



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E438277**

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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 #	15-1583	
LOCAL AGENCY CODING	0664	
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 - 25 - 2015 1643 31 N S E W IN OF 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

SR 9 NE BLOCK NO. 2800

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES FEET N S E W SOPER HILL RD

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE D: 4253343899

LAST NAME BEDUHN FIRST NAME KAREN MIDDLE INITIAL L

STREET NEW ADDRESS 3412 98TH DR SE

CITY LAKE STEVENS ST WA ZIP 982585709

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # BEDUHL506KP STATE WA SEX F D.O.B. 05 - 17 - 1950

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

LICENSE PLATE # APH8950 STATE WA VIN# 1FMDU34E1VZA90044

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1997 MAKE FORD MODEL EXPLR STYLE UT VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. BART BEDUHN 3412 98TH DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # GEICO 4339-23-63-92

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE D: 2502853517

LAST NAME HORNER FIRST NAME PAUL MIDDLE INITIAL A

STREET NEW ADDRESS 358 LIGHTHOUSE COVE

CITY QUATHIASKI COHORNER, \$PAUL ARTHUR ST BC ZIP V0P1N0

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # 2804332 STATE BC SEX M D.O.B. 07 - 21 - 1950

ON DUTY  STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES COMPLAINT OF NECK AND BACK PAIN

LICENSE PLATE # 910XNG STATE BC VIN# WDBEB33D3HA365017

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1987 MAKE MERZ MODEL 300DT STYLE 4D VEHICLE TOWED YES  NO  TOWED BY MACK'S TOWING GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # ICBC 021145649

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



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



1591972

CORRECTION

REPORT NO. **E438277**

CASE # **15-1583**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>DESOTO MICHAEL Q</b>																
ADDRESS & PHONE #		<b>1718 93RD DR SE LAKE STEVENS WA 98258</b>						SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>07</b>	-	<b>24</b>	-	<b>1996</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>3</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>DESOTO BRYSON C</b>																
ADDRESS & PHONE #		<b>11414 26TH PL SE LAKE STEVENS WA 98258</b>						SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>11</b>	-	<b>30</b>	-	<b>1997</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>3</b>	SEAT POS.	<b>9</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		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 6/25/2015 at approximately 1643 hours, Unit 3 was stopped in the inside northbound lane on SR 9 NE at the intersection of Soper Hill Rd for the traffic light. Unit 2 was stopped behind Unit 3 and Unit 1 was stopped behind Unit 2. When the traffic light turned green, Unit 2 and 3 had not yet started from their stop. Unit 1 accelerated from a stopped position and struck the back of Unit 2. The collision forced Unit 2 forward into the back of Unit 3.

The driver of Unit 2 complained of neck and back pain but refused medical evaluation. Unit 2 was towed from the scene. Unit 3 and 1 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 <b>RON BROOKS 013</b>	DATE <b>6/30/2015 4:31:54 AM</b>		
BADGE OR ID # <b>120</b>	ORI # <b>WA0311900</b>	TIME POLICE DISPATCHED <b>4:43 PM</b>	TIME POLICE ARRIVED <b>4:48 PM</b>



**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**



013197

**REPORT NO. E438277**

**CASE # 15-1583**

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<b>COMMERCIAL MOTOR CARRIER</b>		INTERSTATE <input type="checkbox"/>		INTRASTATE <input type="checkbox"/>	
<b>UNIT #</b>	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE	
CARRIER NAME					
CARRIER ADDRESS					
CITY		ST	ZIP		
NAME SOURCE	# AXLES	GVWR	PLACARD	NAME IF NO NUMBER	
<b>ADDITIONAL UNITS</b>					
<b>UNIT #</b>	3	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: 3609265343	
LAST NAME <b>LINCOLN</b>		FIRST NAME <b>JOSHUA</b>		MIDDLE INITIAL <b>C</b>	
STREET NEW ADDRESS <b>8510 70TH ST NE</b>					
CITY <b>MARYSVILLE</b>		ST <b>WA</b>	ZIP <b>98270</b>		
CDL		RESTRICTIONS	ENDORSEMENTS		
DRIVER'S LICENSE # <b>LINCOJC084NG</b>	STATE <b>WA</b>	SEX <b>M</b>	D.O.B. <b>08-07-1992</b>		
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE
		INJURY CLASS <b>1</b>	NATURE OF INJURIES		
LICENSE PLATE # <b>B66434X</b>	STATE <b>WA</b>	VIN# <b>1GCHK23U26F153654</b>			
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE		
VEH. YEAR <b>2006</b>	MAKE <b>CHEV</b>	MODEL <b>C1PU</b>	STYLE <b>CW</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY
REGISTERED OWNER INFO. <b>DEAN LINCOLN 8510 70TH ST NE MARYSVILLE WA 98270</b>			GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # <b>VERN FONK 2002306510</b>		SHADE IN DAMAGED AREA		
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE		
<b>UNIT #</b>		MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>
		DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>		PHONE	
LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET NEW ADDRESS					
CITY		ST	ZIP		
CDL		RESTRICTIONS	ENDORSEMENTS		
DRIVER'S LICENSE #	STATE	SEX	D.O.B.		
ON DUTY <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY
REGISTERED OWNER INFO.			GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>		
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #		SHADE IN DAMAGED AREA		
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE		

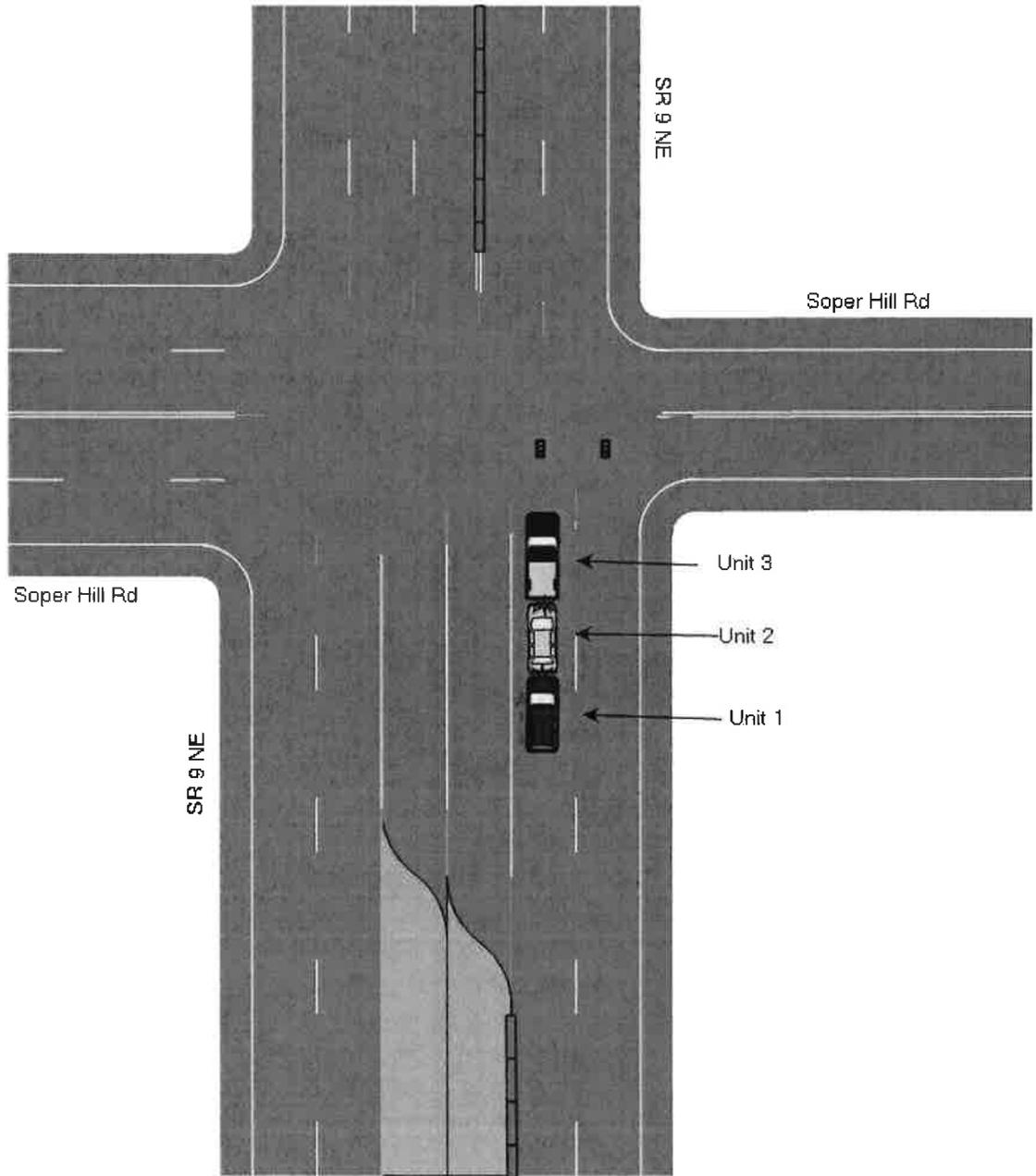
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**KERRY BERNHARD** INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET **06-29-15 01:16 PM** DATED: PLACE SIGNED

BADGE OR ID # **120** ORI # **WA0311900** APPROVED BY **BROOKS** DATE **6/30/2015** PAGE **3** OF **4**



Not To Scale



LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>K. REYNOLDS #170</i>	Case Number <i>15-1583</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>COLLISION</i>	Date/Time: <i>5/25/15</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 # 15-1583

Item # <i>KB-1</i>	Item <i>PISTOL</i>		Brand Name <i>CS</i>		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Action # <i>3</i>	Serial #	Where Found	Weight of Narcotic		

Owner's Name <i>CS/10</i>	Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#170</i>						

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

Incident History for: #SS15012463 Xref: #LL15002621

Case Numbers: \$SS15001583

Entered 06/25/15 16:43:15 BY SPCT03 SP0403  
Dispatched 06/25/15 16:43:32 BY SPDP17 SP0168  
Enroute 06/25/15 16:43:32  
Onscene 06/25/15 16:48:21  
Closed 06/25/15 17:42:56

Initial Type: COL Initial Alarm Level: Final Alarm Level:  
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H  
Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST

Src: T  
Loc: SOPER HILL RD/SR 9 NE ,LKS (V)

Loc Info:

Name: LINCOLN, JOSHUA Addr: Phone: 4253274832

/1643 (SP0403) ENTRY , CC, NOW, NON INJ, BLOCKING NB SR 9, BLACK SILVE  
RADO VS GRAY MERCEDES VS BLUE FORD, 1 SUBJS SAYS  
HIS NECK HURT BUT HEARD HIM SAY HE DOESN' T THIN  
K HE NE EDS AN AMBULANCE  
/1643 (SP0168) DISPER 19D3 #SS132 KILROY, OFFICER (JOSH)  
/1644 ASSTER 19D1 [SOPER HILL RD/SR 9 NE ,LKS]  
#SS120 BERNHARD, OFFICER (KERRY)  
/1646 (SP0297) SUPP NAM: 1132,  
TXT: ON VIEW. INVESTIGATING  
/1648 (SP0168) ONSCNE 19D1  
/1650 CLEAR 19D3  
/1652 (SP0297) CROSS #LL15002621  
/1657 (SS120 ) \*ASNCAS 19D1 \$SS15001583  
/1708 (SP0274) ROTREQ 19D1 TOW 5099 LKS MACK' S TOWING  
3605683131  
/1709 MISC 19D1 , MACKS TOW ENRT  
/1739 (SP0168) MISC 19D1 , TOW OS  
/1742 CLEAR 19D1 D/H  
/1742 CLOSE 19D1