



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E483890**

1 2 3 27

1 2

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 checked="" type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **15-00201459**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

2 1

TRIBAL RESERVATION

3 1

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **11** - **19** - **2015** **0825** **31** N E IN OF **0664**
S W

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
15TH STREET NE BLOCK NO. **8700**
MILE POST

4a

5

DISTANCE **50** **00** MILES N E OF (REFERENCE OR CROSS STREET) **87TH STREET NE**
FEET S W

6 1

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE
LAST NAME **CADE** FIRST NAME **CRISTY** MIDDLE INITIAL **L**

7

STREET NEW ADDRESS **5024 72ND DR NE**
CITY **MARYSVILLE** ST **WA** ZIP **982708810**

8

CDL RESTRICTIONS **B** ENDORSEMENTS

9 9

DRIVER'S LICENSE # **CADE*CL303BT** STATE **WA** SEX **F** D.O.B. MDDYYYY **01** - **30** - **1970**

10

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

11 2 5

LICENSE PLATE # **130ZWI** STATE **WA** VIN# **KMHCF35G12U228874**

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 4

VEH. YEAR **2002** MAKE **HYUN** MODEL **ACCENT** STYLE **2H** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

14 4

REGISTERED OWNER INFO. **OWNED BY DRIVER**

15 1

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **GEICO 1353837105**



16 1

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

17

LAST NAME **MCKENNA** FIRST NAME **RYAN** MIDDLE INITIAL **P**

18

STREET NEW ADDRESS **1539 88TH AVENUE NE**

19

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

20 8

ODL RESTRICTIONS ENDORSEMENTS

21

DRIVER'S LICENSE # STATE SEX **M** D.O.B. MDDYYYY **08** - **28** - **2007**

22 2

ON DUTY STATUS **3** AIRBAG RESTR. EJECT HELMET USE INJURY CLASS **7** NATURE OF INJURIES **RIGHT LEG PAIN**

23

LICENSE PLATE # STATE VIN#

24 0 8

TRAILER PLATE # STATE TRAILER PLATE # STATE

25

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



25

REGISTERED OWNER INFO.

26

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE
OFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **0130** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E483890

CASE #

15-00201459

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	MCKENNA STEPHEN P
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ADDRESS & PHONE # 1539 88TH AVENUE NE LAKE STEVENS WA 98258	SEX M	D.O.B. MMDDYYYY 09	-	13	-	1969
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PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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NAME (LAST, FIRST, MIDDLE INITIAL)	
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ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY	-		-	
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PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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NAME (LAST, FIRST, MIDDLE INITIAL)	
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ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY	-		-	
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PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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NARRATIVE

On 11/19/2015 I was dispatched to a car vs pedestrian collision in the 8700blk of 15th Street NE. Upon arrival, the juvenile victim had been taken to his residence by his father and the causing driver had left the scene. A neighbor called the causing driver (unit 1) who returned to the scene. The juvenile (unit 2) was contacted at the house. It was determined that the juvenile and his father were at the school bus stop in front of 8730 15th Street NE. Unit 1 vehicle was facing east on the south side of the roadway. Unit 1 driver backed up attempting to back into the driveway at 8730 15th Street NE to proceed back westbound. Unit 1 bumped the juvenile at a slow speed knocking him down. The juvenile's father grabbed him from under the vehicle while slapping the car. Unit 1 driver and juveniles father exchanged heated words and juvenile was taken home where the father called 911. Unit 1 driver said she stayed and the father said he didn't want anyone to call 911 so she proceeded to work. I contacted juvenile and father at the Everett Clinic. It does not appear that the juvenile has any injuries and the father was given unit 1 information.

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)

R. RUTHERFORD		11-19-15 11:45 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY SGT. C. VALVICK 0071	DATE 11/19/2015 3:53:54 PM
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BADGE OR ID # 0130	ORI # WA0311900	TIME POLICE DISPATCHED 8:27 AM	TIME POLICE ARRIVED 8:30 AM
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