



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E435802**

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0 7 30
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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 #	15-01547
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	06 - 21 - 2015	TIME (2400)	1827	COUNTY #	31	MILES		CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

LUNDEEN PARKWAY BLOCK NO. **10100**

MILE POST

DISTANCE MILES FEET OF (REFERENCE OR CROSS STREET) **101ST AVENUE 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	
LAST NAME	ADKISSON	FIRST NAME	ALEC	MIDDLE INITIAL	J

STREET NEW ADDRESS **11324 21ST PLACE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE #	ADKISAJ052R0	STATE	WA	SEX	M	D.O.B.	12 - 20 - 1995
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	2	HELMET USE	1	INJURY CLASS	7	NATURE OF INJURIES	ALL OVER PAIN
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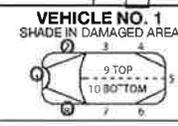
LICENSE PLATE #	1C4011	STATE	WA	VIN#	JKBZXJC185A016337
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	KAWK	MODEL	ZX600-C	STYLE	RS	VEHICLE TOWED YES <input type="checkbox"/> NO <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 type="checkbox"/>	INSURANCE CO & POLICY #
VEHICLE LEGALLY PLACED <input type="checkbox"/>	CITATION #
CHARGE	



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
LAST NAME	WEINSTEIN	FIRST NAME	CRAIG	MIDDLE INITIAL	A	

STREET NEW ADDRESS **10215 LUNDEEN PARKWAY B6**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE #	WEINSCA284MP	STATE	WA	SEX	M	D.O.B.	07 - 17 - 1972
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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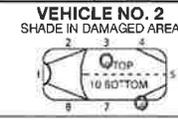
LICENSE PLATE #	ATG3514	STATE	WA	VIN#	1G6KY5295VU828171
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1997	MAKE	CADI	MODEL	SEVILLE	STYLE	C4	VEHICLE TOWED YES <input type="checkbox"/> 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 #	GEICO 4394000949
VEHICLE LEGALLY PLACED <input checked="" type="checkbox"/>	CITATION #	
CHARGE		



OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E435802**

CASE # **15-01547**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

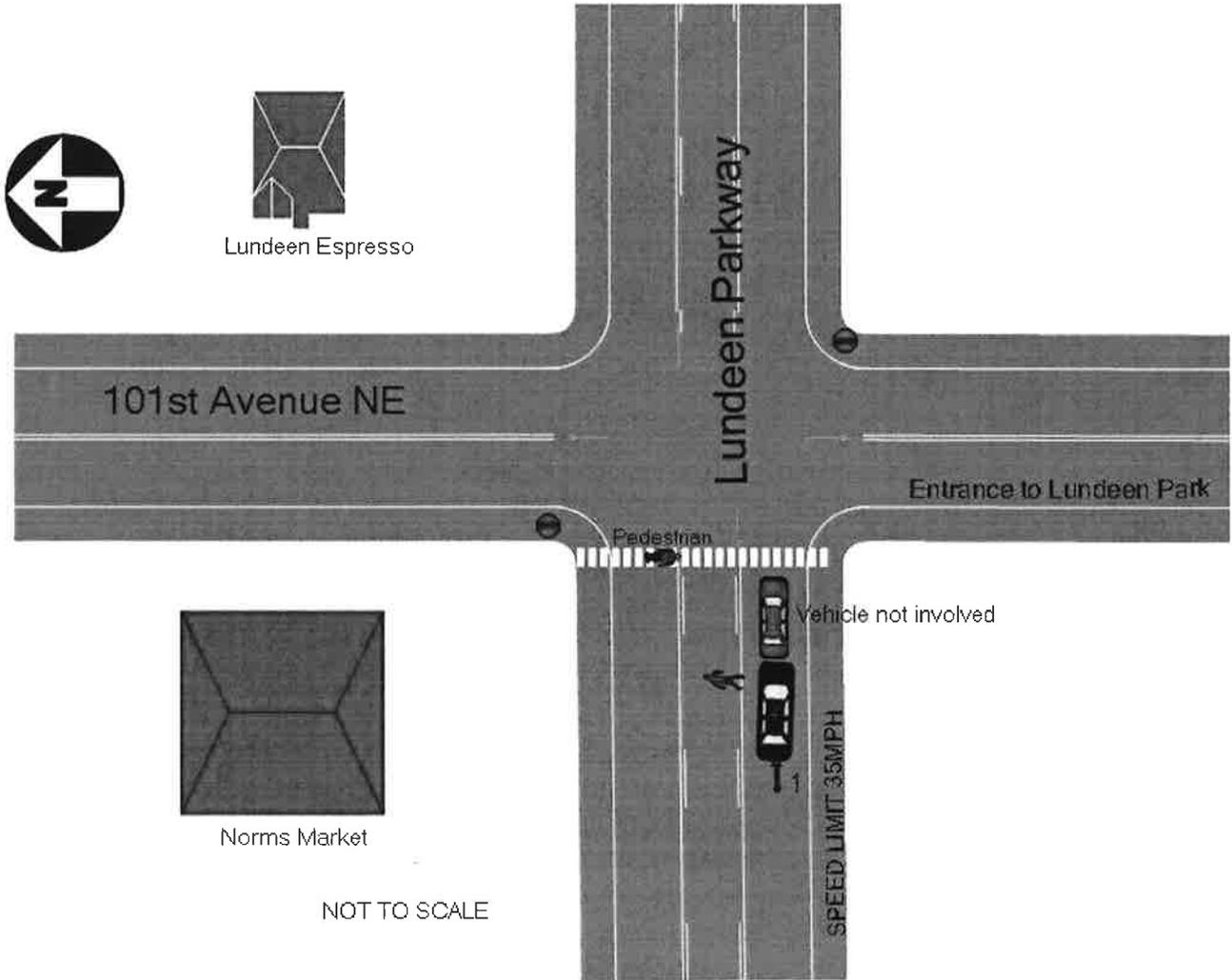
NAME (LAST, FIRST, MIDDLE INITIAL)		DOUGHTERY BRANDON																
ADDRESS & PHONE #		2214 LUNDQUIST LANE LAKE STEVENS WA 98258 4252209180						SEX	M	D.O.B. MMDDYYYY	06	-	18	-	1975			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		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

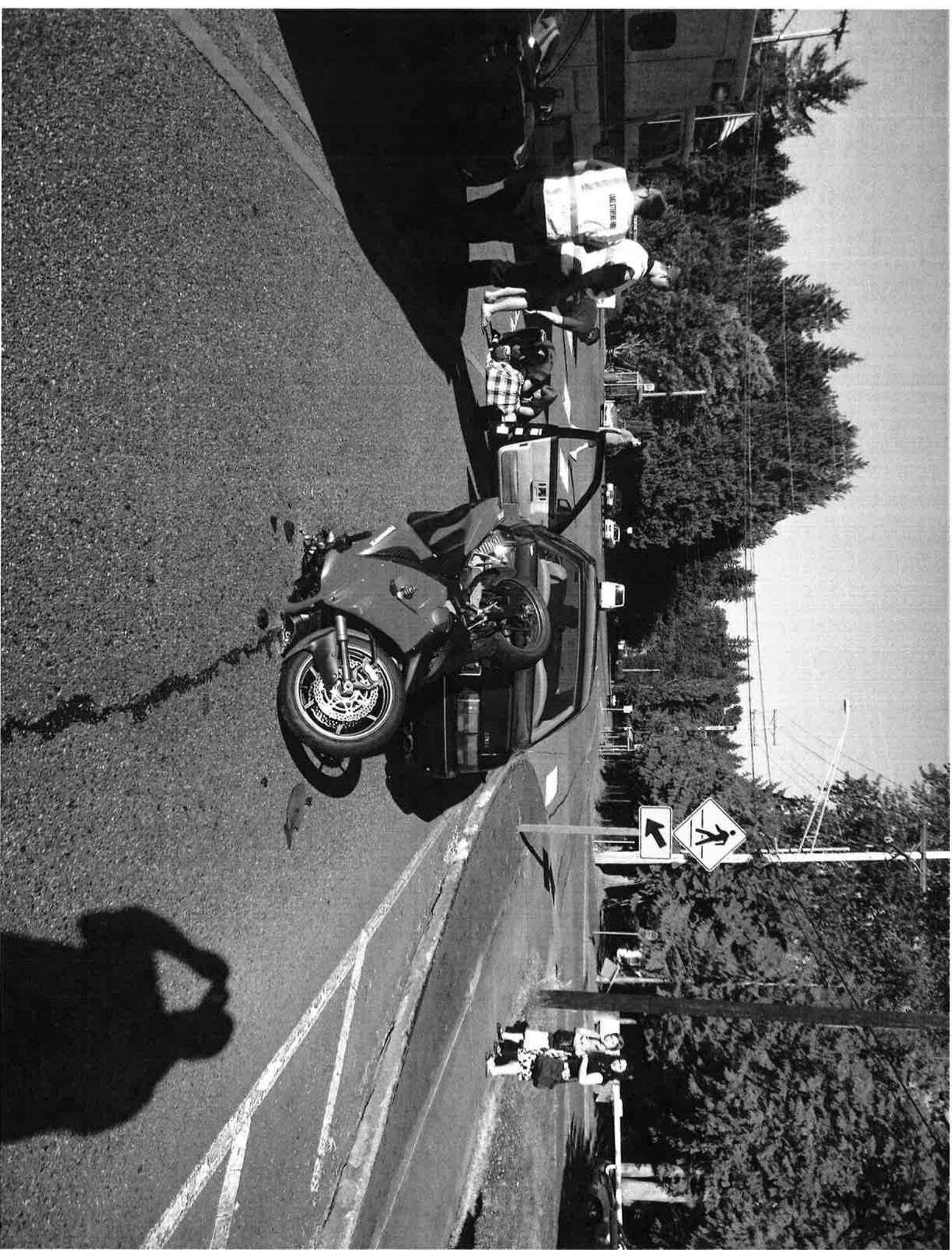
NARRATIVE

06/21/15 I was dispatched to a car vs motorcycle collision at 10100 Lundeen Parkway. Upon arrival, I found a motorcycle bearing license 1C4011 that had rear ended a Cadillac bearing license ATG3514. Witness and driver of vehicle 2 stated that they were driving east on Lundeen Parkway. Vehicle 2 stopped due to a vehicle in front of him stopping for a pedestrian in a marked crosswalk. Vehicle 1 rear ended vehicle 2. The rider of vehicle 1 was thrown from the motorcycle, struck the roof of vehicle 2 and came to rest on the ground near the driver's door of vehicle 2. Motorcycle rider (vehicle 1) was transported by aid to Providence Medical Center for evaluation. The motorcycle was left at the scene at the request of the rider's parents who arrived on scene.

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)

R. RUTHERFORD				06-22-15 02:07 AM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY				DATE			
SGT. C. VALVICK 71				6/22/2015 5:37:27 AM			
BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	6:28 PM	TIME POLICE ARRIVED	6:29 PM

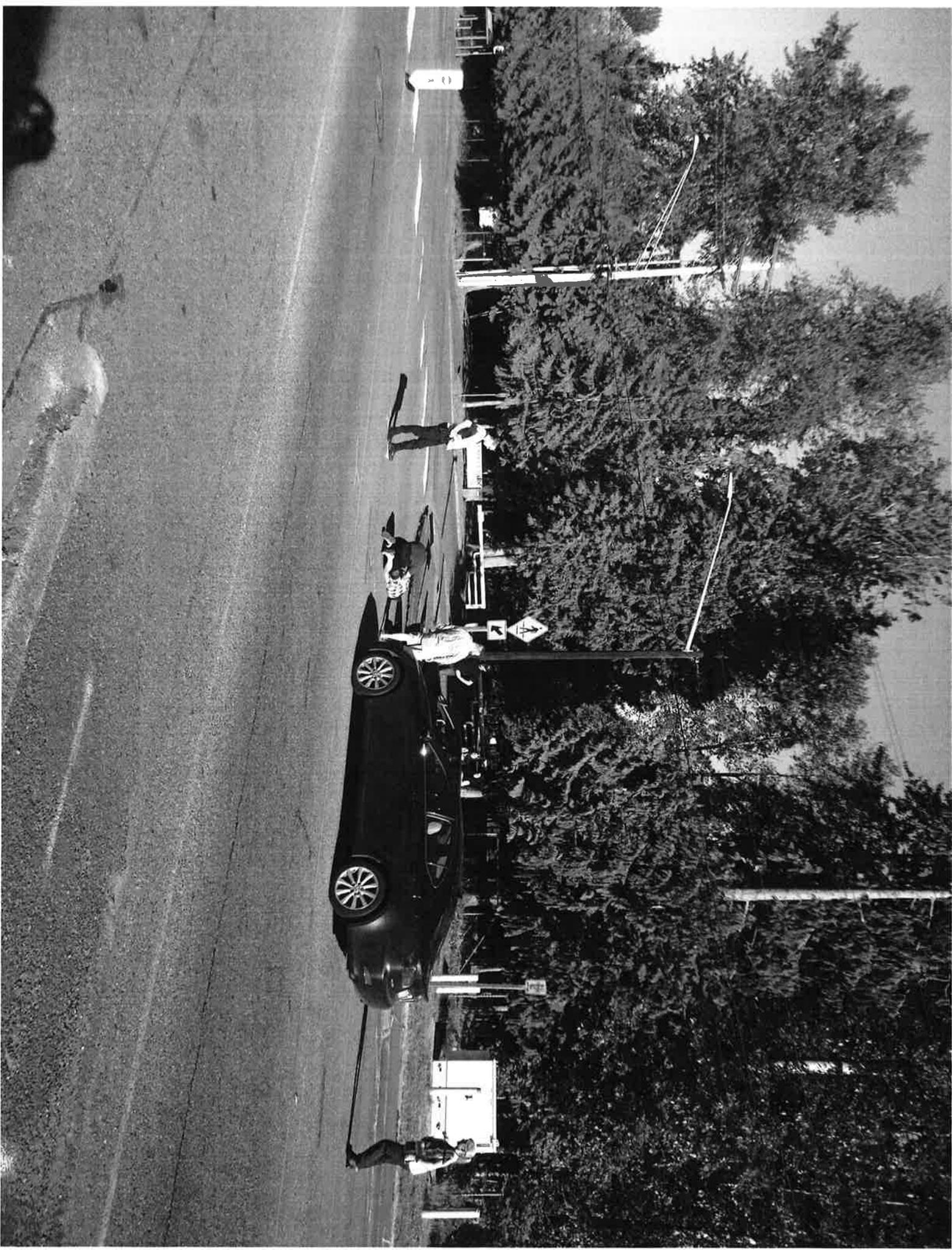




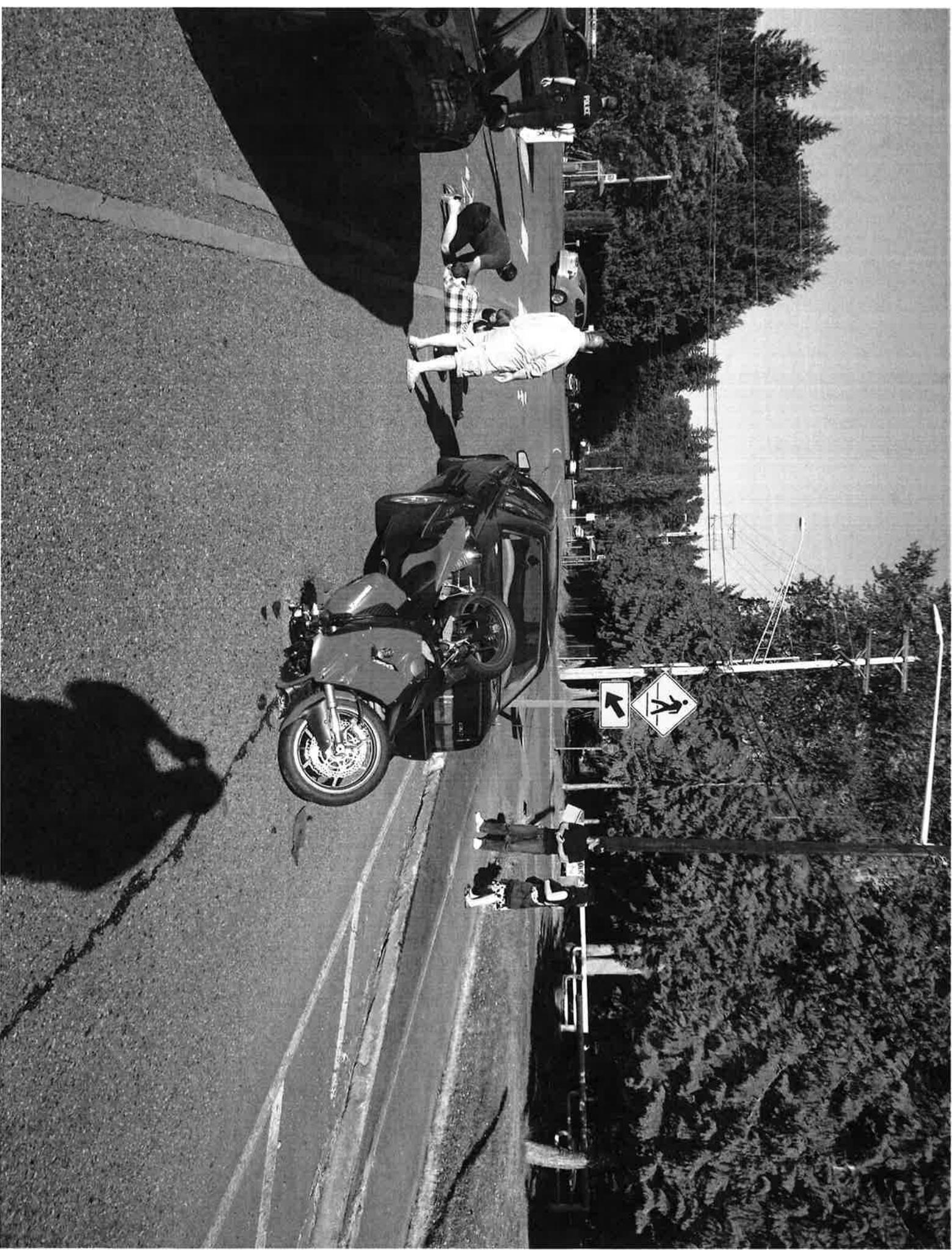














GEICO

1-800-841-3000

GEICO Choice Insurance Company
PO Box 509090
San Diego CA 92150-9090

NAIC
14139

Washington Insurance ID Card

Policy Number

4394000949

Effective Date

05/07/2015

Expiration Date

11/07/2015

Insured

CRAIG WEINSTEIN

VIN

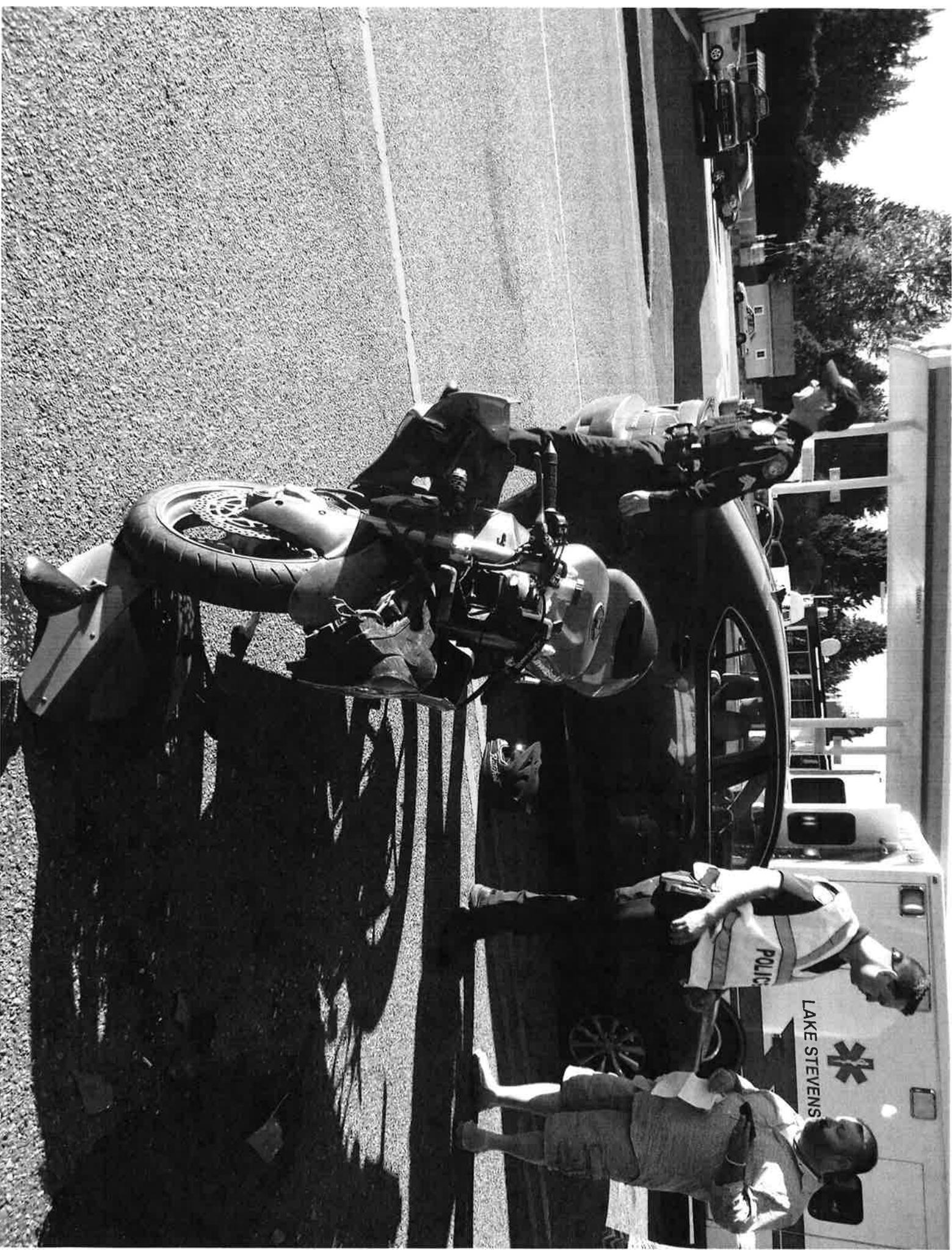
1G6KY5290VU827171

Model
SEVILLESTS

Make
CAD

Year
1997





LAKE STEVENS POLICE DEPARTMENT
VICTIM/WITNESS STATEMENT

CASE NUMBER 15-01547



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Daugherty, Brandon</u>	RACE <u>Cauc</u>	ETH	SEX <u>M</u>	DOB <u>6/18/1975</u>	AGE <u>40</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>2214 Lundquist Ln.</u>		CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98250</u>	RES. STATUS			
HOME PHONE		CELL PHONE <u>425-220-9180</u>			PLACE OF EMPLOYMENT <u>Comcast Everett</u>					
WORK PHONE		EMAIL ADDRESS								

I, Brandon Daugherty, 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 heard the honking horns, turned to see the motorcycle hit the rear of the car in front of him, which was fully stopped. The motorcyclist went head first into a tumble over the roof of the car and off onto the ground at about the drivers door.

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>Brandon L Daugherty</u>	DATE SIGNED <u>6/21/15</u>	LOCATION SIGNED <u>Norms parking lot</u>
OFFICER/NUMBER: <u>Adams #127</u>	DATE SIGNED <u>6/21/15</u>	LOCATION SIGNED <u>Lake Stevens</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education."

REVISED 4/2009

LAKE STEVENS POLICE DEPARTMENT
VICTIM/WITNESS STATEMENT

CASE NUMBER 15-01547



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>CLAI G W GILBERTSON</u>	RACE <u>W</u>	ETH	SEX <u>M</u>	DOB <u>7-17-72</u>	AGE <u>42</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS		CITY			STATE		ZIP	RES. STATUS		
HOME PHONE <u>206-390-7489</u>		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS <u>HODGE271772@AOL.COM</u>								

I, _____, 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.

THE CAR IN FRONT OF ME STOPPED AT CROSSWALK IN FRONT OF NORMS I STOPPED MOTORCYCLE HIT ME FROM BEHIND THE DRIVER FLEW OVER MY CAR

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>6-20-15</u>	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

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REVISED 4/2009

