STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E431626

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

FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

CASE # 15-01420
LOCAL AGENCY CODING
TOTAL # OF UNITS 02
OBJECT STRUCK TRAFFIC SIGNAL
TRIBAL RESERVATION

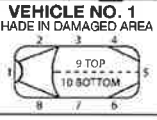
DATE OF COLLISION M M 06 - D D 08 - Y Y Y Y 2015
TIME (2400) 0918
COUNTY # 31
MILES
N ☐ E ☐ S ☐ W ☐
IN ☑ OF ☐
CITY # 0664

ON (PRIMARY TRAFFIC WAY) 20TH ST SE
INTERSECTION ☑ NON-INTERSECTION ☐
BLOCK NO. ☑ MILE POST ☐ 9900

DISTANCE
MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐
OF (REFERENCE OR CROSS STREET) 99TH AVE SE

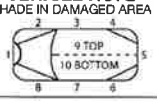
UNIT 01 MOTOR VEHICLE ☑ PEDAL-CYCLE ☐
DAMAGE THRESHOLD MET YES ☐ NO ☑
PHONE D: 2063830368

LAST NAME LONGACRE | FIRST NAME JAMES | MIDDLE INITIAL C
STREET NEW ADDRESS ☐ 1919 196TH ST SW UNIT 71
CITY LYNNWOOD | ST WA | ZIP 980367079
CDL A | RESTRICTIONS K | ENDORSEMENTS L, T, X
DRIVER'S LICENSE # LONGAJC419M0 | STATE WA | SEX M | D.O.B. MMDDYYYY 07 - 20 - 1959
ON DUTY ☐ | STATUS | AIRBAG 2 | RESTR. 4 | EJECT 1 | HELMET USE | INJURY CLASS 1 | NATURE OF INJURIES
LICENSE PLATE # NPRCN11 | STATE WA | VIN# 1XPALB0X1ND312590
TRAILER PLATE # | STATE | TRAILER PLATE # | STATE
VEH. YEAR 1992 | MAKE PTRB | MODEL TRAC | STYLE TM | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑
REGISTERED OWNER INFO. NCM GROUP LP 8160 304TH AVE SE PRESTON WA 98050 D: 8774447368
LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # UNIONDALE ALLIANCE CA5101686
VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA


UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☑
DAMAGE THRESHOLD MET YES ☑ NO ☐
PHONE D: 4253341012

LAST NAME CITY OF LAKE STEVENS | FIRST NAME | MIDDLE INITIAL
STREET NEW ADDRESS ☐ 1812 MAIN ST
CITY LAKE STEVENS | ST WA | ZIP 98258
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 #
VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA


OFFICER'S NAME (PRINT) C. LYONS #0134 | BADGE OR ID # 0134 | AGENCY WA0311900

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E431626

CASE # 15-01420

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

V-1 Was driving westbound on 20th St SE through the intersection of 20th St SE and 99th Ave SE. The rear boom was in the raised position and struck a traffic signal, causing it to fall. WSP Commercial Vehicle came to the scene and measured the boom at 18' 7" in the raised position.

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)

INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
C. LYONS #0134		06-08-15 10:38 AM	

APPROVED BY	DATE
BOB SUMMERS 079	6/9/2015 9:29:14 AM

BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
0134	WA0311900	9:18 AM	9:20 AM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E431626

CASE # 15-01420

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #	1	USDOT		ICC #		VEHICLE TYPE		CARGO BODY TYPE	

CARRIER NAME

CARRIER ADDRESS

CITY | ST | ZIP

NAME SOURCE | # AXLES 00 | GVWR 0 | PLACARD ☐ | + | NAME IF NO NUMBER

ADDITIONAL UNITS

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

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # | STATE | SEX | 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

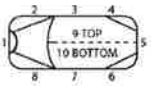
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

SHADE IN DAMAGED AREA



FROM TO

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

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | RESTRICTIONS | ENDORSEMENTS

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

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

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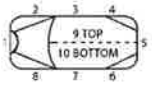
SHADE IN DAMAGED AREA



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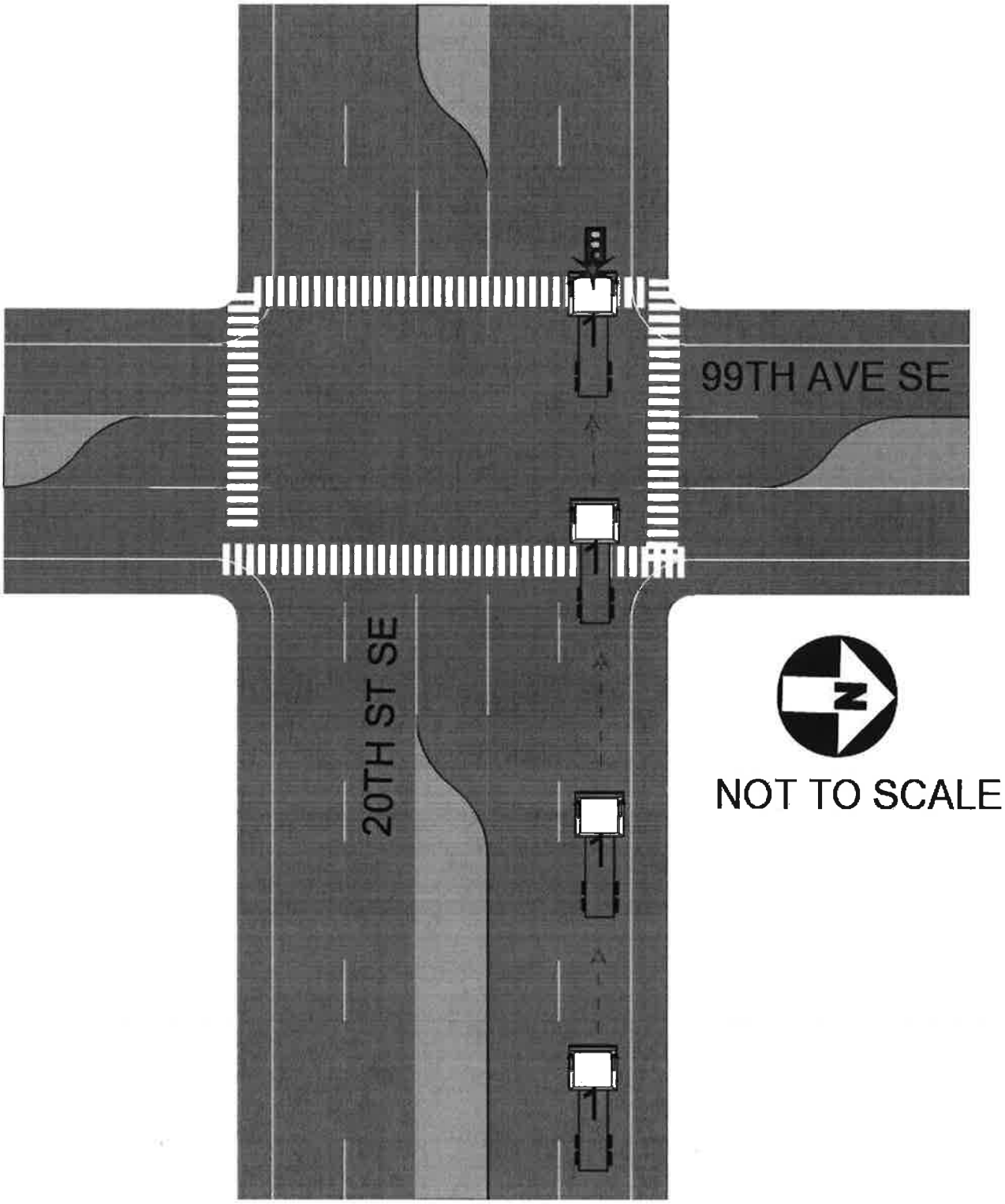
C. LYONS #0134		06-08-15 10:38 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED

BADGE OR ID #	0134	ORI #	WA0311900	APPROVED BY	SUMMERS	DATE	6/9/2015	PAGE	3	OF	4


99TH AVE SE
20TH ST SE
N
NOT TO SCALE

Incident History for: #SS15011182 Xref: #SP15000896 #AG15001667
Case Numbers: $SS15001420
Entered 06/08/15 09:18:27 BY SPCT03 SP0393
Dispatched 06/08/15 09:18:52 BY SPDP17 SP0371
Enroute 06/08/15 09:18:52
Onscene 06/08/15 09:20:45
Closed 06/08/15 11:02:13

Initial Type: COLP Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION,NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1418 Map Page: 397F-3 Group: SS1 Beat: SOUT
Src: T
Loc: 20 ST SE/99 AV SE ,LKS (V)

Loc Info:
Name: MCAULIFFE, MIKE Addr: Phone: 4255127656

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/0918  (SP0393)  ENTRY          ,AC, NOW, H & R WASTE MGT TRUCK VS LIGHT SIGNAL,
                                 LIGHT SIGNAL HIT VEH, THAT VEH LEFT SCENE
/0918  (SP0371)  DISPER  19D1    #SS134  LYONS,OFFICER (CHRIS)
                                 #SS102  PLANALP,OFFICER (DANIEL)
/0918  (SP0393)  SUPP           TXT: TRUCK WAS NW WASTE MGT TRUCK LSH WB ON 20TH
                                 SE, CONTINUED W OF SR 9
/0919  (SP0181)  SUPP           NAM: ASCANIO, ANDREW,
                                PHO: 3606219425,
                                TXT: AC HIT AND RUN TO A TRF LIGHT. CONSTRUCTION
                                 TRUCK KNOCKED DOWN THE TRF L IGHT TRF LIGHT DOW
                                N IN RDWY AND A VEH IS PARKED NEARBY, MAY HAVE B
                                EEN HIT BY T HE FALLING LIGHT. N/D ON VEH THAT P
                                ULLED OVER. RUNNING VEH WB NL
/0920  (SP0371)  ASSTER  19D2    #SS126  HINGTGEN,OFFICER (MICHAEL)
/0920            ASSTOS  19D3   [LUNDEEN/SB 9]
                                 #SS133  HEINEMANN,OFFICER (GAVIN)
/0920  (SP0393)  SUPP           NAM: MCAULIFFE, MIKE,
                                PHO: 4255127656,
                                TXT: **CORRECTION VEH CAME BACK TO LOC
/0920            CHANGE         TYP: COLP --> COL,
                                NAM: ASCANIO, ANDREW --> MCAULIFFE, MIKE,
                                PHO: 3606219425 --> 4255127656,
                                PRI: 1 --> 2
/0921  (SP0371)  ONSCNE  19D3   [AC/LUNDEEN/SB 9]
/0923  (SP0287)  CROSS          #AG15001667
/0925  (SS133 )  REMINQ  19D3   MDTVEH,AMB0580,,WA,,,,,,,,,,
/0926  (SP0371)  ONSCNE  19D1
/0926            ASSTOS  19S12  [20 ST SE/99 AV SE ,LKS]
                                 #SS79   SUMMERS,SGT (ROBERT)
/0926            ONSCNE  19D3   [LOC]
/0928            MISC    19D2   ,NON BLKING
/0928            ONSCNE  19D2
/0929  (SS126 )  REMINQ  19D2   MDTWANT,LONGACRE,JAMES,C,072059,,,WA,,,,,,,,,,,
                                ,,
/0931  (******)  REMINQ  19D1   NPRCN11
/0931  (SP0371)  REMINQ  19D1   LIC,19D1,NPRCN11,,,
/0932            CLEAR   19D2
/0932  (SS133 )  REMINQ  19D3   MDTVEH,B08226H,,WA,,,,,,,,,,
/0932            REMINQ  19D3   MDTVEH,234ZJD,,WA,,,,,,,,,,
/0933           *CLEAR   19D3   D/D
/0933  (SS79  )*CLEAR    19S12  D/D
/0937  (SP0371)  MISC    19D1   ,STATE HAVE A COMMERCIAL VEH IN AREA?
/0939            MISC    19D1   ,COMING FROM SCALE 39 SOUTH EVE
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LSPD
ORIGINAL

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/0939            MISC    19D1   ,COMING FROM S EVE SCALE 39
/0942            ASNCAS  19D1   $SS15001420
/0944            CROSS          #SP15000896
/0954            MISC    19D1   ,STATE OS
/1001  (SS134 )  REMINQ  19D1   MDTVEH,NPRCN11,,WA,,,,,,,,,,,
/1003           *MISC    19D1   ,18FT 7IN TALL WITH BOOM UP
/1007  (SP0371)  MISC    19D1   ,ROADS IS AWARE UNK ETA
/1058  (SS134 ) *MISC    19D1   ,COUNTY ROADS ONSCENE
/1102  (SP0371)  CLEAR   19D1   D/H
/1102            CLOSE   19D1
```

LSPD
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number: Clymons #1311	Case Number: 15-1420
Type of Crime: ~~Felony / Misdemeanor~~ (Circle)	Type of Case: Collision	Date/Time: 6/8/15 0918

Action Number:
3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING

*Evi will be held until court dispo or when the Statute of Limitations has expired
*Found and Sfkg will be held for 60 days or 60 days past owner notification

Case # 15-1420

Item #	Item	Brand Name	Storage Location	Disposition
Ch-1	CD w/ pics			
Action # 3	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

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Action #	Brand/Model/Caliber	(Further Description)		
	Serial #	Where Found / Weight of Narcotic		

Owner's Name | Address | City | State | Zip | Phone #

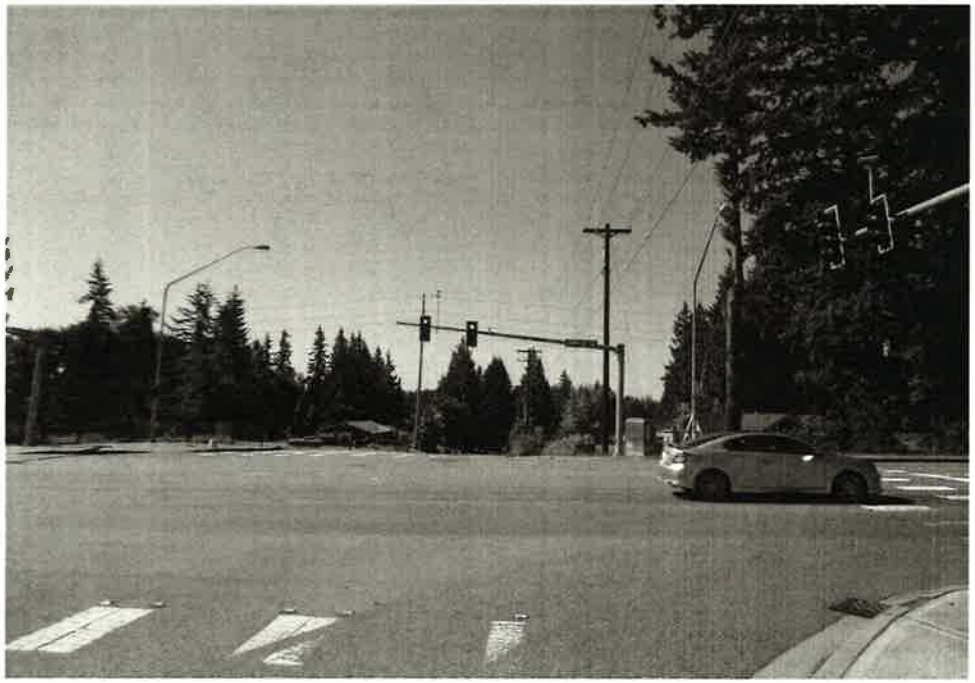
Barcode goes here

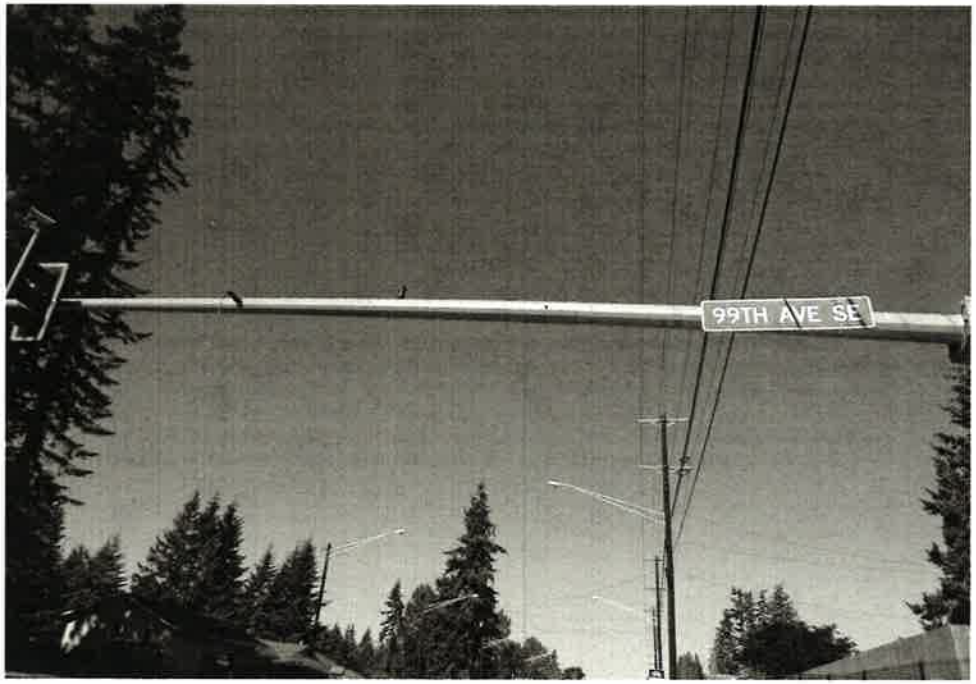
Owner Signature/Other remarks /additional information/ special instructions

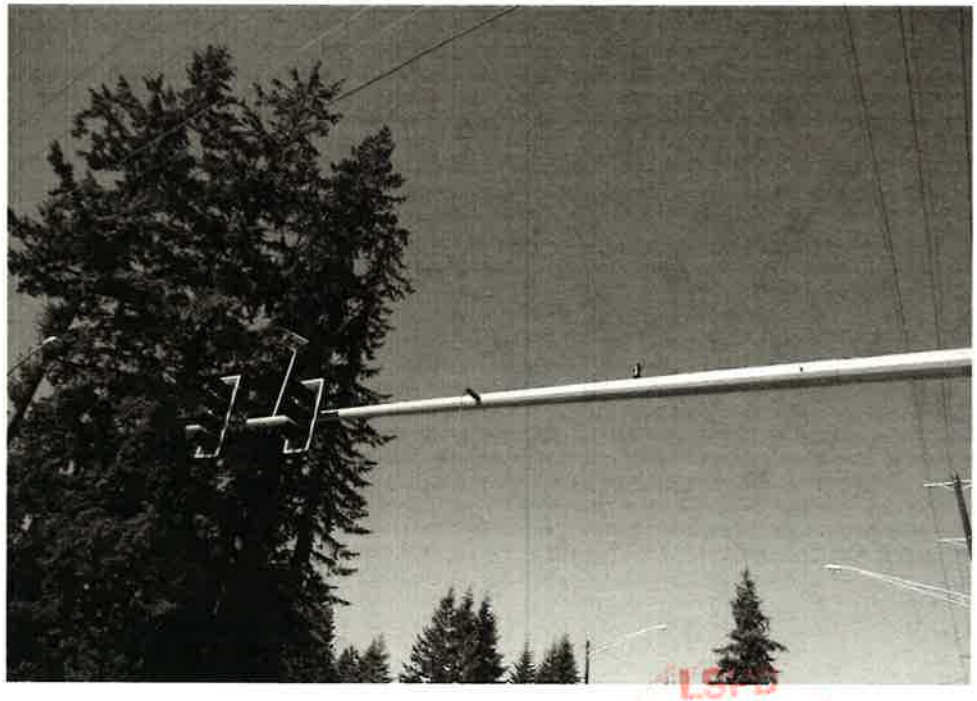
Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC √	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

LSPD ORIGINAL







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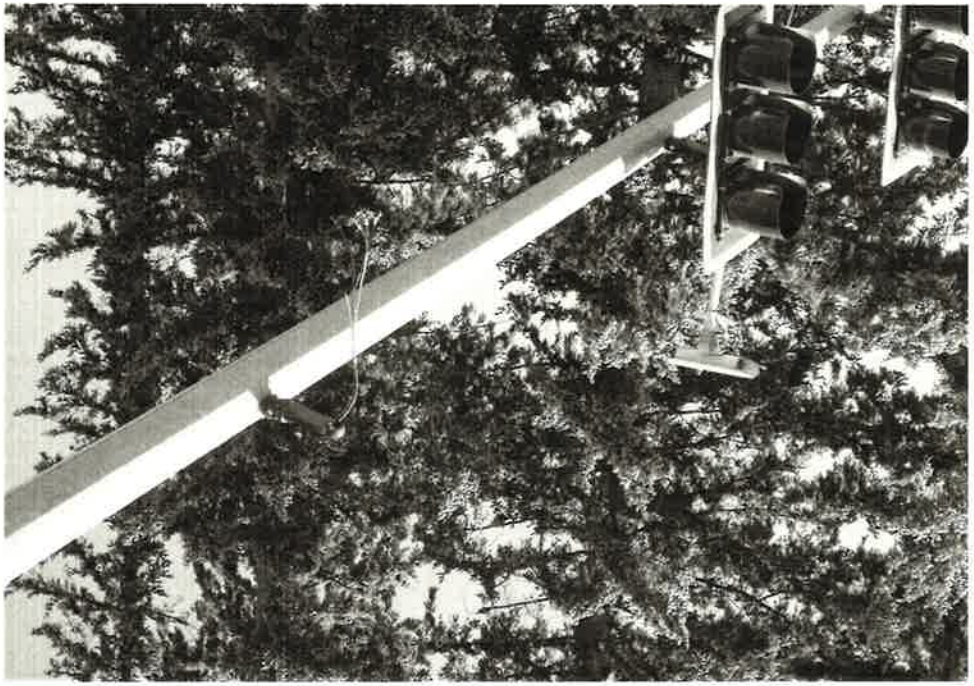
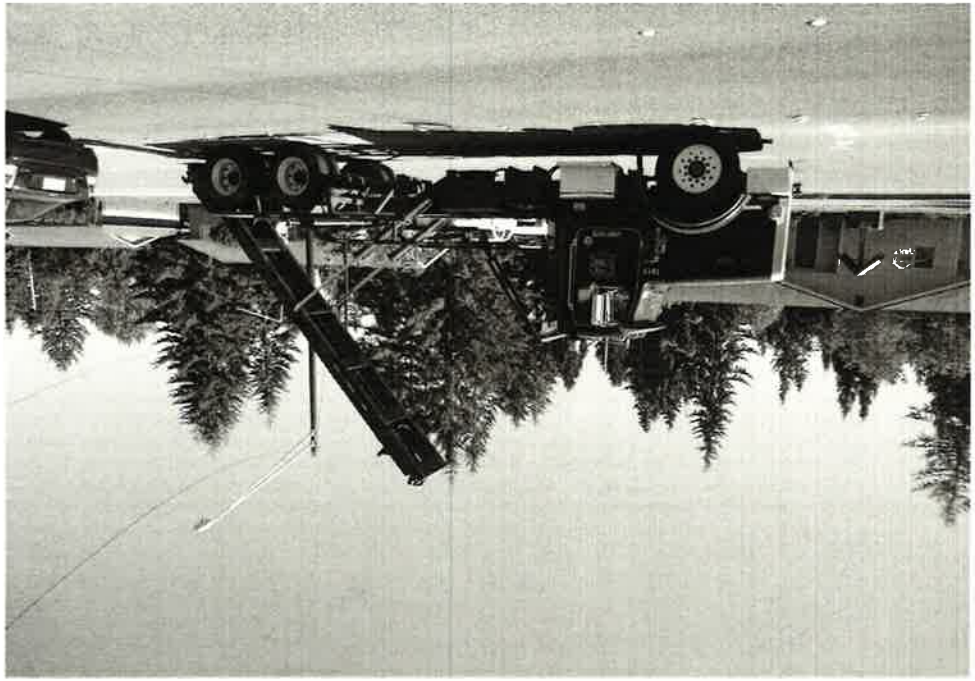
ORIGINAL

ORIGINAL
LSPD





WASHINGTON
NPRCN11
EVERGREEN STATE

1911
DEMOLITION SPECIALISTS
NUPRECON
206-881-0623
USDOT 419176

1911
DEMOLITION SPECIALISTS
NUPRECON
206-881-0623
USDOT 419176

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