



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E438276**

1 1 0 27

12

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" 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 # **15-01617**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **02** OBJECT STRUCK

22

TRIBAL RESERVATION

1 1 8 28

31

DATE OF COLLISION **06** - **29** - **2015** TIME (2400) **0555** COUNTY # **31** MILES **0** CITY # **0664**

2

5

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

4a

**LUNDEEN PKWY** BLOCK NO. MILE POST

0 4 29

5

DISTANCE OF (REFERENCE OR CROSS STREET) **SR 9 NE**

61

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 4056591792**

0 4 30

LAST NAME **SMITH** FIRST NAME **MATTHEW** MIDDLE INITIAL **A**

STREET NEW ADDRESS  **11001-B MAPLE LANE**

7

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

1 1 2 31

8

GDL RESTRICTIONS ENDORSEMENTS

91

DRIVER'S LICENSE # **0501819864108** STATE **MT** SEX **M** D.O.B. **05** - **08** - **1986**

1 1 2 32

101

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

11 3 5

LICENSE PLATE # **903773A** STATE **MT** VIN# **1GCEK19K2SE211605**

12 3 5

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 4

VEH. YEAR **1995** MAKE **CHEV** MODEL **C1500** STYLE **PK** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

FROM TO **3 5 33**

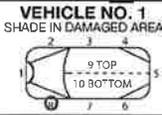
REGISTERED OWNER INFO. **T AND C T AND C SMITH RANCH 38 N STATE HWY 59 OLIVE MT 59343**

14 4

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **MOUNTAIN WEST FARM BUREAU INS CQM07828**

FROM TO **3 5 34**

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



16 2

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 2064655788**

4 35

LAST NAME **UPTAIN** FIRST NAME **PAUL** MIDDLE INITIAL **L**

4 36

STREET NEW ADDRESS  **10815 VERNON RD**

17

CITY **LAKE STEVENS** ST **WA** ZIP **982588540**

37

18

GDL RESTRICTIONS ENDORSEMENTS

38

19

DRIVER'S LICENSE # **UPTAIPL284Q2** STATE **WA** SEX **M** D.O.B. **11** - **22** - **1972**

39

20

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

40

21

LICENSE PLATE # **B98303Y** STATE **WA** VIN# **WD0PD744165911739**

22

TRAILER PLATE # STATE TRAILER PLATE # STATE

1 41

23

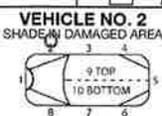
VEH. YEAR **2006** MAKE **DODG** MODEL **SPRITE** STYLE **BU** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

1 42

REGISTERED OWNER INFO. **ROBERT LARIS EUROSTYLEUSA 11630 SLATER AVE NE STE 1 KIRKLAND WA 98034**

24

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **PROGRESSIVE 03516228-8**



VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE

25

OFFICER'S NAME (PRINT) **KERRY BERNHARD** BADGE OR ID # **120** AGENCY **WA0311900**

26



1591972

CORRECTION

REPORT NO. **E438276**

CASE # **15-01617**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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
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 6/29/2015 at approximately 0555 hours, Unit 2 was in the outside left turn lane at the intersection of Lundeen Parkway and SR 9 NE preparing to turn left onto Southbound SR 9 NE. Unit 1 was beside Unit 2 in the inside left turn lane. Both units entered the turn on the green light. Unit 1 lost traction. The left front of Unit 1 struck the right front of Unit 2.

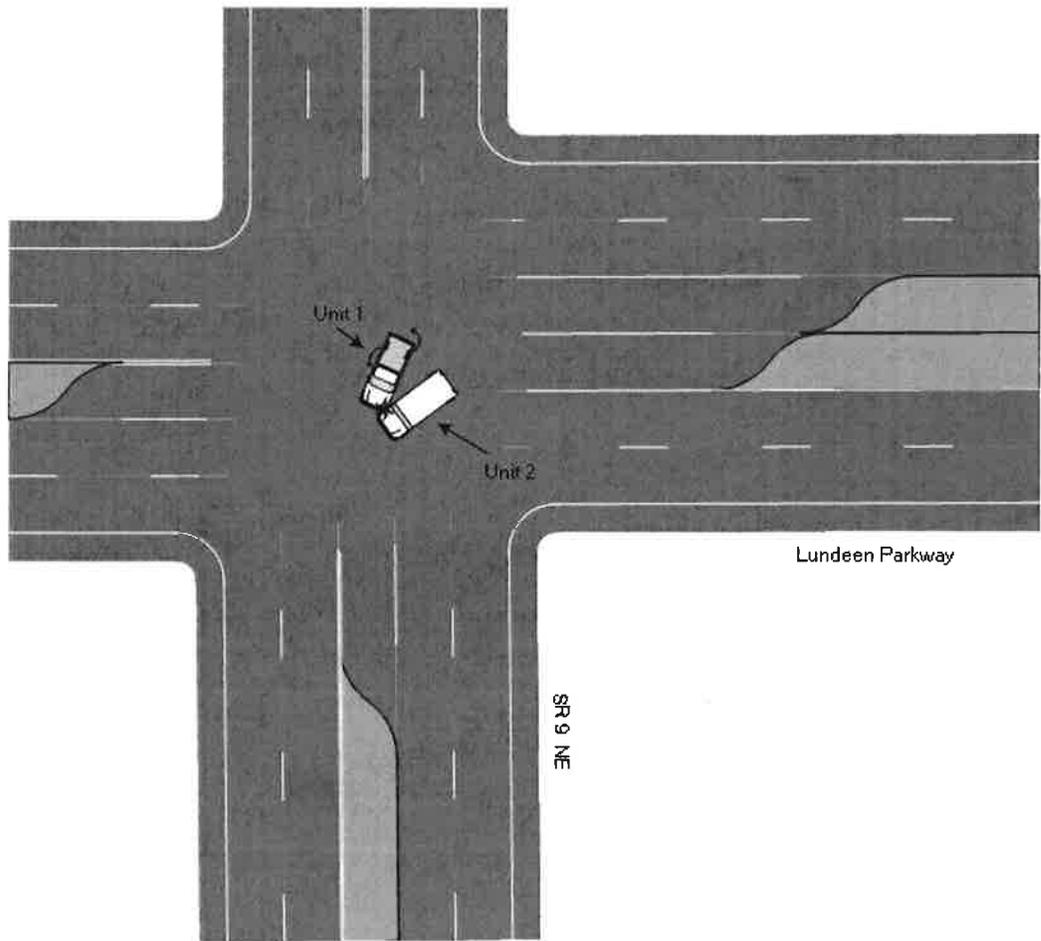
No injuries were reported and both vehicles were able to be driven from the scene.

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)

<b>KERRY BERNHARD</b>			<b>06-29-15 01:16 PM</b>		
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		
			DATED		
			PLACE SIGNED		
APPROVED BY					DATE
<b>RON BROOKS 013</b>					<b>6/30/2015 4:32:46 AM</b>
BADGE OR ID #	<b>120</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>6:05 AM</b>
				TIME POLICE ARRIVED	<b>6:05 AM</b>



Not To Scale



LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>K. BOWMAN #120</i>		Case Number <i>15-1617</i>				
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>ACCIDENT</i>		Date/Time: <i>6/29/15 1319</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 # <i>15-1617</i>	Item # <i>115-1</i>	Item <i>PHOTO CD</i>	Brand Name		Storage Location	Disposition		
	Action # <i>3</i>	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic					
	Owner's Name <i>LSPD</i>		Address	City	State	Zip	Phone #	Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>							
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								
Item #	Item	Brand Name		Storage Location	Disposition			
Action #	Brand/Model/Caliber		(Further Description)					
Serial #	Where Found	Weight of Narcotic						
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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								

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

