



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E473094**

1 1 7 27
2
3
1 1 8 28
2
3

INTERSTATE <input type="checkbox"/>	CITY STREET <input 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 checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	15-02606
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
10 - 19 - 2015	2040	31			0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

MAIN ST BLOCK NO. **1804**

MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE 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. MDDYYYYY

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

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE **4D** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE



UNIT 02 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

ODL RESTRICTIONS ENDORSEMENTS

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

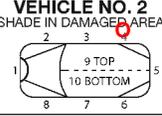
ON DUTY STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **AAN4300** STATE **WA** VIN# **2D4FV48T15H19696**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2005** MAKE **DODG** MODEL **MAGNUM** STYLE **SW** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **ALLIED 881524383** CITATION # CHARGE



OFFICER'S NAME (PRINT) **M. HINGTGEN** BADGE OR ID # **126** AGENCY **WA0311900**

0 1 29
1 4 30
1 1 2 31
2
3
1 32
2
3
FROM TO 3 7 33
FROM TO 9 34
9 35
36
37
38
39
40
41
1 42



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E473094

CASE #

15-02606

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

Veh #2 was parked in the angled parking stall at 1804 Main St. At approximately 2050 hrs., a male informed the R/O that a green 4-door passenger car had struck her vehicle. The male witness stated that the vehicle did a three point turn in the one way parking area and sped away rapidly.

The damage to the parked vehicle was to the rear passenger side corner.

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)

M. HINGTGEN			10-21-15 02:41 AM				
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		DATE	PLACE SIGNED	
APPROVED BY BOB SUMMERS 0079					DATE 10/21/2015 4:19:04 AM		
BADGE OR ID #	126	ORI #	WA0311900	TIME POLICE DISPATCHED	8:50 PM	TIME POLICE ARRIVED	8:57 PM



Not to Scale

