



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E324165**

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FROM TO 5 7 33

FROM TO 3 3 34

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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 # **14-01029**

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 - 29 - 2014** **1445** **31** N E IN S W OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR92 BLOCK NO. **11300**
 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
 MILES N E S W **113TH AVENUE NE**

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE **D: 3606594880**

LAST NAME **STEVER** FIRST NAME **DEREK** MIDDLE INITIAL **C**

STREET NEW ADDRESS **7801 58TH PL NE**

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

CDL RESTRICTIONS **B** ENDORSEMENTS

DRIVER'S LICENSE # **STEVEDC025JA** STATE **WA** SEX **M** D.O.B. **04 - 01 - 1998**

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

LICENSE PLATE # **AIV1675** STATE **WA** VIN# **1J4FY19SXWP707226**

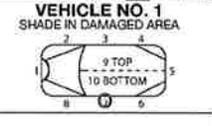
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1998** MAKE **JEEP** MODEL **WRJP** STYLE **2D** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **RONALD STEVER JR 7801 58TH PL NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **ALLSTATE 076171347**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **D: 4253348454**

LAST NAME **KNAPP** FIRST NAME **DARYL** MIDDLE INITIAL **L**

STREET NEW ADDRESS **12316 36TH ST NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982588165**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **KNAPPDL313J3** STATE **WA** SEX **M** D.O.B. **04 - 23 - 1969**

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

LICENSE PLATE # **AKV0917** STATE **WA** VIN# **2B3CJ5DT6AH281305**

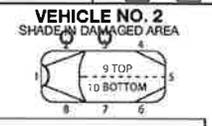
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2010** MAKE **DODG** MODEL **CHA2D** STYLE **CP** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **DARYL KNAPP 12316 36TH ST NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **ALLSTATE 964558652**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **130** AGENCY **WA0311900**



1591972

CORRECTION

REPORT NO. **E324165**

CASE # **14-01029**

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

I was dispatched to a 2 vehicle non-injury/non-blocking collision at 113th Avenue NE and State Route 92 at the roundabout. I was advised that a WSP Trooper was on scene and the vehicles had been moved out of the roadway onto Grade Road. I contacted both driver's who wrote statements. The driver of vehicle 2 was E/B State Route 92 and was travelling through the roundabout. Vehicle 1 approaching the roundabout from N/B 113th Avenue NE. The driver of vehicle 1 failed to yield the right of way to vehicle 2 already in the roundabout. The right front of vehicle 2 collided with the left side of vehicle 1. There were no reported injuries and both vehicles were driven from 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)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-29-14 07:30 PM

DATED

PLACE SIGNED

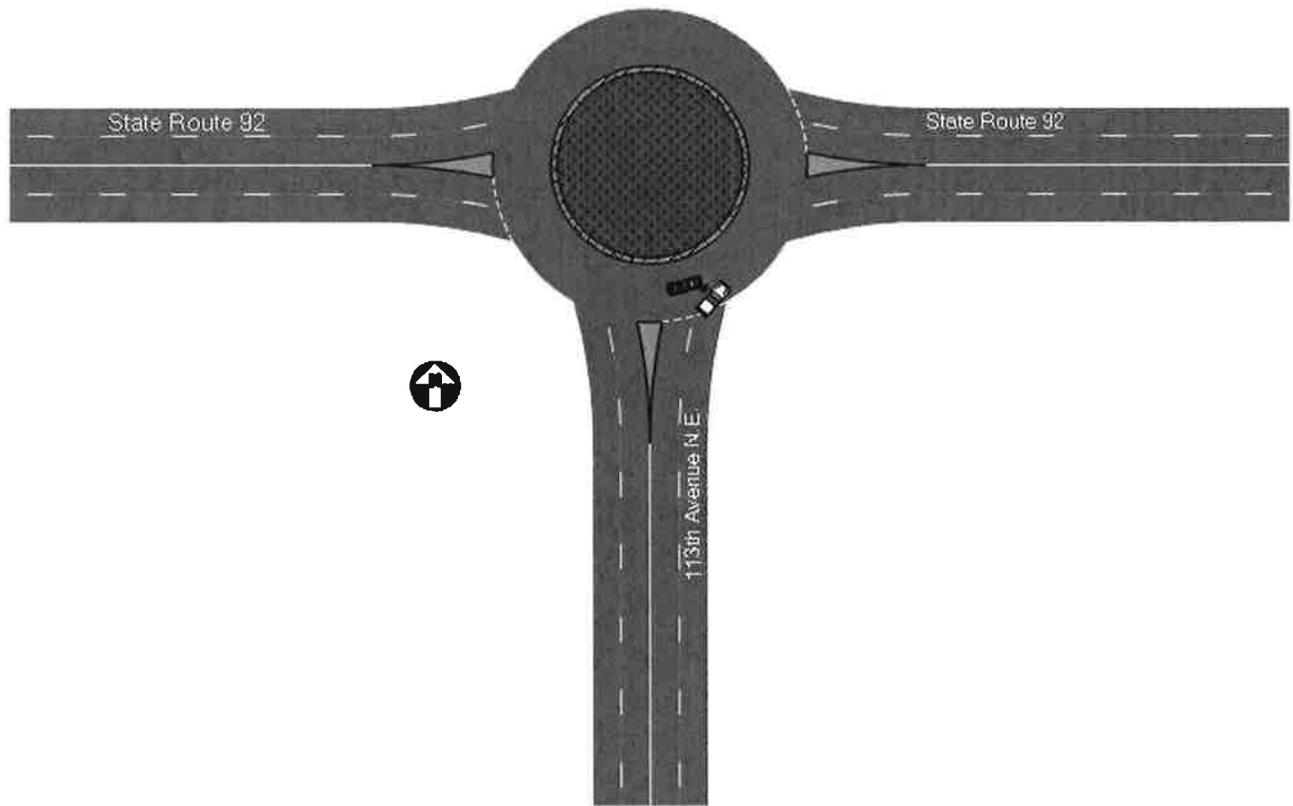
APPROVED BY

ROBERT MINER 095

DATE

4/30/2014 2:17:05 AM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	2:48 PM	TIME POLICE ARRIVED	2:50 PM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-01029

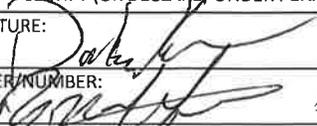
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Knapp Daryl Lynn</u>	RACE <u>W</u>	ETH	SEX <u>M</u>	DOB <u>4/23/1969</u>	AGE <u>45</u>	HGT <u>58</u>	WGT <u>230</u>	HAIR <u>Br</u>	EYES <u>Hz</u>
STREET ADDRESS <u>12316 36th ST NE</u>		CITY <u>Lake Stevens</u>			STATE <u>Wa</u>	ZIP <u>98258</u>	RES. STATUS <u>Citizen</u>			
HOME PHONE <u>425-334-8454</u>		CELL PHONE <u>425-760-5338</u>			PLACE OF EMPLOYMENT <u>Evergreen Hospital</u>					
WORK PHONE <u>425-899-2436</u>		EMAIL ADDRESS <u>DMKnapp@Live.com</u>								

I, Daryl Knapp, 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 driving East bound on Hwy 92 and had entered The round about at The intersection of 113th and Hwy 92. I was about half way through The intersection when a white Jeep Wrangler license plate # AIV1675 pulled into The intersection right in front of me. I attempted to brake but was unable to stop and collided with The driver side of The vehicle. There is significant damage to my vehicle.

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>4/29/14</u>	LOCATION SIGNED <u>X Grade RD / 92</u>
OFFICER NUMBER: <u>#130</u>	DATE SIGNED <u>042914</u>	LOCATION SIGNED <u>Lake Stevens</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 14-20079

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Stever, Derek C.</u>	RACE	ETH	SEX <u>M</u>	DOB <u>4-1-98</u>	AGE <u>16</u>	HGT <u>5'11</u>	WGT <u>130</u>	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>7801-58th Pl NE</u>		CITY <u>Marysville</u>			STATE <u>WA</u>	ZIP <u>98270</u>	RES. STATUS			
HOME PHONE <u>360-659-4880</u>	CELL PHONE			PLACE OF EMPLOYMENT <u>N/A</u>						
WORK PHONE	EMAIL ADDRESS <u>stever.s@comcast.net</u>									

I, Derek Stever, 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 driving home from high school. (113st)
 I entered the roundabout I ~~let~~ let a car turn and proceeded out. And made contact with another car. (Blue challenger) (Challenger was travelling fast in roundabout)

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>Derek Stever</u>	DATE SIGNED: <u>4-29-14</u>	LOCATION SIGNED:
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED: <u>04-29-14</u>	LOCATION SIGNED: <u>LAKE STEVENS</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 EVIDENCE UNIT Primary Officer/Badge Number KUNTERFORD #130 Case Number 14-01029

Type of Crime: Felony / Misdemeanor (Circle) Type of Case: COUSION Date/Time: 04-29-14

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 # <u>1</u>	Item <u>CD</u>	Brand Name <u>COMPOCESSARY</u>	Storage Location	Disposition
Action # <u>3</u>	Brand/Model/Caliber	(Further Description) <u>1 CD + photos</u>		
	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 #130

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

