



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E341373**

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2  
3

INTERSTATE  CITY STREET  FIRE RESULTED   
STATE ROUTE  OTHER  STOLEN VEHICLE   
COUNTY RD  PRIVATE WAY  HIT & RUN INVOLVED

CASE # **14-01520**  
LOCAL AGENCY CODING  
TOTAL # OF UNITS **02** OBJECT STRUCK **POWER POLE**

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **07** - **01** - **2014** **2300** **31** N  E  IN  S  W  OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
**HARTFORD DR** BLOCK NO.  **2300**  
MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)  
**150** **00** MILES FEET  N  E  **131ST AVE NE**  
 S  W

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

LAST NAME **UNKNOWN** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. MMDDYYYY

ON DUTY  STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

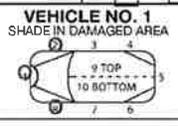
LICENSE PLATE # **AJ06159** STATE **WA** VIN# **2C4GP54301R234822**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2001** MAKE **CHRY** MODEL **TOWN** STYLE **VN** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. **EARL BOGART 423 BEACVH DR LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **HARTFORD 147-49-5009A**  
VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 4257831000**

LAST NAME **PUD** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS **2320 CALIFORNIA ST**

CITY **EVERETT** ST **WA** ZIP **98201**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. MMDDYYYY

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

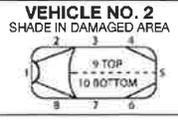
LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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 # CITATION # CHARGE



OFFICER'S NAME (PRINT) **CHAD CHRISTENSEN** BADGE OR ID # **075** AGENCY **WA0311900**

0 1 29

1 1 2 31

1 32

FROM TO 6 2 33

FROM TO 34

9 35

36

37

38

39

40

1 41

42



1591972

CORRECTION

REPORT NO. **E341373**

CASE # **14-01520**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

|                                       |                                  |        |           |        |        |       |            |              |                    |     |                    |   |   |
|---------------------------------------|----------------------------------|--------|-----------|--------|--------|-------|------------|--------------|--------------------|-----|--------------------|---|---|
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                  |        |           |        |        |       |            |              |                    |     |                    |   |   |
| ADDRESS & PHONE #                     |                                  |        |           |        |        |       |            |              |                    | SEX | D.O.B.<br>MMDDYYYY | - | - |
| PASSENGER <input type="checkbox"/>    | WITNESS <input type="checkbox"/> | UNIT # | SEAT POS. | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |     |                    |   |   |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                  |        |           |        |        |       |            |              |                    |     |                    |   |   |
| ADDRESS & PHONE #                     |                                  |        |           |        |        |       |            |              |                    | SEX | D.O.B.<br>MMDDYYYY | - | - |
| PASSENGER <input type="checkbox"/>    | WITNESS <input type="checkbox"/> | UNIT # | SEAT POS. | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |     |                    |   |   |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                  |        |           |        |        |       |            |              |                    |     |                    |   |   |
| ADDRESS & PHONE #                     |                                  |        |           |        |        |       |            |              |                    | SEX | D.O.B.<br>MMDDYYYY | - | - |
| PASSENGER <input type="checkbox"/>    | WITNESS <input type="checkbox"/> | UNIT # | SEAT POS. | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |     |                    |   |   |

**NARRATIVE**

Unit 1 was travelling northeast in the 2300 Hartford Dr. when the vehicle left the roadway and collided head on with a power pole on the north side of the roadway. The driver was seen fleeing the scene. The owner of Unit 1 was contacted at his residence who claimed the vehicle had been stolen from McDonalds in Frontier Village. Vehicle was towed from the location by Top Notch 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>CHAD CHRISTENSEN</b>                    |            | UNIT OR DIST. DET |                  | <b>07-02-14 03:16 AM</b>             |                 | PLACE SIGNED        |                 |
| INVESTIGATING OFFICER'S SIGNATURE          |            |                   |                  | DATED                                |                 |                     |                 |
| APPROVED BY<br><b>CHAD CHRISTENSEN 075</b> |            |                   |                  | DATE<br><b>7/14/2014 11:33:33 AM</b> |                 |                     |                 |
| BADGE OR ID #                              | <b>075</b> | ORI #             | <b>WA0311900</b> | TIME POLICE DISPATCHED               | <b>11:03 PM</b> | TIME POLICE ARRIVED | <b>11:05 PM</b> |



DRAWING IS NOT TO SCALE

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-01520

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: 2C4GP54301R234822
LICENSE: ALU6159 STATE: WA YEAR: 2001 MAKE: CHRYSL MODEL: TOWN
MILEAGE: Report of Sale Digital STYLE: VAN COLOR: GRN

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI) BOGARD, EARL
STREET ADDRESS 423 BENCH DR
CITY, STATE, ZIP CODE LAKE STEVENS WA 98290
PHONE DOB PHONE PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 7/1/14 AT 2330 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE TOP NORTH TOWING &
TO REMOVE THIS VEHICLE FROM 2300 HARTFORD DR (TOWING FIRM)
I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.
TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5705-003 DATE 7-1-14

EQUIPMENT DAMAGE EVIDENCE (DRIVER'S SIDE) EVIDENCE (PASSENGER'S SIDE)
GLOVE BOX LOCKED
KEYS [2]
FRONT SHADE DAMAGED AREA
R FRONT
R SIDE
R REAR
L FRONT
L SIDE
L REAR
REAR
TOP
UNDERCARRIAGE
OTHER

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

VEHICLE INVOLVED IN COLLISION, DRIVER FLED THE SCENE

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] SNOHOMESH COUNTY, WA BADGE NO. 75

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

### IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound  Private Impound \_\_\_\_\_ Repo \_\_\_\_\_

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 5514-1520 Reason: COL

|                   |              |      |     |
|-------------------|--------------|------|-----|
| MKE/ (Circle One) | <u>(EVI)</u> | EVIP | EVR |
|-------------------|--------------|------|-----|

|                        |
|------------------------|
| ORI/ <u>WA031 1900</u> |
|------------------------|

|                      |                |                       |                     |
|----------------------|----------------|-----------------------|---------------------|
| LIC/ <u>WA106159</u> | LIS/ <u>WA</u> | LIY/ <u>0000 2014</u> | LIT/ <u>0000 PL</u> |
|----------------------|----------------|-----------------------|---------------------|

|                              |
|------------------------------|
| VIN/ <u>2C46P5430R234822</u> |
|------------------------------|

|                  |                  |                   |
|------------------|------------------|-------------------|
| VYR/ <u>2001</u> | VMA/ <u>CHRY</u> | VMO/ <u>TOWNS</u> |
|------------------|------------------|-------------------|

|                 |                    |     |
|-----------------|--------------------|-----|
| VST/ <u>VAN</u> | VCO/ <u>000000</u> | GRN |
|-----------------|--------------------|-----|

|                                     |
|-------------------------------------|
| DATE OF IMPOUND/REPO: <u>7.1.14</u> |
|-------------------------------------|

|  |
|--|
| TOW COMPANY NAME: <u>TOP NOTION TOWING</u> |
|--|

|                                |                             |
|--------------------------------|-----------------------------|
| TOW COMPANY OCA/** <u>5105</u> | PHONE#: <u>360.568.8877</u> |
|--------------------------------|-----------------------------|

\*\*(For Repossession Company with no DOL issued OCA, use 5999)

|  |
|--|
| Address Taken From: <u>2306 Hawthard Dr, Uls</u> |
|--|

|                                    |
|------------------------------------|
| City of Jurisdiction: <u>UKSPD</u> |
|------------------------------------|

For Repo:

|                        |
|------------------------|
| Financial Institution: |
|------------------------|

|                 |          |
|-----------------|----------|
| Contact Person: | Phone #: |
|-----------------|----------|

For Teletype:

|                     |
|---------------------|
| Date: <u>7.2.14</u> |
|---------------------|

|                        |                   |
|------------------------|-------------------|
| Entered By: <u>377</u> | Checked By: _____ |
|------------------------|-------------------|

|                           |                     |
|---------------------------|---------------------|
| WAC #: <u>14000 73126</u> | Checked Date: _____ |
|---------------------------|---------------------|

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 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. DRIVER 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  
**14-01520**

VEHICLE INFORMATION

VIN: **2C4GP54301R234822**

|  |                                  |                   |                     |                    |
|--|----------------------------------|-------------------|---------------------|--------------------|
| LICENSE: <b>ALLW159</b>                | STATE: <b>WA</b>                 | YEAR: <b>2001</b> | MAKE: <b>CHRYSL</b> | MODEL: <b>TOWN</b> |
| <input type="checkbox"/> Repo. of Sale | <input type="checkbox"/> Digital | MILEAGE: _____    | STYLE: <b>VAN</b>   | COLOR: <b>GRN</b>  |

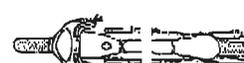
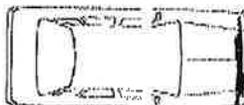
| DRIVER                        | REGISTERED OWNER                                    | LEGAL OWNER                                |
|-------------------------------|---|--|
| NAME (LAST, FIRST, MI): _____ | NAME (LAST, FIRST, MI): <b>BOGARD, EARL</b>         | NAME (LAST, FIRST, MI): <b>SAME AS R/O</b> |
| STREET ADDRESS: _____         | STREET ADDRESS: <b>403 BENCH DR</b>                 | STREET ADDRESS: _____                      |
| CITY, STATE, ZIP CODE: _____  | CITY, STATE, ZIP CODE: <b>LAKE STEVENS WA 98290</b> | CITY, STATE, ZIP CODE: _____               |
| PHONE: _____ DOB: _____       | PHONE: _____  | PHONE: _____                               |

AUTHORIZATION AND RECEIPT

ON THIS DATE OF **7/1/14** AT **2330** (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE **TOW NORTH TOWN** TO REMOVE THIS VEHICLE FROM **2300 HARTFORD DR** (TOWING FIRM)

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

TOW DRIVER'S SIGNATURE **Bruce Brown** DOL TOW TRUCK NO. **5705-003** DATE **7-1-14**

| EQUIPMENT                                       | DAMAGE   | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (PASSENGER'S SIDE) |
|---|--|--------------------------|-----------------------------|
| <input type="checkbox"/> GLOVE BOX LOCKED       | <input checked="" type="checkbox"/> FRONT<br>SHAPE DAMAGED AREA  |                          |                             |
| <input checked="" type="checkbox"/> KEYS (2)    | <input checked="" type="checkbox"/> R FRONT<br> |                          |                             |
| <input type="checkbox"/> AUTO STEREO            | <input type="checkbox"/> R SIDE  |                          |                             |
| <input type="checkbox"/> AUDIO TAPES / CD'S ( ) | <input type="checkbox"/> R REAR  |                          |                             |
| <input type="checkbox"/> CB RADIO               | <input checked="" type="checkbox"/> L FRONT<br> |                          |                             |
| <input type="checkbox"/> RADAR DETECTOR         | <input type="checkbox"/> L SIDE  |                          |                             |
| <input type="checkbox"/> TRUNK LOCKED           | <input type="checkbox"/> L REAR  |                          |                             |
| <input type="checkbox"/> SPARE TIRE             | <input type="checkbox"/> REAR  |                          |                             |
| <input type="checkbox"/> JACK                   | <input type="checkbox"/> TOP   |                          |                             |
| <input type="checkbox"/> CHAINS                 | <input type="checkbox"/> UNDERCARRIAGE   |                          |                             |
| <input type="checkbox"/> OTHER _____            | <input type="checkbox"/> OTHER _____   |                          |                             |

| INVENTORY/EVIDENCE | NARRATIVE OR DIAGRAM<br>(List reason(s) for impound.)       |
|--------------------|---|
|                    | <b>VEHICLE INVOLVED IN COLLISION, DRIVER FLED THE SCENE</b> |
|                    |   |
|                    |   |
|                    |   |

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]** SNO. HAYES M. COUNTY, WA. BADGE NO. **75**

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

3000-110-076 (R 7/11) SUPERVISOR

