



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E321855**

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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 checked="" type="checkbox"/>

CASE #	14-00945	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
04	18	2014	2251	31	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
30TH ST NE	BLOCK NO. <input checked="" type="checkbox"/>	10029
DISTANCE	OF (REFERENCE OR CROSS STREET)	
100 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	101ST AVE NE	

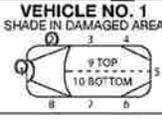
UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
LAST NAME	UNKNOWN		FIRST NAME	MIDDLE INITIAL

STREET NEW ADDRESS	
CITY	ST ZIP
CDL	RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX U	D.O.B. M M D D Y Y Y Y
ON DUTY <input type="checkbox"/>	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 UNKN	MODEL UNKNO	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"/>				
REGISTERED OWNER INFO.	<table border="1"> <tr> <td>LIABILITY INSURANCE IN EFFECT <input type="checkbox"/></td> <td>INSURANCE CO & POLICY #</td> </tr> <tr> <td>VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>CITATION # CHARGE</td> </tr> </table>						LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION # CHARGE
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #									
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION # CHARGE									



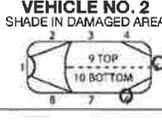
UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
LAST NAME	UNKNOWN		FIRST NAME	MIDDLE INITIAL		

STREET NEW ADDRESS	
CITY	ST ZIP
CDL	RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX U	D.O.B. M M D D Y Y Y Y
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0
NATURE OF INJURIES			

LICENSE PLATE #	STATE	VIN#
099YWJ	WA	1HGCG5658WA264869
TRAILER PLATE #	STATE	TRAILER PLATE # STATE

VEH. YEAR 1998	MAKE HOND	MODEL ACD4D	STYLE 4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO.	HERMAN LUM 10029 30TH ST NE BELLEVUE WA 98005					
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # STATE FARM					
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION # CHARGE					



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
M. HINGTGEN	126	WA0311900

1 1 7 27
2
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1 1 8 28
2
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0 1 29
1 4 30
1 1 2 31
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1 32
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3 7 33
9 34
9 35
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1 42



1591972

CORRECTION

REPORT NO. **E321855**

CASE # **14-00945**

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

Veh #2 was parked on the northside of the roadway. Veh #2 was parked to the right of the white fog line, legally. Veh #1 struck Veh #2 in the drivers side rear corner, causing Veh #2 to be pushed onto the sidewalk. Veh #1 then fled the scene.

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)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

04-19-14 05:38 PM

DATED

UNIT OR DIST. DET

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

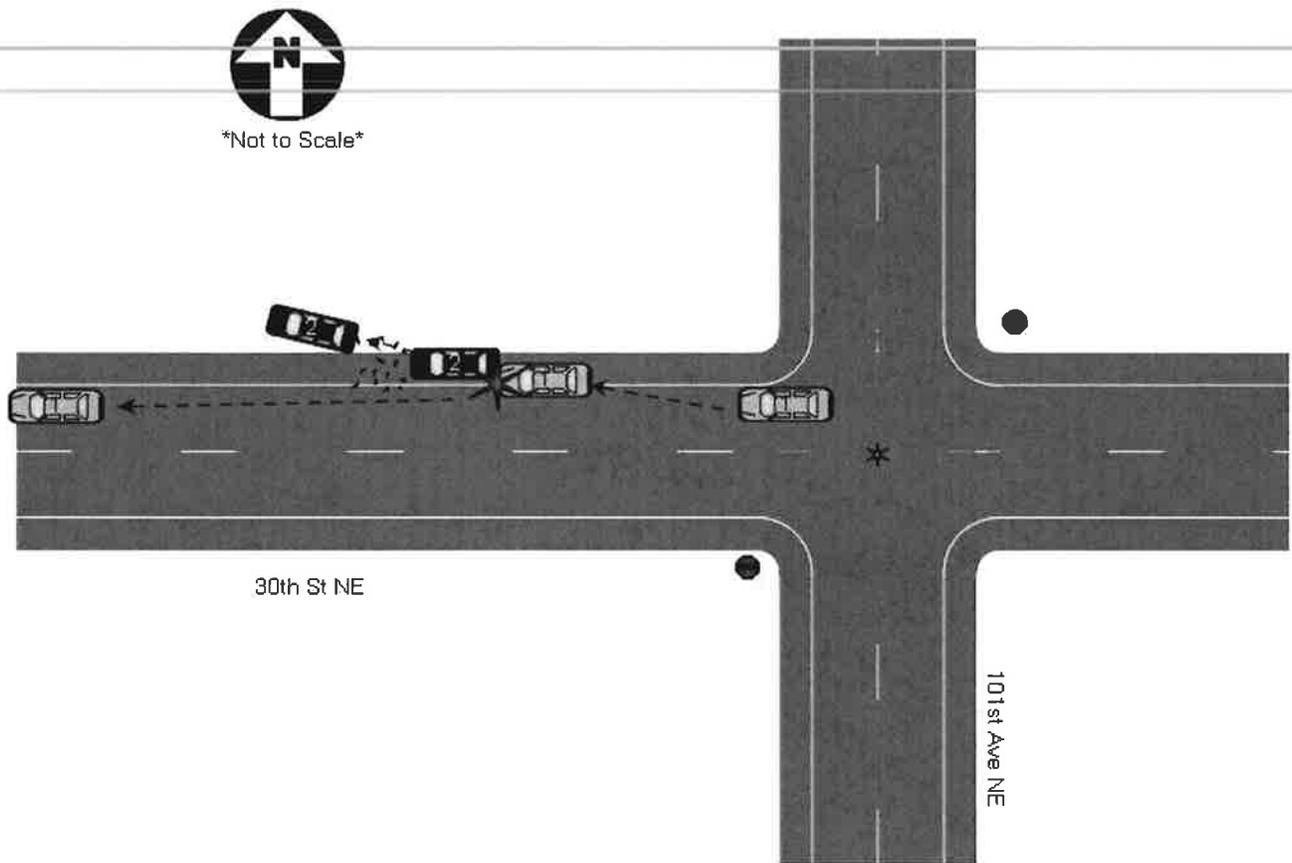
4/19/2014 8:41:40 PM

BADGE OR ID # **126**

ORI # **WA0311900**

TIME POLICE DISPATCHED **11:01 PM**

TIME POLICE ARRIVED **11:15 PM**



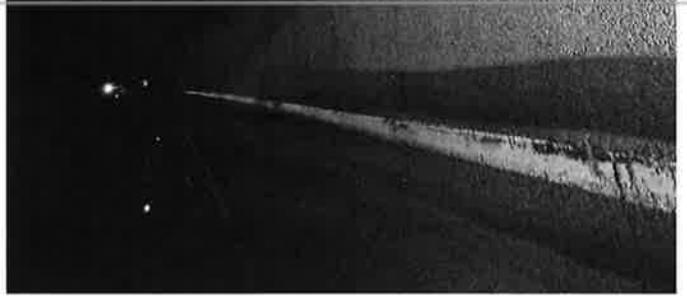
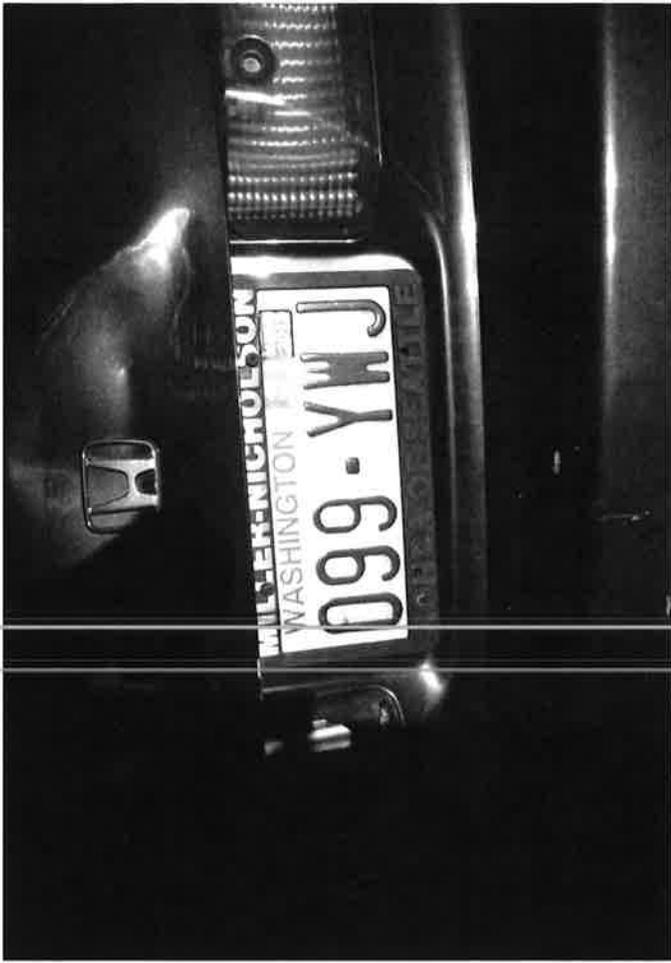
LAKE STEVENS POLICE DEPARTMENT

FIELD INCIDENT REPORT

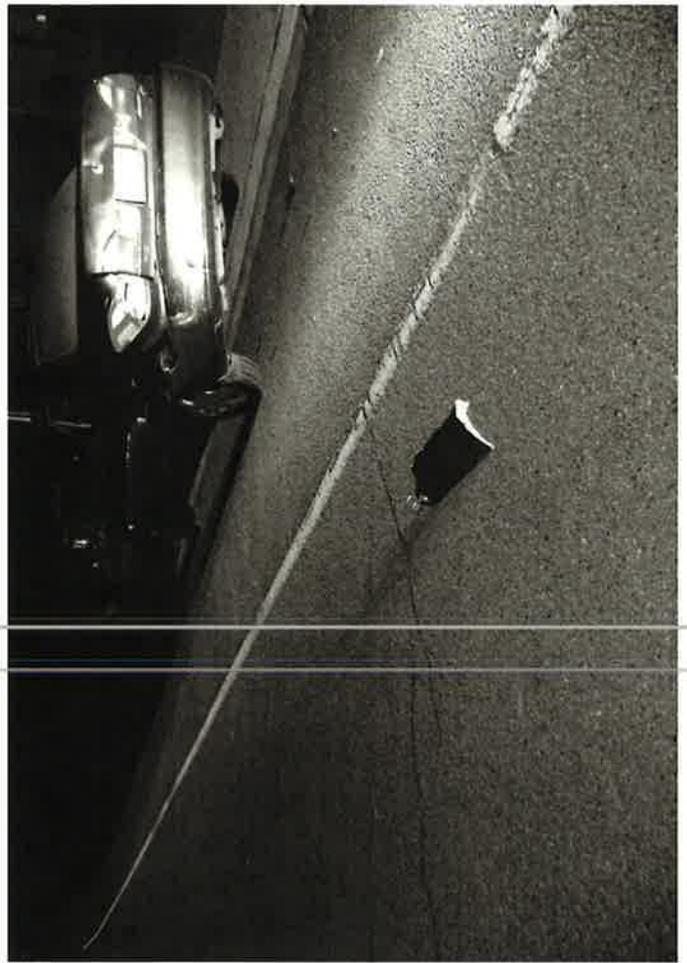
CASE NUMBER 14-00945

DATA	INCIDENT CLASSIFICATION Vehicle Collision/Hit and Run-Unocc				ADDRESS / LOCATION OF INCIDENT 10029 30th St NE				PREMISES TYPE / NAME Roadway						
	REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO						
	MONTH 4	DAY 18	YEAR 14	TIME 2301	MONTH 4	DAY 18	YEAR 14	TIME 2251	MONTH 4	DAY 18	YEAR 14	TIME 2301			
REPORTING PARTY	CODES: V - VICTIM W - WITNESS		B - VICT BUSINESS C - COMPLAINANT		P - POLICE G - PARENT/GUARD		0 - OTHERS								
	NO. RO	NON-DISC. <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) Lum, Herman H			RACE A	ETH M	SEX M	DOB 032053	HGT 510	WGT 178	HAIR BRN	EYES BRN		
	STREET ADDRESS 12651 NE 3rd St			CITY Bellevue		STATE WA	ZIP 98005		OCCUPATION/SCHOOL						
	RESIDENCE PHONE			BUSINESS PHONE		CELL PHONE			SOCIAL SECURITY NUMBER						
PROPERTY	ITEM #	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION				MODEL #	COLOR						
	QTY	SERIAL #		ARTICLE/TYPE				EST. VALUE							
	ITEM #	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION				MODEL #	COLOR						
	QTY	SERIAL #		ARTICLE/TYPE				EST. VALUE							
	ITEM #	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION				MODEL #	COLOR						
	QTY	SERIAL #		ARTICLE/TYPE				EST. VALUE							
PERSON / SUSPECT	PERSON LISTED IS: <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> WITNESS														
	NO. 1	NAME (LAST, FIRST, MIDDLE) Lackey, Deborah W				RACE A	ETH F	SEX F	DOB 080287	HGT 503	WGT 120	HAIR BRN	EYES BRN		
	STREET ADDRESS 10029 30th St NE			CITY Lake Stevens		STATE WA	ZIP 98258	RES. PHONE 2064067412							
	SOCIAL SECURITY NUMBER			OLN LACKEDW139NB	ALIAS NAME(S)			IDENTIFIERS (SCARS, MARKS OR TATTOOS)							
	MISCELLANEOUS INFO :														
VEHICLE	NO. 1	LICENSE NUMBER 099YWJ	STATE WA	VIN / HULL NUMBER	YEAR 1998	MAKE Honda	MODEL Accord	STYLE 4d							
	COLOR GRN		SPECIAL FEATURES / DESCRIPTION					REGISTERED OWNER'S PHONE							
	REGISTERED OWNER'S NAME Lum, Herman H				REGISTERED OWNER'S ADDRESS				REGISTERED OWNER'S ALT. PHONE						
NARRATIVE	<p>On 4/18/14 at approximately 2302 hrs., I was dispatched to a reported cold vehicle collision in front of the residence at 10029 30th St NE. When I arrived onscene, I immediately noticed that there was a Honda Accord, WA LIC 099YWJ, with significant rear end damage. There was a debris trail that was approximately 20 feet from the rear of the vehicle. The vehicle appeared to have been pushed up on the sidewalk, to it final resting location.</p> <p>In the debris trail, a piece of the suspect vehicle. The body of the vehicle appeared to be gray. The piece also had a hood ornament that appeared to be from a 1988-1991 Ford Crown Victoria LTD.</p> <p>I contacted the reporting party, Lackey, Deborah W (8/2/87). She informed me that she parked the vehicle that evening in front of the home. She stated that she was informed that her vehicle had been hit by a neighbor. Deborah said that the vehicle was registered to her father, Lum, Herman H (3/20/53) but she is the primary driver of the vehicle.</p> <p>I checked Washington DOL for any similar vehicles in the area. At this time, I am unable to find a suspect vehicle.</p>														
	SIGNATURE	<small>MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. I CERTIFY AND DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FORGOING IS TRUE AND CORRECT.</small>													
		I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.				SIGNATURE OF PERSON				DATE		LOCATION SIGNED			
		OFFICER NAME / NUMBER M. Hingtgen #126				APPROVED BY <i>[Signature]</i>				ENTERED					

LSPD
ORIGINAL







ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number M. HINGSTON #126	Case Number 14-00 945
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Type of Crime: Felony / <u>Misdemeanor (Circle)</u>	Type of Case: HIT + RUN	Date/Time: 4/18/2015
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Action Number: **3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING** *Evidence will be held until court disposition or when the Statute of Limitations has expired
 *Found and Safekeeping will be held for 60 days or 60 days past owner notification

Item # 1	Item Photo CD	Brand Name	Storage Location	Disposition
Action # 3	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found	Weight of Narcotic	

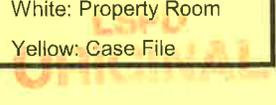
Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File



Incident History for: #SS14007209

Case Numbers: \$SS14000945

Entered 04/18/14 23:01:52 BY SPDF27 SP0357
Dispatched 04/18/14 23:02:13 BY SPDP17 SP0349
Enroute 04/18/14 23:02:13
Onscene 04/18/14 23:15:49
Closed 04/18/14 23:32:30

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H
Police BLK: SS001 Fire BLK: AG1719 Map Page: 377F-5 Group: SS1 Beat: NORT

Src: T
Loc: 10029 30 ST NE ,LKS btwn 99 AV NE & 101 AV NE (V)

Loc Info:

Name: LACKEY, DEBORAH Addr: Phone: 2064067412

/2301 (SP0357) ENTRY ,CC, COLD H/R, N/S
/2302 (SP0349) DISPER 19N2 #SS126 HINGTGEN, OFFICER (MICHAEL)
/2307 ASSTER 19N1 [10029 30 ST NE ,LKS]
#SS102 PLANALP, OFFICER (DANIEL)
/2308 (SS102) REMINQ 19N1 MDTVEH, 611YAY,, WA, , , , , , , , , ,
/2308 REMINQ 19N1 MDTVEH, B08733V,, WA, , , , , , , , , ,
/2308 (SP0349) \$PREMPT 19N1
/2310 ASSTER 19N1 [10029 30 ST NE ,LKS]
#SS102 PLANALP, OFFICER (DANIEL)
/2312 (SS102) REMINQ 19N1 MDTVEH, APD8255,, WA, , , , , , , , , ,
/2313 REMINQ 19N1 MDTVEH, AMV8967,, WA, , , , , , , , , ,
/2315 REMINQ 19N1 MDTVEH, 007YXX,, WA, , , , , , , , , ,
/2315 (SP0349) ONSCNE 19N2
/2316 (*****) REMINQ 19N2 099YWJ
/2316 (SP0349) REMINQ 19N2 LIC, 19N2, 099YWJ,, ,
/2316 (SS102) REMINQ 19N1 MDTVEH, AED6458,, WA, , , , , , , , , ,
/2317 *ONSCNE 19N1
/2317 REMINQ 19N1 MDTVEH, 940XSL,, WA, , , , , , , , , ,
/2318 *ENROUT 19N1
/2318 (SP0349) ASNCAS 19N1 \$SS14000945
/2320 \$PREMPT 19N1
/2332 CLEAR 19N2 D/H
/2332 CLOSE 19N2

ORIGINAL