Incident Report

Print Date/Time: 02/23/2016 10:03
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00003471**

Incident Date/Time:	2/21/2016 12:17:00 PM	**Incident Type:**	Collision
Location:	CALLOW RD / SR 92 LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(425) 478-2041	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D2	SS0112-Warbis

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HAVERSTRAW, BLAIR					

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

02/21/2016 : 12:18:55 SP0181 Narrative: NON BLKING, LR/181
02/21/2016 : 12:18:45 SP0181 Narrative: CC, NON INJ RP IN A FORD, VS SATURN VS DURANGO

2016-00003471, 022116

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E517852**

INTERSTATE ☐	CITY STREET ☐
STATE ROUTE ☑	OTHER ☐
COUNTY RD ☐	PRIVATE WAY ☐
FIRE RESULTED ☐	
STOLEN VEHICLE ☐	
HIT & RUN INVOLVED ☐	

CASE #	2016-00003471
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	
TRIBAL RESERVATION	

DATE OF COLLISION (MM-DD-YYYY)	TIME (2400)	COUNTY #	MILES	N/S	E/W	IN/OF	CITY #
02 - 21 - 2016	1245	31				IN ☑	0664

Margin boxes (left): 1: 2; 2: 2; 3: 1; 4: ; 4a: ; 5:

Margin boxes (right): 27: 1 8; 28: 1 8; 29: 0 6; 30: 0 6; 31: 1 2; 32: 1 2; 33: FROM 7 TO 3; 34: FROM 7 TO 3; 35: 4; 36: 4; 37: ; 38: ; 39: ; 40: ; 41: 1; 42:

ON (PRIMARY TRAFFIC WAY): **SR 92** — INTERSECTION ☑ NON-INTERSECTION ☐ — BLOCK NO. ☐ MILE POST ☐

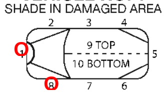
DISTANCE: — MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐ — OF (REFERENCE OR CROSS STREET): **CALLOW RD**

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ — DAMAGE THRESHOLD MET: YES ☑ NO ☐ — PHONE: D: 4254782041

Field	Value
6 LAST NAME	HAVERSTRAW (6: 2)
FIRST NAME	BLAIR
MIDDLE INITIAL	A
STREET (NEW ADDRESS ☐)	828 BLUEBERRY LN
7 CITY	BELLINGHAM
ST	WA
ZIP	982292807
8 CDL / RESTRICTIONS / ENDORSEMENTS	
9 DRIVER'S LICENSE #	HAVERBA137QH (9: 9)
STATE	WA
SEX	M
D.O.B. (MMDDYYYY)	11 - 08 - 1987
10 ON DUTY	☐ (10: 9)
STATUS	
AIRBAG	2
RESTR.	4
EJECT	1
HELMET USE	
INJURY CLASS	1
NATURE OF INJURIES	
11 LICENSE PLATE #	C85330C (11: 5 5)
STATE	WA
VIN#	1FTPW14575FA18850
12 TRAILER PLATE # / STATE / TRAILER PLATE # / STATE	(12: 5 5)
13 VEH. YEAR	2005 (13: 2)
MAKE	FORD
MODEL	F1PU
STYLE	CW
VEHICLE TOWED	YES ☐ NO ☑
TOWED BY	
GOVT. VEHICLE	YES ☐ NO ☑
REGISTERED OWNER INFO.	BLAIR HAVERSTRAW 828 BLUEBERRY LN BELLINGHAM WA 98229 D: 4254782041
14 LIABILITY INSURANCE IN EFFECT	☑ (14: 2)
INSURANCE CO & POLICY #	SAFECO H2265022
15 VEHICLE LEGALLY STANDING	YES ☐ NO ☐ (15: 2)
CITATION #	
CHARGE	

VEHICLE NO. 1
SHADE IN DAMAGED AREA



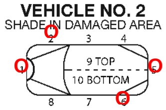
UNIT 02

(16: 2)

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ — DAMAGE THRESHOLD MET: YES ☑ NO ☐ — PHONE: D: 4253976522

Field	Value
LAST NAME	CONNOLLY
FIRST NAME	SHERYL
MIDDLE INITIAL	D
17 STREET (NEW ADDRESS ☐)	128 85TH AVE SE
18 CITY	LAKE STEVENS
ST	WA
ZIP	982583362
19 CDL / RESTRICTIONS / ENDORSEMENTS	
20 DRIVER'S LICENSE #	CONNOSD435CM
STATE	WA
SEX	F
D.O.B. (MMDDYYYY)	02 - 14 - 1957
21 ON DUTY	☐
STATUS	
AIRBAG	2
RESTR.	4
EJECT	1
HELMET USE	
INJURY CLASS	1
NATURE OF INJURIES	
22 LICENSE PLATE #	AVR5599
STATE	WA
VIN#	5Y2SM63835Z443991
23 TRAILER PLATE # / STATE / TRAILER PLATE # / STATE	
24 VEH. YEAR	2005
MAKE	PONT
MODEL	VIBE
STYLE	4H
VEHICLE TOWED	YES ☐ NO ☑
TOWED BY	
GOVT. VEHICLE	YES ☐ NO ☑
REGISTERED OWNER INFO.	SHERYL CONNOLLY 128 85TH AVE SE LAKE STEVENS WA 98258 D: 4253976522
LIABILITY INSURANCE IN EFFECT	☑
INSURANCE CO & POLICY #	AMERICAN COMMRECE ACPA-000056523
25 VEHICLE LEGALLY STANDING	YES ☐ NO ☐
CITATION #	
CHARGE	

VEHICLE NO. 2
SHADE IN DAMAGED AREA



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

PAGE 01 OF 4

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E517852

CASE # 2016-00003471

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

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				
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

The units were traveling east on SR 92. Units 2 qnd 3 began slowing for a vehicle turning left. Unit 1 did not slow fast enough and struck the rear of Unit 2 which then struck unit 3. All vehicles moved to the soulder of the road. No known injuries. All three units were 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)

STEVE WARBIS		02-21-16 02:32 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
R. BROOKS 0013	2/22/2016 8:58:39 AM

BADGE OR ID #	112	ORI #	WA0311900	TIME POLICE DISPATCHED	12:55 PM	TIME POLICE ARRIVED	1:00 PM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E517852

CASE # 2016-00003471

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #	USDOT	ICC #	VEHICLE TYPE	CARGO BODY TYPE

CARRIER NAME	
CARRIER ADDRESS	
CITY	ST: ZIP:
NAME SOURCE	# AXLES: GVWR: PLACARD ☐ + NAME IF NO NUMBER:

ADDITIONAL UNITS

UNIT #	MOTOR VEHICLE	PEDAL-CYCLE	PEDESTRIAN	PROPERTY OWNER	DAMAGE THRESHOLD MET YES ☑ NO ☐	PHONE
3	☑	☐	☐	☐		D: 3602011427

LAST NAME	FIRST NAME	MIDDLE INITIAL
MOREAU	ANTHONY	J

STREET NEW ADDRESS ☐	CITY	ST	ZIP
12105 35TH AVE NE	MARYSVILLE	WA	982717458

CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
MOREAAJ197KH	WA	M	05 - 08 - 1981

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

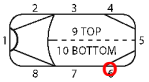
LICENSE PLATE #	STATE	VIN#
247XTJ	WA	1B4HS28N6YF307431

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑
2000	DODG	DURANG	UT			

REGISTERED OWNER INFO. ANTHONY MOREAU 2149 ULRICH RD FERNDALE WA 98248 D: 3602011427

SHADE IN DAMAGED AREA



LIABILITY INSURANCE IN EFFECT ☑	INSURANCE CO & POLICY #	FROM	TO
	STATE FARM 190 3438-E09-47A	7	3

VEHICLE LEGALLY STANDING YES ☐ NO ☐	CITATION #	CHARGE

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

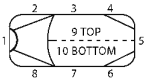
LICENSE PLATE #	STATE	VIN#

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

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

REGISTERED OWNER INFO.

SHADE IN DAMAGED AREA



LIABILITY INSURANCE IN EFFECT ☐	INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐	CITATION #	CHARGE

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)

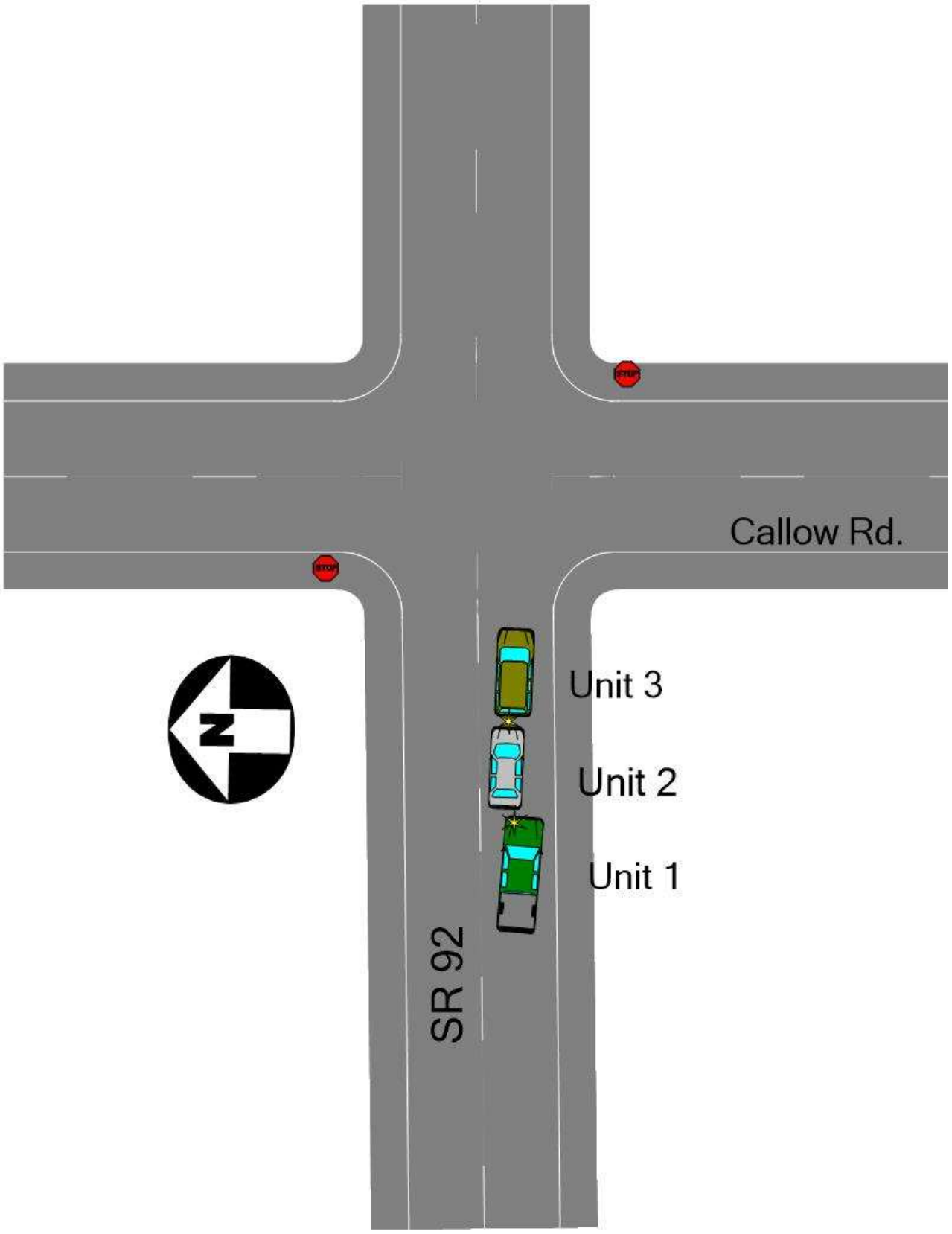
STEVE WARBIS		02-21-16 02:32 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED

BADGE OR ID #	ORI #	APPROVED BY	DATE
112	WA0311900	BROOKS	2/22/2016

PAGE 3 OF 4

3000-345-013 R (7/06)

REPORT NO. E517852 **CASE #** 2016-00003471 **DATE AND TIME OF COLLISION** 02/21/16 12:45



STATEMENT Moreau, Anthony James

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-0000 3471

VICTIM [X] **WITNESS** [ ] **NON-DISCLOSURE** [ ]

NAME (LAST, FIRST, MIDDLE)	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
Moreau Anthony James	W	Caucasian	M	05/08/81	34	6'3"	170	Blond	Blue

STREET ADDRESS	CITY	STATE	ZIP
12105 35th AVE NE	Marysville	Wa	98271

HOME PHONE	CELL PHONE	WORK PHONE
	360 201 1422	

EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT

STATEMENT:

While heading east on Highway 92, I saw the Car infront of me Breaking hard. I could see over them and saw an older Chevy truck stopped ~~and~~ with their Blinker on to make a left hand turn onto Callow Rd. I was able to stop Safely but upon looking in my rear ~~side~~ view mirror I could tell the Car behind me was breaking heavily by the way the front end was diving down. ~~I told~~ I allowed my Car to roll Forward a little, to leave more room. I Could also see over the Car behind me, and realized that the Truck behind her was not Stopping or slowing down fast enough. With my foot on the Break and my eyes to the mirror I watched as the driver of the truck slammed on his breaks, heard the tires lock up and could See he was trying to swerve to the right to avoid hitting the Car behind me, but there was not enough room or time. Considering the short distance between myself and the cars both infront of me & behind me, I stayed on the brakes to hopfully avoid involving the Car infront of me. once all the Comotion stopped, I checked my mirrors & pulled my Car over onto Callow Rd. as did the other 2 involved. where we called the police and family and made Sure everyone was ok.

I was driving with my daughter, Rhylan A. Moreau 19 months old, to See her mother & other relatives.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED: 2/21/2016
OFFICER/NUMBER: S. WARBIS 112	DATE SIGNED: 2-21-16

OUR MISSION STATEMENT: ***"WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"***

STATEMENT HAVERSTRAW, BLAIR,A

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-00003471

VICTIM [X] **WITNESS** [ ]

NON-DISCLOSURE [ ]

NAME (LAST, FIRST, MIDDLE)	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
Haverstraw, Blair, Alan		White	M	11/8/87	28	6'11"	180	Blnd	Hzl

STREET ADDRESS	CITY	STATE	ZIP
119 91st Ave SE #5B, [redacted]	Lake Stevens	WA	98258

HOME PHONE	CELL PHONE	WORK PHONE
	(425) 478-2041	

EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT
b.haverstraw174@gmail.com	Central Welding Supply

STATEMENT:

I was following a group down Hwy 92 when a car that was 4 infront of me slammed on their brakes to turn left. ~~A~~ Just before that I looked down for a split second, when I looked up everyone was coming to a very abrobt stop. I slamed on my brakes and tried to avoid, but ended up hitting the vehicle infront of me. ~~The~~ the force pushed it into the next vehicle which was the third involved.

I was driving, and my puppy "HURK" was on the passenger seat, luckily no airbags were off and happend at a pretty low speed.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED:
[signature]	2-21-16
OFFICER/NUMBER: S. WAMBS 112	DATE SIGNED: 2-21-16

OUR MISSION STATEMENT: ***"WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"***

STATEMENT CONNELLY, SHERYL

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-0003471

VICTIM ☐ **WITNESS** ☐ **NON-DISCLOSURE** ☐

NAME (LAST, FIRST, MIDDLE)	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
Connelly, Sheryl Davis			F	2-14-57	59	5'4		Blonde	Blu

STREET ADDRESS	CITY	STATE	ZIP
128 85th AVE SE L.S. 98258			

HOME PHONE	CELL PHONE	WORK PHONE
425 397 6522		

EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT
	Lake Stevens School Dist

STATEMENT:

I was going with the flow of traffic. The truck in front of me stopped abruptly from the vehicle in front of him. I too attempted to stop and was hit by the truck in front of me, which made me hit the truck in front of me. I was pushed pretty hard and into the truck in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED:
Sheryl Connelly	2-21-16
OFFICER/NUMBER: S. WARBIS 112	DATE SIGNED: 2-21-16

OUR MISSION STATEMENT: ***"WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"***