



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E437970**

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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 #	15-01615
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	06 - 29 - 2015	0526	31	N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="checkbox"/> 0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR9	BLOCK NO. <input checked="" type="checkbox"/>	400
MILE POST		
DISTANCE		OF (REFERENCE OR CROSS STREET)
MILES	N <input type="checkbox"/> E <input type="checkbox"/>	
FEET	S <input type="checkbox"/> W <input type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4259315377	
LAST NAME	HOLLEMAN JR	FIRST NAME	PAUL	MIDDLE INITIAL	B

STREET NEW ADDRESS	17819 115TH ST NE				
CITY	GRANITE FALLS	ST	WA	ZIP	982520000
CDL	RESTRICTIONS	ENDORSEMENTS			

DRIVER'S LICENSE #	HOLLEPB411D6	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03 - 26 - 1959
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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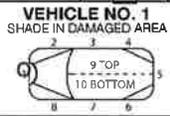
LICENSE PLATE #	C03767B	STATE	WA	VIN#	1FTJW35FXTEB06562
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1996	MAKE	FORD	MODEL	F3PU	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	PAUL HOLLEMAN 17819 115TH ST NE GRANITE FALLS WA 98252
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO INSURANCE H2166623
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" 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 D: 4253099699
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LAST NAME	SCOTT	FIRST NAME	MICHAEL	MIDDLE INITIAL	P
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STREET NEW ADDRESS	12323 JORDAN RD
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CITY	ARLINGTON	ST	WA	ZIP	982237983
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SCOTTMP445J8	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04 - 28 - 1956
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AFN5568	STATE	WA	VIN#	3VWSR69M95M029036
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	VOLK	MODEL	JET4D	STYLE		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.	MICHAEL SCOTT 12323 JORDAN RD ARLINGTON WA 98223
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LIABILITY NSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO INSURANCE H2044328
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E437970**

CASE # **15-01615**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>HOLLEMAN PAUL B</b>																
ADDRESS & PHONE #		<b>10616 189 AVE NE GRANITE FALLS WA 98252 4259050751</b>						SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>12</b>	-	<b>07</b>	-	<b>1983</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>9</b>	RESTR.	<b>9</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>HOLLEMAN MITCHELL L</b>																
ADDRESS & PHONE #		<b>17819 115 ST NE GRANITE FALLS WA 98252 3606917707</b>						SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>01</b>	-	<b>10</b>	-	<b>1985</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>4</b>	AIRBAG	<b>9</b>	RESTR.	<b>9</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	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**

On 06/29/15 at about 0527 hours, (all times approximate) I responded to a collision at 4th St NE and SR9, in the city of Lake Stevens.

Vehicle 3 (LIC: C05804A) was stopped in the southbound lane of the 400 block of SR9 NE for traffic in front him. Vehicle 2 (LIC: AFN5568) was stopped in the southbound lane of the 400 block of SR9 NE behind Vehicle 3. Vehicle 1 (LIC: C03767B) was driving southbound in on SR9 but was unable to stop in time due to the wet roads and collided into the back of Vehicle 2, which was pushed into the rear of Vehicle 1.

I took digital photographs of vehicles involved, which were later printed and added to the case report and copied to a compact disk and booked into evidence as item #NA1.

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>N. ADAMS #127</b>		<b>06-29-15 07:35 AM</b>	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY <b>ROBERT MINER 095</b>		DATE <b>6/29/2015 7:55:28 AM</b>	
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
<b>127</b>	<b>WA0311900</b>	<b>5:27 AM</b>	<b>5:35 AM</b>



**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**



013197

**REPORT NO. E437970**

**CASE # 15-01615**

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**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: 4257657534**

LAST NAME **ROBERTS** FIRST NAME **DEAN** MIDDLE INITIAL **A**

STREET NEW ADDRESS **25715 LAKE CAVANAUGH RD**

CITY **MOUNT VERNON** ST **WA** ZIP **982749192**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **ROBERDA3980K** STATE **WA** SEX **M** D.O.B. **09-12-1981**

ON DUTY  STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

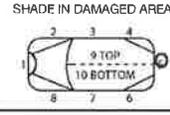
LICENSE PLATE # **C05804A** STATE **WA** VIN# **3GCUKTEJ8EG322418**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2014** MAKE **CHEV** MODEL **1500** STYLE **CW** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. **DEAN ROBERTS 25715 LAKE CAVANAUGH RD MOUNT VERNON WA 98274**

LIABILITY NSURANCE IN EFFECT  INSURANCE CO & POLICY # **ALLSTATE 976814969**  
VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



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**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. MDDYYYYY - -

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

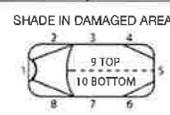
LICENSE PLATE # STATE VIN#

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 NSURANCE IN EFFECT  INSURANCE CO & POLICY #  
VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



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I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.006)

**N. ADAMS #127** **06-29-15 07:35 AM**  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

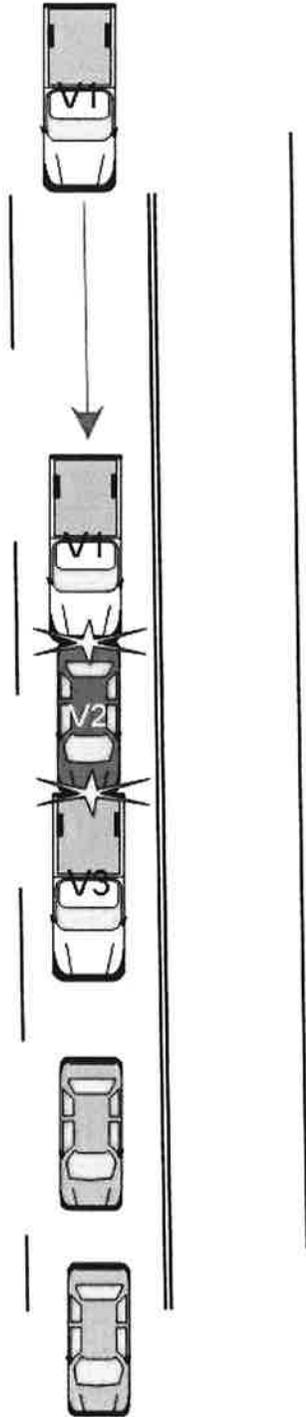
BADGE OR ID # **127** ORI # **WA0311900** APPROVED BY **MINER** DATE **6/29/2015** PAGE **3** OF **4**



NOT TO SCALE

400 block of SR9 NE

40 MPH zone



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 DWL S/R 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. THEY 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  
**15-01615**

LSPD  
ORIGINAL

**VEHICLE INFORMATION**

VIN <b>3   V   W   S   R   6   9   M   9   5   M   0   2   9   0   3   6</b>				
LICENSE <b>AFN5568</b>	STATE <b>WASHINGTON</b>	YEAR <b>2005</b>	MAKE <b>VOLKSWAGEN</b>	MODEL <b>JET4D</b>
<input type="checkbox"/> Report of Sale	MILEAGE <b>140000</b>	<input type="checkbox"/> Digital	STYLE	COLOR <b>GRAY</b>

DRIVER	REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) <b>SCOTT, MICHAEL P</b>	NAME (LAST, FIRST, MI) <b>SCOTT, MICHAEL P</b>	NAME (LAST, FIRST, MI) <b>LEGAL SAME</b>
STREET ADDRESS <b>12323 JORDAN RD</b>	STREET ADDRESS <b>12323 JORDAN RD</b>	STREET ADDRESS
CITY, STATE, ZIP CODE <b>ARLINGTON, WA 982237983</b>	CITY, STATE, ZIP CODE <b>ARLINGTON, WA 98223</b>	CITY, STATE, ZIP CODE
PHONE	DOB	PHONE
	<b>(425)309-9699</b>	

**AUTHORIZATION AND RECEIPT**

ON 6/29/2015 AT 06:01 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS  
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED TOP NOTCH 5705003  
(TOWING FIRM) (DOL TRUCK NO.)

DRIVEN BY BILL BLACKBURN TO REMOVE THIS VEHICLE FROM 400 SR9  
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input checked="" type="checkbox"/> [ 1 ] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [ ] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> FRONT SHADE DAMAGED AREA <input checked="" type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input checked="" type="checkbox"/> R REAR <input checked="" type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input checked="" type="checkbox"/> L REAR <input checked="" type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY	NARRATIVE OR DIAGRAM
<b>NOT INVENTORIED</b>	<small>(List reason(s) for impound.)</small> <b>On 06/29/15 at about 0527 hours I repsonded to a collision with three vehicles (case 15-01615). Vehicle 2, Lic: AFN5568 needed a tow.</b>

- I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.
- I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.  THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

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), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC SIGNATURE

**N. Adams #127**

**SNOHOMISH, WA**  
COUNTY, WA

**127**  
BADGE NO.

**Lake Stevens PD**  
AGENCY

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>Adams #127</i>	Case Number <i>15-01615</i>
Type of Crime: <del>Felony</del> / Misdemeanor (Circle)	Type of Case: <i>Collision</i>	Date/Time: <i>6/29/15 0737</i>

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 # 15-01615

Item # <i>NA1</i>	Item <i>CD with pics</i>	Brand Name <i>compressor</i>	Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber (Further Description)		<b>LSPD ORIGINAL</b>	
	Serial #	Where Found		

Owner's Name <i>LSPD</i>	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>						

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		

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		

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		

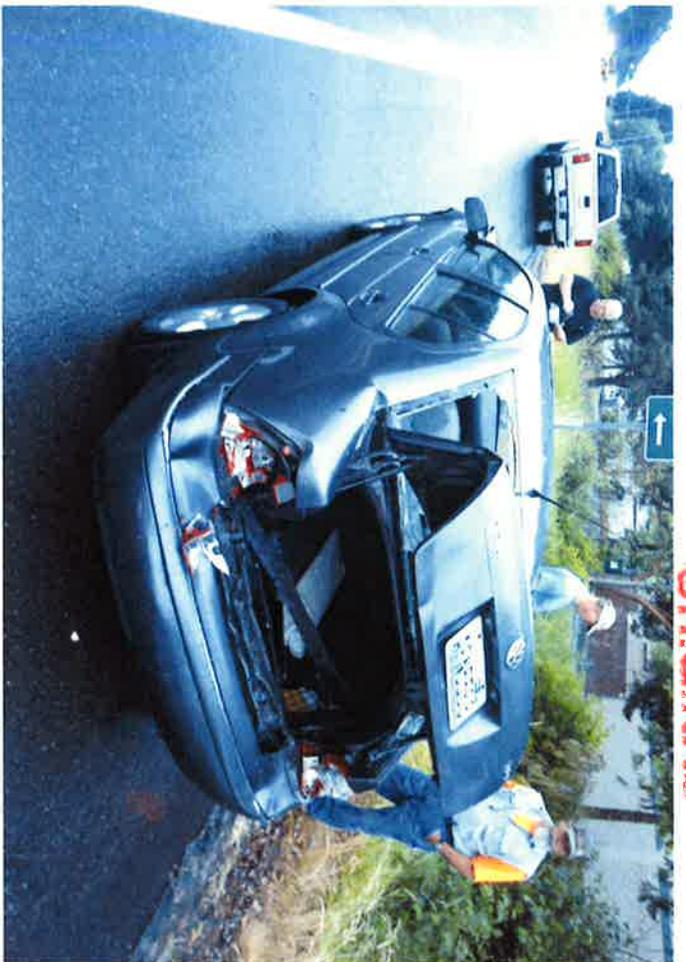
Owner's Name	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		

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 <input checked="" type="checkbox"/>	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



SPD  
ORIGINAL





LSPD ORIGINAL

Incident History for: #SS15012738 Xref: #SS15012739

Case Numbers: \$SS15001615

Entered 06/29/15 05:26:04 BY SPCT06 SP0391  
Dispatched 06/29/15 05:27:41 BY SPDP17 SP0368  
Enroute 06/29/15 05:27:41  
Onscene 06/29/15 05:35:34  
Closed 06/29/15 06:05:44

LSPD ORIGINAL

Initial Type: COL Initial Alarm Level: Final Alarm Level:  
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H  
Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T  
Loc: 4 ST NE/SR 9 NE , LKS (V)

Loc Info:

Name: ROBERTS, DEAN Addr: Phone: 4257657534

/0526 (SP0391) ENTRY , CC, NOW , 3 VEHS, NON INJ NON BLKING  
/0526 (SP0368) AGCADV , BCST  
/0526 VIEWED  
/0525? (SP0391) SUPP LOCI: VERIZON,  
NAM: ROBERTS, DEAN,  
PHO: 4257657534,  
TXT: WHI CHEV SILVERADO VS GRY VW GOLF? VS WHI O  
LDER FORD DUALY PU , PULLED OVER FOR CC ABOUT 1  
/2 MILE SO ON SB SHOULDER  
/0527 (SP0368) DISPER 19N2 #SS127 ADAMS, OFFICER (NATHAN)  
/0530 \$CROSS #SS15012739  
/0530 DUP #SS15012739  
/0530 DUP NAM: HOLLEMAN, PAUL  
PHO: 4259315377  
/0530 CHANGE LOC: SR 204/SR 9 NE , LKS --> 4 ST NE/SR 9 NE , L  
KS,  
LOCI: SO -->  
/0535 (SP0213) ONSCNE 19N2  
/0541 MISC 19N2 , JETTA 4 ROUND  
/0541 ROTREQ 19N2 TOW 5705 LKS TOP NOTCH TOWING  
3605688877  
/0542 (SS127 ) \*ASNCAS 19N2 \$SS15001615  
/0542 (SP0213) MISC 19N2 , TOP NOTCH ER  
/0550 (SS127 ) REMINQ 19N2 MDTWANT, , , , , WA, ROBERDA398OK, , , , , , , , , , ,  
/0558 (SP0368) MISC 19N2 , TOW OS, DRIVER ADV WITN COL ON #SS742 AND CAN B  
E A WITNESS IF NEEDED  
/0559 (SS127 ) REMINQ 19N2 MDTVEH, AFN5568, , WA, , , , , , , , , , ,  
/0605 \*CLEAR 19N2 D/H  
/0605 CLOSE 19N2