STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E344186

CASE #	14-01732
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE ☐ CITY STREET ☐ STATE ROUTE ☑ OTHER ☐ COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐ STOLEN VEHICLE ☐ HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

DATE OF COLLISION (M M D D Y Y Y Y)	TIME (2400)	COUNTY #	MILES		CITY #
07 - 25 - 2014	1800	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY) SR 9 — INTERSECTION ☐ NON-INTERSECTION ☑ — BLOCK NO. ☑ MILE POST ☐ 3400

DISTANCE 100.00 MILES ☐ FEET ☑ N ☐ S ☑ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) SR 92

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 2069636518

LAST NAME	VACCHIO	FIRST NAME	MARIO
MIDDLE INITIAL	D		
STREET NEW ADDRESS ☐	715 E 5TH ST UNIT A		
CITY	ARLINGTON	ST WA	ZIP 982231210
CDL		RESTRICTIONS	ENDORSEMENTS L
DRIVER'S LICENSE #	VACCHMD176JR	STATE WA	SEX M D.O.B. MMDDYYYY 04 - 19 - 1983

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

LICENSE PLATE #	AOW8414	STATE WA	VIN# 1G1PG5SC6C7126107		
TRAILER PLATE #		STATE	TRAILER PLATE #		STATE

VEH. YEAR 2012 | MAKE CHEV | MODEL CRUZE | STYLE 4D | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. KIMBERLY VACCHIO 801 RAINIER AVE N RENTON WA 98057

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # GEICO 4292474907

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 1 SHADE IN DAMAGED AREA — 9 TOP, 10 BOTTOM

UNIT 02

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 2067926636

LAST NAME	MOSTELLER	FIRST NAME	TRAVIS
MIDDLE INITIAL	C		
STREET NEW ADDRESS ☐	7928 192ND PL NE		
CITY	ARLINGTON	ST WA	ZIP 982235914
CDL		RESTRICTIONS	ENDORSEMENTS
DRIVER'S LICENSE #	MOSTETC148NQ	STATE WA	SEX M D.O.B. MMDDYYYY 08 - 18 - 1986

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

LICENSE PLATE #	483XWI	STATE WA	VIN# 238092689		
TRAILER PLATE #		STATE	TRAILER PLATE #		STATE

VEH. YEAR 1968 | MAKE VOLK | MODEL VAN | STYLE | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. AMANDA FREUDENTHAL 7928 192ND PL NE ARLINGTON WA 98223

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # FARMER 188195538

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA — 9 TOP, 10 BOTTOM

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

1	1	1	1
2	1	2	1
3	1	3	1
4		4	
4a		4a	
5		5	
6		6	
7		7	
8		8	
9	9	9	9
10	9	10	9
11	5 5	11	5 5
12	5 5	12	5 5
13	3	13	3
14	3	14	3
15	2	15	2
16	2	16	2
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

27	1	0	5
28	1	1	6
29		0	1
30		0	1
31	1	1	2
32	1	1	1
33	FROM 5	TO 1	
34	FROM 5	TO 1	
35		4	
36		4	
37			
38			
39			
40			
41		1	
42		1	

PART A 3000-345-159 R (7/06)

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E344186

CASE # 14-01732

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																	
ADDRESS & PHONE #											SEX		D.O.B. MMDDYYYY		-		-
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. MMDDYYYY		-		-
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. MMDDYYYY		-		-
PASSENGER ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

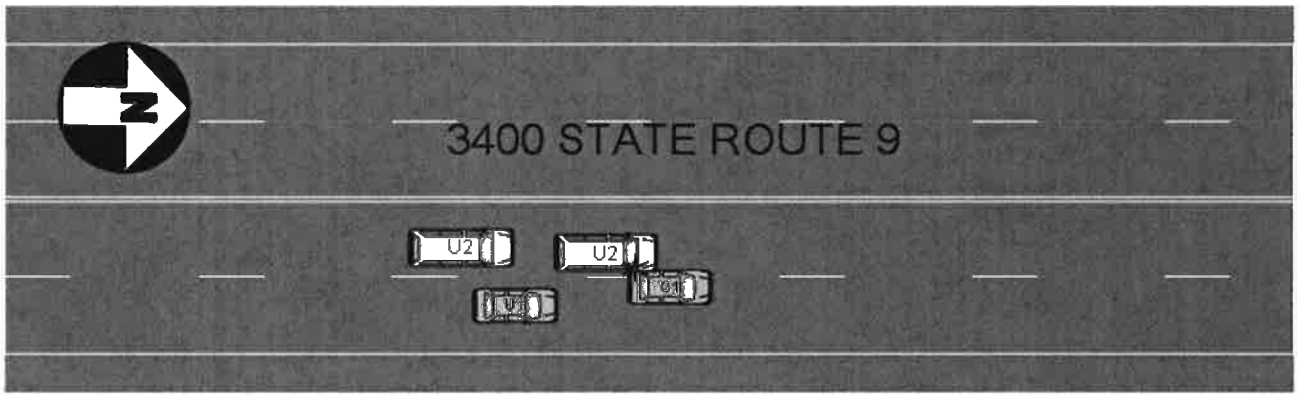
Units 1 and 2 were both travelling north on SR 9. Unit 1 attempted to merge fron the outside lane to the inside lane. Unit 2 was at a stopped and began moving forward as Unit 1 merged. Driver of Unit 2 stated he need to use the starter to get the vehicle moving in a forward directing.

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)

CHAD CHRISTENSEN		07-26-14 02:51 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 095	7/26/2014 7:52:25 AM

BADGE OR ID #	075	ORI #	WA0311900	TIME POLICE DISPATCHED	6:00 PM	TIME POLICE ARRIVED	6:00 PM


N
3400 STATE ROUTE 9
U2
U2

Incident History for: #SS14014466
Case Numbers: $SS14001732
Entered 07/25/14 18:00:21 BY SPDP17 SP0274
Dispatched 07/25/14 18:00:21 BY SPDP17 SP0274
Enroute 07/25/14 18:00:21
Onscene 07/25/14 18:00:21
Closed 07/25/14 18:32:07

Initial Type: AP Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION,NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: Src
:
Loc: SR 9 NE/SR 92 ,LKS (V)

Loc Info:
Name: Addr: Phone:

/1800	(SP0274)	$OUTSRV		,NO MORE INFORMATION
/1800		DISPOS	19S16	#SS75 CHRISTENSEN,OFCR (CHAD)
				,NO MORE INFORMATION
/1800		CHANGE		LOC: SR 9/ SR 92 --> SR 9 NE/SR 92 ,LKS,
				BLK: --> SS001
/1803	(******)	REMINQ	19S16	B3XWI
/1803	(SP0274)	REMINQ	19S16	LIC,19S16,B3XWI,,,
/1803	(******)	REMINQ	19S16	AOW8414
/1803	(SP0274)	REMINQ	19S16	LIC,19S16,AOW8414,,,
/1804		CHANGE		TYP: AP
				---> ACC .
/1804	(******)	REMINQ	19S16	483XWI
/1804	(SP0274)	REMINQ	19S16	LIC,19S16,483XWI,,,
/1809		ASNCAS	19S16	$SS14001732
/1832		CLEAR	19S16	D/H
/1832		CLOSE	19S16	