

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 15-0020195



### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Quist Caitlynn Gabrielle</u>	RACE <u>White</u>	ETH	SEX <u>F</u>	DOB <u>01/04/96</u>	AGE <u>19</u>	HGT <u>5'3"</u>	WGT <u>100</u>	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>512 212th St SW</u>		CITY <u>Mountlake Terrace WA</u>		STATE <u>WA</u>		ZIP <u>98036</u>		RES. STATUS		
HOME PHONE <u>N/A</u>		CELL PHONE <u>425-219-8802</u>			PLACE OF EMPLOYMENT <u>Subway</u>					
WORK PHONE <u>?</u>		EMAIL ADDRESS <u>N/A</u>								

I, Caitlynn Quist, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving toward the light & some (male) person started walking in front of me. I tried to ~~brake~~ hit the breaks on my car but I couldn't stop fast enough. I slightly tapped him enough ~~to~~ for him to fall, but not rendering him unconscious.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT		
SIGNATURE: <u>Caitlynn Quist</u>	DATE SIGNED <u>11/14/15</u>	LOCATION SIGNED <u>Subway</u>
OFFICER/NUMBER: <u>Det. Christ 5475</u>	DATE SIGNED <u>11/14/15</u>	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

REVISED 4/2009



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E482181**

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2  
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FROM TO  
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1 41  
42

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 # **15-00201095**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **11 - 14 - 2015** **1541** **31** N  E  IN  OF **0664**  
S  W

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
**7TH PL NE** BLOCK NO.  **9400**  
MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)  
**50** **00** MILES  N  E  **FRONTAGE RD**  
FEET  S  W

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 4252198902**

LAST NAME **QUIST** FIRST NAME **CAITLYNN** MIDDLE INITIAL **G**

STREET NEW ADDRESS **5112 212TH ST SW**

CITY **MOUNTLAKE TERRACE** ST **WA** ZIP **980433325**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **QUISTCG046QK** STATE **WA** SEX **F** D.O.B. **11 - 12 - 1996**

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

LICENSE PLATE # **AVR8887** STATE **WA** VIN# **1G1JH14F537292234**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2003** MAKE **CHEV** MODEL **CAVCP** STYLE **CP** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. **CAITLYNN QUIST 5112 212TH ST SW MOUNTLAKE TERRACE WA 98043**

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY #  
VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE  
VEHICLE NO. 1 SHADE IN DAMAGED AREA

UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 4252687231**

LAST NAME **HALL** FIRST NAME **ROY** MIDDLE INITIAL **D**

STREET NEW ADDRESS **34764 HWY 101 BUSINESS**

CITY **ASTORIA** ST **OR** ZIP **97103**

ODL RESTRICTIONS **D** ENDORSEMENTS

DRIVER'S LICENSE # **5713646** STATE **OR** SEX **M** D.O.B. **09 - 20 - 1975**

ON DUTY  STATUS **9** AIRBAG RESTR. EJECT HELMET USE INJURY CLASS **7** NATURE OF INJURIES **HEAD INJURY**

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  
VEHICLE NO. 2 SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) **C. CHRISTENSEN** BADGE OR ID # **0075** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

**E482181**

CASE #

15-00201095

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

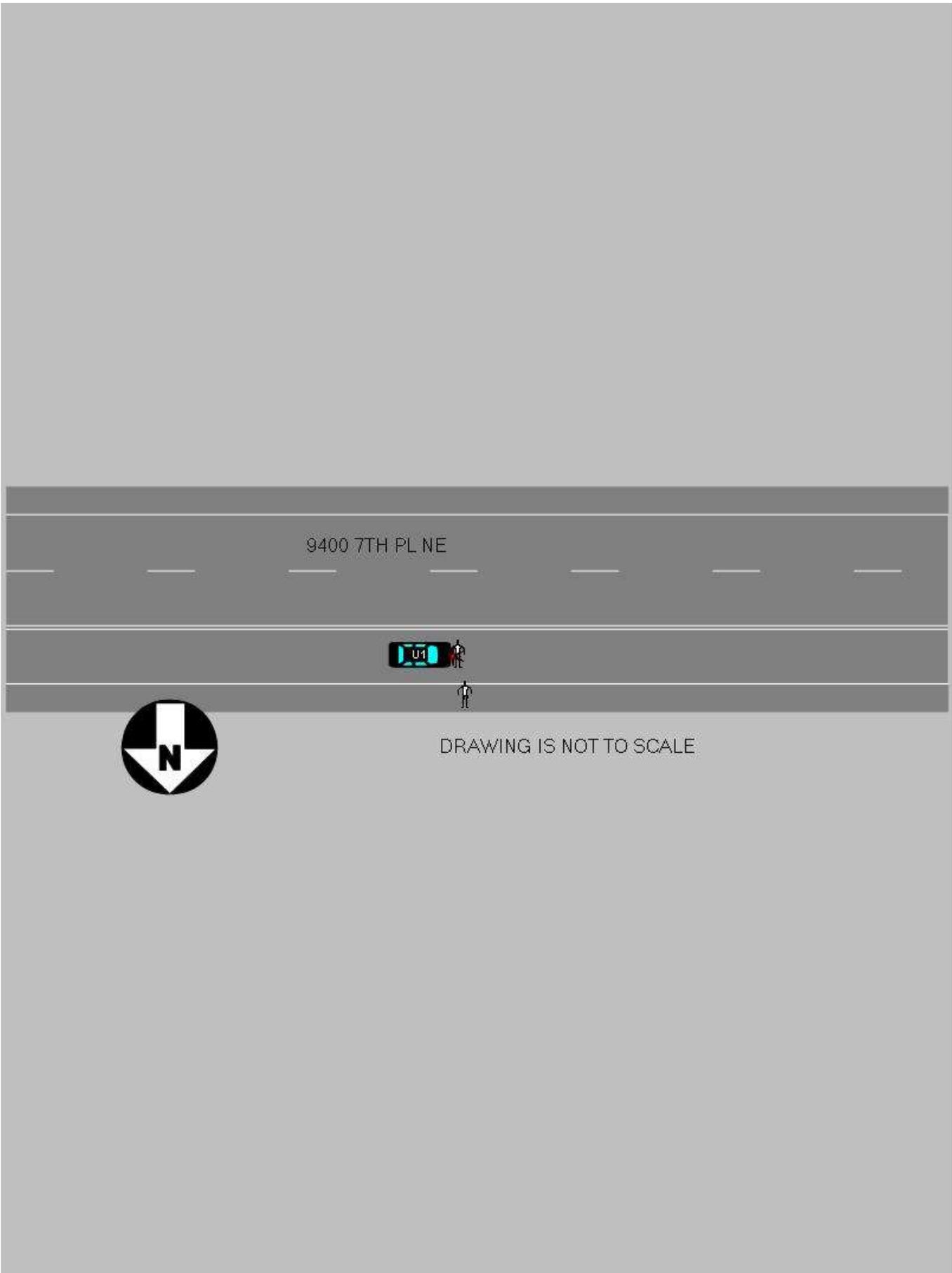
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES						
NAME (LAST, FIRST, MIDDLE INITIAL)															
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**

Unit 1 was leaving the business parking lot of Frontier Village located at 700 SR 9 and heading westbound in the 9400 7th PI NE. Unit 2 failed to use the nearest cross walk and stepped out into traffic on 7th PI NE where Unit 2 was struck by Unit 1. Unit 2 said he was trying to cross the road and did not see Unit 1 coming. Unit 2 appeared under the influence of drugs and or alcohol and admitted to consuming beer earlier in the day. Drive of Unit 1 said she had just stopped and started moving again when Unit 2 stepped out in front of her. Unit 2 was transported to the hospital for minor injuries.

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>C. CHRISTENSEN</b>		<b>11-14-15 05:19 PM</b>	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY <b>ROBERT MINER 0095</b>		DATE <b>11/15/2015 1:33:57 AM</b>	
BADGE OR ID # <b>0075</b>	ORI # <b>WA0311900</b>	TIME POLICE DISPATCHED <b>3:42 PM</b>	TIME POLICE ARRIVED <b>3:42 PM</b>



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**EXCHANGE OF INFORMATION**

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OFFICER NAME: **C. CHRISTENSEN #0075**  
AGENCY: **LAKE STEVENS PD**

COLLISION: **11/14/15 03:41 PM**  
DISPATCH: **11/14/15 02:41 PM**  
ARRIVAL: **11/14/15 03:42 PM**

CASE#: **15-00201095**  
LOCATION: **STATE RTOUTE 9 BN:700**

NARRATIVE/NOTES:

UNIT 1:	<b>MOTOR VEHICLE -</b>	2003 CAVCP PLATE: AVR8887 (WA)	TOWED BY:
DRIVER:	<b>CAITLYNN G QUIST</b>	VEH OWNER:	<b>CAITLYNN G QUIST</b>
ADDRESS:	<b>5112 212TH ST SW MOUNTLAKE TERRACE, WA 980433325</b>	ADDRESS:	<b>5112 212TH ST SW MOUNTLAKE TERRACE, WA 98043</b>
DL #:	<b>QUISTCG046QK</b>	STATE:	<b>WA</b>
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	
UNIT 2:	<b>PEDESTRIAN</b>	TOWED BY:	
NAME:	<b>ROY D HALL</b>	VEH OWNER:	
ADDRESS:	<b>34764 HWY 101 BUSINESS ASTORIA, OR 97103</b>	ADDRESS:	
DL #:	<b>5713646</b>	STATE:	<b>OR</b>
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	