



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E475674**

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FROM TO
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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 #	15-00200082
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
10 - 28 - 2015		1030	31		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
VERNON ROAD	BLOCK NO. <input checked="" type="checkbox"/>	1100
	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
60 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>	12TH PL NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4255122189
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LAST NAME	KRENZ	FIRST NAME	RILEY	MIDDLE INITIAL	M
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STREET NEW ADDRESS	10604 VERNON RD
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	KRENZRM020DN	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03 - 15 - 1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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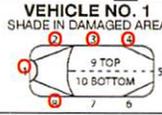
LICENSE PLATE #	B67923X	STATE	WA	VIN#	1FTPW14554KC56234
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2004	MAKE	FORD	MODEL	F1PU	STYLE	CW	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	R AND R STAR TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. SCOTT KRENZ 10604 VERNON RD LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO INS 1FTPW14554KC56234
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input 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
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B. MMDDYYYY	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	APX7018	STATE	WA	VIN#	5NPDH4AE1EH988011
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	HYUN	MODEL	ELANTRA	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. PATRICK KING 1248 92ND AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E475674**

CASE # **15-00200082**

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 10/28/2015 at about 1030 hours (all times approximate) I was dispatched by police radio to a three car vehicle collision in the 1100 block of Vernon Road in the city of Lake Stevens. It was reported a pickup had struck two parked cars.
 Arriving on scene I spoke to the driver of U1. The driver of U1 stated he had been traveling southbound on Vernon Road and came upon a cat in the roadway. The driver of U1 attempted to avoid a collision with the cat and struck two parked cars on the southbound shoulder of Vernon Road (on the west side of the street).
 At the time of the collision there were no reported injuries.
 I took digital images of the involved vehicles which were later printed and saved to a CD-R as evidence.
 U1 was towed from the scene by R and R Star Towing.
 At the time of the collision the owners of U2 and U3 were not present at the scene. information was left at a nearby residence for the owner of U2 and information was given to a friend for the owner of U3.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: REACTING TO ANIMAL IN ROADWAY

**** END OF AUTO-POPULATED SECTION ****

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)

W. AUKERMAN		10-28-15 12:34 PM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED	
APPROVED BY		DATE			
R. BROOKS 0013		10/28/2015 2:01:26 PM			
BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	10:30 AM
			TIME POLICE ARRIVED	10:33 AM	



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E475674

CASE # 15-00200082

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FROM TO 33

FROM TO 34

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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

LAST NAME **UNKNOWN** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. MMDDYYYY - -

ON DUTY STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **B48222H** STATE **WA** VIN# **1GCEK14T8YE432540**

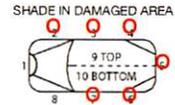
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **CHEV** MODEL **C1** STYLE **PK** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **ALEX DENOMA 9311 12TH PL NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



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#

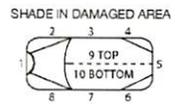
TRAILER PLATE # STATE TRAILER PLATE # STATE

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 #

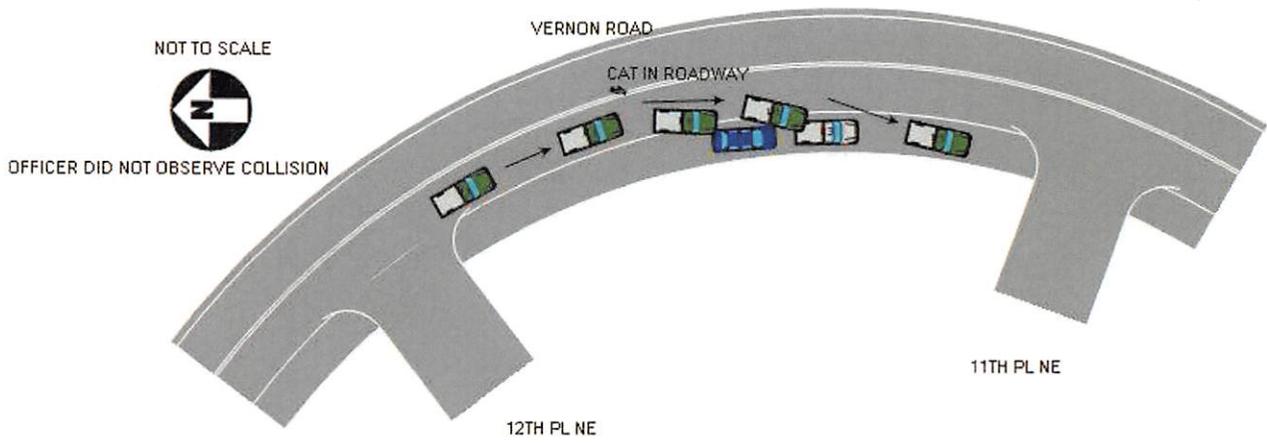
VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



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)

W. AUKERMAN INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET **10-28-15 12:34 PM** DATED: PLACE SIGNED

BADGE OR ID # **72** ORI # **WA0311900** APPROVED BY **BROOKS** DATE **10/28/201** PAGE **3** OF **4**



EXCHANGE OF INFORMATION

OFFICER NAME: *W. AUKERMAN #72*
AGENCY: *LAKE STEVENS PD*

COLLISION: *10/28/15 10:30 AM*
DISPATCH: *10/28/15 10:30 AM*
ARRIVAL: *10/28/15 10:33 AM*

CASE#: *15-00200082*
LOCATION: *VERNON ROAD BN:1100*
AT 12TH PL NE

NARRATIVE/ NOTES:

UNIT 1:	<i>MOTOR VEHICLE -</i>	2004 FORD F1PU PLATE: B67923X (WA)	TOWED BY:
DRIVER:	<i>RILEY M KRENZ</i>	VEH OWNER:	<i>SCOTT M KRENZ</i>
ADDRESS:	<i>10604 VERNON RD LAKE STEVENS, WA 98258</i>	ADDRESS:	<i>10604 VERNON RD LAKE STEVENS, WA 98258</i>
DL #:	<i>KRENZRM020DN</i>	STATE:	<i>WA</i>
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:	<i>SAFECO INS</i>	INSURED BY:	
POLICY #:	<i>1FTPW14554KC56234</i>	POLICY #:	



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 15-200082

VICTIM WITNESS

DRIVER U-1

NON-DISCLOSURE

03/15/98

NAME (LAST, FIRST, MIDDLE) <u>Riley Kranz</u>		RACE <u>White</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>03</u>	AGE <u>17</u>	HGT <u>5'10"</u>	WGT <u>990</u>	HAIR <u>Blond</u>	EYES <u>Blue</u>
STREET ADDRESS <u>10604 Vernon</u>				CITY			STATE	ZIP		
HOME PHONE <u>425-377-4326</u>		CELL PHONE <u>425-3512-2189</u>			WORK PHONE <u>KRZ</u>					
EMAIL ADDRESS (OPTIONAL) <u>Riley.kranz15@gmail.com</u>					PLACE OF EMPLOYMENT					

STATEMENT:

driving up the road car ran out swerved left
slid into two cars on the side of the road.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT	
SIGNATURE: <u>Riley Kranz</u>	DATE SIGNED:
OFFICER/NUMBER: <u>AUERMAN # 72</u>	DATE SIGNED: <u>10-28-15</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"