



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E328337**

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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 #	14-01133		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	03	OBJECT STRUCK	

TRIBAL RESERVATION												
DATE OF COLLISION	M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
05		13			2014				0929	31		0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

N. MACHIAS BLOCK NO. MILE POST

DISTANCE MILES FEET OF (REFERENCE OR CROSS STREET) **28TH STREET 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 D: 4252340787
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LAST NAME	MYERS	FIRST NAME	BERNARD	MIDDLE INITIAL	J
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STREET NEW ADDRESS **3411 139TH AVE NE**

CITY	LAKE STEVENS	ST	WA	ZIP	982588660
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MYERSBJ554N8	STATE	WA	SEX	M	D.O.B.	08 - 28 - 1945
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AEJ9925	STATE	WA	VIN#	5GZCZ33D07S836696
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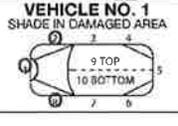
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	STRN	MODEL	VUE	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # HARTFORD INS 55 PHF236842-248800
-------------------------------------------------------------------	----------------------------------------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE FAIL TO STOP/YIELD AT
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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 D: 4256224558
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LAST NAME	KLEINERT	FIRST NAME	CLIFF	MIDDLE INITIAL	A
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STREET NEW ADDRESS **1608 71ST PL SE**

CITY	EVERETT	ST	WA	ZIP	982035253
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	KLEINCA334DK	STATE	WA	SEX	M	D.O.B.	03 - 12 - 1967
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	2	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	UNKNOWN
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LICENSE PLATE #	A17856J	STATE	WA	VIN#	TCE1422501987
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1972	MAKE	GM	MODEL	PU	STYLE	PK	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. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # DAIRYLAND INS COMPANY WA 454191019
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	JEFF LAMBIER	BADGE OR ID #	104	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E328337**

CASE # **14-01133**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **SMIRZ CHAD**

ADDRESS & PHONE # **PO BOX 1067 206 N KENTUCKY AVE, SP# B-6 GRANITE FALLS WA 98252 4259718615** SEX **M** D.O.B. **01** - **06** - **1976**

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

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 1 was stopped at the two way intersection of N. Machias Road and 28th Street NE, westbound on 28th Street NE. The intersection of N. Machias Road and 28th Street NE is a 2 way posted stop, with stop signs on both the east and west bound sides of 28th Street NE. N. Machias Road is the uncontrolled right of way. Unit 1 pulled forward to cross N. Machias Road, westbound, and struck Unit 3, center of vehicle on the drivers side. This collision pushed Unit 3 into Unit 2, which was stopped directly across from Unit 1 on the opposite side of 28th Street NE. See Diagram.

The driver of Unit 2 and the driver and passenger of Unit 3 were transported to Providence Medical Center in Everett for evaluation of possible injuries. The driver of Unit 1 declined AID. There were no passengers in Unit 1 or Unit 2. The driver of Unit 1 was cited for Failing to Yield. No other citations were issued or charges referred.

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)

JEFF LAMBIER INVESTIGATING OFFICER'S SIGNATURE **05-17-14 05:17 AM** DATED PLACE SIGNED

APPROVED BY **JEFF LAMBIER 104** DATE **5/17/2014 5:18:20 AM**

BADGE OR ID # **104** ORI # **WA0311900** TIME POLICE DISPATCHED **9:29 AM** TIME POLICE ARRIVED **9:36 AM**



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E328337

CASE # 14-01133

1 5 2 27

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

UNIT # _____ USDOT _____ ICC # _____ VEHICLE TYPE _____ CARGO BODY TYPE _____

CARRIER NAME _____

CARRIER ADDRESS _____

CITY _____ ST _____ ZIP _____

NAME SOURCE _____ # AXLES _____ GVWR _____ PLACARD + _____ NAME IF NO NUMBER _____

1 28

2 29

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **D: 3609133275**

LAST NAME **SMIRZ** FIRST NAME **KENNETH** MIDDLE INITIAL **R**

STREET NEW ADDRESS **PO BOX 1067 206 N KENTUCKY AVE SP# B-7**

CITY **GRANITE FALLS** ST **WA** ZIP **98252**

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CDL _____ RESTRICTIONS _____ ENDORSEMENTS _____

DRIVER'S LICENSE # **SMIRZKR528BZ** STATE **WA** SEX **M** D.O.B. **01 - 09 - 1948**

ON DUTY STATUS _____ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE _____ INJURY CLASS **0** NATURE OF INJURIES _____

1 2 31

2 32

LICENSE PLATE # **AKA5174** STATE **WA** VIN# **1GHDT13W0R0704902**

TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

1 32

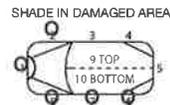
2 33

VEH. YEAR **1994** MAKE **OLDS** MODEL **BRAVAD** STYLE **4T** VEHICLE TOWED YES NO TOWED BY _____ GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **FARMERS 189030244**

VEHICLE LEGALLY STANDING YES NO CITATION # _____ CHARGE _____



FROM TO 1 5 33

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

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

FROM TO 34

4 35

STREET NEW ADDRESS _____

CITY _____ ST _____ ZIP _____

CDL _____ RESTRICTIONS _____ ENDORSEMENTS _____

36

37

DRIVER'S LICENSE # _____ STATE _____ SEX _____ D.O.B. _____

ON DUTY STATUS _____ AIRBAG _____ RESTR. _____ EJECT _____ HELMET USE _____ INJURY CLASS _____ NATURE OF INJURIES _____

38

39

LICENSE PLATE # _____ STATE _____ VIN# _____

TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

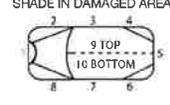
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VEH. YEAR _____ MAKE _____ MODEL _____ STYLE _____ VEHICLE TOWED YES NO TOWED BY _____ GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # _____

VEHICLE LEGALLY STANDING YES NO CITATION # _____ CHARGE _____



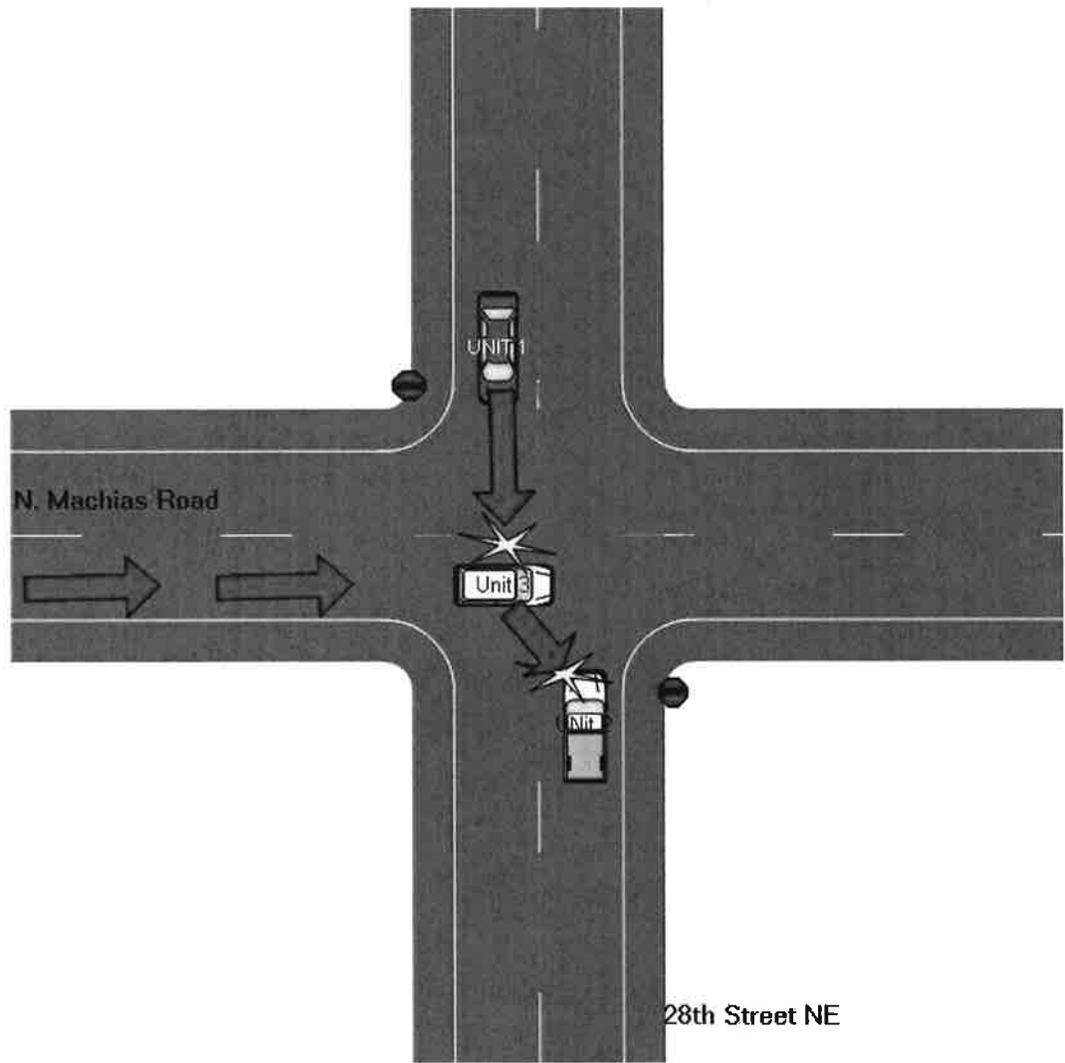
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I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JEFF LAMBIER INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET _____ DATED: **05-17-14 05:17 AM** PLACE SIGNED _____

BADGE OR ID # **104** ORI # **WA0311900** APPROVED BY **LAMBIER** DATE **5/17/2014** PAGE **3** OF **4**



IN THE DISTRICT MUNICIPAL COURT OF **LAKE STEVENS VIOLATION BUREAU** LAKE STEVENS CITY/TOWN OF **LAKE STEVENS** PLAINTIFF VS. NAMED DEFENDANT

DRIVER'S LICENSE NO. **MYERSBJ554N8** STATE: **WA** EXPIRES **08-28-14** PHOTO ID MATCHED YES NO NAME: LAST **MYERS** FIRST **BERNARD** MIDDLE **JAY** SFX YES NO

ADDRESS **3411 139TH AVE NE** IF NEW ADDRESS PASSENGER CITY **LAKE STEVENS** STATE **WA** ZIP CODE **982588660**

EMPLOYER **LAKE STEVENS** EMP LOCATION **LAKE STEVENS** DATE OF BIRTH **08-28-45** RACE **W** SEX **M** HEIGHT **5-11"** WEIGHT **260** EYES **BLU** HAIR **BRO** RESIDENTIAL PHONE NO. **(425)234-0787** CELL/PAGER PHONE NO. WORK PHONE NO.

VIOLATION DATE **05/17/2014 04:30** INTERPRETER NEEDED AT LOCATION **N. MACHIAS ROAD** REF. TRAFFICWAY M.P. **2800** BLOCK # **2800** CITY/COUNTY OF **LAKE STEVENS/SNOHOMISH**

VEH LIC NO **AEJ9925** STATE **WA** EXPIRES **05-29-15** VEH YR **2007** MAKE **SATURN** MODEL **VUE** STYLE **4-DOOR SEDAN** COLOR **GRAY**

TR #1 LIC NO STATE EXPIRES TR YR TR #2 LIC NO STATE EXPIRES TR YR

OWNER/COMPANY IF OTHER THAN DRIVER CITY STATE ZIP CODE

ACCIDENT **UNKNOWN** COMMERCIAL YES NO HAZMAT YES NO EXEMPT FIRE LEA

VEH SPEED IN A ZONE SMD PAGE AIRCRAFT DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE **46.61.190** **FALL TO STOP/YIELD AT INTERSECTION** PENALTY \$ **175.00**

2. VIOLATION/STATUTE CODE PENALTY \$

3. VIOLATION/STATUTE CODE PENALTY \$

4. VIOLATION/STATUTE CODE PENALTY \$

5. VIOLATION/STATUTE CODE PENALTY \$

RELATED # DATE ISSUED **05-17-14** TOTAL PENALTY \$ **175.00**

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER **JEFF LAMBIER** # **104** OFFICER

TICKET SERVED ON VIOLATOR TICKET REFERRED TO PROSECUTOR

TICKET SENT TO COURT FOR MAILING

NOTICE OF INFRACCTION
This is a non-criminal offense for which you cannot go to jail.
YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.
Your response must be postmarked by midnight of the day it is due at the court.
If you do not respond or appear for court hearings:

TRAFFIC
The court will find that you committed the infraction.
You may lose your driver's license privilege.
Your penalty will be increased.
Failure to pay may result in a referral of your case to a collection agency.

NON-TRAFFIC
The court will find that you committed the infraction.
It is a crime and will be treated accordingly.
Your penalty may be increased.
Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:
Name: **LAKE STEVENS VIOLATION BUREAU**
Street or PO Box **PO BOX 257**
City: **LAKE STEVENS WA 98258**
State: **WA** Zip Code: **98258**
Telephone: Home: Work:
 Is interpreter needed? Language:
X: (SIGNATURE): **420536518**

OFFICER'S TRAFFIC OFFENSE AFFIDAVIT

Defendant: Myers, Bernard Jay

Date/time // 05/13/14 / 0929

Citation/Case #: 14-01133

I, the undersigned, disclose as follows: I am a law enforcement officer for the Lake Stevens Police Department. On the above date and time, while on duty in the city limits of Lake Stevens, I observed the above named defendant driving a motor vehicle at the time an location set forth in the above referenced traffic citation, the contents of which are true and by this reference made a part of this affidavit.

While on patrol within the city limits of Lake Stevens, I investigated a motor vehicle collision and determined that the defendant, while operating a vehicle at N. Machias Road and 28th

Street NE, had committed the following traffic infraction:

- Speed match speed radar exceed safe/posted Fail to signal turn lane change
 - Expired vehicle tabs < 2 months > 2 months Fail to stop signal sign
 - Operate motor vehicle in negligent manner - 2nd Fail to wear safety restraint
 - Fail to Obey traffic control/ Restrictive sign Driving over Painted Barrier
 - Defective Equipment/ brake lights
- Upon contact, I determined / confirmed that the defendant:
- Was driving while licensees revoked / suspended degree.
 - Did not have liability insurance or proof of liability insurance.
 - Had no valid operator's license
 - Was not wearing safety restraint.
 - other * see below

- | | | | |
|-----------------------------------------|--------------------------------------------------|-----------------------------------------|----------------------------------------------|
| TRAFFIC: | WEATHER: | STREET: | LIGHT: |
| <input type="checkbox"/> LIGHT | <input checked="" type="checkbox"/> CLEAR/CLOUDY | <input checked="" type="checkbox"/> DRY | <input checked="" type="checkbox"/> DAYLIGHT |
| <input checked="" type="checkbox"/> MED | <input type="checkbox"/> RAIN | <input type="checkbox"/> WET | <input type="checkbox"/> DAWN |
| <input type="checkbox"/> HWY | <input type="checkbox"/> FOG | <input type="checkbox"/> ICY | <input type="checkbox"/> DUSK |
| | <input type="checkbox"/> SNOW | <input type="checkbox"/> SNOW/SLUSH | <input type="checkbox"/> DARK |

Defendant's remarks: Stated that he did not see the vehicle that he struck and that he had the right of way.

Officer's remarks: Fail to Stop/Yield at Intersection per WTC 46.61.190

Driver personally served & advised to respond as directed on the ticket w/in 15 days.

Investigation- Sent to court for service

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

Signed at Lake Stevens, Washington, on 05/17/14.

J. Lambier #104



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-1133

Smirz Ken Rodney VICTIM / WITNESS													
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS				CITY			STATE	ZIP	RES. STATUS				
HOME PHONE				CELL PHONE			PLACE OF EMPLOYMENT						
WORK PHONE				EMAIL ADDRESS									

I, Ken Smirz, 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.

On 5-13-2014 was heading south on machias Rd and 28th St when the other car pulled out in front of me, did not have time to miss him so there was impact then hit a chev p.u. was having neck pain and back pain. So aid ~~for~~ people took my self and my son he was in a lot of pain in neck and back to.

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>Ken Smirz</u>	DATE SIGNED: <u>5-14-14</u>	LOCATION SIGNED: <u>Granite Falls, wa.</u>
OFFICER/NUMBER: <u>1000</u>	DATE SIGNED: <u>5-14-14</u>	LOCATION SIGNED: <u>Granite Falls, 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 14-1153

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>SMIRZ, CHAD, SMIRZ</u>	RACE <u>W</u>	ETH	SEX <u>M</u>	DOB <u>1-6-76</u>	AGE <u>38</u>	HGT <u>6'2"</u>	WGT <u>170</u>	HAIR <u>BROWN</u>	EYES <u>BROWN</u>
STREET ADDRESS <u>206 N KENTUCKY AVE</u>		CITY <u>GRANITE FALLS</u>		STATE <u>WA</u>		ZIP <u>98252</u>		RES. STATUS		
HOME PHONE		CELL PHONE <u>425-971-8615</u>			PLACE OF EMPLOYMENT <u>NOT WORKING</u>					
WORK PHONE		EMAIL ADDRESS <u>chadsmirz@gmail.com</u>								

I, CHAD SMIRZ, 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.

MY NAME IS CHAD SMIRZ. I WAS A PASSENGER IN MY DAD'S CAR, WE WERE ON OUR WAY TO GRAHAM, WA. WE WERE HEADING SOUTH ON NORTH MACLIAS RD APPROXIMATING LAKE CANNON GROCERY STORE THAT SITS ON 28TH ST NE. THERE WERE 2 CARS STOPPED AT THE STOP SIGNS ON EACH SIDE OF 28TH ST NE. WE WERE DOING 30 TO 35 MPH AS WE ALMOST PAST 28TH ST NE THE CAR ON THE LEFT PULLED OUT IN FRONT OF US. THERE WAS NO TIME TO AVOID HITTING THE CAR, WE COLLIDED WITH THE GREEN CAR AND BOUNCED OFF HIM AND HIT THE WHITE TRUCK ON THE RIGHT. IT WAS A HARD HIT AND I BLACKED OUT FOR A MOMENT. SHORTLY AFTER THE AID CARS SHOWED UP AND MY DAD AND I WERE TAKEN TO PROVIDENCE HOSPITAL, I LATER WAS TRANSFERRED TO HARBOR VIEW, CHECK OUT FURTHER AND RELEASED.

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

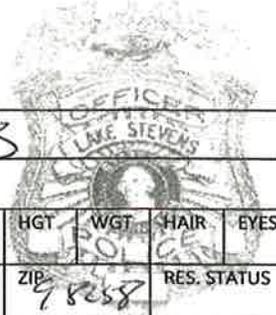
SIGNATURE: 	DATE SIGNED <u>5-14-14</u>	LOCATION SIGNED <u>GRANITE FALLS WA</u>
OFFICER/NUMBER: <u>1046</u>	DATE SIGNED <u>5-14-14</u>	LOCATION SIGNED <u>Granite Falls wa</u>

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-1133



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Myers Bernard J.</u>	RACE <u>C</u>	ETH	SEX <u>M</u>	DOB <u>8-28-45</u>	AGE <u>68</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>3411 139th AVE NE</u>		CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98258</u>	RES. STATUS			
HOME PHONE <u>425-334-0787</u>		CELL PHONE <u>425-</u>			PLACE OF EMPLOYMENT <u>Retired</u>					
WORK PHONE <u>None</u>		EMAIL ADDRESS								

I, Bernard J. Myers, 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.

coming west on 20th stopped at stop sign
look both ways - seen truck across michig rd
thought he would move on.. started across michig rd
and hit car going south on michig rd.
I didn't see 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: <u>[Signature]</u>	DATE SIGNED <u>5-13-14</u>	LOCATION SIGNED
OFFICER/NUMBER: <u>1096</u>	DATE SIGNED <u>5-13-14</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"

PAGE 1 OF 1
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-1133

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Kleinert Cliff A.</u>	RACE <u>C</u>	ETH	SEX <u>M</u>	DOB <u>3/12/67</u>	AGE <u>37</u>	HGT <u>5'10"</u>	WGT <u>170</u>	HAIR <u>B</u>	EYES <u>B</u>
STREET ADDRESS <u>13111 28th St NE.</u>		CITY <u>Lake Stevens</u>			STATE <u>Wa</u>	ZIP <u>98258</u>	RES. STATUS			
HOME PHONE <u>(425) 622-4558</u>		CELL PHONE			PLACE OF EMPLOYMENT <u>Norms Market</u>					
WORK PHONE <u>425 344 4646</u>		EMAIL ADDRESS								

I, Cliff Kleinert, 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 sitting at the stop sign on 28th st NE, going west. I was waiting for the car headed south on North Machias Rd. There was a vehicle at the stop sign on 28th st NE headed East. While I was waiting for the other vehicle to go by he decided go. The result ended in this accident. He hit the vehicle I was waiting for and that vehicle hit me.

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>Cliff Kleinert</u>	DATE SIGNED <u>5.13.14</u>	LOCATION SIGNED <u>28th St NE Lake Stevens</u>
OFFICER/NUMBER: <u>COYE</u>	DATE SIGNED <u>5-13-14</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"

SPD
PAGE 1 OF 1
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>J. LAWBLER #104</i>	Case Number <i>14-1133</i>
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Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>Vehicle Collision - Ejection</i>	Date/Time: <i>5-17-14</i>
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Action Number: *3* *Evidence will be held until court disposition or when the Statute of Limitations has expired
 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING *Found and Safekeeping will be held for 60 days or 60 days past owner notification

Item # <i>5L1</i>	Item <i>CD CD-R</i>	Brand Name <i>Compassium</i>	Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber <i>Pictures taken @ scene of 3 vehicle collision</i>		(Further Description)	
	Serial #	Where Found <i>N. Madison 28th NE</i>	Weight of Narcotic	

Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
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Owner Signature/Other remarks /additional information/ special instructions
Prer cited for failure to yield

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
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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
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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
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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
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Owner Signature/Other remarks /additional information/ special instructions

Evidence Control Use Only:						LSPD ORIGINAL
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		

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-01133

TOW / IMPOUND AND INVENTORY RECORD

- 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.
CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER.

VEHICLE INFORMATION

VIN: 1GHD T13W0R04902
LICENSE: AKAS174 WA 94
STATE: WA YEAR: 94
MAKE: OLDS MODEL: BRAVA
MILEAGE: Report of Sale Digital
STYLE: COLOR:

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI): SMIRZ, KEN R
STREET ADDRESS: 206 N KENTUCKY AVE #B7
CITY, STATE, ZIP CODE: GRANITE FALLS, WA 98252
PHONE: 360 913 3275
DOB: 1/9/48

NAME (LAST, FIRST, MI): SMIRZ, KEN R
STREET ADDRESS: 206 N KENTUCKY AVE
CITY, STATE, ZIP CODE: GRANITE FALLS, WA 98252
PHONE:

NAME (LAST, FIRST, MI): SAMB
STREET ADDRESS:
CITY, STATE, ZIP CODE:
PHONE:

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 5/13/14 AT 0953 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE RESCUE TOWING (TOWING FIRM) TO REMOVE THIS VEHICLE FROM 2800 N. MACHIAS RD

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5345 008 DATE 5 13 14

Table with 4 columns: EQUIPMENT, DAMAGE, EVIDENCE (DRIVER'S SIDE), EVIDENCE (PASSENGER'S SIDE). Includes checkboxes for glove box, keys, stereo, etc., and diagrams of vehicle damage.

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

COLLISION

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)

OFFICER'S SIGNATURE X [Signature]

SNOWHOMISH COUNTY, WA

BADGE NO. 126

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

Incident History for: #SS14008811 Xref: #AG14001337
Case Numbers: \$SS14001133
Received 05/13/14 09:29:08 BY SPDF25 SP0182
Entered 05/13/14 09:29:42 BY SPDF25 SP0182
Dispatched 05/13/14 09:29:55 BY SPDP17 SP0168
Enroute 05/13/14 09:29:55
Onscene 05/13/14 09:36:56
Closed 05/14/14 16:37:02

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: M
Police BLK: SS001 Fire BLK: AG1621 Map Page: 378A-5 Group: SS1 Beat: NORT
Src: 9
Loc: 2730 N MACHIAS RD ,LKS -- LAKE CONNOR STORE btwn 20 ST NE & 28 ST NE (V)

Loc Info: LAKE CONNER GROCERY,
Name: STAFFORD, TRACY Addr: Phone: 4253349777

/0929 (SP0182) ENTRY ,3 CAR MVC, UNK INJ HEARD ONLY
/0929 CROSS #AG14001337
/0929 (SP0168) DISPER 19D1 #SS104 LAMBIER, OFFICER (JEFF)
/0930 ASSTER 19D2 [2730 N MACHIAS RD ,LKS]
#SS126 HINGTGEN, OFFICER (MICHAEL)
/0930 (SP0182) SUPP TXT: EVERYONE CONS/ BN
/0932 SUPP TXT: ONE PT HAS A ANUERISM, HOLDING HIS CHEST, B
AL TO MVC****
/0932 SUPP TXT: CONS/BN, PT WON'T WHY HE IS HOLDING HIS CHE
ST
/0936 (SP0168) ONSCNE 19D1
/0939 ONSCNE 19D2
/0948 (*****) REMINQ 19D2 AKA5174
/0948 (SP0168) REMINQ 19D2 LIC, 19D2, AKA5174,,
/0948 ROTREQ 19D2 TOW 5745 LKS RESCUE TOWING
4253345821
/0949 MISC 19D2 ,RESCUE TOWING ENRT
/0950 ASNCAS 19D2 \$SS14001133
/0954 (SS126) REMINQ 19D2 MDTWANT,,,,,WA, SMIRZKR528BZ,,,,,,,,,
/1006 (SP0168) ASSTOS 19S12 [2730 N MACHIAS RD ,LKS]
#SS79 SUMMERS, SGT (ROBERT)
/1019 (SS126) REMINQ 19D2 MDTVEH, B07968V,,WA,,,,,,,,,
/1020 (SS104) REMINQ 19D1 MDTVEH, AKA5174,,WA,,,,,,,,,
/1022 (SS79) *CLEAR 19S12 D/D
/1023 (SP0168) CLEAR 19D1 D/H
,D
/1023 CLEAR 19D2
/1023 CLOSE 19D2
*** New Date: 05/14/14 ***
/1535 (SP0166) REOPEN ,NO MORE INFORMATION
/1535 DISPOS 19D1 [LKS PD]
#SS104 LAMBIER, OFFICER (JEFF)
/1542 \$PREMPT 19D1
/1542 CLOSE 19D1
/1545 REOPEN ,NO MORE INFORMATION
/1545 DISPOS 19D1 [PAPER]
#SS104 LAMBIER, OFFICER (JEFF)
/1546 CHGLOC 19D1 [206 N KENTUCKY AV #B7, GRF]
/1603 (SS104) *ONSCNE 19D1
/1636 REMINQ 19D1 MDTVEH, B06961V,,WA,,,,,,,,,
/1637 (SP0166) CLEAR 19D1 D/M
/1637 CLOSE 19D1

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