



Incident Report

Print Date/Time: 12/30/2015 10:30
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2015-00202363

| | | | |
|----------------------------|--|------------------------|--------------|
| Incident Date/Time: | 12/5/2015 12:43:40 PM | Incident Type: | Collision |
| Location: | CEDAR RD / LAKE VIEW DR LAKE STEVENS WA 98258 | Venue: | Lake Stevens |
| Phone Number: | (425) 210-2016 | Source: | 911 |
| Report Required: | No | Priority: | 3 |
| Prior Hazards: | No | Status: | 3 |
| LE Case Number: | | Nature of Call: | |

Unit/Personnel

| Unit | Personnel |
|------|------------------------------|
| 19D1 | SS0136-Shein SS0105-Irwin |
| 19D2 | SS0127-Adams |
| 19D3 | SS0130-Rutherford |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|------------------|---------|----------------|------|-----|-----|
| 1 | Reporting Party | UNK | | (425) 512-3173 | | | |
| 2 | Reporting Party | PLAISANCE, PATTI | | (425) 210-2016 | | | |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------|------|------|------|-------|-------|---------|-------|
|------|------|------|------|-------|-------|---------|-------|

Disposition(s)

| Disposition | Count |
|-------------|-------|
| R | 1 |

Property

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



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1591971

REPORT NO. E490251

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| INTERSTATE <input type="checkbox"/> | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input 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 # | 15-00202363 |
|--------|-------------|

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| LOCAL AGENCY CODING | |
|---------------------|--|

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|------------------|----|---------------|--|
| TOTAL # OF UNITS | 02 | OBJECT STRUCK | |
|------------------|----|---------------|--|

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|-------------------|----------------|-------------|------|----------|----|-------|--|--------|------|
| DATE OF COLLISION | 12 - 05 - 2015 | TIME (2400) | 1250 | COUNTY # | 31 | MILES | | CITY # | 0664 |
|-------------------|----------------|-------------|------|----------|----|-------|--|--------|------|

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|--------------------------|---|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |
| LAKE VIEW DRIVE | BLOCK NO. <input checked="" type="checkbox"/> | 10900 |
| | MILE POST | |

| | | | | | | | | | | | | |
|----------|-----|----|-------|-------------------------------------|---|--------------------------|---|--------------------------|---|----|-------------------------------------|------------|
| DISTANCE | 100 | 00 | MILES | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> | E | <input type="checkbox"/> | W | OF | <input checked="" type="checkbox"/> | CEDAR ROAD |
|----------|-----|----|-------|-------------------------------------|---|--------------------------|---|--------------------------|---|----|-------------------------------------|------------|

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|---------|---|--------------------------------------|----------------------|---|-----------------------------|-------|--|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | PHONE | |
|---------|---|--------------------------------------|----------------------|---|-----------------------------|-------|--|

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|-----------|----------|------------|-------|----------------|---|
| LAST NAME | MC COMBS | FIRST NAME | KIMON | MIDDLE INITIAL | P |
|-----------|----------|------------|-------|----------------|---|

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|--------------------|------------------|
| STREET NEW ADDRESS | 11408 19TH ST NE |
|--------------------|------------------|

| | | | | | |
|------|--------------|----|----|-----|----------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 98258000 |
|------|--------------|----|----|-----|----------|

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| CDL | | RESTRICTIONS | | ENDORSEMENTS | L |
|-----|--|--------------|--|--------------|---|

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|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|
| DRIVER'S LICENSE # | MCCOMKP495C6 | STATE | WA | SEX | M | D.O.B. MMDDYYYY | 02 | - | 26 | - | 1951 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|

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| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 9 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--|--------------|---|--------------------|--|

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|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | B67600Y | STATE | WA | VIN# | 1GCGK29R3TE223937 |
|-----------------|---------|-------|----|------|-------------------|

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|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

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|-----------|------|------|------|-------|----|-------|----|---------------|------------------------------|--|----------|--|---------------|------------------------------|--|
| VEH. YEAR | 1996 | MAKE | CHEV | MODEL | PU | STYLE | PC | VEHICLE TOWED | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | TOWED BY | | GOVT. VEHICLE | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|----|-------|----|---------------|------------------------------|--|----------|--|---------------|------------------------------|--|

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| REGISTERED OWNER INFO. | OWNED BY DRIVER |
|------------------------|-----------------|

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| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | STATE FARM 3870408B0547E |
|---|-------------------------|--------------------------|

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|--------------------------|------------------------------|-----------------------------|------------|--|--------|--|
| VEHICLE LEGALLY STANDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> | CITATION # | | CHARGE | |
|--------------------------|------------------------------|-----------------------------|------------|--|--------|--|

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| UNIT 02 | MOTOR VEHICLE <input type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input checked="" type="checkbox"/> | DAMAGE THRESHOLD MET | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | PHONE | D: 4253537433 |
|---------|--|--------------------------------------|-------------------------------------|--|----------------------|---|-----------------------------|-------|---------------|

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| LAST NAME | COMMUNITY | FIRST NAME | TRANSIT | MIDDLE INITIAL | |
|-----------|-----------|------------|---------|----------------|--|

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| STREET NEW ADDRESS | 7100 HADESON ROAD |
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|------|---------|----|----|-----|-------|
| CITY | EVERETT | ST | WA | ZIP | 98203 |
|------|---------|----|----|-----|-------|

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| CDL | | RESTRICTIONS | | ENDORSEMENTS | |
|-----|--|--------------|--|--------------|--|

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

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| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
|----------------------------------|--------|--------|--|--------|--|-------|--|------------|--|--------------|--|--------------------|--|

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| LICENSE PLATE # | | STATE | | VIN# | |
|-----------------|--|-------|--|------|--|

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| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

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| VEH. YEAR | | MAKE | | MODEL | | STYLE | | VEHICLE TOWED | YES <input type="checkbox"/> | NO <input type="checkbox"/> | TOWED BY | | GOVT. VEHICLE | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|--|------|--|-------|--|-------|--|---------------|------------------------------|-----------------------------|----------|--|---------------|------------------------------|-----------------------------|

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|------------------------|--|
| REGISTERED OWNER INFO. | |
|------------------------|--|

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| LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO & POLICY # | |
|--|-------------------------|--|

| | | | | | | |
|--------------------------|------------------------------|-----------------------------|------------|--|--------|--|
| VEHICLE LEGALLY STANDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> | CITATION # | | CHARGE | |
|--------------------------|------------------------------|-----------------------------|------------|--|--------|--|

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|------------------------|---------------|---------------|------|--------|-----------|
| OFFICER'S NAME (PRINT) | R. RUTHERFORD | BADGE OR ID # | 0130 | AGENCY | WA0311900 |
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E490251**

CASE # **15-00202363**

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

12/05/2015 I was dispatched to a one vehicle collision at Cedar Road and Lake View Drive. Upon arrival, I contacted the driver of vehicle 1 who said that he was westbound on Lake View Drive and came upon vehicles stopped and waiting for another vehicle to turn left. Driver of vehicle 1 said that he hit his brakes and the vehicle started skidding Driver of vehicle 1 was able to get the vehicle to the north dirt shoulder where he collided with a metal bus stop. Vehicle 1 then collided with a rockery. The rockery was not damaged. Driver of vehicle 1 did not report any injuries and he arranged for a tow to remove the vehicle.

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

12-05-15 05:33 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY
SGT. C. VALVICK 0071

DATE
12/6/2015 4:29:29 PM

| | | | | | | | |
|---------------|-------------|-------|------------------|------------------------|-----------------|---------------------|-----------------|
| BADGE OR ID # | 0130 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 12:51 PM | TIME POLICE ARRIVED | 12:52 PM |
|---------------|-------------|-------|------------------|------------------------|-----------------|---------------------|-----------------|

REPORT NO. E490251

CASE # 15-00202363

DATE AND TIME OF COLLISION 12/05/15 12:50

SPEED LIMIT 25 MPH
NOT TO SCALE

