



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E492282**

1 0 5 27

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 # **15-202691**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

3

TRIBAL RESERVATION

4

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **12** - **10** - **2015** **1850** **31** N E IN OF **0664**
S W

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR **9** BLOCK NO. MILE POST

4a

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

5

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE **D: 4252687531**

6

LAST NAME **PECK** FIRST NAME **LISA** MIDDLE INITIAL **M**

STREET NEW ADDRESS **2424 84TH DR NE**

7

CITY **LAKE STEVENS** ST **WA** ZIP **982586457**

8

CDL RESTRICTIONS ENDORSEMENTS

9

DRIVER'S LICENSE # **PECK*LM163CL** STATE **WA** SEX **F** D.O.B. MDDYYYY **02** - **13** - **1984**

10

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

11

LICENSE PLATE # **AOJ8228** STATE **WA** VIN# **1J8HG48K46C237540**

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR **2006** MAKE **JEEP** MODEL **COMJP** STYLE **4W** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **LUCIAN PECK 2424 84TH DR NE LAKE STEVENS WA 98258**



14

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **ALLSTATE 917997542**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

15

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **D: 4257509272**

16

LAST NAME **HAACK** FIRST NAME **JOHN** MIDDLE INITIAL **R**

STREET NEW ADDRESS **3922 87TH AVE NE**

18

CITY **MARYSVILLE** ST **WA** ZIP **982706821**

19

ODL RESTRICTIONS ENDORSEMENTS **L**

20

DRIVER'S LICENSE # **HAACKJR325BC** STATE **WA** SEX **M** D.O.B. MDDYYYY **01** - **03** - **1968**

21

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

22

LICENSE PLATE # **B63118U** STATE **WA** VIN# **2GCEK13T751223210**

23

TRAILER PLATE # STATE TRAILER PLATE # STATE

24

VEH. YEAR **2005** MAKE **CHEV** MODEL **K1PU** STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **JOHN HAACK 3922 87TH AVE NE MARYSVILLE WA 98270**



25

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **PEMCO CA 0799543**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

26

OFFICER'S NAME (PRINT) **J. KILROY #0132** BADGE OR ID # **#0132** AGENCY **WA0311900**

0 3 29

0 4 30

1 2 31

1 2 32

1 7 33

5 7 34

4 35

4 36

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42



1591972

CORRECTION

REPORT NO.

E492282

CASE #

15-202691

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

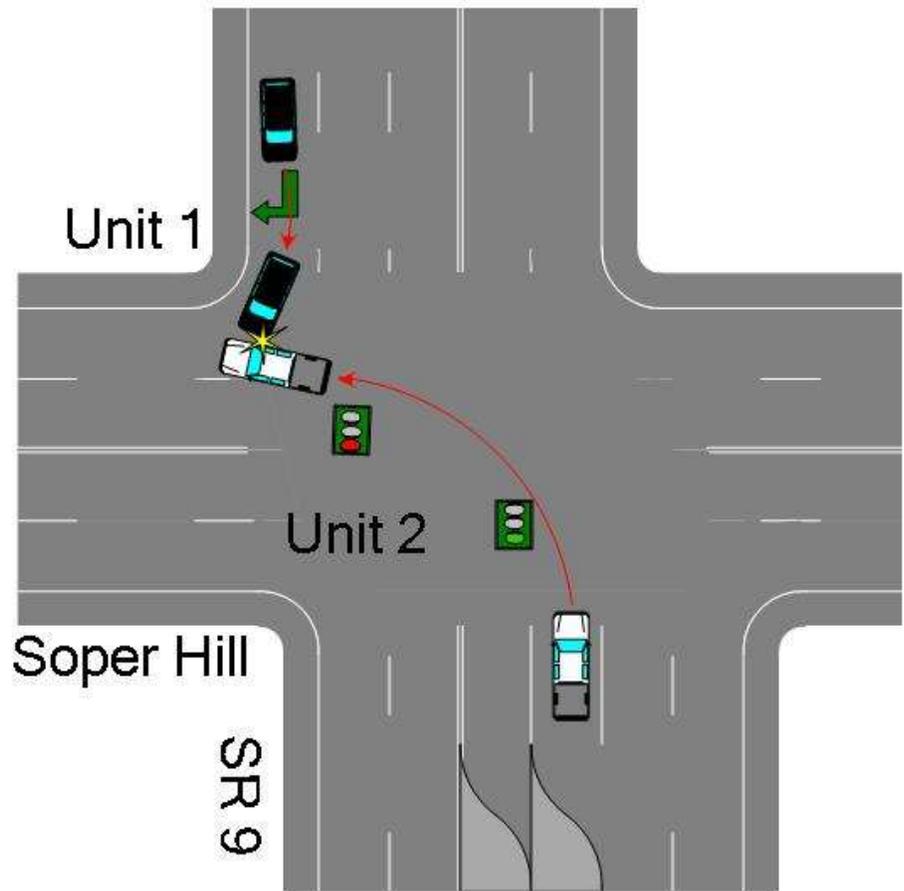
Unit 1 was traveling south on SR 9 making a right turn at a red light onto Soper Hill. Unit 2 was traveling north on SR 9 making a left turn on a green arrow onto Soper Hill. Unit 1 did not yield the right of way and struck unit 2.

There were no injuries and both units drove away.

Unit 1 was at fault due to not yielding the right of way.

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)

J. KILROY #0132			12-11-15 12:44 AM				
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		PLACED SIGNED		
APPROVED BY			DATE				
ROBERT MINER 0095			12/11/2015 1:56:25 AM				
BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	6:51 PM	TIME POLICE ARRIVED	6:53 PM





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 15-202691

VICTIM WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) HAACK Jonn R	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 3922 87th AVE NE				CITY MAPLEVILLE			STATE WA	ZIP 98270	
HOME PHONE 425 750 9272		CELL PHONE 425 750 9272			WORK PHONE				
EMAIL ADDRESS (OPTIONAL) Jonn@haackbrothers.com				PLACE OF EMPLOYMENT Boeing					

STATEMENT:

I WAS sitting At stop light In Right hand Lane AT HWY 9 + Super Hill Road. Light turned green All traffic moved on green As I entered through Intersection and Around Corner A Vehicle Impacted my Vehicle on the Right front. This vehicle failed to stop on Red while traveling on 9 and prior to turn on Super Hill Road

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: [Signature]	DATE SIGNED: 12-9-15
OFFICER/NUMBER: SKILROY / 132	DATE SIGNED: 12/10/15

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 15-202691

VICTIM WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) <u>Peck, Lisa M</u>	RACE <u>Multi</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>2-13-84</u>	AGE <u>31</u>	HGT <u>5'6"</u>	WGT <u>127</u>	HAIR <u>Blk</u>	EYES <u>blue</u>
STREET ADDRESS <u>2424 84th Dr NE</u>			CITY <u>Lake Stevens</u>		STATE <u>WA</u>	ZIP <u>98258</u>			
HOME PHONE <u>425 344 396</u>		CELL PHONE <u>425.268.7531</u>			WORK PHONE				
EMAIL ADDRESS (OPTIONAL) <u>lisa2013@hotmail.com</u>				PLACE OF EMPLOYMENT <u>Seatown Electric</u>					

STATEMENT:

I took a right on to Paper Hill. The light was red, I stopped and it looked clear for the lane I was turning on to. I turned on the right lane as he turn into the left to he ~~car~~ our vehicles swiped sides.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

12-10-15

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"