Incident Report

Print Date/Time: 12/30/2015 10:38
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2015-00202171**

Incident Date/Time:	12/2/2015 2:20:17 PM	**Incident Type:**	Collision
Location:	20TH ST SE / SR 9 SE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(206) 724-2625	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19S15	SS0112-Warbis

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MARK, CULLINGER		(206) 724-2625			

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. E488976

CASE #	2015-0202171
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
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 #
12 - 02 - 2015	1421	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

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

SR9 SE

BLOCK NO. ☐ MILE POST ☐

DISTANCE 1000 MILES ☐ FEET ☑ N ☑ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) 20TH ST SE

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 3605687068

LAST NAME	JENSEN	FIRST NAME	JOHN
MIDDLE INITIAL	E		
STREET NEW ADDRESS ☐	8626 FOBES RD		
CITY	SNOHOMISH	ST	WA
ZIP	982900000		
CDL		RESTRICTIONS	
ENDORSEMENTS	L		
DRIVER'S LICENSE #	JENSEJE395CM	STATE	WA
SEX	M	D.O.B. MMDDYYYY	02 - 14 - 1961

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

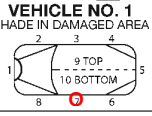
LICENSE PLATE #	B88088L	STATE	WA
VIN#	JT4RN55R6G0225420		
TRAILER PLATE #		STATE	
TRAILER PLATE #		STATE	

VEH. YEAR 1986 | MAKE TOYO | MODEL PICKUP | STYLE PK | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. JOHN JENSEN 8626 FOBES RD SNOHOMISH WA 98290 D: 3605687068

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # PEMCO CA 0630233

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: 2067242625

LAST NAME	POELLINGER	FIRST NAME	MARK
MIDDLE INITIAL	J		
STREET NEW ADDRESS ☐	10218 30TH ST NE		
CITY	LAKE STEVENS	ST	WA
ZIP	982588446		
CDL		RESTRICTIONS	B
ENDORSEMENTS	L		
DRIVER'S LICENSE #	POELLMJ445NG	STATE	WA
SEX	M	D.O.B. MMDDYYYY	08 - 07 - 1956

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

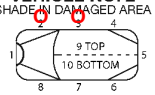
LICENSE PLATE #	512XTJ	STATE	WA
VIN#	5TDBT44A82S101877		
TRAILER PLATE #		STATE	
TRAILER PLATE #		STATE	

VEH. YEAR 2002 | MAKE TOYT | MODEL SEQUOIA | STYLE UT | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. MARK POELLINGER 10218 30TH ST NE LAKE STEVENS WA 98258 D: 2067242625

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # ALLSTATE 976850760

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA


OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
STEVE WARBIS	112	WA0311900

PAGE 01 OF 3

PART A 3000-345-159 R (7/06)

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E488976

CASE # 2015-0202171

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	JONES JONATHAN C
ADDRESS & PHONE #	7623 203RD ST SW EDMONDS WA 98026
SEX	U
D.O.B. MMDDYYYY	12 - 08 - 1973

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☑	☐	2	3	2	4	1		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
☐	☐								

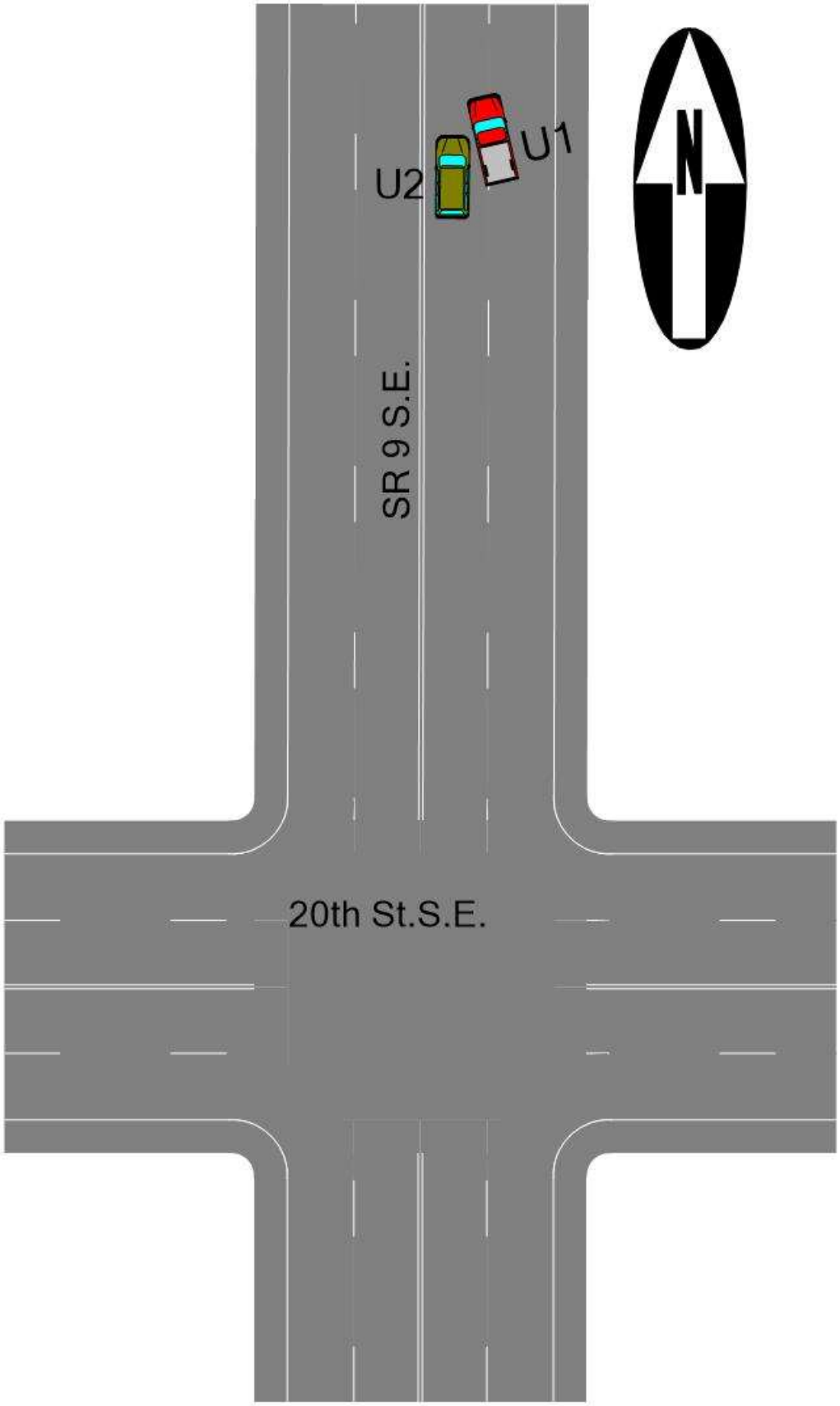
NARRATIVE

Unit 2 was traveling northbound on SR 9. Unit 1 was also traveling north and attempted to change lanes to the left. Unit 1 struck the side of Unit 2. Both units driven 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)

INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
STEVE WARBIS		12-02-15 03:31 PM	

APPROVED BY	DATE
ROBERT MINER 0095	12/2/2015 10:55:00 PM

BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
112	WA0311900	2:21 PM	2:30 PM

REPORT NO. E488976 **CASE #** 2015-0202171 **DATE AND TIME OF COLLISION** 12/02/15 14:21