



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E326829**

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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 type="checkbox"/>

CASE #	<b>14-01118</b>
LOCAL AGENCY CODING	
TOTAL # OF UNITS	<b>01</b>
OBJECT STRUCK	

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
<b>05 - 11 - 2014</b>		<b>0255</b>	<b>31</b>		<b>0664</b>
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>		

<b>SOPER HILL ROAD</b>		BLOCK NO.	
DISTANCE		MILE POST	
	MILES	OF (REFERENCE OR CROSS STREET)	
	FEET	<b>85TH DRIVE NE</b>	

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
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LAST NAME	<b>MADISON</b>	FIRST NAME	<b>MARI</b>	MIDDLE INITIAL	<b>A</b>
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STREET NEW ADDRESS	<b>8424 24TH PL NE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982586463</b>
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CDL	RESTRICTIONS <b>B</b>	ENDORSEMENTS
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DRIVER'S LICENSE #	<b>MADISMA182CA</b>	STATE	<b>WA</b>	SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>02 - 01 - 1982</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>7</b>	NATURE OF INJURIES <b>HEAD / NECK</b>
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LICENSE PLATE #	<b>748YH</b>	STATE	<b>WA</b>	VIN#	<b>WWWCC83A4SE219041</b>
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	<b>1995</b>	MAKE	<b>VOLK</b>	MODEL	<b>PAS4D</b>	STYLE	<b>4D</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **MARI MADISON 8424 24TH PL NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # <b>GEICO</b>
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #
	CHARGE



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME		FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX		D.O.B. MMDDYYYY	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #
	CHARGE



OFFICER'S NAME (PRINT)	<b>SGT. C. VALVICK</b>	BADGE OR ID #	<b>71</b>	AGENCY	<b>WA0311900</b>
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1591972

CORRECTION

REPORT NO. **E326829**

CASE # **14-01118**

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

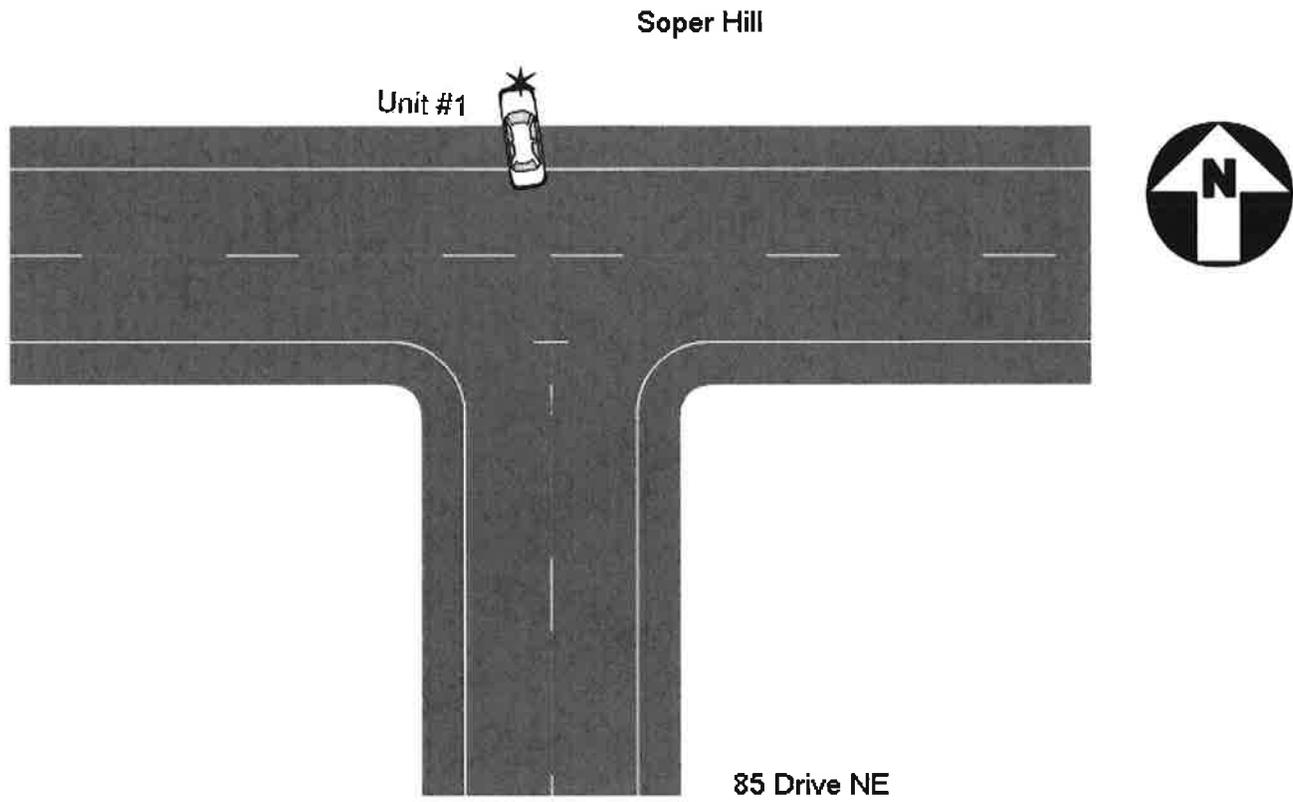
**NARRATIVE**

On 05/11/2014 Unit #1 drove off the roadway into the ditch located at Soper Hill Road and 85th Drive NE. When Officer and Aid arrived it appeared that the driver may have had a medical emergency. The driver was transported by Aid to the hospital.

There was no other vehicles involved and no property damage. Unit #1 was towed from the scene by Angel Towing.

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)

<b>SGT. C. VALVICK</b>				<b>05-11-14 03:49 AM</b>			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY <b>SGT. C. VALVICK 71</b>						DATE <b>5/11/2014 3:51:42 AM</b>	
BADGE OR ID #	<b>71</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:55 AM</b>	TIME POLICE ARRIVED	<b>2:56 AM</b>



CHECK ALL THAT APPLY:

- NON-IMPOUND/TOW
- AAA or OTHER ROADSIDE ASSISTANCE
- EVIDENCE
- SEIZED UNDER RCW 69.50.505
- IMPOUND ONLY
- DUI/PC IMPOUND WITH 12 HOUR HOLD
- DWLS IMPOUND WITH \_\_\_ DAY HOLD
- INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
- REGISTERED OWNER MAY REDEEM \_\_\_\_\_

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

## UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER  
14-01118

**VEHICLE INFORMATION**

VIN W V W C C 8 3 A 4 S E 2 1 9 0 4 1				
LICENSE 748YII	STATE WASHINGTON	YEAR 1995	MAKE VOLKSWAGEN	MODEL PAS4D
<input type="checkbox"/> Report of Sale	MILEAGE UNREADABLE	<input type="checkbox"/> Digital	STYLE 4-DOOR SEDAN	COLOR WHITE

DRIVER	REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) MADISON, MARI A	NAME (LAST, FIRST, MI) MADISON, MARI A	NAME (LAST, FIRST, MI)
STREET ADDRESS 8424 24TH PL NE	STREET ADDRESS 8424 24TH PL NE	STREET ADDRESS
CITY, STATE, ZIP CODE LAKE STEVENS, WA 982586463	CITY, STATE, ZIP CODE LAKE STEVENS, WA 98258	CITY, STATE, ZIP CODE
PHONE DOB 2/1/1982	PHONE	PHONE

**AUTHORIZATION AND RECEIPT**

ON 5/11/2014 AT 03:20 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS  
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED ANGEL TOWING 5024-3  
(TOWING FIRM) (DOL TRUCK NO.)

DRIVEN BY ROB TERWILLEGAR TO REMOVE THIS VEHICLE FROM 8500 SOPER HILL/85TH DRIVE NE  
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input checked="" type="checkbox"/> [ 1 ] KEYS <input checked="" type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input checked="" type="checkbox"/> AUTO STEREO <input type="checkbox"/> [ ] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> FRONT SHADE DAMAGED AREA <input checked="" type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input checked="" type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____	N/A	N/A

INVENTORY	NARRATIVE OR DIAGRAM <small>(List reasons(s) for impound.)</small>
<p>LOOSE GARBAGE</p>	<p>vehicle was involved in a collision and needed to be removed from the roadway/ditch.</p>

- I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.
- I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.  THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.