



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E484119**

1 1 8 27

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 # **2015-00201340**

LOCAL AGENCY CODING **WA0311900**

TOTAL # OF UNITS **02** OBJECT STRUCK **STREET LIGHT POLE**

TRIBAL RESERVATION

DATE OF COLLISION: M **11** D **17** Y **2015** TIME (2400) **1935** COUNTY # **31** MILES **0664** CITY # **0664**

ON (PRIMARY TRAFFIC WAY)  INTERSECTION  NON-INTERSECTION   
**99TH AVE NE** BLOCK NO.  **3400**

DISTANCE **400** **00** MILES  N  E  S  W  OF (REFERENCE OR CROSS STREET) **SR 92**

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 4252939185**

LAST NAME **POOLE** FIRST NAME **KRISTIN** MIDDLE INITIAL **L**

STREET NEW ADDRESS **9426 169TH AVE NE**

CITY **GRANITE FALLS** ST **WA** ZIP **98252**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **POOLEKL094BP** STATE **WA** SEX **F** D.O.B. **01** - **17** - **1991**

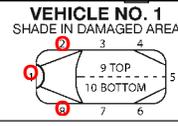
ON DUTY  STATUS AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **BLACK EYE**

LICENSE PLATE # **AKA5542** STATE **WA** VIN# **JT2BF22KXV0018295**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1997** MAKE **TOYT** MODEL **CAMRY** STYLE **4D** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **PROGRESSIVE 70855333** CITATION # CHARGE



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 4257831000**

LAST NAME **PUD** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS **2320 CALIFORNIA ST**

CITY **EVERETT** ST **WA** ZIP **98201**

ODL RESTRICTIONS ENDORSEMENTS

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

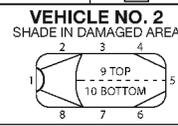
ON DUTY  STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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 # CITATION # CHARGE



OFFICER'S NAME (PRINT) **G. HEINEMANN #133** BADGE OR ID # **#0133** AGENCY **WA0311900**

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1 1 2 31

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5 1 33

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4 35

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1 41

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1591972

CORRECTION

REPORT NO.

**E484119**

CASE #

2015-00201340

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 the listed date and time I was dispatched to a one vehicle collision in the 3400 block of 99th Ave NE in the city of Lake Stevens. I arrived to find the reporting party on scene who indicated that his daughter was driving the vehicle. Her fiance picked her up and transported her to a nearby hospital for evaluation. He stated that she was driving northbound on 99th Ave NE when she attempted to avoid a puddle, struck a small center median which caused her vehicle to shoot east, up an embankment. She then continued north on the embankment, striking a telephone/power pole. There was minimal damage to the pole but extensive damage to the vehicle. The RP called a private tow for the vehicle.

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>G. HEINEMANN #133</b>				<b>11-20-15 12:11 AM</b>			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY <b>BOB SUMMERS 0079</b>				DATE <b>11/20/2015 3:53:49 AM</b>			
BADGE OR ID #	<b>#0133</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>7:43 PM</b>	TIME POLICE ARRIVED	<b>8:10 PM</b>

  
Not to scale

