Incident Report

Print Date/Time: 12/30/2015 09:33
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2015-00203247**

Incident Date/Time:	12/19/2015 2:28:00 AM	**Incident Type:**	Collision
Location:	700 BLK FRONTAGE RD LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(425) 314-0991	**Source:**	911
Report Required:	No	**Priority:**	2
Prior Hazards:	No	**Status:**	2
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19N1	SS0138-Fiske
	SS0126-Hingtgen
19N2	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SHORT, JAMIE					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car					ANT4433	
Involved Vehicle	Passenger Car		Ford	Focus		ASA4656	

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E495535

INTERSTATE		CITY STREET	✓
STATE ROUTE		OTHER	
COUNTY RD		PRIVATE WAY	

FIRE RESULTED	
STOLEN VEHICLE	
HIT & RUN INVOLVED	

TRIBAL RESERVATION:

CASE #: 2015-00203247

LOCAL AGENCY CODING: 0311900

TOTAL # OF UNITS: 02 | OBJECT STRUCK:

DATE OF COLLISION (M M - D D - Y Y Y Y)	TIME (2400)	COUNTY #	MILES			CITY #
12 - 19 - 2015	0230	31	.	N ☐ S ☐	E ☐ W ☐	IN ✓ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY): SR 9 — INTERSECTION ✓ NON-INTERSECTION ☐

BLOCK NO. ✓ MILE POST ☐ .

DISTANCE . MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET): FRONTAGE RD

UNIT 01

MOTOR VEHICLE ✓ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ✓ NO ☐ PHONE: D: 4253773589

LAST NAME	FIRST NAME	MIDDLE INITIAL
ELIAS	BRANDON	J

STREET NEW ADDRESS ☐: 5433 E LAKE BOSWORTH DR

CITY	ST	ZIP
SNOHOMISH	WA	982904557

CDL	RESTRICTIONS	ENDORSEMENTS
	B	

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
ELIASBJ133QH	WA	M	11 - 08 - 1987

ON DUTY	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS
☐		2	9	1	2	1

NATURE OF INJURIES:

LICENSE PLATE #	STATE	VIN#
ANT4433	WA	3VWSA29M3YM035323

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

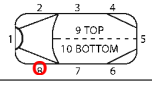
VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
2000	VOLK	JET4D	4D	YES ☐ NO ✓		YES ☐ NO ✓

REGISTERED OWNER INFO.: JAYME FADDEN 712 POPLAR LN GRANITE FALLS WA 98252 D: 4253087343

LIABILITY INSURANCE IN EFFECT ✓ | INSURANCE CO & POLICY #: PROGRESSIVE 903016714

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02

MOTOR VEHICLE ✓ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ✓ NO ☐ PHONE: D: 4253140991

LAST NAME	FIRST NAME	MIDDLE INITIAL
SHORT	JEANNE	K

STREET NEW ADDRESS ☐: 5824 95TH DR SE

CITY	ST	ZIP
SNOHOMISH	WA	982909230

CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
SHORTJK333NP	WA	F	08 - 17 - 1967

ON DUTY	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS
☐		4	9	1	2	6

NATURE OF INJURIES: SORE NECK

LICENSE PLATE #	STATE	VIN#
ASA4656	WA	1FADP3E24EL433535

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
2014	FORD	FOCUS	4D	YES ☐ NO ✓		YES ☐ NO ✓

REGISTERED OWNER INFO.: JEANNE SHORT 7731 FIR TREE LN LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ✓ | INSURANCE CO & POLICY #: STATE FARM 3674158F0347

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
B. FISKE #0138	0138	WA0311900

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. **E495535**

CASE # ***2015-00203247***

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	***FADDEN JAYME L***
ADDRESS & PHONE #	***13015 GREEN MOUNTAIN WAY GRANITE FALLS WA 982528903***
SEX	**F**
D.O.B. MMDDYYYY	***07 - 31 - 1989***

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☑	☐	**1**	**3**	**2**	**9**	**1**	**2**	**1**	

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
☐	☐								

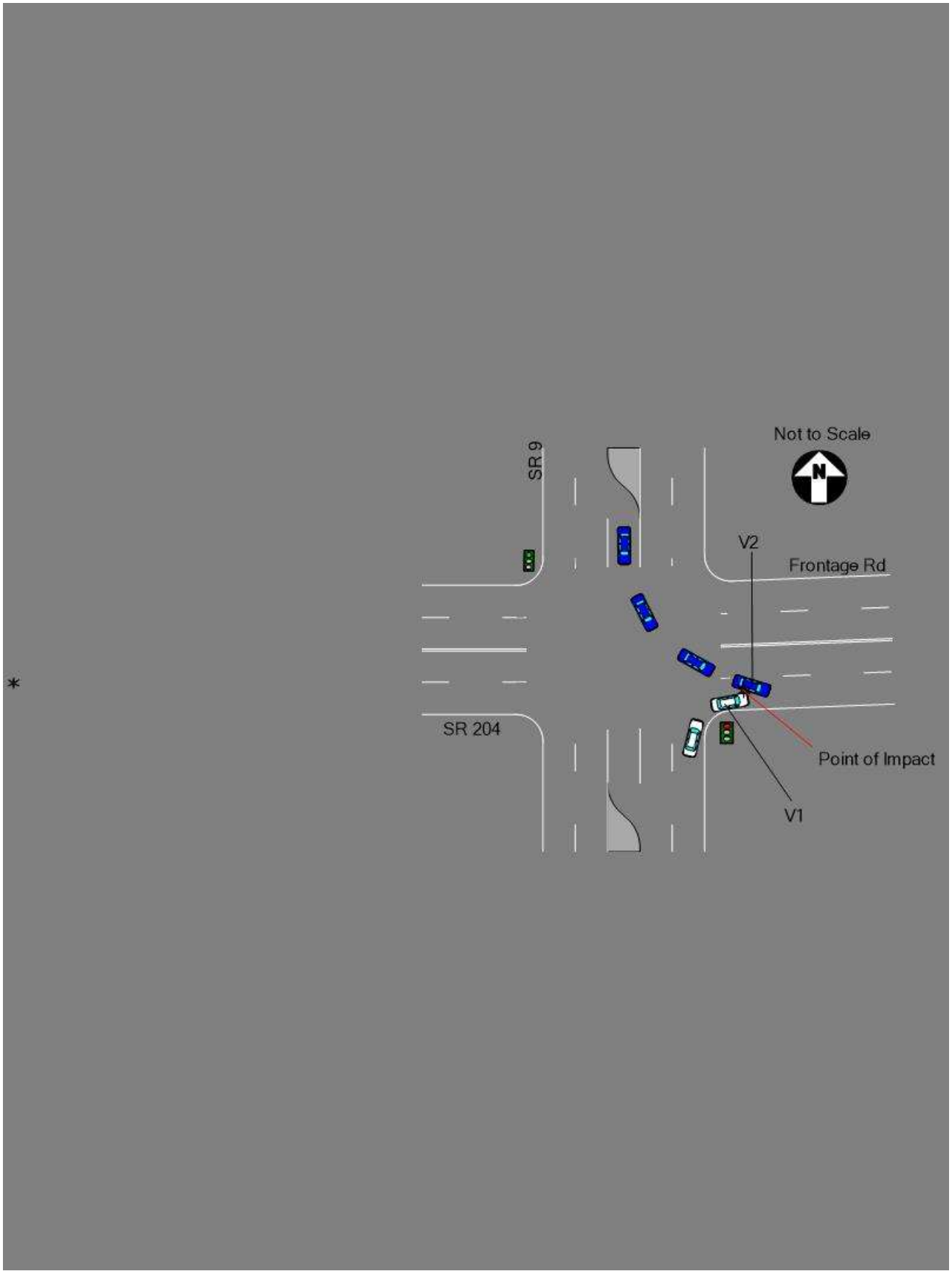
NARRATIVE

V1 was turning right at a red light from SR 9 NB onto Frontage Rd traveling eastbound. V2 was turning left on a green light from SR 9 SB onto Frontage Rd. V1 turned into the inside lane and V2 turned into the outside lane. V1 collided with the passenger side of V2.

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
B. FISKE #0138		***12-19-15 06:02 AM***	

APPROVED BY	DATE
SGT. C. VALVICK 0071	***12/19/2015 9:18:23 AM***

BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
0138	***WA0311900***	***2:38 AM***	***2:38 AM***

REPORT NO. E495535 **CASE #** 2015-00203247 **DATE AND TIME OF COLLISION** 12/19/15 02:30