

CHECK ALL THAT APPLY:

- NON-IMPOUND / TOW
- AAA or OTHER ROADSIDE ASSISTANCE
- EVIDENCE
- SEIZED UNDER RCW 69.50.505
- IMPOUND ONLY
- IMPOUND WITH \_\_\_\_\_ DAY HOLD
  - INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
  - REGISTERED OWNER MAY REDEEM.

- CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
- CHECK INDICATES DRIVER IS DWLS/R AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT.

# UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER  
**15-00201311**

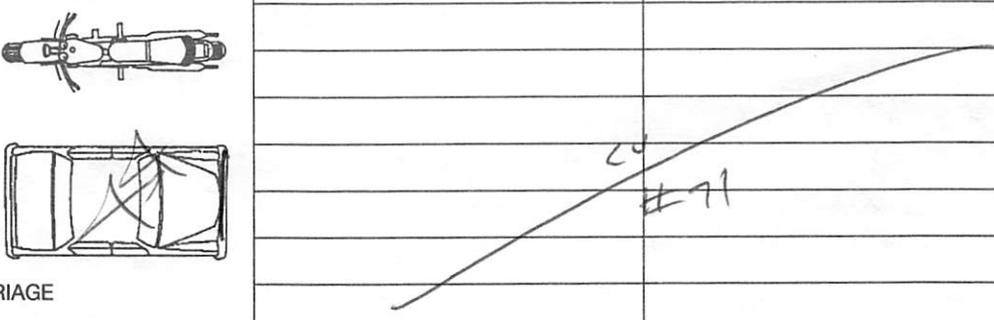
### VEHICLE INFORMATION

VIN <b>1J4NF14BZBD141627</b>				
LICENSE <b>AK61077</b>	STATE <b>WA</b>	YEAR <b>2011</b>	MAKE <b>JEEP</b>	MODEL <b>LIB</b>
<input type="checkbox"/> Report of Sale		MILEAGE	STYLE <b>4-D</b>	COLOR <b>BLACK</b>

DRIVER	REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) <b>SAME AS R/O</b>	NAME (LAST, FIRST, MI) <b>GAAFF, CALLIE A</b>	NAME (LAST, FIRST, MI) <b>SAME AS RO</b>
STREET ADDRESS	STREET ADDRESS <b>3601 10TH PI NE</b>	STREET ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE <b>LAKE STEVENS WA</b>	CITY, STATE, ZIP CODE
DOB	DOB <b>2/5/83</b>	DOB

### AUTHORIZATION AND RECEIPT

ON THIS DATE OF 11/17/15 AT 1713 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE TRUCKS TOWING (TOWING FIRM) TO REMOVE THIS VEHICLE FROM 9600 BIRCH ST 92. I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.  
TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5912-029 DATE 11/17/15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [    ] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [    ] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input checked="" type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY	NARRATIVE OR DIAGRAM (List reason(s) for impound.)
<del>                     [Inventory List Area]                 </del>	<p style="font-size: 2em; text-align: center;">VEHICLE HIT BY TREE</p>

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

OFFICER'S SIGNATURE **X** [Signature] #71      LAKE STEVENS      BADGE NO. #71  
 COUNTY, WA



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E483694**

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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 #	2015-00201311		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	01	OBJECT STRUCK	TREE OR STUMP

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
11	17	2015	1635	31	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

STATE ROUTE 92 BLOCK NO.  9500

MILE POST

DISTANCE 0.25 MILES  N  E  S  W

OF (REFERENCE OR CROSS STREET) 99TH AVE NE

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE

DAMAGE THRESHOLD MET YES  NO

PHONE D: 4253344071

LAST NAME GRAFF FIRST NAME CALLIE MIDDLE INITIAL A

STREET NEW ADDRESS 8601 10TH PL NE

CITY LAKE STEVENS ST WA ZIP 98270

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # GRAFFCA175CE STATE WA SEX F D.O.B. MDDYYYY 02 - 05 - 1983

ON DUTY  STATUS AIRBAG 3 RESTR. 3 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # AKG1077 STATE WA VIN#

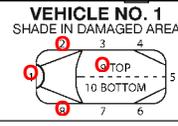
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2011 MAKE JEEP MODEL LIBERT STYLE 4W VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # UNKNOWN

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



UNIT 02 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

ODL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. MDDYYYY - -

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

LICENSE PLATE # STATE VIN#

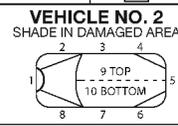
TRAILER PLATE # STATE TRAILER PLATE # STATE

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) SGT. C. VALVICK BADGE OR ID # 0071 AGENCY WA0311900



1591972

CORRECTION

REPORT NO.

**E483694**

CASE #

**2015-00201311**

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 11/17/2015 at about 1635 hours vehicle #1 was travelling in the 9500 block of SR92 when a tree blew over in a windstorm and struck it as it travelled eastbound. Vehicle #1 was occupied by the lone female driver who had very minor injury due to air bag deployment. Aid evaluated the driver and released her at the scene.

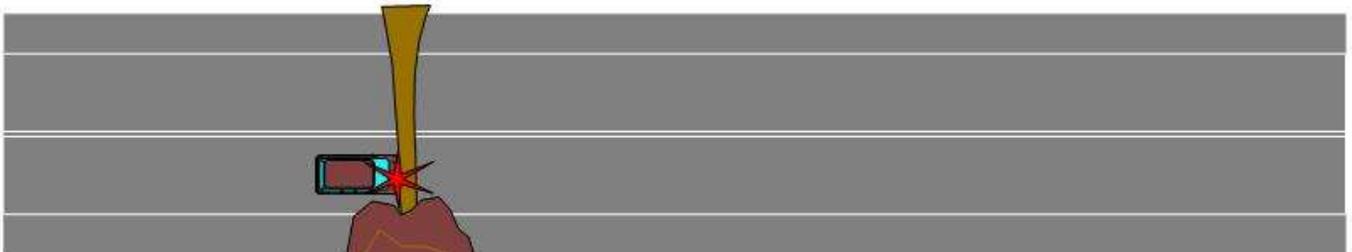
The damaged vehicle was towed from the scene by Dicks Towing.

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>SGT. C. VALVICK</b>			<b>11-19-15 07:02 AM</b>		
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		PLACED SIGNED
APPROVED BY <b>SGT. C. VALVICK 0071</b>				DATE <b>11/19/2015 10:43:30 AM</b>	
BADGE OR ID #	<b>0071</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>4:41 PM</b>
			TIME POLICE ARRIVED	<b>4:41 PM</b>	



9500 Block SR92



NOT TO SCALE