



**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**



1591971

REPORT NO.

1 0 5 27
2
3
4 1 8 28
5

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 #	14-01148
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 05 - 15 - 2014 0547 31 N S E W IN OF 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

101ST AVE SE BLOCK NO. 200 MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES FEET N S E W 2ND PL SE

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE D: 4253879859

LAST NAME FUSSELL FIRST NAME SKYLER MIDDLE INITIAL S

STREET NEW ADDRESS 10114 2ND PL SE

CITY LAKE STEVENS ST WA ZIP 982581952

GDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # FUSSESS057QL STATE WA SEX M D.O.B. MMDDYYYY 11 - 13 - 1995

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

LICENSE PLATE # ANN1805 STATE WA VIN# 2HGEJ1223SH504954

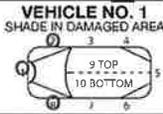
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1995 MAKE HOND MODEL CIVIC STYLE 2T VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # STATE FARM 222 6761-A23-47A

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE D: 8138100520

LAST NAME ORTEGA FIRST NAME ANGELA MIDDLE INITIAL M

STREET NEW ADDRESS 14716 MAIN ST APT P4

CITY MILL CREEK ST WA ZIP 980122051

GDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # ORTEGAM298CZ STATE WA SEX F D.O.B. MMDDYYYY 02 - 09 - 1971

ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 7 NATURE OF INJURIES COMPLAINED OF BACK PAIN

LICENSE PLATE # AMV8983 STATE WA VIN# KMHDN46D26U374448

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2006 MAKE HYUN MODEL ELANTRA STYLE 4T VEHICLE TOWED YES NO TOWED BY SKY VALLEY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # GEICO 4003-21-43-52

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) ANDREW THOR BADGE OR ID # 115 AGENCY WA0311900

6 0 1 30
7 1 2 31
8
9 1 2 32
10
11 2 5
12 2 5
13 2 3 7 33
14 2 1 5 34
15 1 4 35
16 1 4 36
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26 1 41
42



1591972

CORRECTION

REPORT NO.

CASE # **14-01148**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		PUTNAM DEAN J																
ADDRESS & PHONE #		3431 ALYSON DRIVE GRANITE FALLS WA 3603480495						SEX	M	D.O.B. MMDDYYYY	06	-	24	-	1990			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" 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

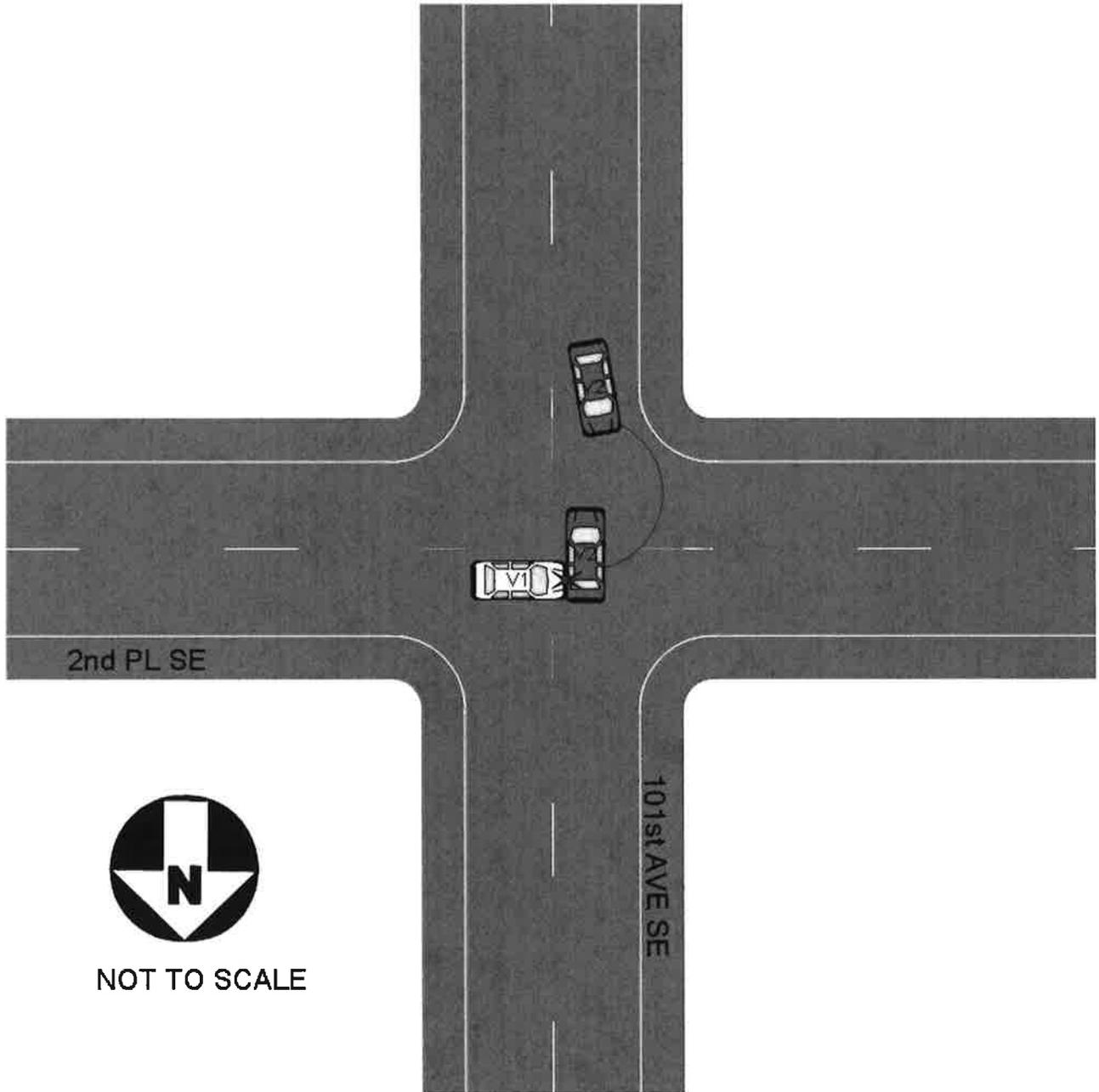
Driver V1 disregarded an uncontrolled stop and entered a major thoroughfare from a side street without yielding to an oncoming vehicle (V2). V1 was traveling at high speeds and caused V2 to spin 180 degrees upon impact.

Witness 1 stated V1 entered roadway from side street at high rate of speed and collided with V2.

Driver of V2 was transported by AID for reported back pain.

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)

ANDREW THOR		05-15-14 07:01 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY ROBERT MINER 095		DATE 5/15/2014 4:51:06 PM	
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
115	WA0311900	5:47 AM	5:52 AM



CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-01148

TOW / IMPOUND AND INVENTORY RECORD

- NON-IMPOUND / TOW
AAA or OTHER ROADSIDE ASSISTANCE
EVIDENCE
SEIZED UNDER RCW 69.50.505
[X] 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: K M H D N 4 6 D 2 6 U 3 7 4 4 4 8
LICENSE: AMV 8983 STATE: WA YEAR: 06 MAKE: HYUN MODEL: ELA
MILEAGE: Report of Sale Digital STYLE: 4DR COLOR: BEIGE

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI): ORTEGA ANGELA M. CAUDERON, JAVIER F.
STREET ADDRESS: 10074 1st St SE. 10074 1st St SE
CITY, STATE, ZIP CODE: LAKE STEVENS, WA 98256. LAKE STEVENS, WA
PHONE: 813 810 0520

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 5/15/14 AT 0642 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 10150 AVE SE / 2ND PL SE

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

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5712-015 DATE 5-15-14

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

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

VEHICLE 2 IN COLLISION
DRIVER TRANSFERRED

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 [Signature] SNOWMISH COUNTY, WA BADGE NO. 115

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

DRIVER'S SIGNATURE X

SUPERVISOR

Jul 20 12:03:02p

Bates Bros. Towing

3608633242

p.1

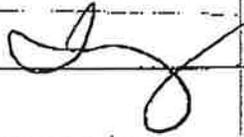
To: Lake Stevens Police Department

Fax: 425-334-9852

From: Sky Valley Towing Phone: 360-563-6090 Fax: 360-568-7812

504 Lincoln Ave, Snohomish, WA 98290

Authorized Agents Signature



VIN # KMH/DN4G02260374448

LST WA LTR LP AMV 8983

MAKE Hyun. MODEL Elentra YR 06 COLOR Berget

IMP. FROM (ADDRESS) 101ST AVE SE OR PLSE

CASE # 14-0648

MISC. _____

DATE OF IMPOUND 5-15-14 TIME OF IMPOUND 0615

SNOHOMISH COUNTY
WILL INSERT HERE

[]: NOT SCSO JURISDICTION

_____ JURISDICTION

ONLY VEHICLES PRIVATELY IMPOUNDED FROM UNINCORPORATED SNOHOMISH COUNTY ARE TO BE REPORTED ON THIS FORM. VEHICLES PRIVATELY IMPOUNDED FROM INCORPORATED AREAS OF SNOHOMISH CO. ARE TO BE REPORTED TO THE POLICE DISPATCH CENTER. FAXING THIS FORM TO THE SNOHOMISH COUNTY SHERIFF AT THE TIME OF IMPOUND WILL MEET THE REQUIREMENTS OF IMMEDIATE NOTIFICATION AND SUBSEQUENT WRITTEN NOTICE WITHIN 24 HOURS SPECIFIED IN RCW 46.56.100 YOUR NOTIFICATION FORM WILL BE FAXED BACK TO YOU CONTAINING REGISTRATION INFORMATION.

RESPONSE FAXED _____

Incident History for: #SS14008968 Xref: #AG14001355

Case Numbers: \$SS14001148

Entered 05/15/14 05:47:19 BY SPDF25 SP0321
Dispatched 05/15/14 05:47:42 BY SPDP17 SP0243
Enroute 05/15/14 05:47:42
Onscene 05/15/14 05:52:30

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo:
Police BLK: SS003 Fire BLK: AG1519 Map Page: 397F-1 Group: SS1 Beat: SOUT
Src: T
Loc: 101 AV SE/2 PL SE ,LKS (V)

Loc Info: IN INTERSECTION
Name: PUTNUM, DEAN Addr: WITNESS Phone: 3603480495

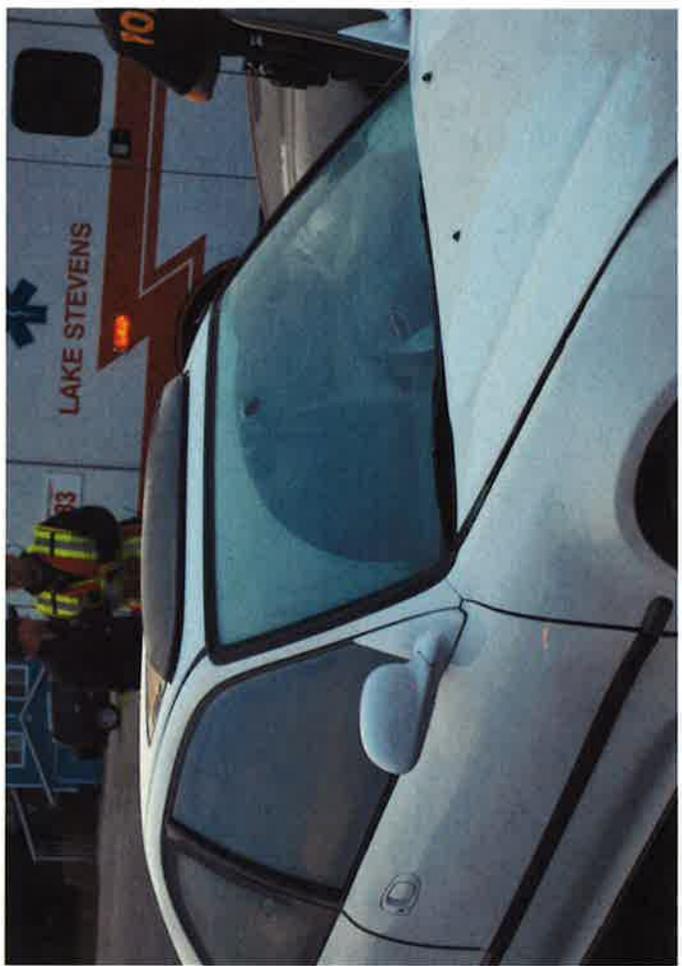
/0547 (SP0321) ENTRY , 2 VEH, BLKING, 1F INJ WITH BACK PX, CON
/0547 CROSS #AG14001355
/0547 (SP0243) DISPER 19D2 #SS115 THOR, OFFICER (ANDREW)
/0548 ASSTER 19S13 [101 AV SE/2 PL SE ,LKS]
#SS95 MINER, SGT (ROBERT)
/0548 (SP0321) SUPP LOCI: IN INTERSECTION,
NAM: PUTNUM, DEAN,
ADR: WITNESS,
PHO: 3603480495,
TXT: WHI HONDA CIV VS GLD HUNDAI ELANTRA
/0552 (SP0243) ONSCNE 19D2
/0553 ONSCNE 19S13
/0553 ASSTOS 19D1 [101 AV SE/2 PL SE ,LKS]
#SS72 AUKERMAN, OFFICER (WAYNE)
/0554 (*****) REMINQ 19D2 ANN1605
/0554 (SP0243) REMINQ 19D2 LIC, 19D2, ANN1605, , ,
/0554 (*****) REMINQ 19D2 AMV8983
/0554 (SP0243) REMINQ 19D2 LIC, 19D2, AMV8983, , ,
/0606 ASNCAS 19S13 \$SS14001148
/0609 ROTREQ 19S13 TOW 5061 LKS SKY VAL SNO
3605636090 , FLATBED AMV8983
/0610 MISC 19S13 , SKY VALLEY TOW ENRT W/FLATBED
/0610 \$PREMPT 19D1
/0630 (SS95) CLEAR 19S13
/0641 (SP0243) MISC 19D2 , TOW ONSCNE

SECTOR COLLISION

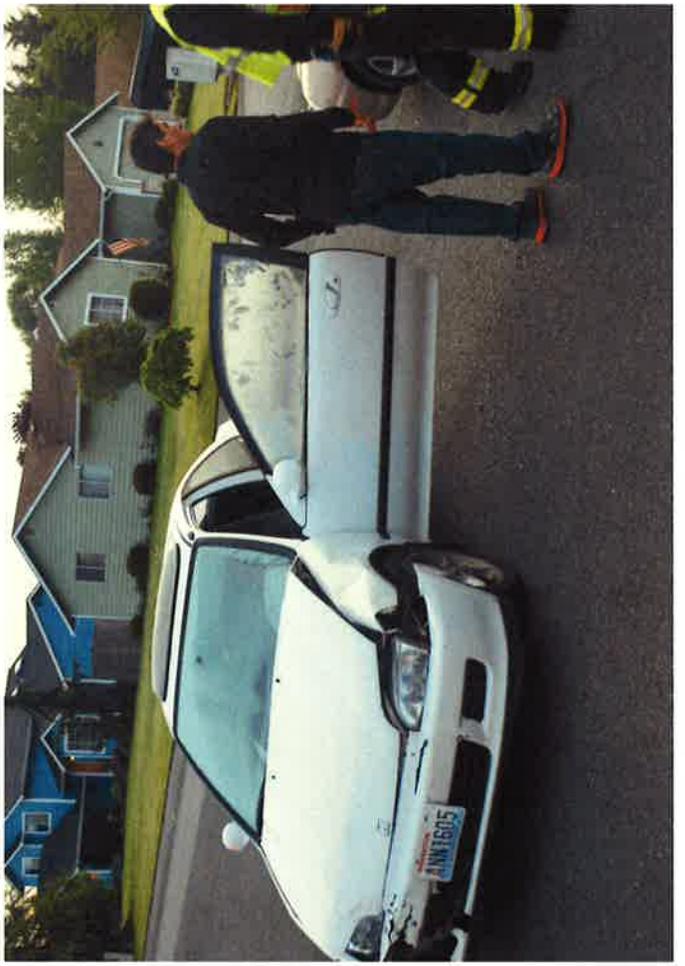
14-1148



11-11648



8/11/18



14-11418



14-1148



19-1148



147-1148



8/21/11-121



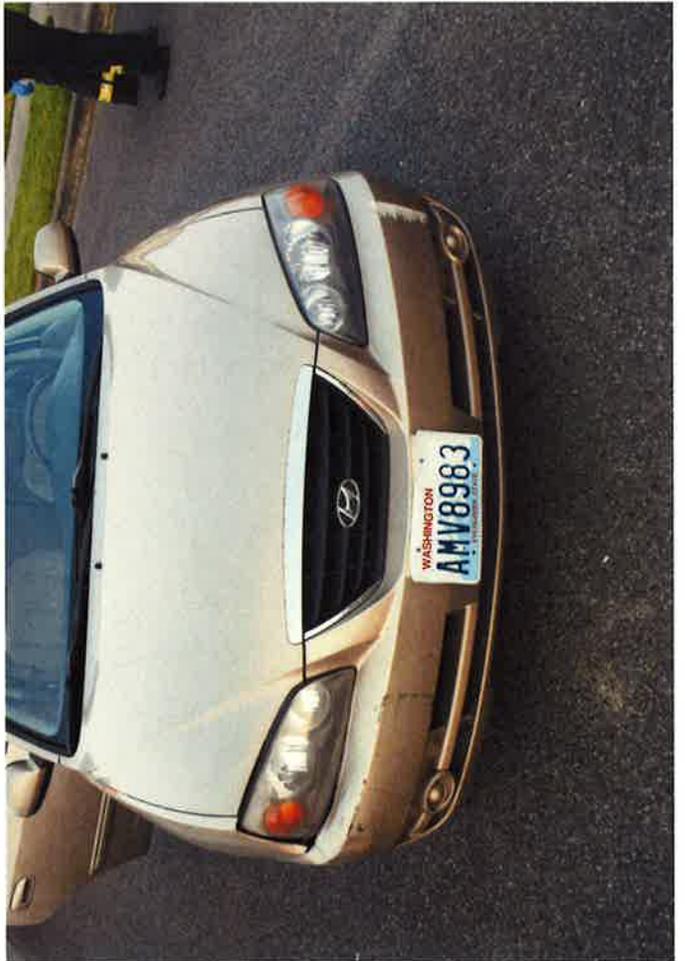
14-1148



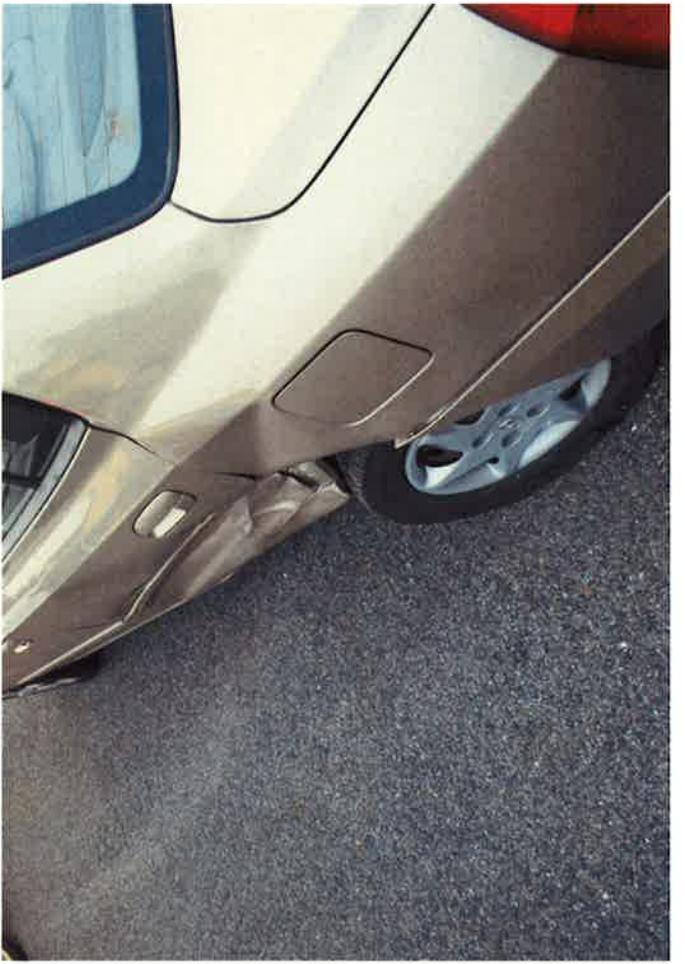
14-1148



14-1148



14-1148



LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Thos</i>			Case Number <i>14-1148</i>	
Type of Crime: Felony / <u>Misdemeanor</u> (Circle)		Type of Case: <i>Collision</i>			Date/Time: <i>5-15-14</i>	
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 # <i>Em1</i>	Item <i>CD</i>	Brand Name <i>Compressor</i>			Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber <i>Scene Photos</i>			(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 <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	