



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E280186**

1

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 # **13-02685**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

2

3

DATE OF COLLISION **10** - **26** - **2013** TIME (2400) **0825** COUNTY # **31** MILES N E IN S W OF **0664** CITY #

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

4a

STATE ROUTE **9** BLOCK NO. **600** MILE POST

5

DISTANCE **15** **00** MILES FEET N E S W OF (REFERENCE OR CROSS STREET) **STATE ROUTE 204**

6

UNIT 01 MOTOR VEHICLE PEDAL CYCLE DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME **POOLE** FIRST NAME **AMANDA** MIDDLE INITIAL **R**

STREET (NEW ADDRESS) **9119 7TH ST SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **POOLEAR157BQ** STATE **WA** SEX **F** D.O.B. **01** - **18** - **1985**

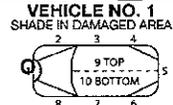
ON DUTY STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **366WOB** STATE **WA** VIN# **1G2JB1241Y7286694**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **PONT** MODEL **SNFCP** STYLE **CP** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # **320512398** CHARGE **46.30.020**



UNIT 02 MOTOR VEHICLE PEDAL CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME **RESPALIE** FIRST NAME **PATRICIA** MIDDLE INITIAL **A**

STREET (NEW ADDRESS) **8106 35TH ST NE**

CITY **MARYSVILLE** ST **WA** ZIP **982707005**

CDL RESTRICTIONS ENDORSEMENTS **0**

DRIVER'S LICENSE # **RESPAPA363LT** STATE **WA** SEX **F** D.O.B. **06** - **30** - **1964**

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

LICENSE PLATE # **AJP8336** STATE **WA** VIN# **1FM5K8F8XDGB34664**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2013** MAKE **FORD** MODEL **EXPLORE** STYLE **UT** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **ALLSTATE 0 87 023323 06/24** CITATION # CHARGE



OFFICER'S NAME (PRINT) **DENNIS IRWIN** BADGE OR ID # **105** AGENCY **WA0311900**

25

26

1 2 3 27
2
3
1 1 8 28
2
3
0 6 29
0 8 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
41
42



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CORRECTION

REPORT NO. **E280186**

CASE # **13-02685**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **RESPALIE NATHAN H**

ADDRESS & PHONE # **8106 35TH ST NE MARYSVILLE WA 98270** SEX **U** D.O.B. **MMDDYYYY 08 - 19 - 1960**

PASSENGER WITNESS UNIT # **2** SEAT POS. **3** AIRBAG **2** RESTR. **4** 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

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

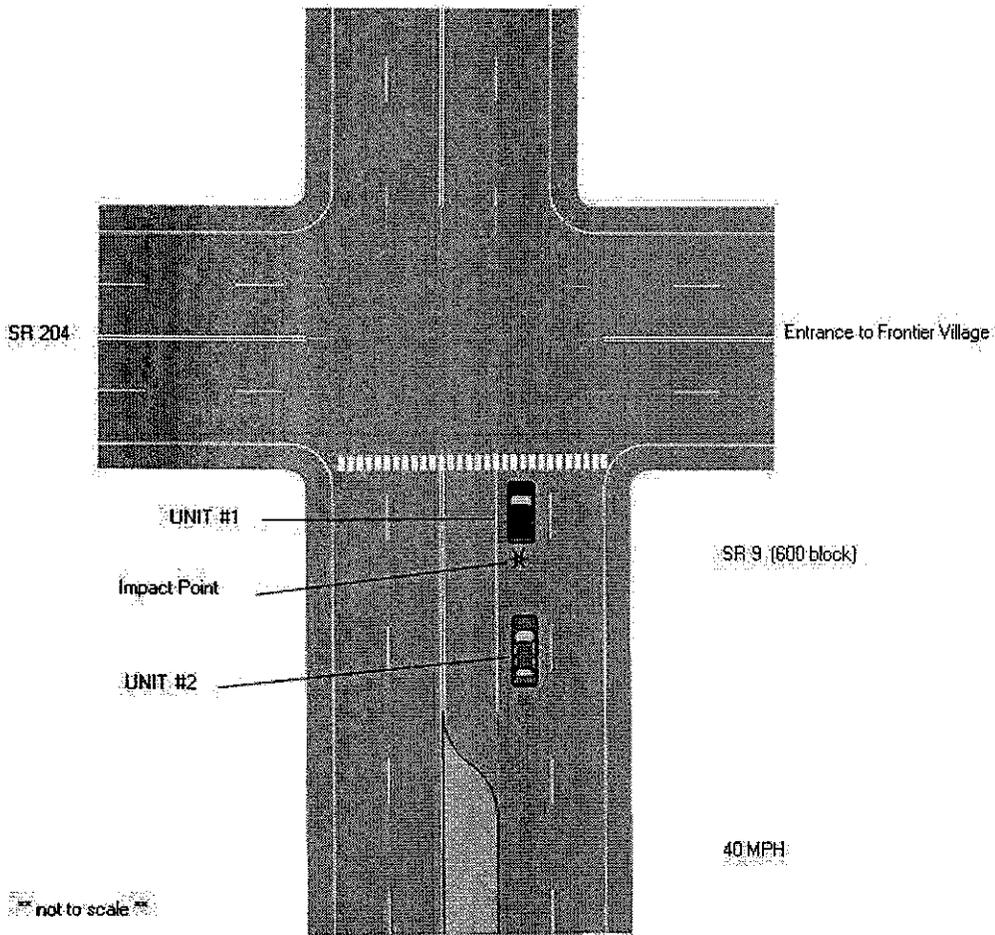
UNIT #2 was stopped northbound in the lane of travel at a red traffic light on SR 9 (600 block) at SR 204. UNIT #1 was northbound on SR 9 in the 600 block behind UNIT #2 and failed to see UNIT #2 had stopped. UNIT #1 was unable to stop in time to avoid the collision and struck the rear of UNIT #2.

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)

DENNIS IRWIN INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET. **10-26-13 05:19 PM** DATED PLACE SIGNED

APPROVED BY **BOB SUMMERS 079** DATE **10/26/2013 5:43:19 PM**

BADGE OR ID # **105** ORI # **WA0311900** TIME POLICE DISPATCHED **8:27 AM** TIME POLICE ARRIVED **8:29 AM**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13.02685

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>RESPALIE, PATRICIA ANN</u>	RACE <u>W</u>	ETH <u>C</u>	SEX <u>F</u>	DOB <u>08/30/1964</u>	AGE <u>49</u>	HGT <u>5'4"</u>	WGT <u>154</u>	HAIR <u>BL</u>	EYES <u>GRN</u>
STREET ADDRESS <u>8106 35th ST NE</u>		CITY <u>MARYSVILLE</u>			STATE <u>WA</u>	ZIP <u>98270</u>	RES. STATUS <u>WA</u>			
HOME PHONE <u>425-377-1949</u>		CELL PHONE <u>425-422-4884</u>			PLACE OF EMPLOYMENT <u>UNIV of WA</u>					
WORK PHONE <u>506-616-2930</u>		EMAIL ADDRESS <u>trisharespalie@comcast.net</u>								

I, PATRICIA A RESPALIE, 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 AT RED LIGHT WATCHING TRAFFIC AHEAD (WITH FOOT FIRMLY ON BRAKE) IN LEFT LANE NORTHBOUND ON INTERSECTION OF HWY 9 & HWY 204.

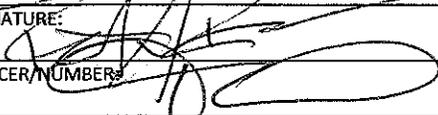
WAS HIT FROM BEHIND BY A RED 2000 PONTIAC SUNFIRE DRIVEN BY AMANDA POOLE (366-WOB).

WITNESS (DONT HAVE NAME - CONTACT #397-1102) DRIVING A HONDA ELEMENT (?) SAID DRIVER OF SUNFIRE WAS DRIVING, "LIKE A BAT OUT OF HELL" WHEN SHE HIT MY VEHICLE (2013 FORD EXPLORER LICENSE # AJP8336).

NO PASSENGER IN MY VEHICLE WAS NATHAN HALE RESPALIE, DOB 08/19/1960.

LSPD ORIGINAL

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

SIGNATURE: 	DATE SIGNED <u>10/26/13</u>	LOCATION SIGNED
OFFICER/NUMBERS	DATE SIGNED <u>10/26/13</u>	LOCATION SIGNED <u>LAKE STEVENS, WA</u>

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

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02685

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Poole Amanda R	RACE W	ETH	SEX F	DOB 04/31/1985	AGE 28	HGT 55	WGT 120	HAIR B	EYES B
STREET ADDRESS 9119 7th St SE		CITY Everett Lk Stevens WA			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425 334-5239	CELL PHONE		PLACE OF EMPLOYMENT Oil Can Henrys/Fantasy Espresso							
WORK PHONE 425-280-2541	EMAIL ADDRESS cinnamongriffs2@gmail.com									

I, Amanda Poole, 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 ASSE(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 not fully prepared to stop my vehicle. I rear-ended, low speed, the vehicle in front of me.

LSPD ORIGINAL

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>Amanda Poole</u>	DATE SIGNED 10/26/13	LOCATION SIGNED Lk Stevens, WA
OFFICER/NUMBER: <u>#105</u>	DATE SIGNED 10/26/13	LOCATION SIGNED LAKE STEVENS, WA

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