



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E322933**

1 2 3 27
2
3
1 1 8 28
2
3

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 # **14-00961**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **04** - **21** - **2014** **1450** **31** N E IN S W OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
91ST AVE SE BLOCK NO. **1100**
MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
MILES N E S W

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

LAST NAME **WALTER** FIRST NAME **TARRAN** MIDDLE INITIAL **M**

STREET NEW ADDRESS **2116 88TH AVE SE**

CITY **LAKE STEVENS** ST **WA** ZIP **982584703**

CDL RESTRICTIONS **B** ENDORSEMENTS

DRIVER'S LICENSE # **WALTETM047BM** STATE **WA** SEX **F** D.O.B. **01** - **14** - **1996**

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

LICENSE PLATE # **ACS9254** STATE **WA** VIN# **1GNDT13W0R2158443**

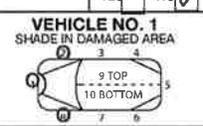
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1994** MAKE **CHEV** MODEL **BLAZR** STYLE **UT** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **ALISON WALTER 2116 88TH AVE SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **GEICO 4231-30-50-71**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



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

LAST NAME **CALPO** FIRST NAME **ROSALINDA** MIDDLE INITIAL **C**

STREET NEW ADDRESS **1803 94TH DR SE APT A**

CITY **LAKE STEVENS** ST **WA** ZIP **982586623**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **CALPORC412R2** STATE **WA** SEX **F** D.O.B. **12** - **22** - **1959**

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

LICENSE PLATE # **AGJ3165** STATE **WA** VIN# **2HKRL1867YH590709**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **HOND** MODEL **ODYSSEY** STYLE **VN** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **ROSALINDA CALPO 1803 94TH DR SE APT A LAKE STEVENS WA 98258 D: 4253679000**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **PROGRESSIVE 70654356**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



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

0 1 29
0 7 30
1 1 2 31
1 1 2 32
1 5 33
9 9 34
4 35
4 36
37
38
39
40



1591972

CORRECTION

REPORT NO. **E322933**

CASE # **14-00961**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **SHIELDS TERESA M**

ADDRESS & PHONE # **2110 110TH DR SE LAKE STEVENS WA 98258 4258646030** SEX **F** D.O.B. **04** - **26** - **1965**

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

NAME (LAST, FIRST, MIDDLE INITIAL) **ABRAHANSON RODNEY W**

ADDRESS & PHONE # **12506 THREE LAKES DR SNOHOMISH WA 98290 4254925111** SEX **M** D.O.B. **02** - **19** - **1986**

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. - -

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

NARRATIVE

UNIT #2 was southbound on about the 1100 block of 91st Ave SE and stopped for a vehicle ahead of her which was beginning to turn, eastbound into the entrance of Skyline Elementary.

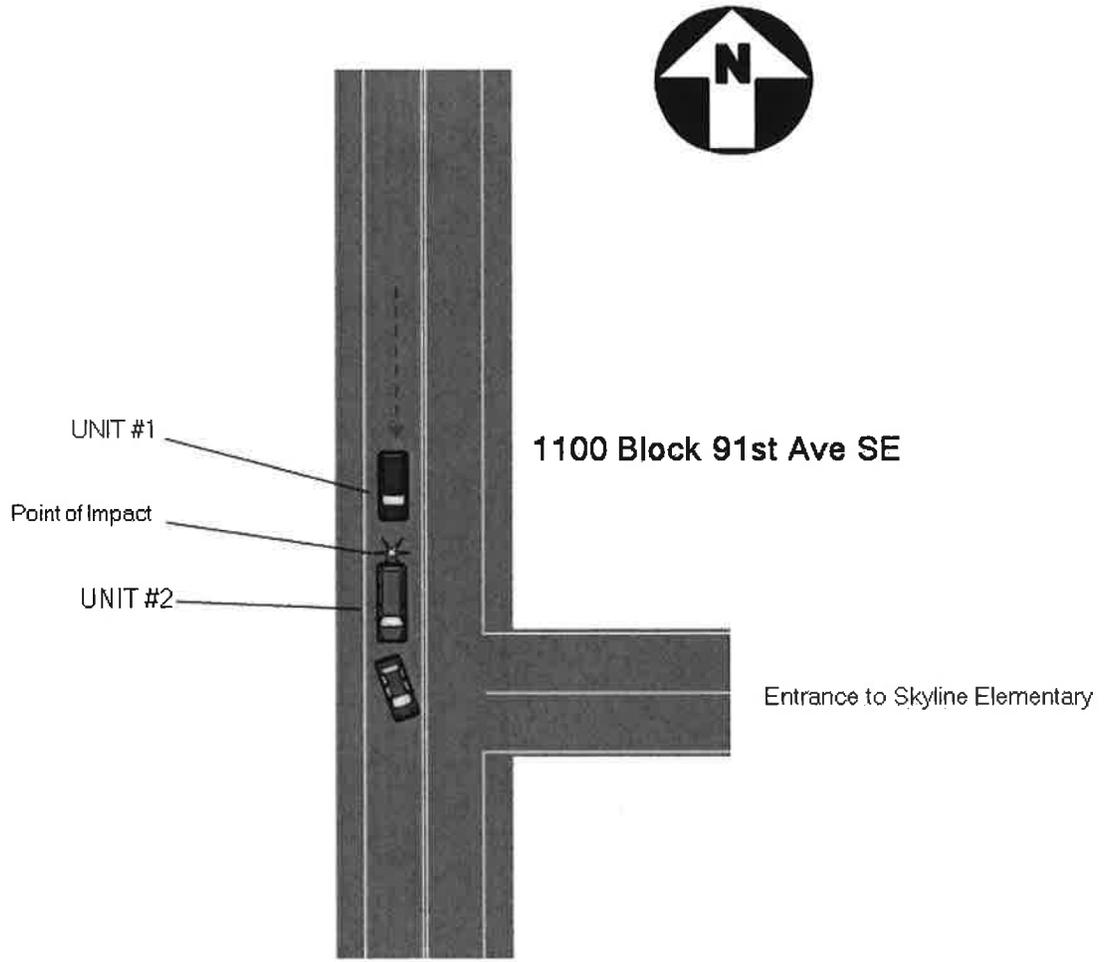
UNIT #1 stated she was also southbound on the 1100 block of 91st Ave SE behind UNIT #2 and looked away from the roadway for a moment. UNIT #1 related that when she looked up and saw UNIT #2 had stopped she was unable to stop in time and avoid colliding with UNIT #2.

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 **04-22-14 08:13 AM** DATED PLACE SIGNED

APPROVED BY **ROBERT MINER 095** DATE **4/24/2014 4:02:04 AM**

BADGE OR ID # **105** ORI # **WA0311900** TIME POLICE DISPATCHED **2:51 PM** TIME POLICE ARRIVED **3:56 PM**



** not to scale **

20MPH

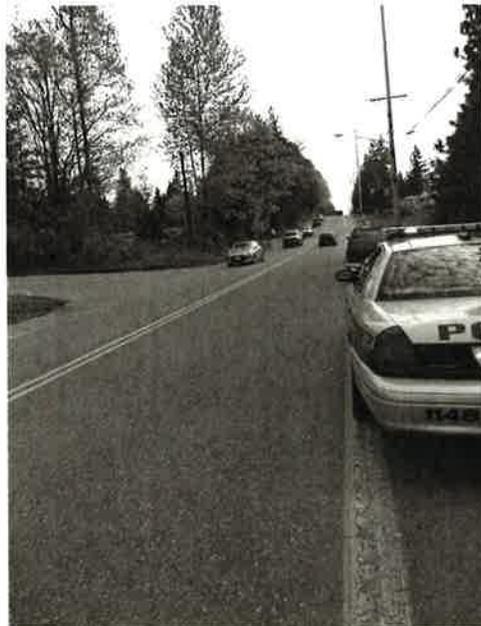
LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number D. IRWIN #105			Case Number 14-00961	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: TRAFFIC COLLISION			Date/Time: 04/21/14-1600	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court 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 # DE-1	Item CD CONTAINING DIGITAL IMAGES	Brand Name		Storage Location		Disposition
Action # 3	Brand/Model/Caliber OF UNIT #1 AND UNIT #2		(Further Description)			
	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
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 #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
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 #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
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 #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
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 #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Evidence Control Use Only:						
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	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		

LSPD ORIGINAL



19600-H1

14-00961



LSPD
ORIGINAL

