



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E480723**

1 1 4 27
2
3
1 28
2
3

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 # **15-0200858**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK **METAL SIGN POST**

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **11 - 10 - 2015** **1501** **31** N E IN OF **0664**
S W

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR 92 BLOCK NO. **9100**
MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
300 **00** MILES N E **SR 9**
FEET S W

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

LAST NAME **DAGGETT** FIRST NAME **ASHLEY** MIDDLE INITIAL **M**

STREET NEW ADDRESS **9901 64TH DR NE**

CITY **MARYSVILLE** ST **WA** ZIP **982702421**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **DAGGEAM09400** STATE **WA** SEX **F** D.O.B. **09 - 20 - 1991**

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

LICENSE PLATE # **AUD7165** STATE **WA** VIN# **19UYA41693A014117**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2003** MAKE **ACUR** MODEL **32CLCP** STYLE **CP** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **ASHLEY DAGGETT 9901 64TH DR NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **MIDDLESEX INS CO 4746887784**
VEHICLE LEGALLY STANDING YES NO CITATION # **5Z1144297** CHARGE **NO VALID OPERATORS LICENSE**



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

LAST NAME **STATE OF** FIRST NAME **WASHINGTON** MIDDLE INITIAL

STREET NEW ADDRESS

CITY **OLYMPIA** ST **WA** ZIP

ODL RESTRICTIONS ENDORSEMENTS

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

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) **W. AUKERMAN** BADGE OR ID # **0072** AGENCY **WA0311900**

1 5 29
30
1 1 2 31
2
3
1 32
2
3
FROM TO 0 0 33
FROM TO
4 35
36
37
38
39
40
1 41
42



1591972

CORRECTION

REPORT NO.

E480723

CASE #

15-0200858

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	GERINGER RACHELLE E
---------------------------------------	----------------------------

ADDRESS & PHONE # 104 GREEN GABLES DRIVE CENTRALIA WA 98531 3607362668	SEX F	D.O.B. MMDDYYYY 04	-	04	-	1994
--	-----------------	---------------------------------	---	-----------	---	-------------

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

This single vehicle collision occurred in the 9100 block of SR 92 in the city of Lake Stevens. On 11/10/2015 at about 1501 hours (all times approximate) witness Geringer called 911 to report a single vehicle off the roadway which had rolled backwards and off the roadway in the 9100 block of SR 92 while waiting at a red light.

At about 1530 hours I arrived on scene and spoke with the witness and driver of the vehicle which had backed off the roadway. The witness stated she had been stopped at the red light on westbound SR 92 at SR 9 when she observed the passenger car that had been stopped behind her start rolling backwards and then off the roadway. The witness stated she spoke with the driver of the vehicle and was told she had fallen asleep. The driver also stated she does not have a driver's license, though she has insurance and did not want the police called.

I spoke with the driver of U1. She claimed she had awoken from a nap and was late for work. As she drove to work and had to stop at the red light the driver claimed she had fallen asleep and her vehicle rolled backwards off the roadway.

I observed U1 had backed off the roadway, over a metal sign post and came to rest in a wire fence and brush.

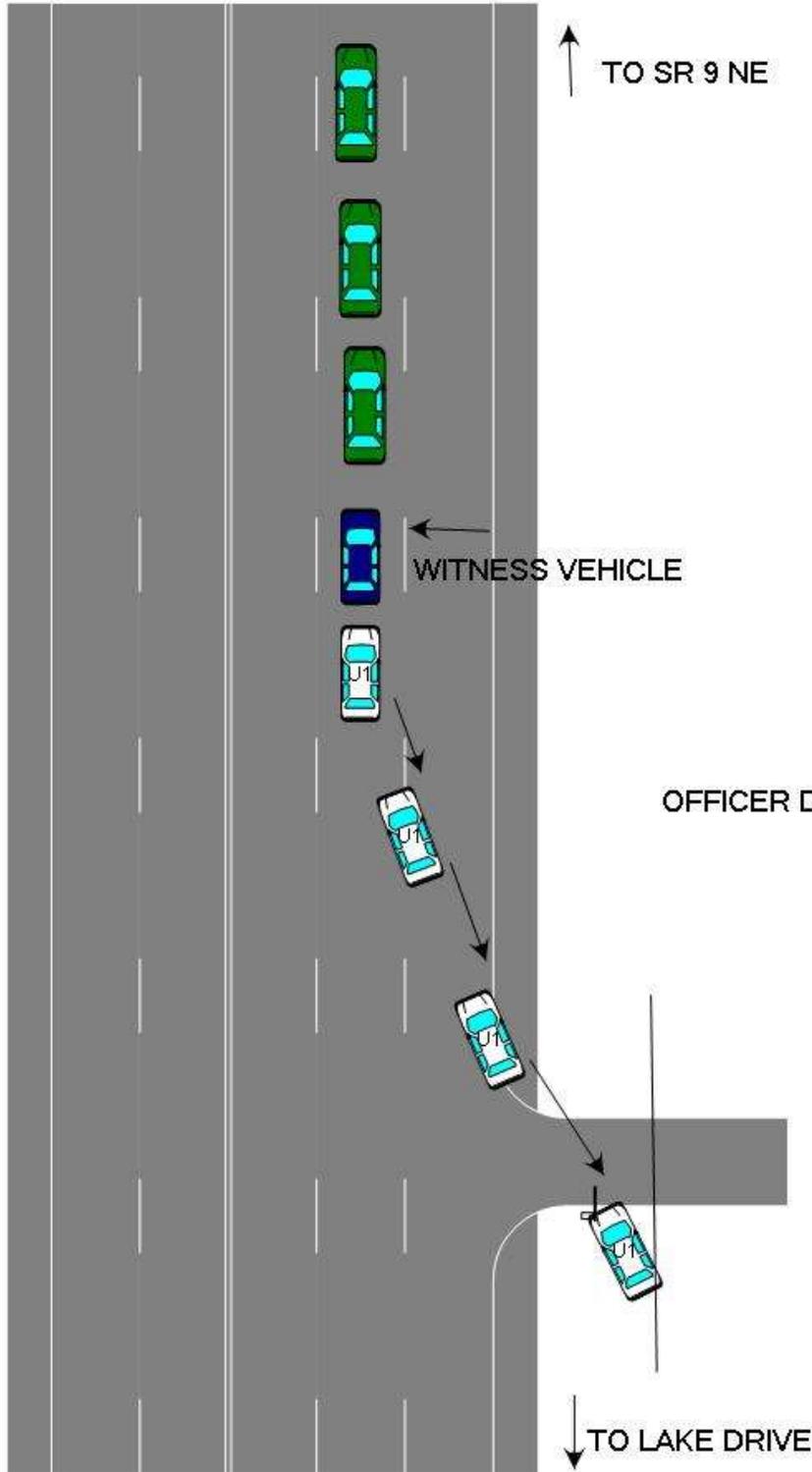
At the time of the collision the driver of U1 was found to have a suspended/revoked driver's license. The driver was cited for no valid operators license.

The driver of U1 did not claim any injury and was using AAA to have her vehicle towed from the location.

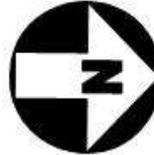
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN		11-10-15 04:25 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY ROBERT MINER 0095		DATE 11/11/2015 12:52:02 AM	
BADGE OR ID # 0072	ORI # WA0311900	TIME POLICE DISPATCHED 3:20 PM	TIME POLICE ARRIVED 3:29 PM

9100 SR 92 LAKE STEVENS



NOT TO SCALE



OFFICER DID NOT OBSERVE COLLISION

EXCHANGE OF INFORMATION

OFFICER NAME: *W. AUKERMAN #0072*
AGENCY: *LAKE STEVENS PD*

COLLISION: *11/10/15 03:01 PM*
DISPATCH: *11/10/15 03:20 PM*
ARRIVAL: *11/10/15 03:29 PM*

CASE#: *15-0200858*
LOCATION: *SR 92 BN:9100*
AT *SR 9*

NARRATIVE/NOTES:

UNIT 1:	<i>MOTOR VEHICLE -</i>	2003 32CLCP PLATE: <i>AUD7165 (WA)</i>	TOWED BY:
DRIVER:	<i>ASHLEY M DAGGETT</i>	VEH OWNER:	<i>ASHLEY M DAGGETT</i>
ADDRESS:	<i>9901 64TH DR NE MARYSVILLE, WA 982702421</i>	ADDRESS:	<i>9901 64TH DR NE MARYSVILLE, WA 98270</i>
DL #:	<i>DAGGEAM09400</i>	STATE:	<i>WA</i>
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:	<i>MIDDLESEX INS CO</i>	INSURED BY:	<i>MIDDLESEX INS CO</i>
POLICY #:	<i>4746887784</i>	POLICY #:	<i>474688784</i>



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

VICTIM WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) Geringer, Rachelle, Elizabeth		RACE White	ETHNICITY Caucasian	SEX F	D.O.B. 4/4/94	AGE 21	HGT 5'4"	WGT 130	HAIR Br	EYES Br
STREET ADDRESS 104 Green Gables Drive				CITY Centralia			STATE WA	ZIP 98531		
HOME PHONE 360-736-2668		CELL PHONE 360-508-4968			WORK PHONE 360-736-3262					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT Eddie Bauer					

STATEMENT:

I was stopped at the light at the junction of 9 and 92 and noticed the car behind me began to roll backwards. It continued off the road into bushes. I backed up and made sure the driver was ok. She disclosed that she was very tired and had fallen asleep on her way to work, having just woken up from a nap. She told me that she also did not have a license but did have insurance, and subsequently called for a tow truck. 3 others stopped, but drove off after ensuring the driver was ok.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: *Rachelle Geringer*

DATE SIGNED:
11/9/15

OFFICER/NUMBER:

DATE SIGNED:

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