



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E503050**

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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 checked="" type="checkbox"/>

CASE #	2016-00000322
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
01	05	2016	31		0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

123RD AVE NE BLOCK NO. 1000

MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS

CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MDDYYYY
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ON DUTY <input type="checkbox"/>	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	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 checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	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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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	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS

CITY	ST	ZIP
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ODL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MDDYYYY
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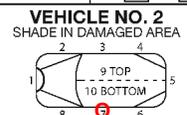
ON DUTY <input type="checkbox"/>	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	C68458E	STATE	WA	VIN#	1D7HA18N17S174797
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2007	MAKE DODG	MODEL RAMPU	STYLE CW	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.	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)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO.

E503050

CASE #

2016-0000322

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

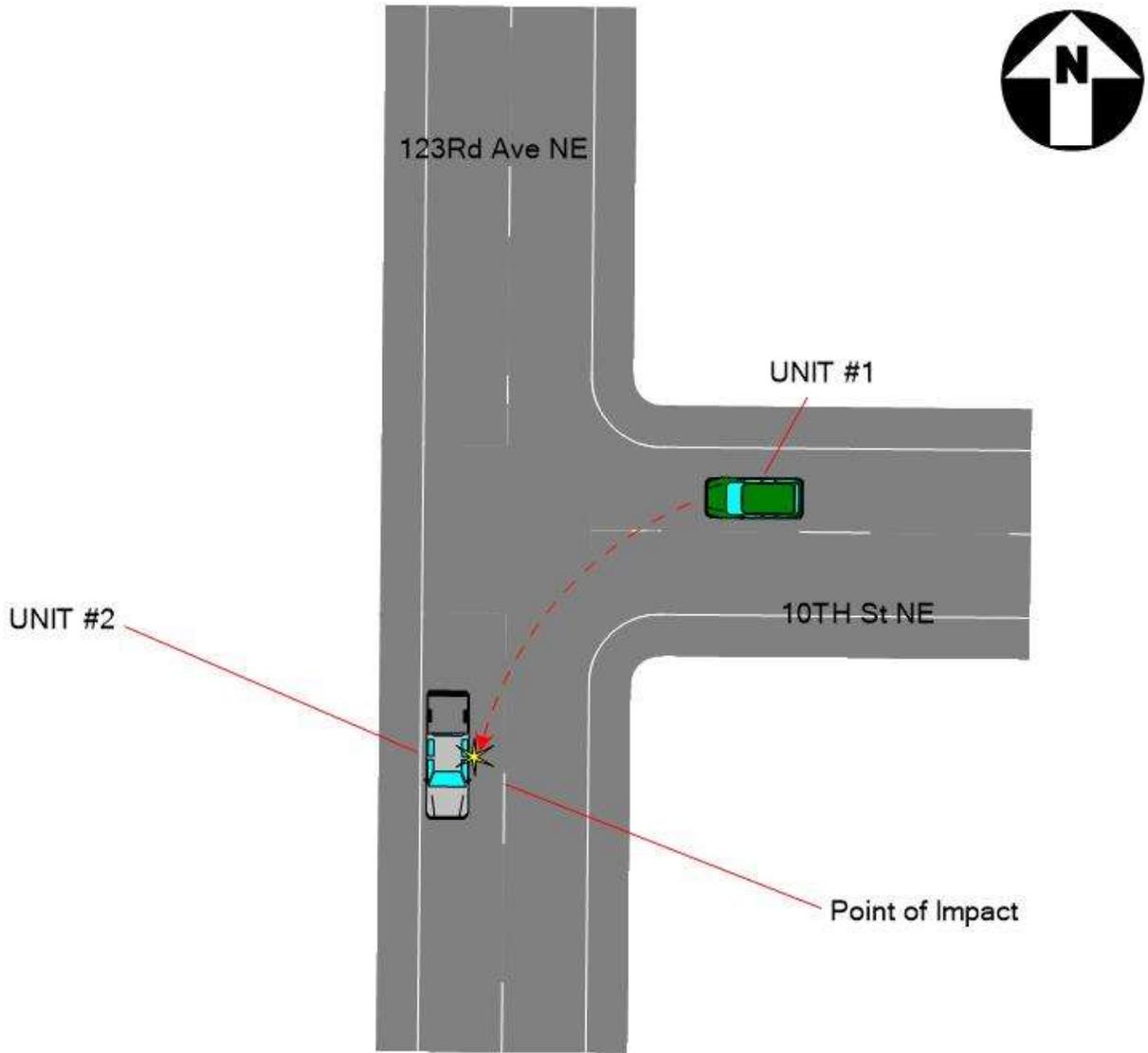
NARRATIVE

UNIT #2 WAS LEGALLY PARKED ON THE WEST SIDE OF THE 123RD AVE NE AT ABOUT THE 1000 BLOCK FACING SOUTH BOUND. IT APPEARS THAT UNIT #1 WAS MAKING A LEFT TURN FROM 10TH ST NE AND SLID ON THE ICY ROADWAY STRIKING UNIT #2.

UNIT #1 LEFT THE SCENE WITHOUT PROVIDING CONTACT INFORMATION WITH THE PARKED 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)

DENNIS IRWIN			01-06-16 09:09 AM		
INVESTIGATING OFFICER'S SIGNATURE			UNIT OR DIST. DET		PLACED SIGNED
APPROVED BY ROBERT MINER 0095				DATE 1/7/2016 7:36:30 PM	
BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	7:55 AM
			TIME POLICE ARRIVED	8:30 AM	



** not to scale **

25MPH