



Incident Report

Print Date/Time: 01/04/2016 11:23
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-0000049

Incident Date/Time: 1/1/2016 4:48:34 PM
Location: 923 VERNON RD
LAKE STEVENS WA 98258
Phone Number: (425) 903-0125
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin
19D2	SS0072-Aukerman
19S11	SS0071-Valvick

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WEBB, BRAYDEN		(425) 903-0125			
2	Reporting Party	MOSS, SHERRI		(425) 308-8210			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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EXCHANGE OF INFORMATION

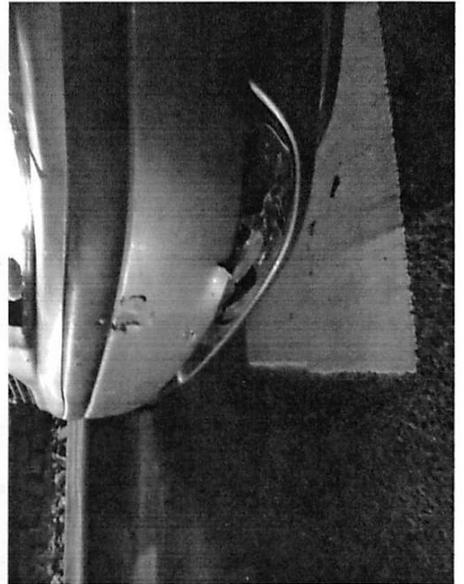
OFFICER NAME: *W. AUKERMAN #72*
AGENCY: *LAKE STEVENS PD*

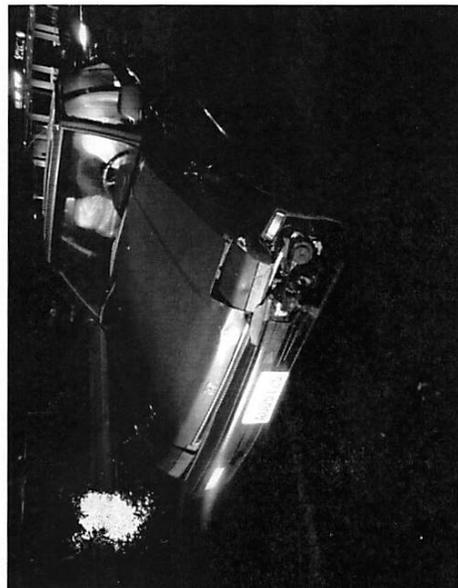
COLLISION: *01/01/16 04:48 PM*
DISPATCH: *01/01/16 04:48 PM*
ARRIVAL: *01/01/16 04:55 PM*

CASE#: *15-00000049*
LOCATION: *N DAVIES RD BN:9200*
AT VERNON RD

NARRATIVE/ NOTES:

JNIT 1:	<i>MOTOR VEHICLE -</i>	1989 ACD4D PLATE: AUD5125 (WA)	TOWED BY:
DRIVER:	<i>MAXWELL S KLEYN</i>	VEH OWNER:	<i>DOROTHY L SPIWAK</i>
ADDRESS:	<i>12627 20TH ST NE LAKE STEVENS, WA 982587726</i>	ADDRESS:	<i>8124 94TH AVE NE ARLINGTON, WA 98223</i>
DL #:	<i>KLEYNMS025R3</i>	STATE:	<i>WA</i>
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:	<i>ALLSTATE</i>	INSURED BY:	<i>ALLSTATE</i>
POLICY #:	<i>087 674 059</i>	POLICY #:	<i>087 674 059</i>
JNIT 2:	<i>MOTOR VEHICLE -</i>	2002 IMP4D PLATE: 122XQC (WA)	TOWED BY:
DRIVER:	<i>BRAYDEN D WEBB</i>	VEH OWNER:	<i>THOMAS A WEBB</i>
ADDRESS:	<i>10416 SANDY BEACH DR LAKE STEVENS, WA 982588560</i>	ADDRESS:	<i>10416 SANDY BEACH DR LAKE STEVENS, WA 98258</i>
DL #:	<i>WEBB*BD027DB</i>	STATE:	<i>WA</i>
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:	<i>STATE FARM</i>	INSURED BY:	<i>STAE FARM</i>
POLICY #:	<i>329 1685-F28-47H</i>	POLICY #:	<i>329 1685-F28-47H</i>





Collision Report



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E501326**

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3 0
3 0
3 7 33
7 3 34
4 35
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1 42

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 #	15-00000049	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION													
DATE OF COLLISION	01	-	01	-	2016	TIME (2400)	1648	COUNTY #	31	MILES		CITY #	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

N DAVIES RD BLOCK NO. **9200**
MILE POST

DISTANCE **300** **00** MILES N E W S FEET OF (REFERENCE OR CROSS STREET) **VERNON RD**

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	KLEYN	FIRST NAME	MAXWELL	MIDDLE INITIAL	S
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STREET NEW ADDRESS **12627 20TH ST NE**

CITY	LAKE STEVENS	ST	WA	ZIP	982587726
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	KLEYNMS025R3	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12 - 23 - 1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AUD5125	STATE	WA	VIN#	JHMCA5642KC103681
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1989	MAKE	HOND	MODEL	ACD4D	STYLE	4D	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. **DOROTHY SPIWAK 8124 94TH AVE NE ARLINGTON WA 98223**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 087 674 059
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	WEBB	FIRST NAME	BRYDEN	MIDDLE INITIAL	D
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STREET NEW ADDRESS **10416 SANDY BEACH DR**

CITY	LAKE STEVENS	ST	WA	ZIP	982588560
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	WEBB*BD027DB	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03 - 02 - 1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	122XQC	STATE	WA	VIN#	2G1WH55K029172623
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2002	MAKE	CHEV	MODEL	IMP4D	STYLE	4D	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. **THOMAS WEBB 10416 SANDY BEACH DR LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 329 1685-F28-47H
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E501326**
 CASE # **15-0000049**

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

On 01/01/2016 at about 1648 hours I responded to a blocking/non-injury two vehicle collision in the 9200 block of North Davies Road in the city of Lake Stevens. Arriving on scene I spoke with both driver's. There were no reported injuries at the time of the collision. Based on evidence and statements at the scene it is found that U2 had been traveling eastbound, approaching the roundabout when U1, which was traveling westbound coming out of the roundabout, crossed the center dividing lines and went into the eastbound lane of travel (while traveling westbound) where U1 and U2 collided. The driver of U1 stated he was having steering problems and could not steer his vehicle back into the proper lane of travel. The driver of U2 stated the driver of U1 did not want the police called and offered to pay the driver of U2 money for the damages. The driver of U1 stated he made this comment because he did not want a negative mark on his driver's license for the collision. U1 was towed from the scene by Rescue Towing; which was selected by owner's request. U2 was driven from the scene of the collision.

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)

W. AUKERMAN				01-02-16 08:26 AM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY ROBERT MINER 0095				DATE 1/3/2016 3:51:33 AM			
BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	4:48 PM	TIME POLICE ARRIVED	4:55 PM

REPORT NO. E501326

CASE # 15-0000049

DATE AND TIME OF COLLISION 01/01/16 16:48

