



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E438275**

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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 #	15-01573
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	UTILITY POLE

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION 06 - 24 - 2015 1523 31 N E IN S W OF 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

SOPER HILL RD BLOCK NO. 2400

DISTANCE OF (REFERENCE OR CROSS STREET)

0 50 MILES FEET N S E W LAKE DR

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE D: 2539518893

LAST NAME STEVENS FIRST NAME ALEXANDER MIDDLE INITIAL A

STREET NEW ADDRESS 19849 SE 267TH PL

CITY COVINGTON ST WA ZIP 980425071

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STEVEAA101PE STATE WA SEX M D.O.B. 10 - 05 - 1990

ON DUTY  STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES HAND AND ARM INJURY

LICENSE PLATE # B15086R STATE WA VIN# 1GCHG35U541101952

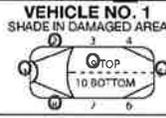
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2004 MAKE CHEV MODEL EXPRES STYLE CG VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. TEC INC 25619 PACIFIC HWY S DES MOINES WA 98198

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # SENTRY SELECT INS 25-41475-09-50

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



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

LAST NAME FRONTIER COMMUNICATION FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS FRONTIER COMMUNICATIONS 3 HIGH RIDGE PARK

CITY STAMFORD ST CT ZIP 08905

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. M M C D Y Y Y Y

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

LICENSE PLATE # STATE VIN#

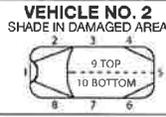
TRAILER PLATE # STATE TRAILER PLATE # STATE

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



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

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FROM TO  
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1591972

CORRECTION

REPORT NO. **E438275**

CASE # **15-01573**

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**

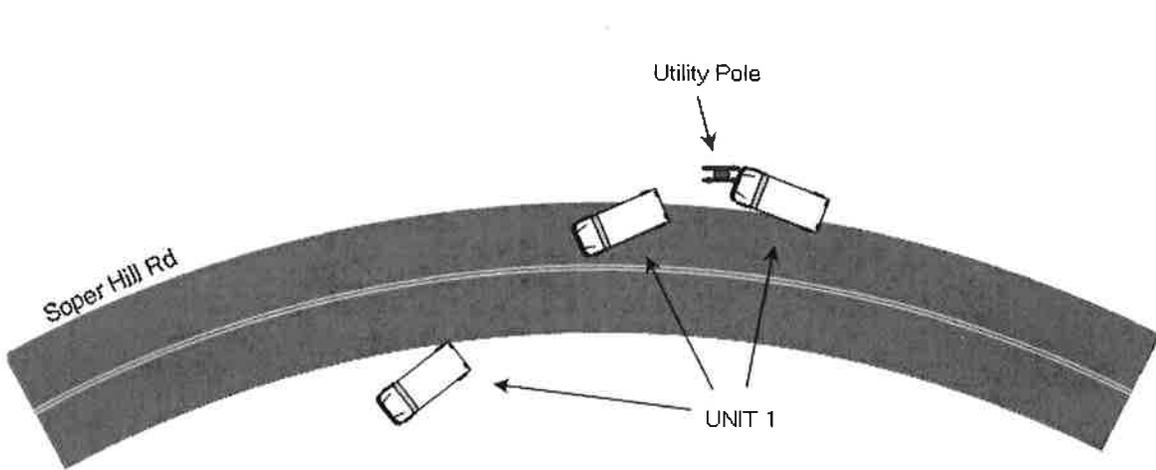
On 6/24/2015 at approximately 1523 hours, the driver of Unit 1 was travelling westbound on Soper Hill Rd in the City of Lake Stevens. Unit 1 left the roadway in the 2400 blk of Soper Hill Rd and struck a utility pole. The vehicle then crossed the roadway and came to rest on the north easement.

The driver of Unit 1 was exceeding the posted speed limit of 25mph at the time of the colision. The utility pole was sheared off and hanging by cable. The airbag was deployed on Unit 1. There was extensive front end and roof damage consistent with the colision. Unit 1 was towed from the scene.

The driver of Unit 1 had an obvious injury to his hand and forearm but refused Aid. The utility pole had been overhanging the roadway and was removed by Frontier Communications.

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 <b>RON BROOKS 013</b>	DATE <b>6/30/2015 4:33:44 AM</b>		
BADGE OR ID # <b>120</b>	ORI # <b>WA0311900</b>	TIME POLICE DISPATCHED <b>3:24 PM</b>	TIME POLICE ARRIVED <b>3:28 PM</b>



Not To Scale

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>E. GORDON #720</i>	Case Number <i>15-1573</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>ACCIDENT</i>	Date/Time: <i>6/25/15 1430</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 # 15-1573

Item # <i>KB-1</i>	Item <i>Photo CD</i>		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action # <i>3</i>	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						

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



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CLEAR 19N1  
CLOSE 19N1