Incident Report

Print Date/Time: 01/21/2016 11:42
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2015-00203131**

Incident Date/Time:	12/17/2015 2:01:00 PM	**Incident Type:**	Collision
Location:	9414 4TH ST NE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:		**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D2	SS0127-Adams

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	TRAN16					

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.

CAD Narrative

12/17/2015 : 14:30:40 SP0371 Narrative: SVR Notes: OWNER REQ
12/17/2015 : 14:07:35 SP0371 Narrative: PULLED INTO BUS LANES
12/17/2015 : 14:03:18 SP0371 Narrative: 19S11 ADV'D
12/17/2015 : 14:02:21 SP0371 Narrative: CAR VS BUS, NON INJURY

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E495138

CASE #	2015-00203131
LOCAL AGENCY CODING	0664
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 - 17 - 2015	1401	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY) MARKET PL

INTERSECTION ☐ NON-INTERSECTION ☑

BLOCK NO. ☑ MILE POST ☐ 9300

DISTANCE MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET)

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 2067557425

LAST NAME	FIRST NAME	MIDDLE INITIAL
MILLER	GREGORY	L

STREET NEW ADDRESS ☐ 222 103RD AVE NE

CITY	ST	ZIP
LAKE STEVENS	WA	982587913

CDL	RESTRICTIONS	ENDORSEMENTS
	B	

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
MILLEGL333DE	WA	M	03 - 05 - 1967

ON DUTY	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☐		9	9	9	9	1	

LICENSE PLATE #	STATE	VIN#
ATP2385	WA	5Y2SL65857Z433420

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

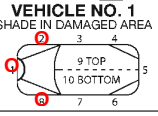
VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
2007	PONT	VIBSW	4H	YES ☐ NO ☑		YES ☐ NO ☑

REGISTERED OWNER INFO. TRIPLE CORP 3530 E FERRY AVE SPOKANE WA 99202

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # TRAVELERS INDEMNITY CO 25682

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
YGNACIO	PHILIP	D

STREET NEW ADDRESS ☐ 6104 KENWOOD DR APT B

CITY	ST	ZIP
EVERETT	WA	982031697

CDL	RESTRICTIONS	ENDORSEMENTS
B		P

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
YGNACPD492Q0	WA	M	11 - 20 - 1951

ON DUTY	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☐		9	9	9	9	1	

LICENSE PLATE #	STATE	VIN#
70301C	WA	5FYD2UM183U025621

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

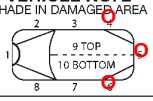
VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
2003	NEW	BUS		YES ☐ NO ☑		YES ☐ NO ☑

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # NATIONAL UNION FIRE INS CA5273859 (AOS)

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

VEHICLE NO. 2 SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
N. ADAMS #127	127	WA0311900

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

PAGE 01 OF 5

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E495138

CASE # 2015-00203131

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	HEWSON CHARLES E
ADDRESS & PHONE #	18018 27TH DR SE BOTHELL WA 980129321
SEX	M
D.O.B. MMDDYYYY	09 - 28 - 1963

PASSENGER	WITNESS	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
☑	☐	2	11	9	9	9	9	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

Please see subsequent narrative pages

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
N. ADAMS #127		12-18-15 09:45 AM	

APPROVED BY	DATE
D. IRWIN 0105	12/18/2015 9:58:20 AM

BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
127	WA0311900	2:01 PM	2:30 PM

REPORT NO.	E495138	CASE #	2015-00203131	DATE AND TIME OF COLLISION	12/17/15 14:01

NARRATIVE

On 12/17/15 at a call time of about 1401 hours (all times approximate), I responded to a collision (car vs. bus) that occurred at Market Place and SR9, in the city of Lake Stevens.

Vehicle 1 (Pontiac Vibe, LIC: ATP2385) was traveling behind Vehicle 2 (city bus, LIC: 70301C) as they both headed eastbound in the 9200 block of Market Place.

Vehicle 2 slowed and stopped for a signal light at the intersection of Market Place and SR9. Vehicle 1 was following Vehicle 2 so closely it was unable to see the signal light change and then failed to stop in time before it collided into the rear end of Vehicle 2.

No injuries were reported.

Both vehicles traveled under their own power to the transit station (on the east side of SR9) at 9600 Market Pl before I had arrived.

I took digital photographs of both vehicles involved and the damaged areas, which I later printed and added to the case report.

END OF REPORT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Nathan Adams #127	12/18/2015	Lake Stevens, WA
Officer	Date	Location Signed

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E495138

CASE # 2015-00203131

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #	2	USDOT		ICC #		VEHICLE TYPE		CARGO BODY TYPE	

CARRIER NAME

CARRIER ADDRESS

CITY | ST | ZIP

NAME SOURCE | # AXLES 00 | GVWR 0 | PLACARD ☐ | + | NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ☐ NO ☐ | PHONE

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | RESTRICTIONS | ENDORSEMENTS

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

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

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

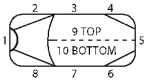
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

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

SHADE IN DAMAGED AREA



FROM TO

UNIT # | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ☐ NO ☐ | PHONE

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | RESTRICTIONS | ENDORSEMENTS

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

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

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

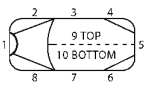
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

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

SHADE IN DAMAGED AREA

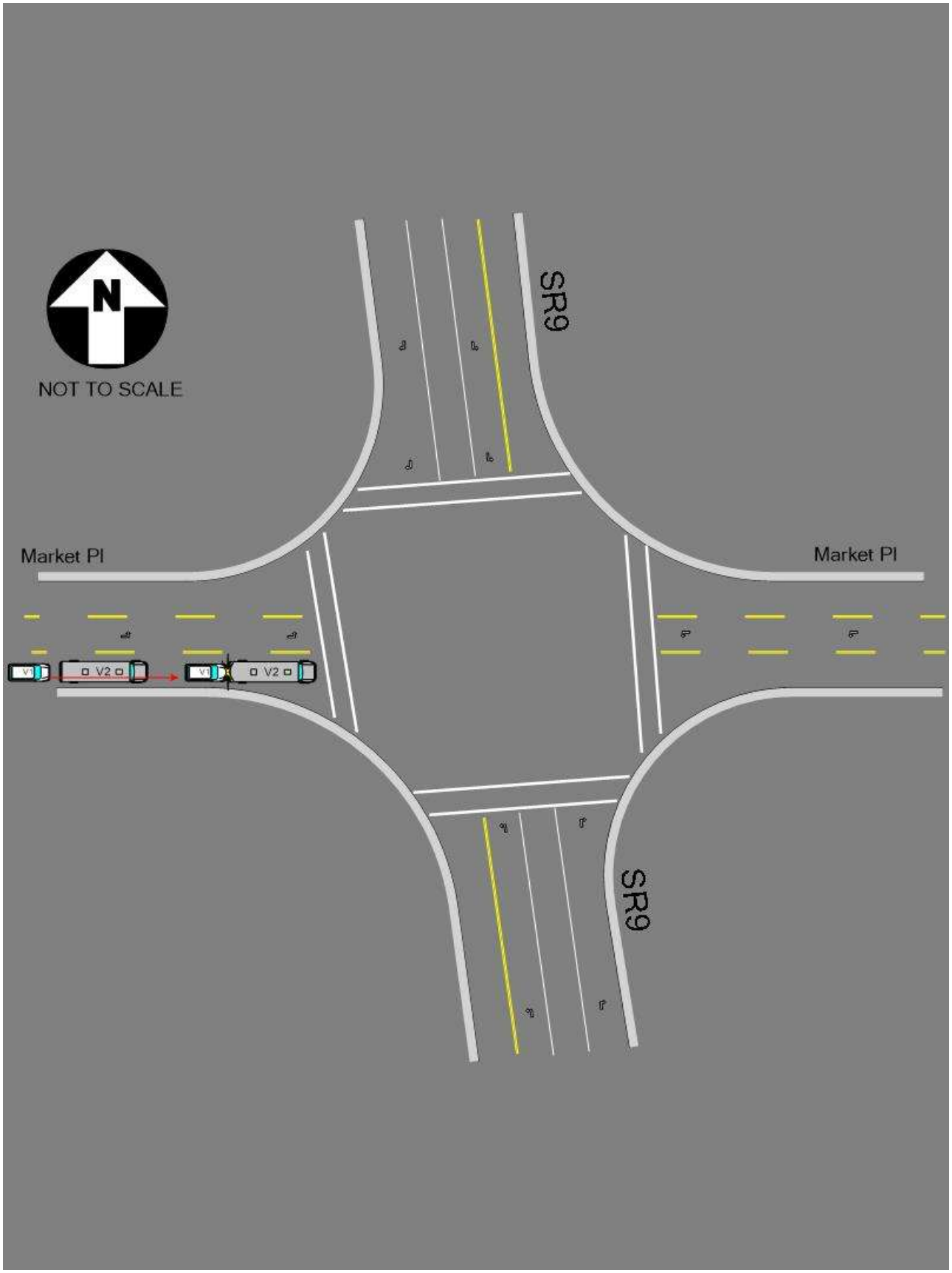


I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127		12-18-15 09:45 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED

BADGE OR ID #	127	ORI #	WA0311900	APPROVED BY	IRWIN	DATE	12/18/201	PAGE	4	OF	5

REPORT NO. E495138 **CASE #** 2015-00203131 **DATE AND TIME OF COLLISION** 12/17/15 14:01



PHOTOS

15-203131

15-203131

15-203131