STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E435849

CASE #	15-01549
LOCAL AGENCY CODING	

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

TRIBAL RESERVATION:

TOTAL # OF UNITS: 03 | OBJECT STRUCK: GUARDRAIL

DATE OF COLLISION (M M - D D - Y Y Y Y)	TIME (2400)	COUNTY #	MILES		CITY #
06 - 22 - 2015	0540	31		N ☐ E ☐ S ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY): SR 204 — INTERSECTION ☐ NON-INTERSECTION ☑

BLOCK NO. ☑ MILE POST ☐: 900

DISTANCE: 100.00 MILES ☐ FEET ☑ — N ☑ S ☐ E ☐ W ☐ — OF (REFERENCE OR CROSS STREET): 9TH ST SE

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE: D: 4257914640

LAST NAME	FIRST NAME	MIDDLE INITIAL
KOSTELYK	JARED	D

STREET / NEW ADDRESS ☐: 11322 33RD ST NE

CITY: LAKE STEVENS | ST: WA | ZIP: 982588788

CDL: | RESTRICTIONS: B | ENDORSEMENTS:

DRIVER'S LICENSE #: KOSTEJD229LZ | STATE: WA | SEX: M | D.O.B. MMDDYYYY: 06 - 09 - 1978

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

LICENSE PLATE #: B21013U | STATE: WA | VIN#: 1FTRF07293KB96025

TRAILER PLATE #: | STATE: | TRAILER PLATE #: | STATE:

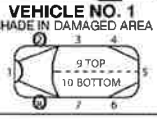
VEH. YEAR: 2003 | MAKE: FORD | MODEL: PU | STYLE: PK | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY: | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. TIFFANY KOSTELYK 11322 33RD ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY #: GEICO 4159868647

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: 4257722864

LAST NAME	FIRST NAME	MIDDLE INITIAL
LARSEN	JONATHAN	E

STREET / NEW ADDRESS ☐: 912 87TH AVE NE

CITY: LAKE STEVENS | ST: WA | ZIP: 982582416

CDL: | RESTRICTIONS: | ENDORSEMENTS:

DRIVER'S LICENSE #: LARSEJE123PJ | STATE: WA | SEX: M | D.O.B. MMDDYYYY: 10 - 11 - 1988

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

LICENSE PLATE #: 029ZZF | STATE: WA | VIN#: 2T1KE40EX9C004511

TRAILER PLATE #: | STATE: | TRAILER PLATE #: | STATE:

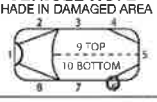
VEH. YEAR: 2009 | MAKE: TOYT | MODEL: 4RU4D | STYLE: 4H | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY: | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. JONATHAN LARSEN 912 87TH AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY #: PROGRESSIVE 7113804

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

VEHICLE NO. 2 — SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT): G. HEINEMANN #133 | BADGE OR ID #: #0133 | AGENCY: WA0311900

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

1	0	7	27	2			3			1	1	7	28	2			3			1	0	1	29																		
0	1	30		1	1	2	31	2			3			1	1	2	32	2			3																					
1	5	33		1	5	34		4	35		4	36			37			38			39			40																		
41				1	42																																				

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E435849

CASE # 15-01549

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

Drivers of Unit 1 and 2 were traveling southbound on SR 204 in the 900 block. The driver of unit 1 stated that unit 2 had activated his brakes dramatically, prior to the collision. The front right bumper of unit 2 struck the back left bumper of unit 1. Unit 2 then proceeded across oncoming lanes and struck a guardrail, causing more damage to his front left bumper. There were no injuries.

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)

G. HEINEMANN #133		06-22-15 07:30 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
BOB SUMMERS 079	6/22/2015 9:45:35 AM

BADGE OR ID #	#0133	ORI #	WA0311900	TIME POLICE DISPATCHED	5:40 AM	TIME POLICE ARRIVED	5:52 AM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E435849

CASE # 15-01549

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE

CARRIER NAME:

CARRIER ADDRESS:

CITY: ST: ZIP:

NAME SOURCE: # AXLES: GVWR: PLACARD ☐ + NAME IF NO NUMBER:

ADDITIONAL UNITS

UNIT # 3 — MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☑ DAMAGE THRESHOLD MET YES ☐ NO ☑ PHONE: D: 3607057000

LAST NAME: DOT FIRST NAME: MIDDLE INITIAL:

STREET NEW ADDRESS ☐: 310 MAPLE PARK AVENUE SE

CITY: OLYMPIA ST: WA ZIP: 98504

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:

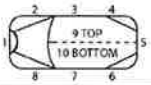
VEH. YEAR: MAKE: MODEL: STYLE: VEHICLE TOWED YES ☐ NO ☐ TOWED BY: GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #:

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

SHADE IN DAMAGED AREA



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:

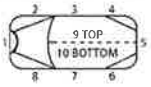
VEH. YEAR: MAKE: MODEL: STYLE: VEHICLE TOWED YES ☐ NO ☐ TOWED BY: GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #:

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

SHADE IN DAMAGED AREA



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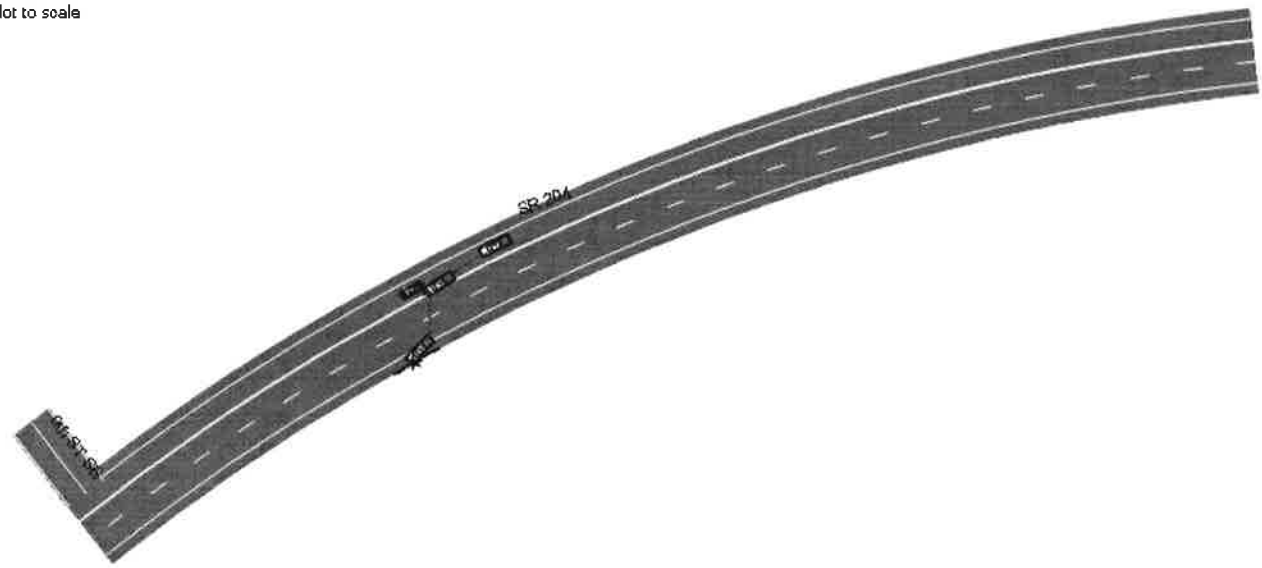
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED
G. HEINEMANN #133		06-22-15 07:30 AM	

BADGE OR ID #	ORI #	APPROVED BY	DATE
#0133	WA0311900	SUMMERS	6/22/2015

PAGE 3 OF 4

3000-345-013 R (7/06)

Not to scale



Incident History for: #SS15012230 Xref: #SS15012235
Case Numbers: $SS15001549
Entered 06/22/15 05:40:25 BY SPCT04 SP0391
Dispatched 06/22/15 05:40:56 BY SPDP17 SP0243
Enroute 06/22/15 05:40:56
Onscene 06/22/15 05:52:26
Closed 06/22/15 06:16:09

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION,NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1417 Map Page: 397B-2 Group: SS1 Beat: SOUT
Src: T
Loc: 9 ST SE/SR 204 ,LKS (V)

Loc Info: ON 204 NO
Name: LARSEN, JONATHAN Addr: Phone: 4257722864

/0540	(SP0391)	ENTRY		,CC, NOW, REAR END , NON INJ, NON BLKING , SB LANE
/0540	(SP0243)	AGCADV		,BCST
/0540		DISPER	19D3	#SS133 HEINEMANN,OFFICER (GAVIN)
/0541	(SP0391)	SUPP		LOCI: ON 204 NO, NAM: LARSEN, JONATHAN, PHO: 4257722864, TXT: GRY TOYT MATRIX VS WHI F150 , PULLED OVER ON SR204
/0546		SUPP		TXT: ANOTHER RP CALLED IN REPORTING DEBRIS ALLOVER ROADWAY
/0552	(******)	REMINQ	19D3	029ZZF
/0552	(SP0288)	REMINQ	19D3	LIC,19D3,029ZZF,,,
/0552		ONSCNE	19D3	
/0552	(SS133)	REMINQ	19D3	MDTVEH,029ZZF,,WA,,,,,,,,,,,
/0555	(******)	REMINQ	19D3	B21013U
/0555	(SP0288)	REMINQ	19D3	LIC,19D3,B21013U,,,
/0602	(SS133)	REMINQ	19D3	MDTWANT,KOSTELYK,JARED,D,060978,,,WA,,,,,,,,,,,,,
/0606	(SP0243)	ASNCAS	19D3	$SS15001549
/0616		CLEAR	19D3	D/H
/0616		CLOSE	19D3	
/0851	(SP0326)	CROSS		#SS15012235
/0852	(SP0371)	CROSS		#SS15012235

LSPD ORIGINAL