STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. **E486844**

CASE #	2015-00201046
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

INTERSTATE ☐ CITY STREET ☐
STATE ROUTE ☑ OTHER ☐
COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

DATE OF COLLISION (M M - D D - Y Y Y Y)	TIME (2400)	COUNTY #	MILES			CITY #
11 - 13 - 2015	1822	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☑

STATE ROUTE 9 — BLOCK NO. ☑ MILE POST ☐ — 1700

DISTANCE 500.00 MILES ☐ FEET ☑ N ☐ S ☑ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) LUNDEEN PARKWAY

UNIT 01
MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 3606311782

LAST NAME	FIRST NAME	MIDDLE INITIAL
CHATELAIN	SHAWN	D

STREET (NEW ADDRESS ☐) 10717 189TH AVE NE

CITY GRANITE FALLS ST WA ZIP 98252

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # CHATESD270RU STATE WA SEX M D.O.B. MMDDYYYY 12 - 31 - 1973

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

LICENSE PLATE # AQN8689 STATE WA VIN# 1FMCU93138KB68477

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2008 MAKE FORD MODEL ESCAPE STYLE UT VEHICLE TOWED YES ☐ NO ☑ TOWED BY GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. EMILY CHATELAIN 10717 189TH AVE NE GRANITE FALLS WA 98252

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # AMERICAN FAMILY INS 2012-8616-02

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # | CHARGE

VEHICLE NO. 1 SHADE IN DAMAGED AREA — 9 TOP, 10 BOTTOM

UNIT 02
MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 4257720922

LAST NAME	FIRST NAME	MIDDLE INITIAL
BAGA	MICHELLE	L

STREET (NEW ADDRESS ☐) 2427 84TH DR NE

CITY LAKE STEVENS ST WA ZIP 98290

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # BAGA*ML156J3 STATE WA SEX F D.O.B. MMDDYYYY 04 - 23 - 1985

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

LICENSE PLATE # B54454U STATE WA VIN# 5TEGN92N63Z149157

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2003 MAKE TOYT MODEL PICKUP STYLE CW VEHICLE TOWED YES ☐ NO ☑ TOWED BY GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. MICHELLE BAGA 2427 84TH DR NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # STATE FARM 215 9585-E07-47

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # | CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA — 9 TOP, 10 BOTTOM

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
C. LYONS	0134	WA0311900

1	2	2	3	1	2	3	27	1	2	3	27	1	2	3	27	1	2	3	27	1	2	3	27
2	3			2				2				2				2				2			
3	4	3		3				3				3				3				3			
4		1	8	4			28	1	8		28	1	8		28	1	8		28	1	8		28
4a		2		4a				2				2				2				2			
5		3		5				3				3				3				3			
		0	1				29	0	1		29	0	1		29	0	1		29	0	1		29
		0	6				30	0	6		30	0	6		30	0	6		30	0	6		30
6	1			6	1																		
7		1	2	7				1	2		31	1	2		31	1	2		31	1	2		31
8		2		8				2				2				2				2			
9	1	3		9	1			3				3				3				3			
10	1	1	2	10	1			1	2		32	1	2		32	1	2		32	1	2		32
		2						2				2				2				2			
11	5 5	3		11	5 5			3				3				3				3			
12	5 5			12	5 5																		
13	4			13	4																		
		FROM	TO					FROM	TO														
		5	1				33	5	1		33												
14	4			14	4																		
		FROM	TO					FROM	TO														
		5	1				34	5	1		34												
15	2			15	2																		
		4					35	4			35												
16	2			16	2																		
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22				22																			
23				23																			
		1						1															
							41				41												
24				24																			
		1						1															
							42				42												
25				25																			
26				26																			

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E486844

CASE # 2015-00201046

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																	
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY		-	-
PASSENGER ☐ WITNESS ☐	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 ☐ WITNESS ☐	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 ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

V1 was traveling northbound in the 1700 block of SR9 in the west lane nearing 500 feet of the intersection of Lundeen Parkway. V1 saw traffic in front of him slowing to a stop and attempted to change into the east lane. By the time he looked back in front of him, he was unable to stop and collided into the rear of V2, which pushed V2 into the rear of V3. No injuries were reported and Aid was refused on scene by all vehicles. V1 was towed away from the scene. V2 and V3 drove away from the scene.

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)

C. LYONS		11-14-15 06:40 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 0095	11/26/2015 11:11:20 PM

BADGE OR ID #	0134	ORI #	WA0311900	TIME POLICE DISPATCHED	6:22 PM	TIME POLICE ARRIVED	6:27 PM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E486844

CASE # 2015-00201046

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE

CARRIER NAME:

CARRIER ADDRESS:

CITY: ST: ZIP:

NAME SOURCE: # AXLES: GVWR: PLACARD ☐ + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # 3 — MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☑ PHONE D: 4259711332

LAST NAME: MATHER FIRST NAME: NICOLE MIDDLE INITIAL: R

STREET / NEW ADDRESS ☐: 12014 77TH ST NE

CITY: LAKE STEVENS ST: WA ZIP: 982588624

CDL: RESTRICTIONS: ENDORSEMENTS:

DRIVER'S LICENSE #: MATHENR123KP STATE: WA SEX: F D.O.B. MMDDYYYY: 05 - 17 - 1988

ON DUTY ☐ STATUS: AIRBAG: 2 RESTR.: 4 EJECT: 1 HELMET USE: INJURY CLASS: 0 NATURE OF INJURIES:

LICENSE PLATE #: AMM4261 STATE: WA VIN#: 5NPDH4AE4DH353345

TRAILER PLATE #: STATE: TRAILER PLATE #: STATE:

VEH. YEAR 2013 MAKE HYUN MODEL ELANTRA STYLE 4D VEHICLE TOWED YES ☐ NO ☑ TOWED BY: GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. LARRY MATHER 10702 WASHINGTON WAY EVERETT WA 98204

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # PEMCO CA 1472712

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA: 1 2 3 4 5 6 7 8 9 TOP 10 BOTTOM

UNIT # — 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:

CDL: RESTRICTIONS: ENDORSEMENTS:

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

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

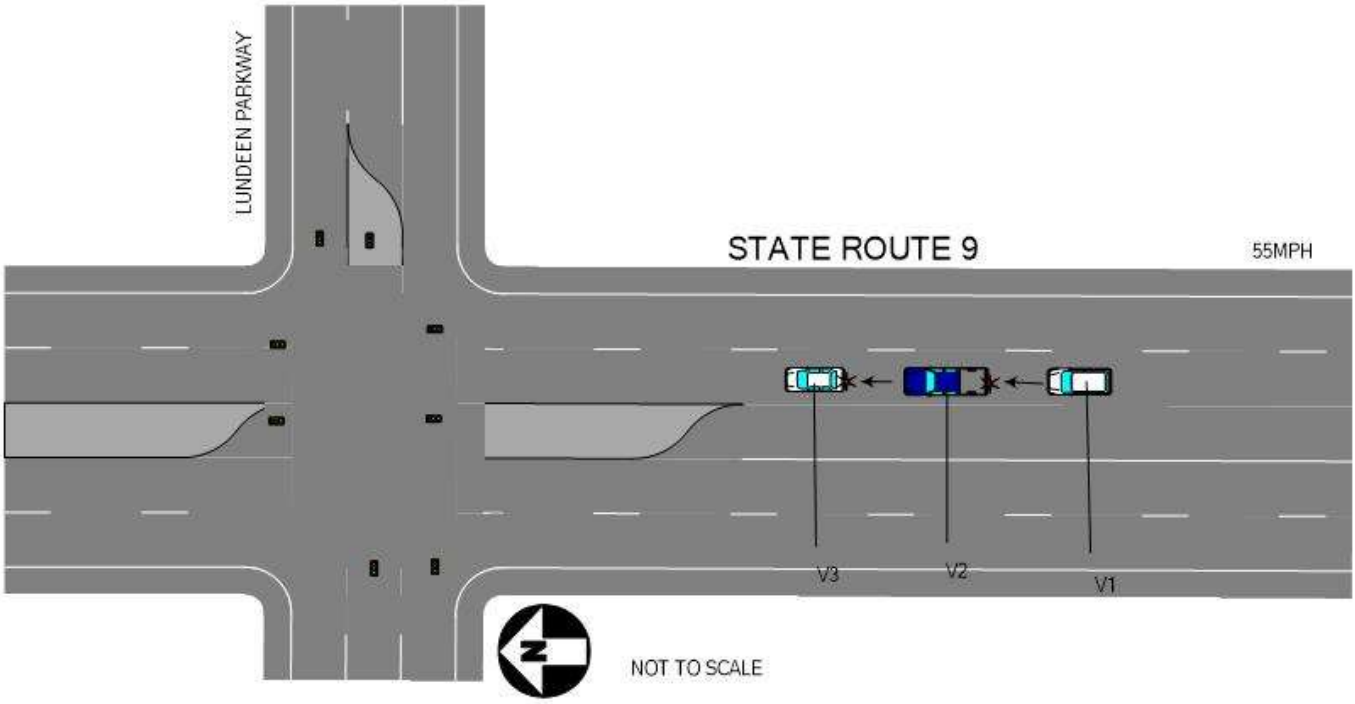
SHADE IN DAMAGED AREA: 1 2 3 4 5 6 7 8 9 TOP 10 BOTTOM

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)

INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED
C. LYONS		11-14-15 06:40 AM	

BADGE OR ID #	ORI #	APPROVED BY	DATE
0134	WA0311900	MINER	11/26/201

3000-345-013 R (7/06)


LUNDEEN PARKWAY
STATE ROUTE 9
55MPH
V3
V2
V1
NOT TO SCALE