



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E483886**

1 2 3 27

1 2

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 # **2015-00201336**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **02** OBJECT STRUCK

2 2

TRIBAL RESERVATION

3 5

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **11 - 17 - 2015** **1900** **31** N E IN OF **0664**
S W

1 1 8 28

2

3

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR9 BLOCK NO. MILE POST

0 4 29

4a

DISTANCE OF (REFERENCE OR CROSS STREET)
MILES N E S W **SOPER HILL RD**
FEET

5

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE **D: 4259519757**

0 1 30

6 1

LAST NAME **BERGE** FIRST NAME **MADELEINE** MIDDLE INITIAL **A**

STREET NEW ADDRESS **15211 163RD PL NE**

7

CITY **WOODINVILLE** ST **WA** ZIP **980728942**

1 1 2 31

8

CDL RESTRICTIONS ENDORSEMENTS

9 1

DRIVER'S LICENSE # **BERGEMA045BK** STATE **WA** SEX **F** D.O.B. **01 - 12 - 1996**

10 1

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

1 1 2 32

11 2 5

LICENSE PLATE # **781XPX** STATE **WA** VIN# **1J4GW58N01C641363**

12 2 5

TRAILER PLATE # STATE TRAILER PLATE # STATE

13 A

VEH. YEAR **2001** MAKE **JEEP** MODEL **JPCH** STYLE **4W** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **DAVID LARSON 416 74TH ST SW EVERETT WA 98203**



FROM TO 7 1 33

14

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **ALLSTATE 964187160**

FROM TO 3 3 34

15 2

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

16 2

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **D: 4253591388**

17

LAST NAME **MICHAUD** FIRST NAME **DAVID** MIDDLE INITIAL **A**

18

STREET NEW ADDRESS **2008B VERNON RD**

19

CITY **LAKE STEVENS** ST **WA** ZIP **982588514**

20

CDL RESTRICTIONS ENDORSEMENTS

21

DRIVER'S LICENSE # **MICHADA511PK** STATE **WA** SEX **M** D.O.B. **10 - 12 - 1949**

22

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

23

LICENSE PLATE # **AMV0227** STATE **WA** VIN# **1FMZU34E5WUA27873**

24

TRAILER PLATE # STATE TRAILER PLATE # STATE

25

VEH. YEAR **1998** MAKE **FORD** MODEL **EXPLR** STYLE **UT** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO



FROM TO 1 1 42

26

REGISTERED OWNER INFO. **DAVID MICHAUD 2008 VERNON RD LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE

OFFICER'S NAME (PRINT) **N. ADAMS #127** BADGE OR ID # **127** AGENCY **WA0311900**



1591972

CORRECTION

REPORT NO.

E483886

CASE #

2015-00201336

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 11/17/15 at a call time of about 1901 hours (all times approximate), I was dispatched to a collision at SR9 and Soper Hill Rd, in the city of Lake Stevens.

Vehicle 1 (LIC: 781XPX) was stopped on Soper Hill Rd (facing eastbound in the left turn lane to head north) for a red signal light at SR9.

Vehicle 2 (LIC: AMV0227) was stopped on Soper Hill Rd (headed westbound in the lane to go straight head) for a red signal light at SR9.

Both vehicles were towed from the scene.

When the lights turned green both vehicles began to travel through the intersection, even though Vehicle 1's light was a green yield and not an arrow. Both vehicles collided in the middle of the intersection as Vehicle 1 turned into Vehicle 2.

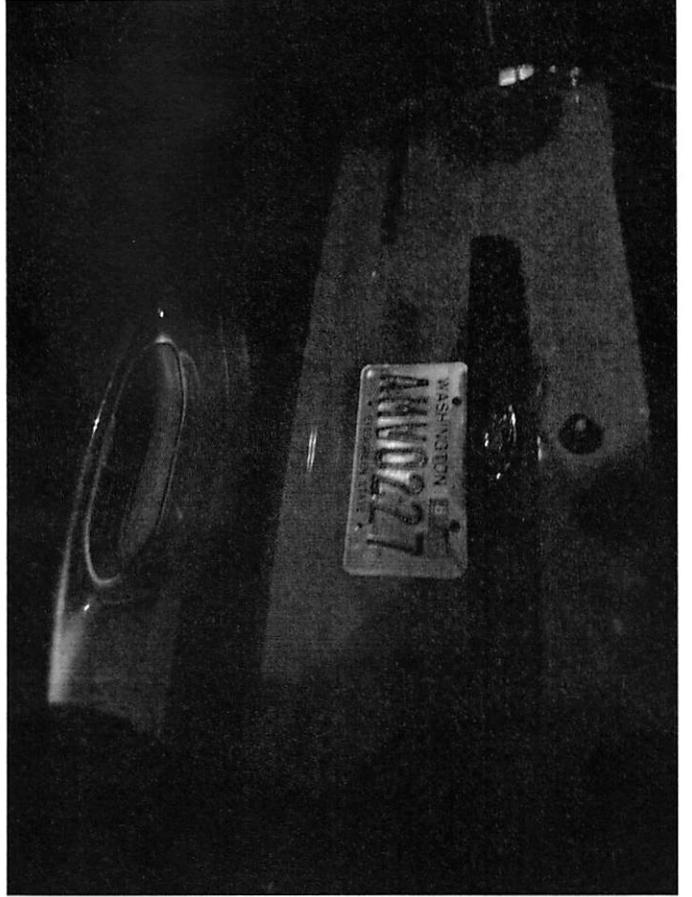
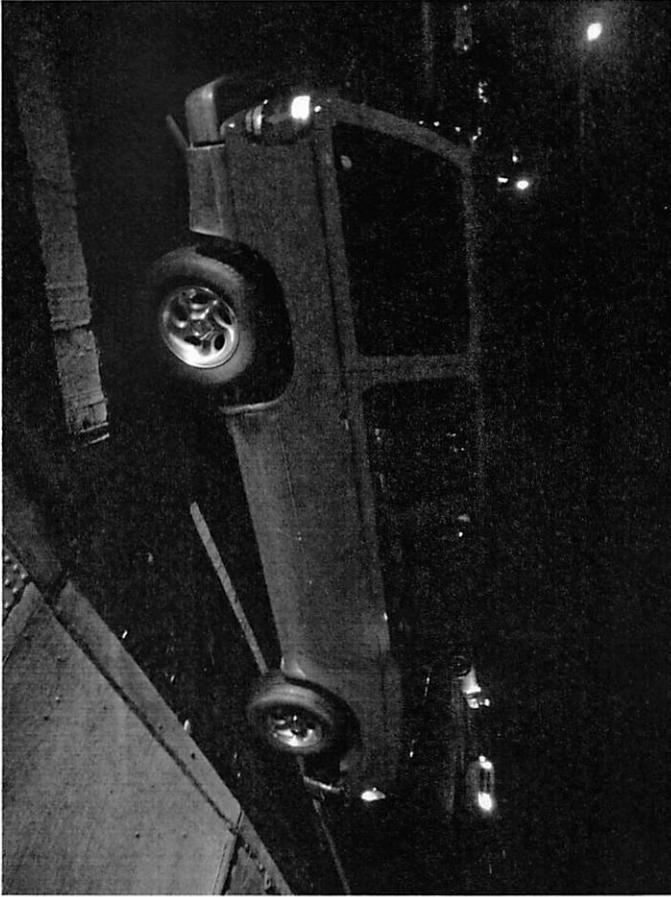
During my investigation Vehicle 2's driver told me he did not have insurance.

I took digital photographs of vehicles involved, which were later printed and added to the case report and copied to a compact disk and booked into evidence as item #15-201336/1.

I later wrote Michaud citation #5Z0835242 for operating a motor vehicle without insurance, which I sent to the court to be mailed to his address.

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)

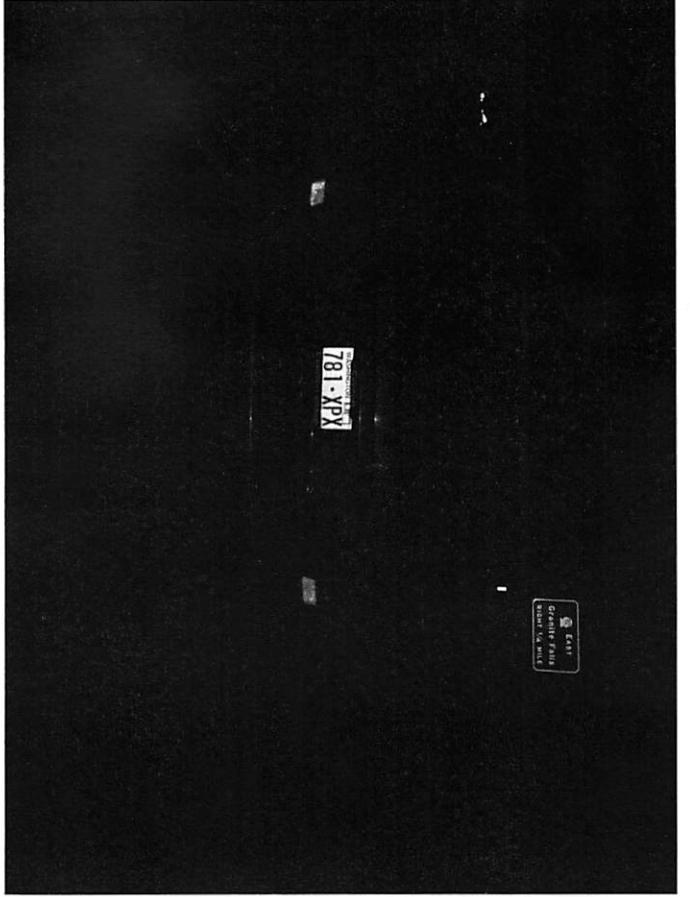
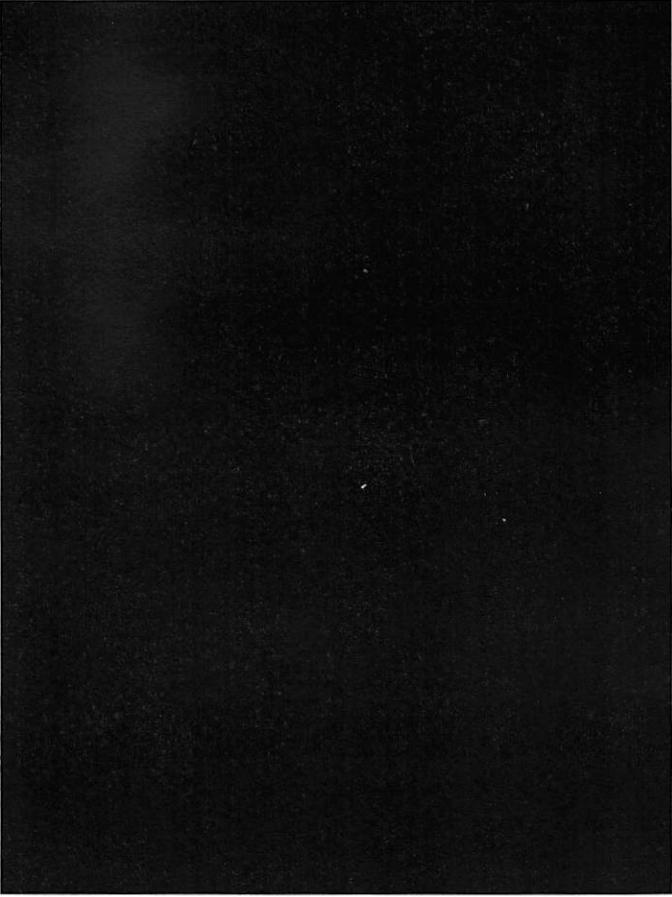
N. ADAMS #127		11-19-15 10:50 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY		DATE	
SGT. C. VALVICK 0071		11/19/2015 3:41:21 PM	
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
127	WA0311900	7:00 PM	7:10 PM



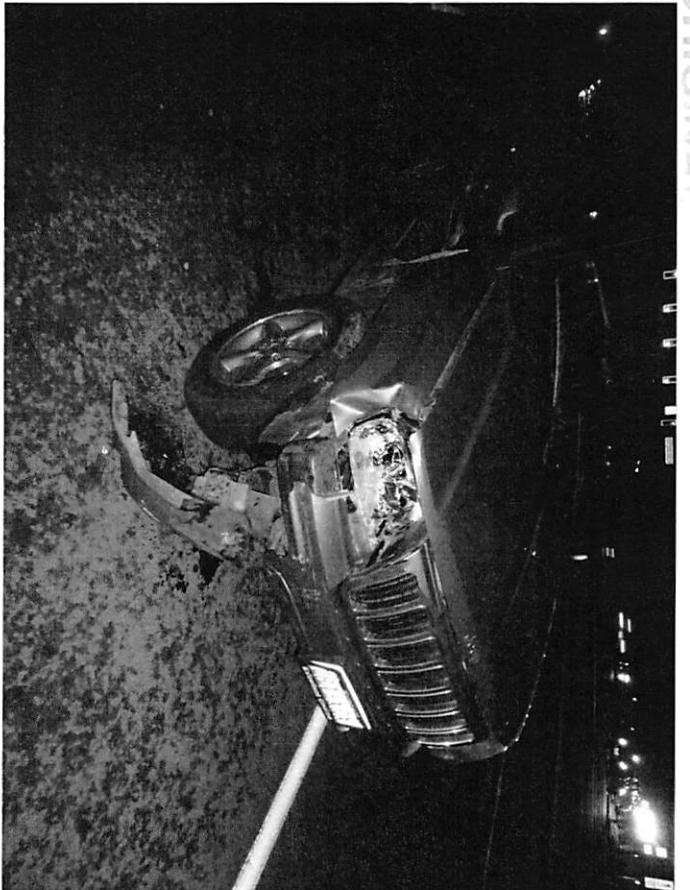
15-201336



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