Incident Report

Print Date/Time: 03/02/2016 09:09
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00003332**

Incident Date/Time:	2/19/2016 9:28:00 AM	**Incident Type:**	Collision
Location:	SR 92 / GRADE RD LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(425) 422-8007	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D2	SS0072-Aukerman
19D4	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	CORLEY, VIRGINIA					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						987NWB	WA

Disposition(s)

Disposition	Count
R	1

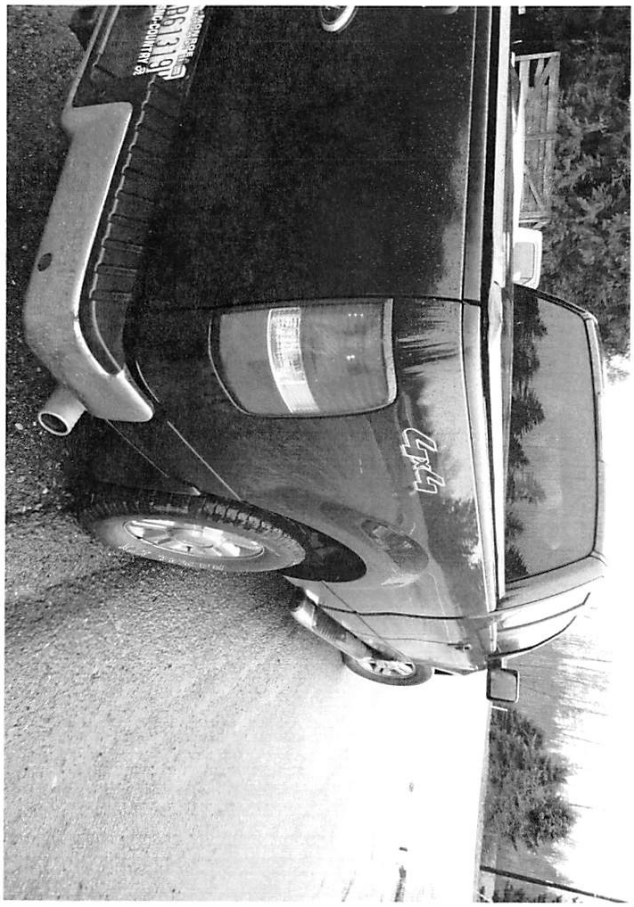
Property

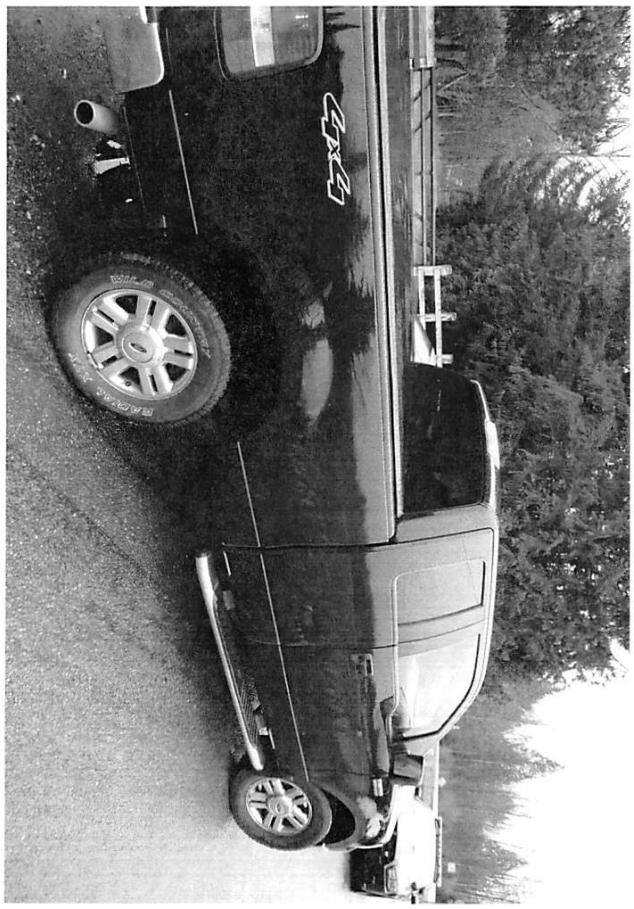
Date	Code	Type	Make	Model	Description	Tag No.	Item No.

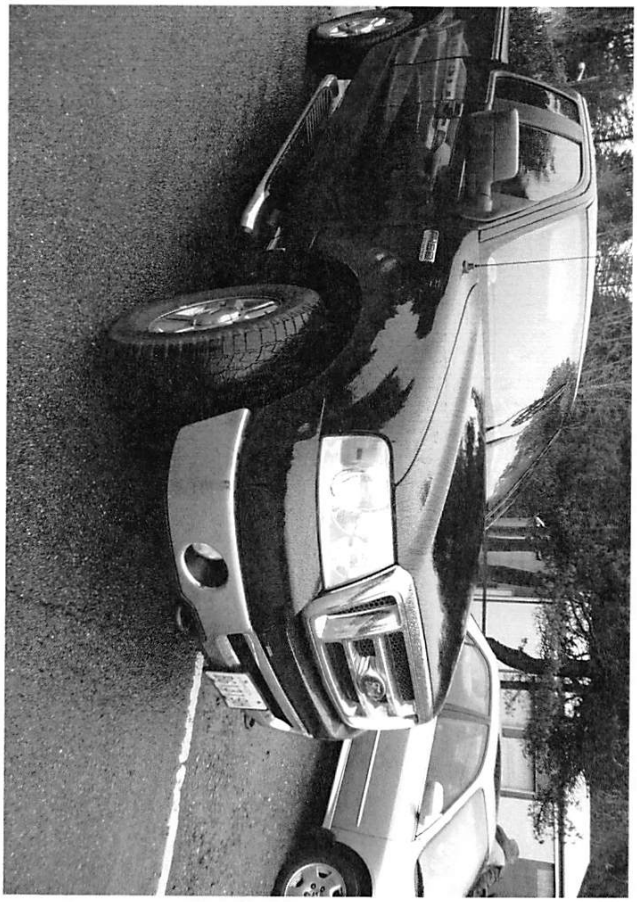
CAD Narrative

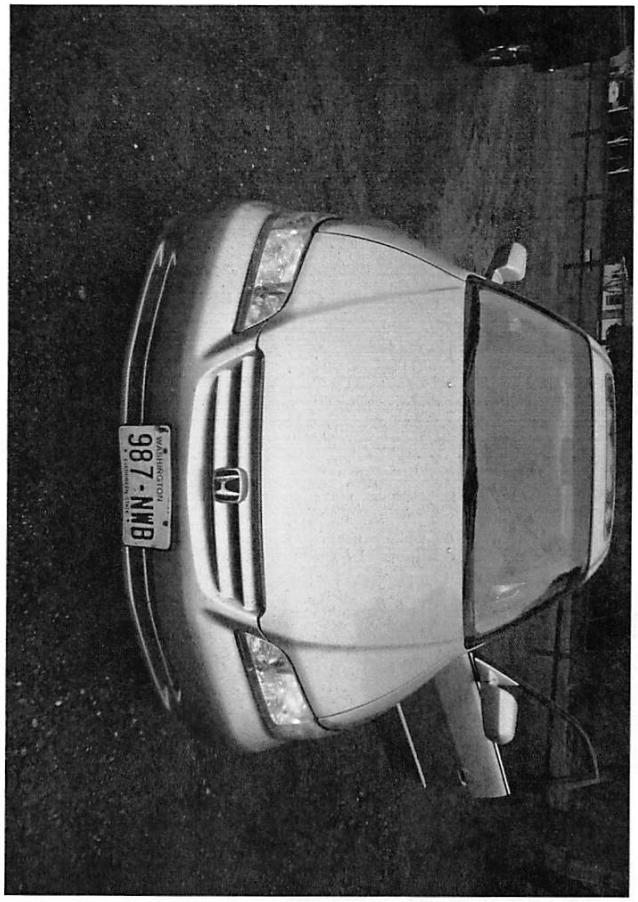
02/19/2016 : 09:35:32 sp0233 Narrative: W SIDE CALLOW AND SR 92 CLEAR
02/19/2016 : 09:31:33 SP0298 Narrative: RP THINKS PC DRIVER HBD
02/19/2016 : 09:31:00 SP0298 Narrative: CC, BLK FORD F150 VS GRY SM PC L/987NWB, NON INJ, BLKG

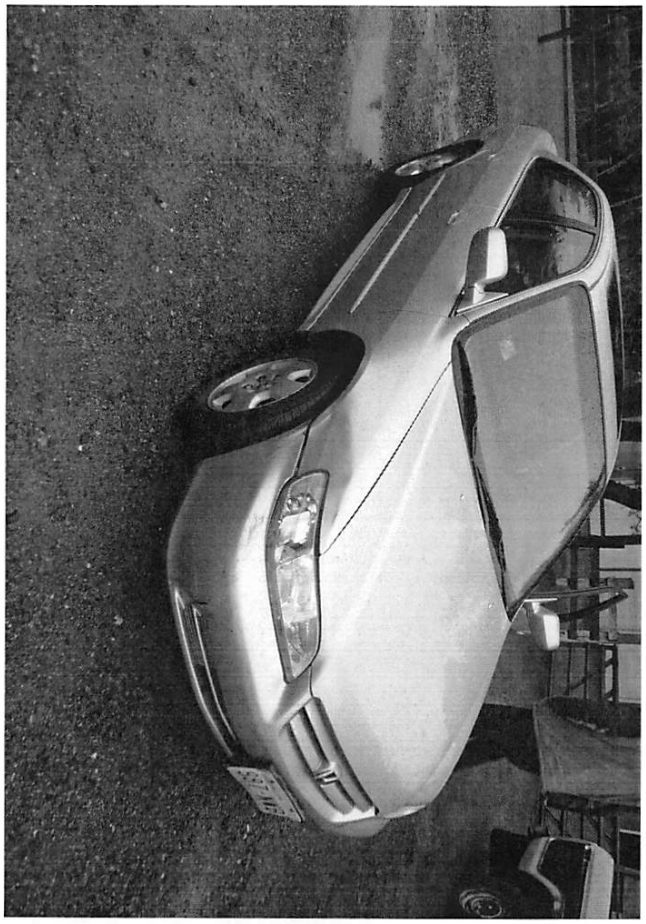
PHOTOS

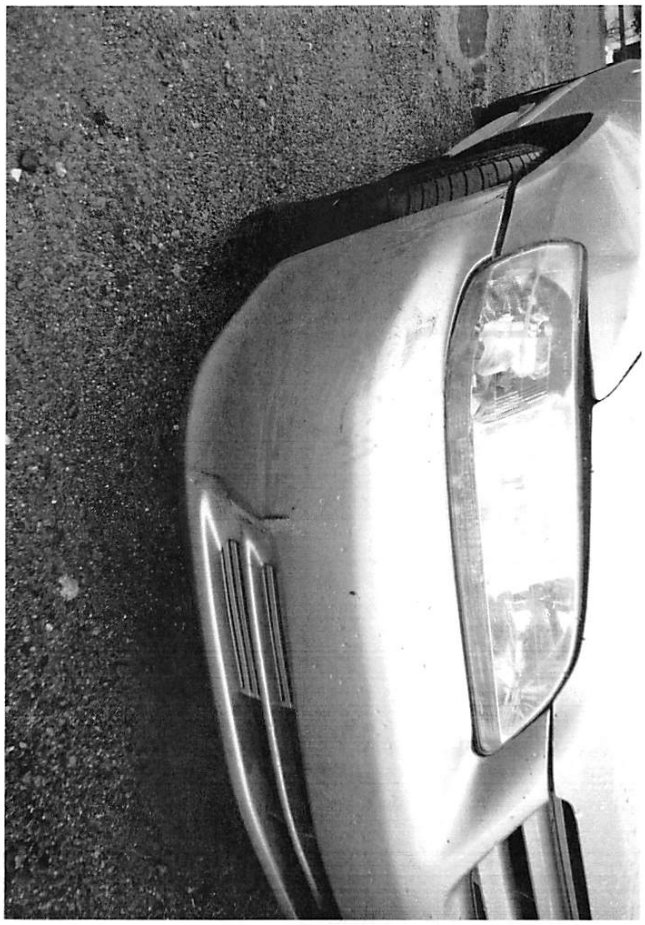


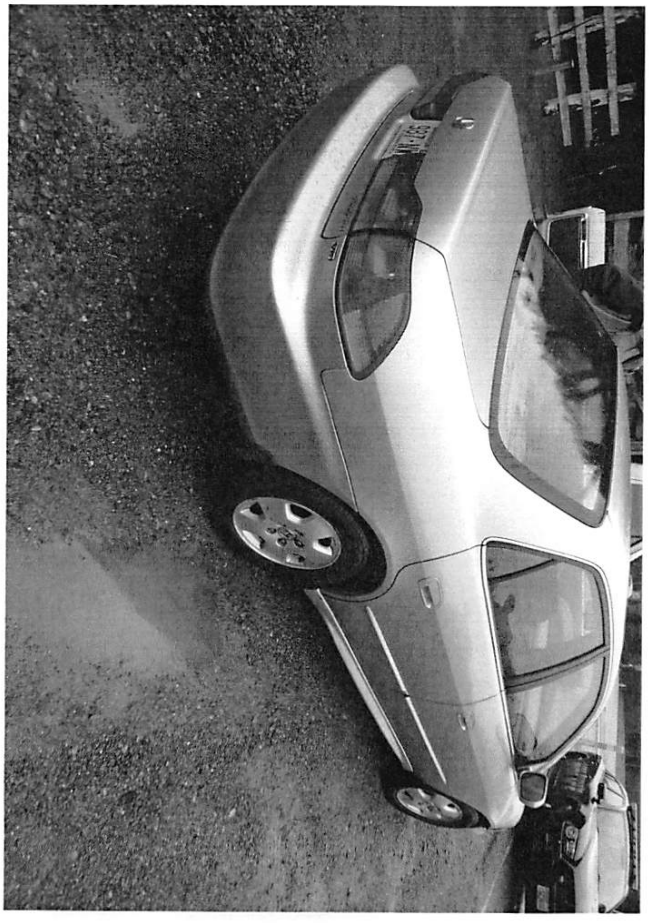


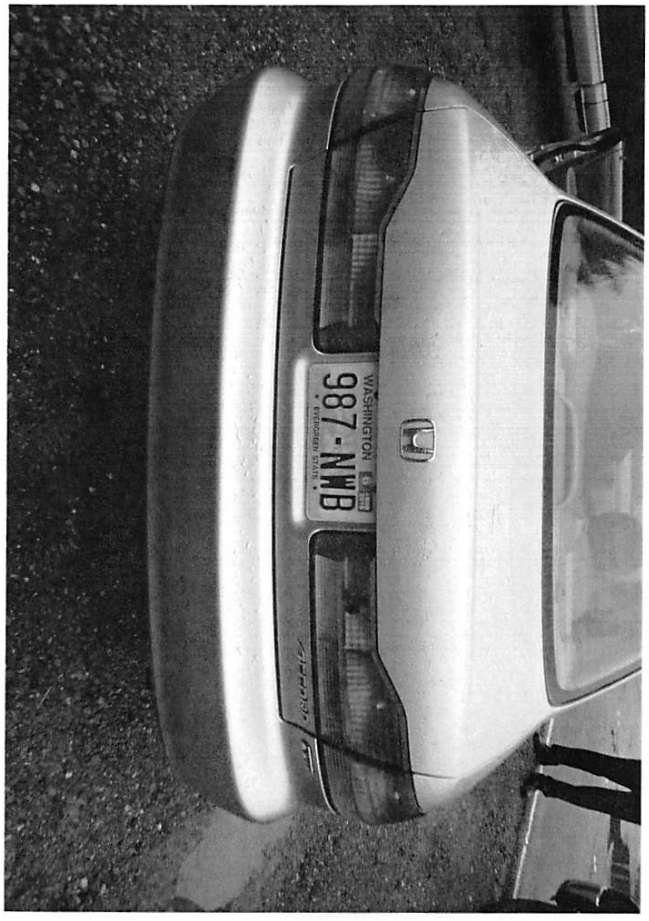


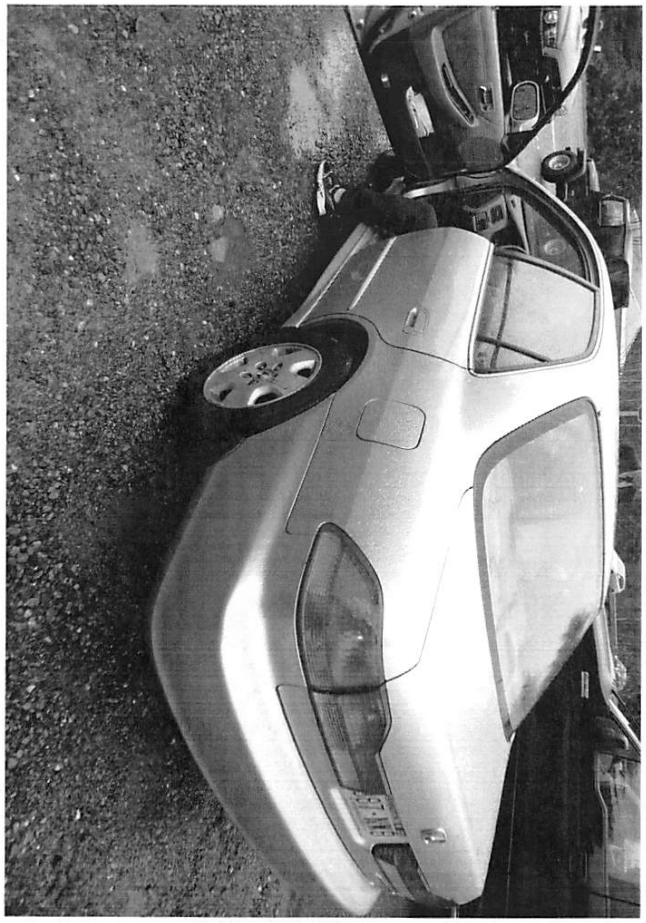


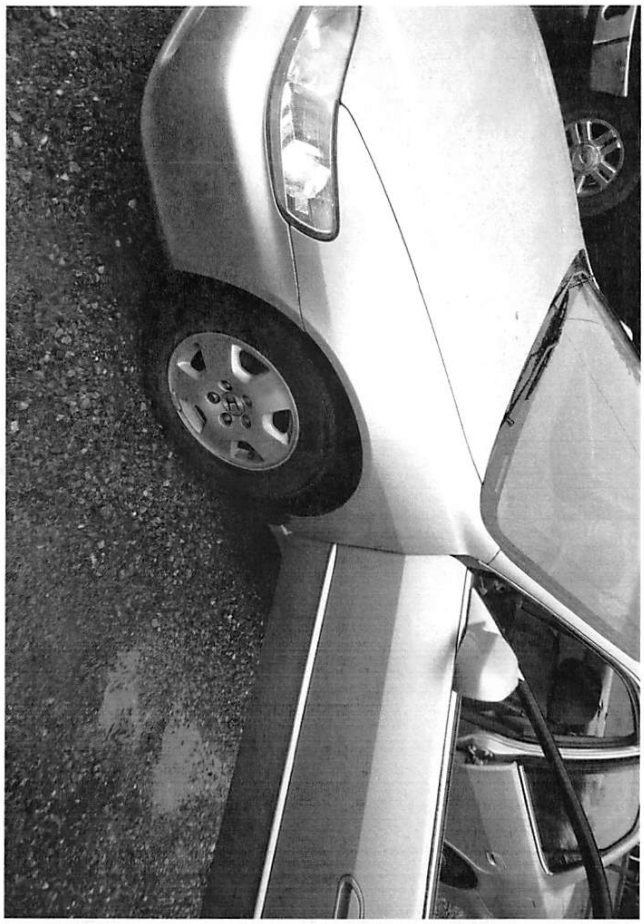


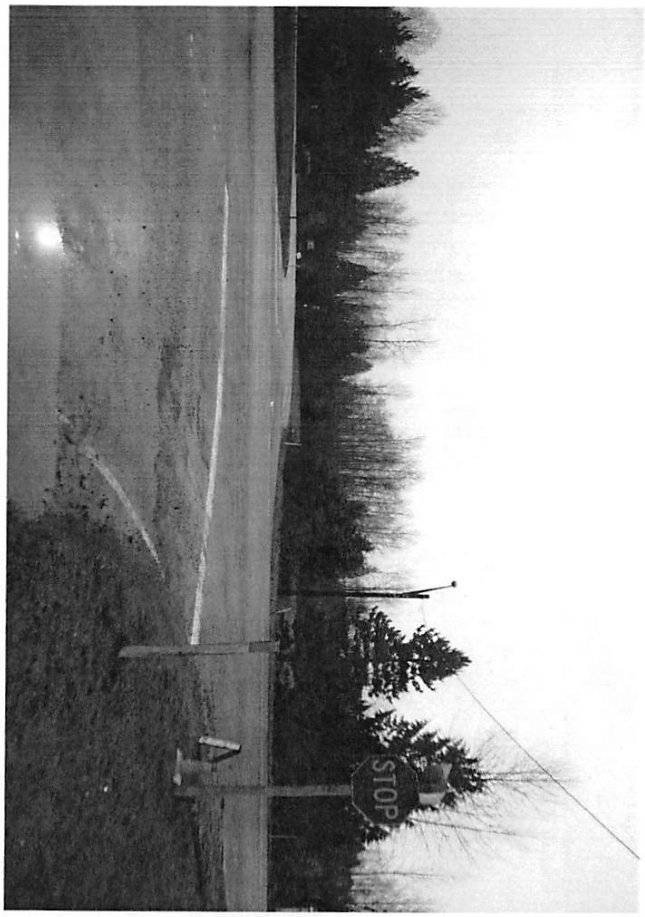





WASHINGTON
987-NWB

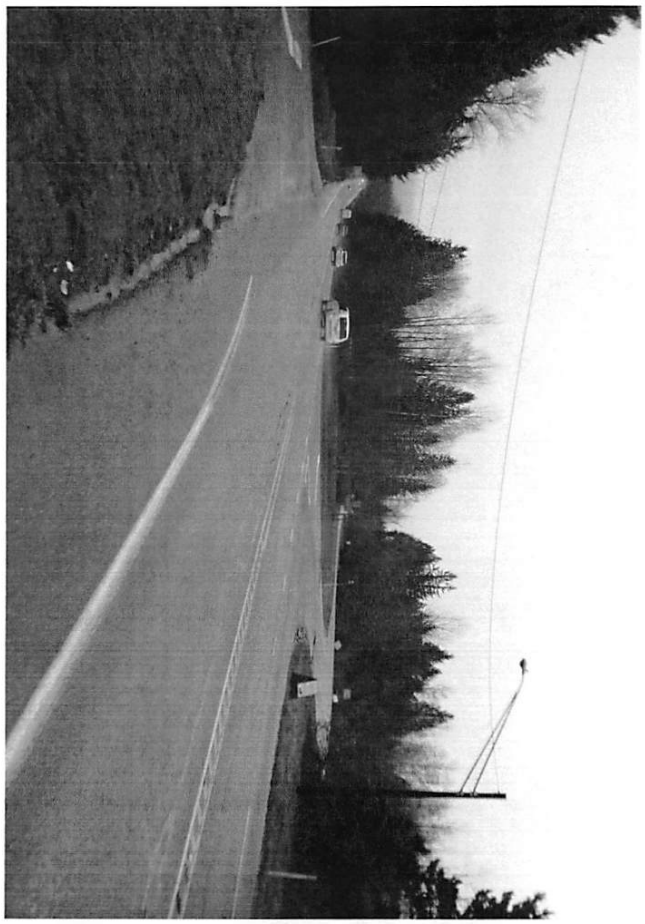


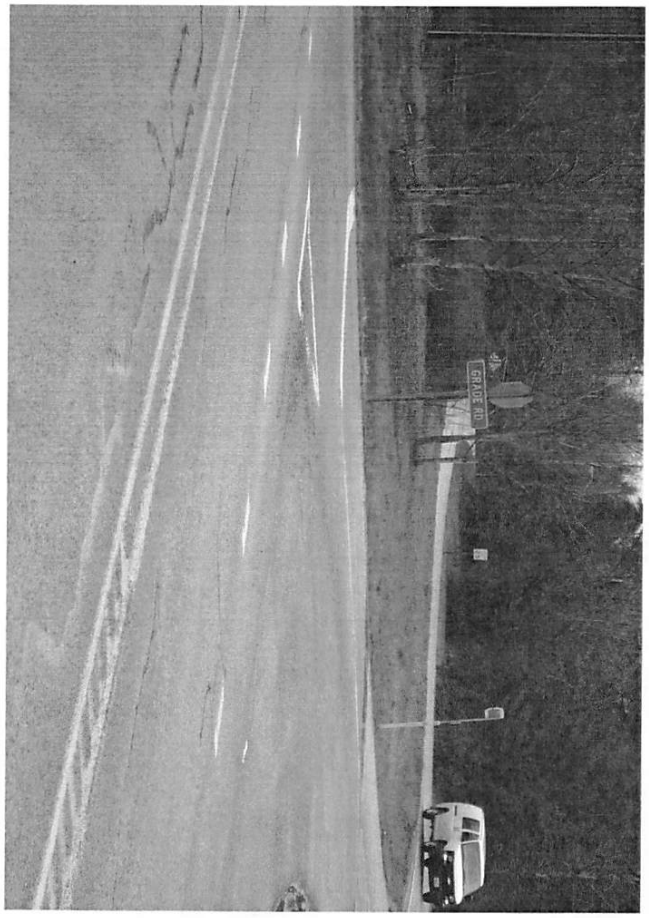


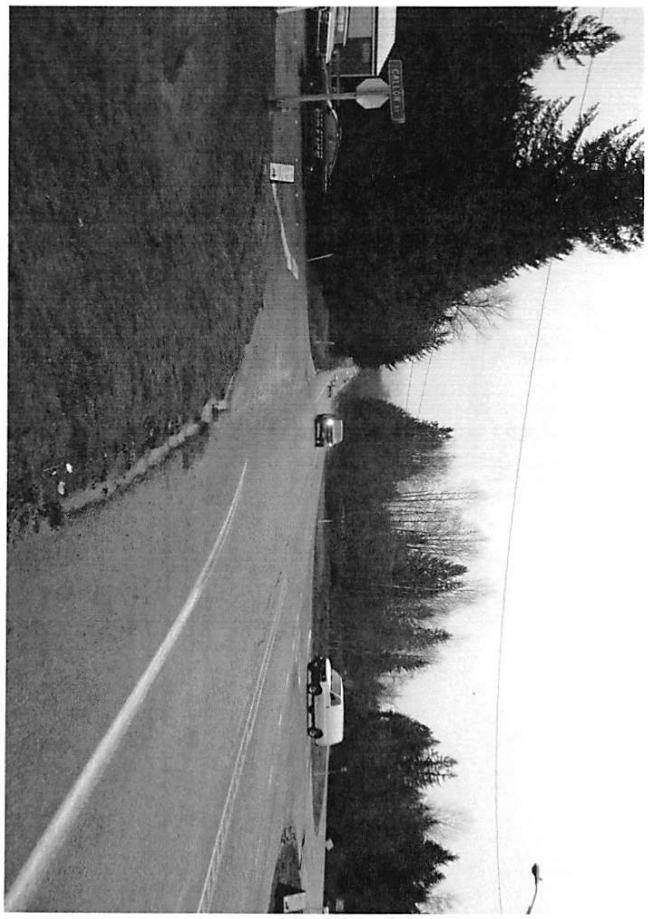

STOP

CALLOW RD

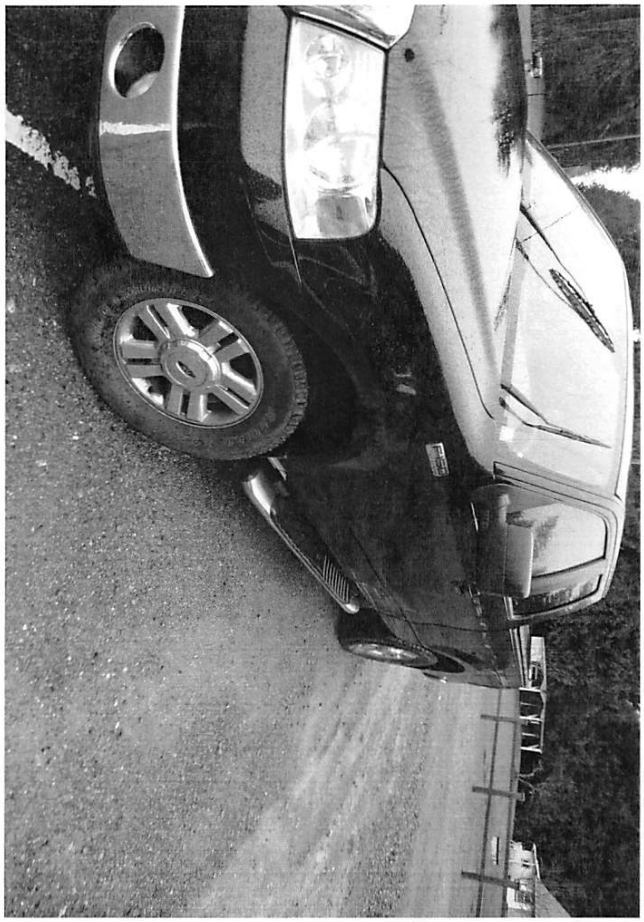
FedEx

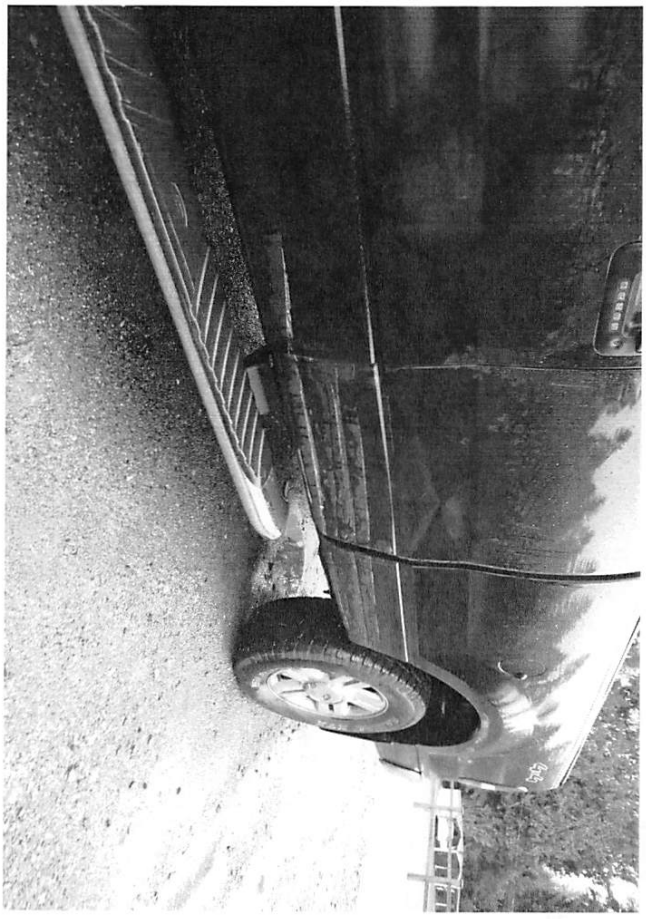


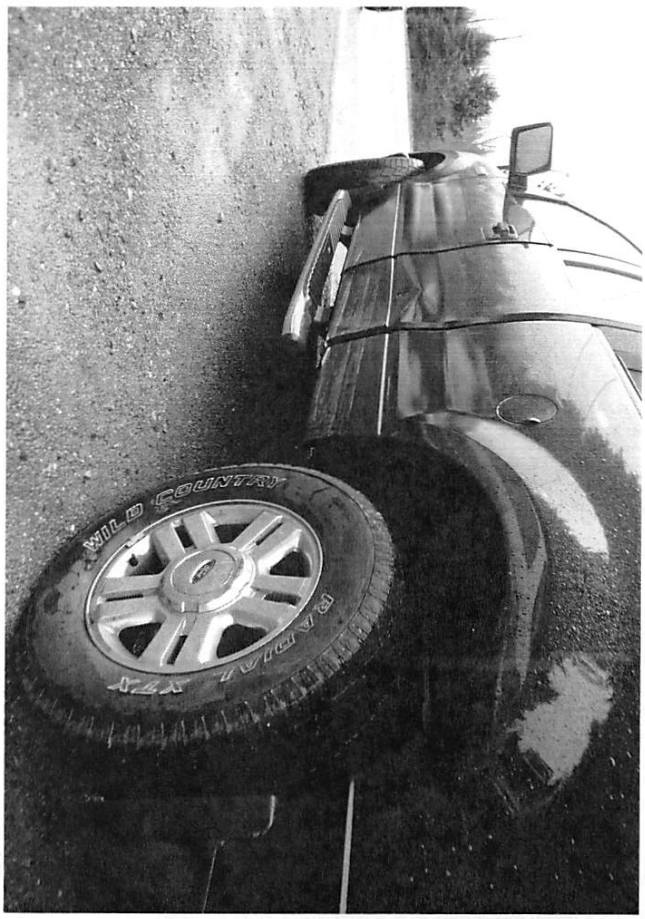

GRADE IV

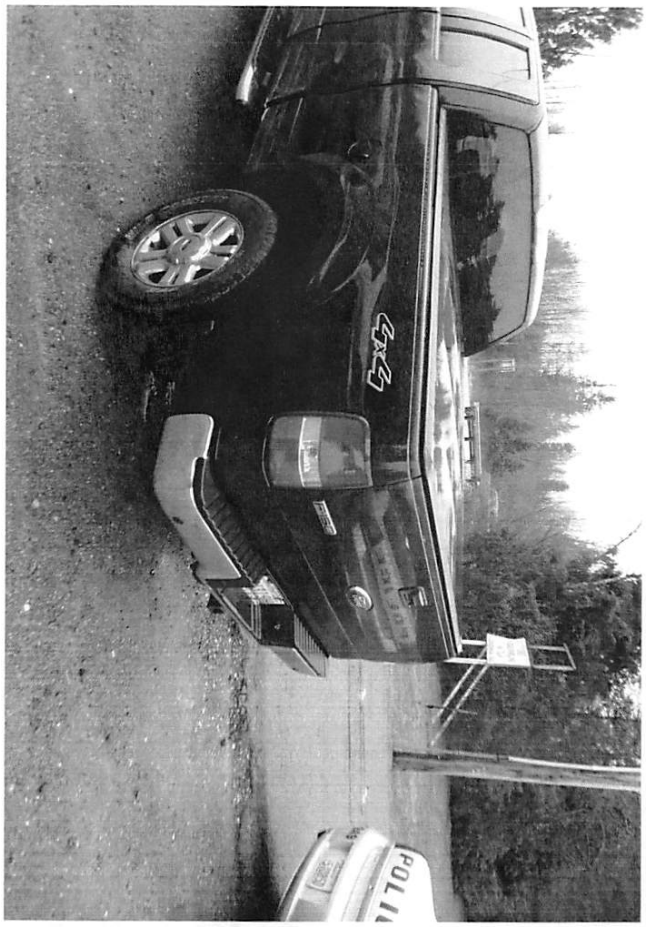


B61319H






WILD COUNTRY
RADIAL A/T


4x4

F150
Ford
B61319H
SNO-COUNTRY
STOP

STATEMENT CORLEY, LONNY C Jr.

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-03332

VICTIM [✓] **WITNESS** [ ]

NON-DISCLOSURE [ ]

NAME (LAST, FIRST, MIDDLE	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
Corley Lonny C sr	C		M	10-18-48	67	6	214	Gray	Blue

STREET ADDRESS	CITY	STATE	ZIP
17006 117th PL NE	Arlington	Wa	98252

HOME PHONE	CELL PHONE	WORK PHONE
360-691-3911	425-280-5836	

EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT

STATEMENT:

My wife and I were driving west on HWY 92 when a car came out of Callow Rd. and hit our vehicle

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

SIGNATURE:	DATE SIGNED:
Lonny L Corley Jr	2-19-16
OFFICER/NUMBER: Auckerman #72	DATE SIGNED: 2-19-16

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

STATEMENT TRIVISONNO, RODOLFO

LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-03332

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

NAME (LAST, FIRST, MIDDLE	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES
TRIVISONNO RODOLFO A	W	LATINO	M	08/27/62	53	6	252	Grey	Brown

STREET ADDRESS	CITY	STATE	ZIP
319 114th Dr SE ~~Ste~~	LAKE STEVENS	WA	98258

HOME PHONE	CELL PHONE	WORK PHONE
(425) 335-3694	(425) 320-7616	(425) 948-7893.

EMAIL ADDRESS (OPTIONAL)	PLACE OF EMPLOYMENT
drtpsychiatry@gmail.com	Self employed.

STATEMENT:

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

SIGNATURE:	DATE SIGNED:
	02/19/16.
OFFICER/NUMBER: Ackerman #72	DATE SIGNED: 2-19-16

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

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E518470

INTERSTATE ☐ CITY STREET ☐
STATE ROUTE ☑ OTHER ☐
COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

CASE # 2016-00003332

LOCAL AGENCY CODING 000311900

TOTAL # OF UNITS 02 | OBJECT STRUCK

DATE OF COLLISION (M M - D D - Y Y Y Y) 02 - 19 - 2016 | TIME (2400) 0931 | COUNTY # 31 | MILES | N ☐ S ☐ E ☐ W ☐ | IN OF ☑ | CITY # 0664

ON (PRIMARY TRAFFIC WAY) SR92 | INTERSECTION ☑ NON-INTERSECTION ☐ | BLOCK NO. ☑ MILE POST ☐

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

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ | DAMAGE THRESHOLD MET YES ☑ NO ☐ | PHONE D: 4253353694

LAST NAME TRIVISONNO | FIRST NAME RODOLFO | MIDDLE INITIAL A

STREET NEW ADDRESS ☐ 319 119TH DRIVE SE

CITY LAKE STEVENS | ST WA | ZIP 982580000

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # TRIVIRA381N2 | STATE WA | SEX M | D.O.B. MMDDYYYY 08 - 22 - 1962

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

LICENSE PLATE # 987NWB | STATE WA | VIN# 1HGCG16592A064750

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

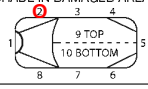
VEH. YEAR 2002 | MAKE HOND | MODEL ACD4D | STYLE SD | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. RODOLFO TRIVISONNO 319 119TH DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # TRAVELERS 9900483801011

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # 6Z0325840 | CHARGE FAIL TO YIELD THE RIGHT OF WAY

VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ☑ NO ☐ | PHONE D: 4252805836

LAST NAME CORLEY | FIRST NAME LONNY | MIDDLE INITIAL L

STREET NEW ADDRESS ☐ 17006 117TH PL NE

CITY ARLINGTON | ST WA | ZIP 982230000

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # CORLELL526PQ | STATE WA | SEX M | D.O.B. MMDDYYYY 10 - 18 - 1948

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

LICENSE PLATE # B61319H | STATE WA | VIN# 1FTPX14V48FB38445

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

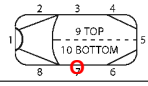
VEH. YEAR 2008 | MAKE FORD | MODEL F1PU | STYLE 4C | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. LONNY CORLEY PO BOX 1263 GRANITE FALLS WA 98252

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # PEMCO CA0795313

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

VEHICLE NO. 2
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT) B. FISKE #0138 | BADGE OR ID # 0138 | AGENCY WA0311900

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

PAGE 01 OF 3

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. **E518470**

CASE # ***2016-00003332***

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

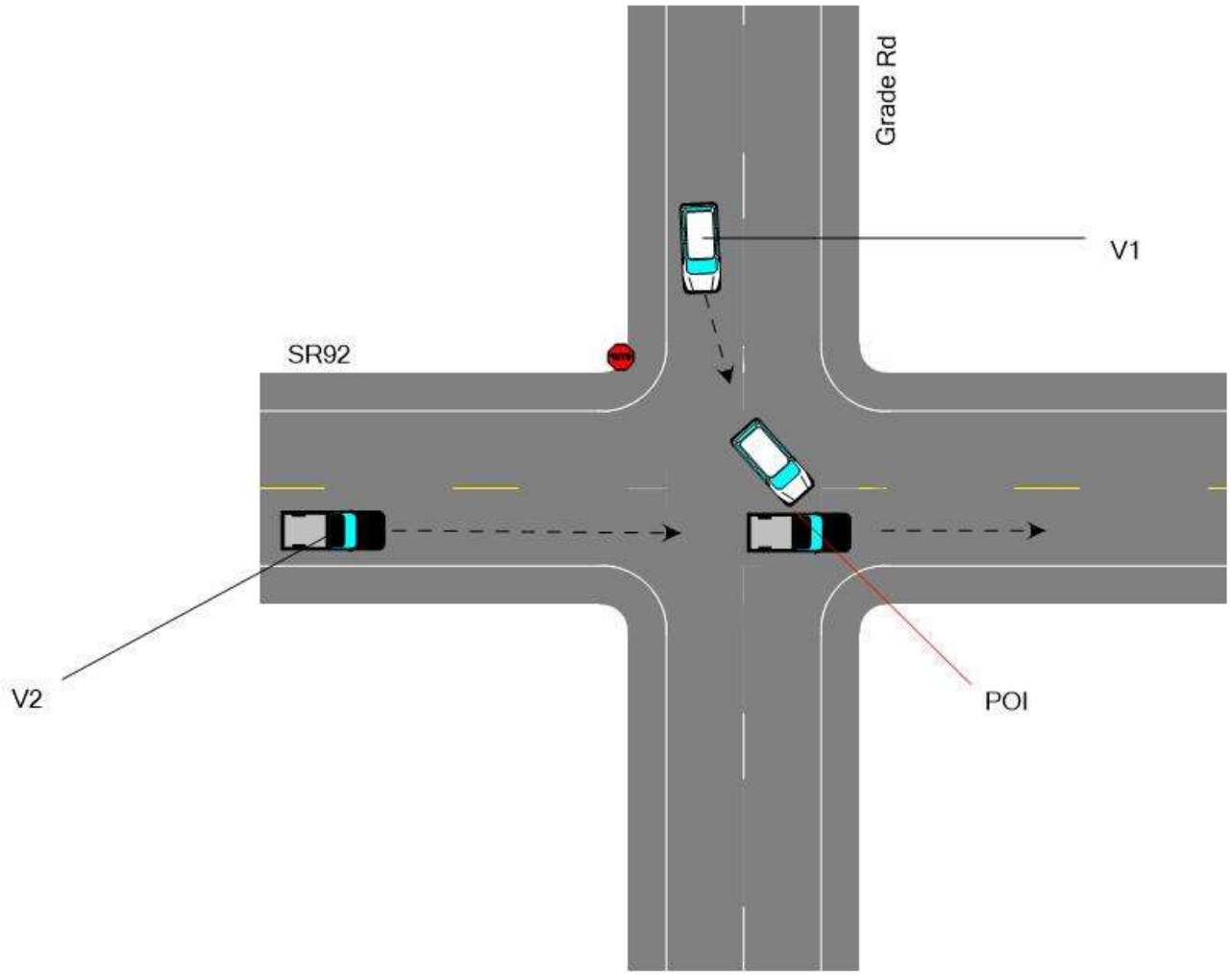
V2 was traveling westbound SR92 approaching Grade Rd. V1 turned left from Grade Rd to travel westound and struck V2 on the driver's side. Driver of V1 said he did not see V2 coming. Driver of V1 issued NOI for failing to yield.

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)

B. FISKE #0138		***02-23-16 07:49 AM***	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 0095	***2/24/2016 3:30:18 AM***

BADGE OR ID #	***0138***	ORI #	***WA0311900***	TIME POLICE DISPATCHED	***9:31 AM***	TIME POLICE ARRIVED	***9:35 AM***

PART B 3000-345-160 R (7/06)

REPORT NO. E518470 **CASE #** 2016-00003332 **DATE AND TIME OF COLLISION** 02/19/16 09:31