS UNIT # **1** SEAT POS. **8** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **DOWNING ETHAN R**

ADDRESS & PHONE # **6726 66TH ST NE MARYSVILLE WA 98270 4253446200** SEX **M** D.O.B. **05** - **09** - **2002**

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

NARRATIVE

Unit 1 was northbound SR 9 in the inside lane. Driver of Unit 1 admits she was distracted by looking over at a disabled vehicle in the southbound lan of SR 9. Driver of Unit 1 failed to notice the vehicle ahead of her had slowed and or came to a stop for traffic. Unit 1 hit Unit 2 at a high rate of speed pushing Unit 2 into the rear-end of Unit 3. Unit 3 was then pushed into Unit 4 and Unit 4 was pushed into Unit 5. The unidentified driver of Unit 4 fled the scene after checking and see minumal damage to his vehicle. Driver of Unit 3 requested to be transported to the hospital to be checked out. Unit 1 was towed from the scene by Mack's Towing and Unit 3 was towed from the scene by Speedway Towing. Unit 4 was not located.

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)

CHAD CHRISTENSEN INVESTIGATING OFFICER'S SIGNATURE **10-12-13 11:12 AM** DATED **PLACE SIGNED**

APPROVED BY **ROBERT MINER 095** DATE **10/12/2013 11:13:39 PM**

BADGE OR ID # **075** ORI # **WA0311900** TIME POLICE DISPATCHED **3:35 PM** TIME POLICE ARRIVED **3:36 PM**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E276891**

CASE # 13-02539

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **DOWNING EMILY G**

ADDRESS & PHONE # **6726 66TH ST NE MARYSVILLE WA 98270** SEX **F** D.O.B. (MMDDYYYY) **10** - **05** - **2003**

PASSENGER WITNESS UNIT # **1** SEAT POS. **11** AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **KRISTENSEN HELENA N**

ADDRESS & PHONE # **9708 63RD DR. NE MARYSVILLE WA 98270** SEX **F** D.O.B. (MMDDYYYY) **09** - **03** - **2004**

PASSENGER WITNESS UNIT # **1** SEAT POS. **11** AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE 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

Unit 1 was northbound SR 9 in the inside lane. Driver of Unit 1 admits she was distracted by looking over at a disabled vehicle in the southbound lan of SR 9. Driver of Unit 1 failed to notice the vehicle ahead of her had slowed and or came to a stop for traffic. Unit 1 hit Unit 2 at a high rate of speed pushing Unit 2 into the rear-end of Unit 3. Unit 3 was then pushed into Unit 4 and Unit 4 was pushed into Unit 5. The unidentified driver of Unit 4 fled the scene after checking and see minumal damage to his vehicle. Driver of Unit 3 requested to be transported to the hospital to be checked out. Unit 1 was towed from the scene by Mack's Towing and Unit 3 was towed from the scene by Speedway Towing. Unit 4 was not located.

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INVESTIGATING OFFICER'S SIGNATURE CHAD CHRISTENSEN UNIT OR DIST. DET _____ DATE 10-12-13 11:12 AM PLACE SIGNED _____

APPROVED BY ROBERT MINER 095 DATE 10/12/2013 11:13:39 PM

BADGE OR ID # 075 ORI # WA0311900 TIME POLICE DISPATCHED 3:35 PM TIME POLICE ARRIVED 3:36 PM



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E276891

CASE # 13-02539

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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: 4253590970

LAST NAME HERRERA **FIRST NAME** CATALINA **MIDDLE INITIAL** C

STREET NEW ADDRESS 10212 54TH DR NE

CITY MARYSVILLE **ST** WA **ZIP** 982702077

CDL **RESTRICTIONS** **ENDORSEMENTS**

DRIVER'S LICENSE # HERRECC206DU **STATE** WA **SEX** F **D.O.B.** MMDDYYYY 03 - 31 - 1980

ON DUTY **STATUS** **AIRBAG** 2 **RESTR.** 4 **EJECT** 1 **HELMET USE** **INJURY CLASS** 7 **NATURE OF INJURIES** BACK PAIN

LICENSE PLATE # AIC9938 **STATE** WA **VIN#** 4S3BMBBC67D3003278

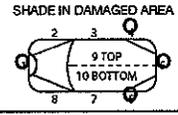
TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**

VEH. YEAR 2013 **MAKE** SUBA **MODEL** LEGACY **STYLE** 4T **VEHICLE TOWED** YES NO **TOWED BY** **GOVT VEHICLE** YES NO

REGISTERED OWNER INFO. ROY SUBARU PO BOX 168 MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT **INSURANCE CO & POLICY #** AMERICAN FAMILY MUTUAL 2047-9315-03-70-FPPA-WA

VEHICLE LEGALLY STANDING YES NO **CITATION #** **CHARGE**



UNIT # 4 **MOTOR VEHICLE** **PEDAL CYCLE** **PEDESTRIAN** **PROPERTY OWNER** **DAMAGE THRESHOLD MET** YES NO **PHONE**

LAST NAME UNKNOWN **FIRST NAME** **MIDDLE INITIAL**

STREET NEW ADDRESS

CITY **ST** **ZIP**

CDL **RESTRICTIONS** **ENDORSEMENTS**

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

ON DUTY **STATUS** **AIRBAG** 9 **RESTR.** 9 **EJECT** 9 **HELMET USE** 9 **INJURY CLASS** 0 **NATURE OF INJURIES**

LICENSE PLATE # **STATE** **VIN#**

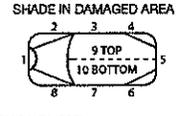
TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**

VEH. YEAR **MAKE** HYUN **MODEL** UNKNO **STYLE** 4T **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**



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)

CHAD CHRISTENSEN **10-12-13 11:12 AM**
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 075 **ORI #** WA0311900 **APPROVED BY** MINER **DATE** 10/12/201 **PAGE** 4 **OF** 6



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E276891

CASE # 13-02539

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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 # 5 **MOTOR VEHICLE** **PEDAL-CYCLE** **PEDESTRIAN** **PROPERTY OWNER** **DAMAGE THRESHOLD MET** YES NO **PHONE** D: 4252683087

LAST NAME KLOBUCAR **FIRST NAME** KARA **MIDDLE INITIAL** A

STREET NEW ADDRESS 8609 36TH AVE NE UNIT A

CITY MARYSVILLE **ST** WA **ZIP** 98270217

CDL _____ **RESTRICTIONS** B **ENDORSEMENTS** _____

DRIVER'S LICENSE # KLOBUKA1480C **STATE** WA **SEX** F **D.O.B.** MMDDYYYY 09 - 03 - 1986

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

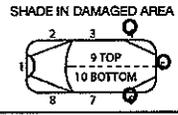
LICENSE PLATE # AHZ7371 **STATE** WA **VIN#** WAULC68E25A028369

TRAILER PLATE # _____ **STATE** _____ **TRAILER PLATE #** _____ **STATE** _____

VEH. YEAR 2005 **MAKE** AUDI **MODEL** A44D **STYLE** 4D **VEHICLE TOWED** YES NO **TOWED BY** _____ **GOVT. VEHICLE** YES NO

REGISTERED OWNER INFO. KARA KLOBUCAR 8609 36TH AVE NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT **INSURANCE CO & POLICY #** IDS PROPERTY INS. A01919146 **VEHICLE LEGALLY STANDING** YES NO **CITATION #** _____ **CHARGE** _____



FROM TO
5 9 33

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** _____

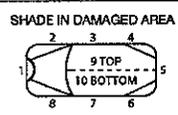
LICENSE PLATE # _____ **STATE** _____ **VIN#** _____

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** _____

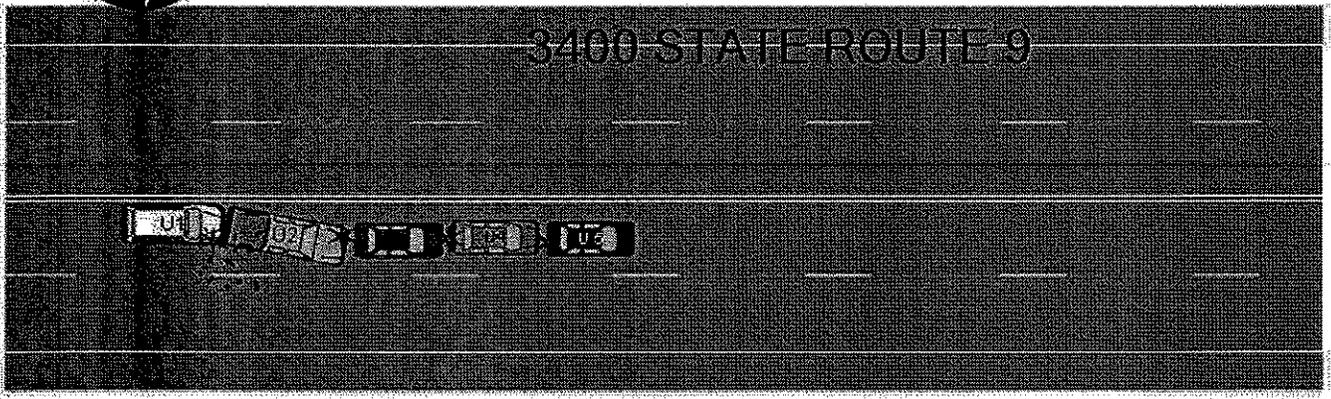


FROM TO
1 41
42

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)

CHAD CHRISTENSEN **10-12-13 11:12 AM**
INVESTIGATING OFFICER'S SIGNATURE _____ **UNIT OR DIST DET** _____ **DATED:** _____ **PLACE SIGNED** _____

BADGE OR ID # 075 **ORI #** WA0311900 **APPROVED BY** MINER **DATE** 10/12/201 **PAGE** 5 **OF** 6

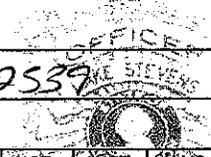


SCENE IS NOT TO SCALE

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02539



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Kristensen, Katarzyna R</u>	RACE	ETH	SEX <u>F</u>	DOB <u>03/06/72</u>	AGE <u>41</u>	HGT <u>53</u>	WEIGHT <u>165</u>	HAIR <u>black</u>	EYES <u>hazel</u>	
STREET ADDRESS <u>9708 68th Dr. NE, Marysville</u>		CITY <u>Marysville</u>		STATE <u>WA</u>	ZIP <u>98270</u>	RES. STATUS					
HOME PHONE <u>360 658 0441</u>		CELL PHONE <u>425 737 0306</u>			PLACE OF EMPLOYMENT <u>Safeway Inc.</u>						
WORK PHONE <u>425 339 9448</u>		EMAIL ADDRESS									

I, Katarzyna Kristensen, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was going northbound Hwy 9 area driving with traffic. The car in front of us suddenly ~~brake~~ slowed down and I did not have enough time to break. I hit a truck in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED <u>10/11/13</u>	LOCATION SIGNED
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED <u>10/11/13</u>	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"



Snohomish County Sheriff's Office Statement Form

Incident # 13-02889

First Name: Catalina M: _____ Last: Herrera DOB: 3/31/80

Race: _____ Sex: F Hgt: _____ Wgt: _____ Eyes: _____ Hair: Bl Drivers License #: _____ State _____

Home Address: 10212 54th Dr NE City: Maple Valley State: WA Zip: 98270

Place Statement Taken: _____ City: _____ State: _____ Zip: _____

Employer: Natural Factor City: Monroe Best Number to Call: Home Cell

Work

Home Phone: () _____ Cell Phone: (425) 359-0970 Work Phone: () _____

E-Mail Address: _____

STATEMENT: IS traffic on the Road, and Car on My

Back going little fast and the car behind hit me and
I hit the car in front.

I have read each page of this statement consisting of _____ page(s). I certify (or declare) under penalty of perjury, under the laws of the State of Washington, that the entire statement is true and correct. (Initial) _____

Deputy Signature: Catalina Herrera Victim/Witness Signature: _____

Date: 10/11/13 Time: 1600 Place Signed: sc 9 / Egan 11, 11 Page 1 of _____

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER **13-02539** OFFICE **LAKE STEVENS**

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Klobucar, Kara April	RACE W	ETH W	SEX F	DOB 9-3-1986	AGE 27	HGT. 5'11"	WGT. 105	HAIR B	EYES H
STREET ADDRESS 8609 36th Ave NE #A		CITY Marysville			STATE WA	ZIP 98270	RES. STATUS n/a. Res.			
HOME PHONE		CELL PHONE 425-268-3087			PLACE OF EMPLOYMENT PSM LLC					
WORK PHONE		EMAIL ADDRESS Kapril2005@frontier.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Stopped in traffic on ~~HWY~~ HWY 9 (NB) when rear-end. by silver car and several others behind me. Heard the collision behind me, but had no where to go as traffic was stopped in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Kara Klobucar	DATE SIGNED 10-11-2013	LOCATION SIGNED Lake Stevens, WA
OFFICER/NUMBER: [Signature]	DATE SIGNED 10/11/13	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

REVISED 4/2009

Incident History for: #SS13022546 Xref: #SS13022547 #AG13002946

Case Numbers: \$SS13002539

Entered 10/11/13 15:35:21 BY SPDF24 SP0338
Dispatched 10/11/13 15:35:48 BY SPDP17 SP0320
Enroute 10/11/13 15:35:48
Onscene 10/11/13 15:36:14
Closed 10/11/13 16:47:12

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: NORT

Src: T
Loc: SR 9 NE/SR 92 ,LKS (V)

Loc Info:

Name: HOLMES, MICHEAL Addr: Phone: 4257377850

/1535 (SP0338) ENTRY ,ON SR 9 SO LOC, 4 VEHS, UKN INJ ACC, BLKING
/1535 (SP0320) DISPER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/1536 (SP0338) CROSS #AG13002946
/1536 (SS75) *ONSCNE SS1931
/1536 (SP0338) SUPP NAM: HOLMES, MICHEAL,
PHO: 4257377850,
TXT: WHI DODGE TK VS MAR SONATA VS 2 OTHER VEHS
/1536 SUPP TXT: RP PASSERBY
/1536 (SP0320) \$CROSS #SS13022547
/1536 DUP #SS13022547
/1536 DUP NAM: WSP
/1538 (SP0367) CROSS #SO13173238
/1548 (SP0320) ASNCAS SS1931 \$SS13002539
/1622 ASSTOS SS1937 [SR 9 NE/SR 92 ,LKS]
#SS112 WARBIS, OFFICER (STEVE)
/1647 CLEAR SS1931 D/H
/1647 CLEAR SS1937 D/H
/1647 CLOSE SS1937

SECCAR