Incident Report

Print Date/Time: 03/17/2016 09:47
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00003769**

Incident Date/Time:	2/25/2016 3:16:00 PM	**Incident Type:**	Collision
Location:	511 SR 9 NE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(425) 327-6935	**Source:**	911
Report Required:	No	**Priority:**	4
Prior Hazards:	No	**Status:**	3
LE Case Number:	2016-00003769	**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin
19D4	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	TRIBOU, CHRIS					

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

02/25/2016 : 15:19:12 SP0407 Narrative: AA, BOLOD
02/25/2016 : 15:18:26 SP0082 Narrative: LR377
02/25/2016 : 15:18:00 SP0082 Narrative: WAITING IN THE PKLOT IN A WHI 2014 SUBARU IMPREZA
02/25/2016 : 15:17:43 SP0082 Narrative: CC, COLD COL IN PKLOT, ALREADY TRIED TO REPORT IT, WAS TOLD TO CB WHEN BACK IN TOWN

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E522281

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

CASE # 2016-00003769

LOCAL AGENCY CODING 0311900

TOTAL # OF UNITS 02 | OBJECT STRUCK

31	M M	D D	Y Y Y Y	TIME (2400)	COUNTY #	MILES			CITY #
DATE OF COLLISION	02	21	2016	2000	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐	0664

4 ON (PRIMARY TRAFFIC WAY) SR9 — INTERSECTION ☐ NON-INTERSECTION ☑ — BLOCK NO. ☑ MILE POST ☐ 511

4a

5 1 DISTANCE | MILES ☐ FEET ☐ | N ☐ S ☐ | E ☐ W ☐ | OF (REFERENCE OR CROSS STREET)

UNIT 01 MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☑ PHONE

6 1 LAST NAME: UNKNOWN | FIRST NAME | MIDDLE INITIAL | STREET NEW ADDRESS ☐

7 CITY | ST | ZIP

8 CDL | RESTRICTIONS | ENDORSEMENTS

9 9 DRIVER'S LICENSE # | STATE | SEX U | D.O.B. MMDDYYYY

10 ON DUTY ☐ | STATUS | AIRBAG 9 | RESTR. 9 | EJECT 9 | HELMET USE 9 | INJURY CLASS 0 | NATURE OF INJURIES

11 0 0 LICENSE PLATE # | STATE | VIN#

12 0 0 TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

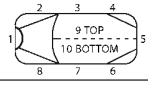
13 VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.

14 LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

15 2 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

16 LAST NAME: UNKNOWN | FIRST NAME | MIDDLE INITIAL

17 STREET NEW ADDRESS ☐

18 CITY | ST | ZIP

19 CDL | RESTRICTIONS | ENDORSEMENTS

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

21 ON DUTY ☐ | STATUS | AIRBAG 9 | RESTR. 9 | EJECT 9 | HELMET USE 9 | INJURY CLASS 0 | NATURE OF INJURIES

22 LICENSE PLATE #: SH12187 | STATE: WA | VIN#: JF1GPAG60E8249035

23 TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

24 VEH. YEAR 2014 | MAKE SUBA | MODEL IMPREZA | STYLE SW | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. CHRISTOPHER TRIBOU 16805 123RD PL NE ARLINGTON WA 98223 D: 4253276935

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # PROGRESSIVE 71102902

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

VEHICLE NO. 2
SHADE IN DAMAGED AREA

26 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

1	1	7	27
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. **E522281**

CASE # ***2016-00003769***

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

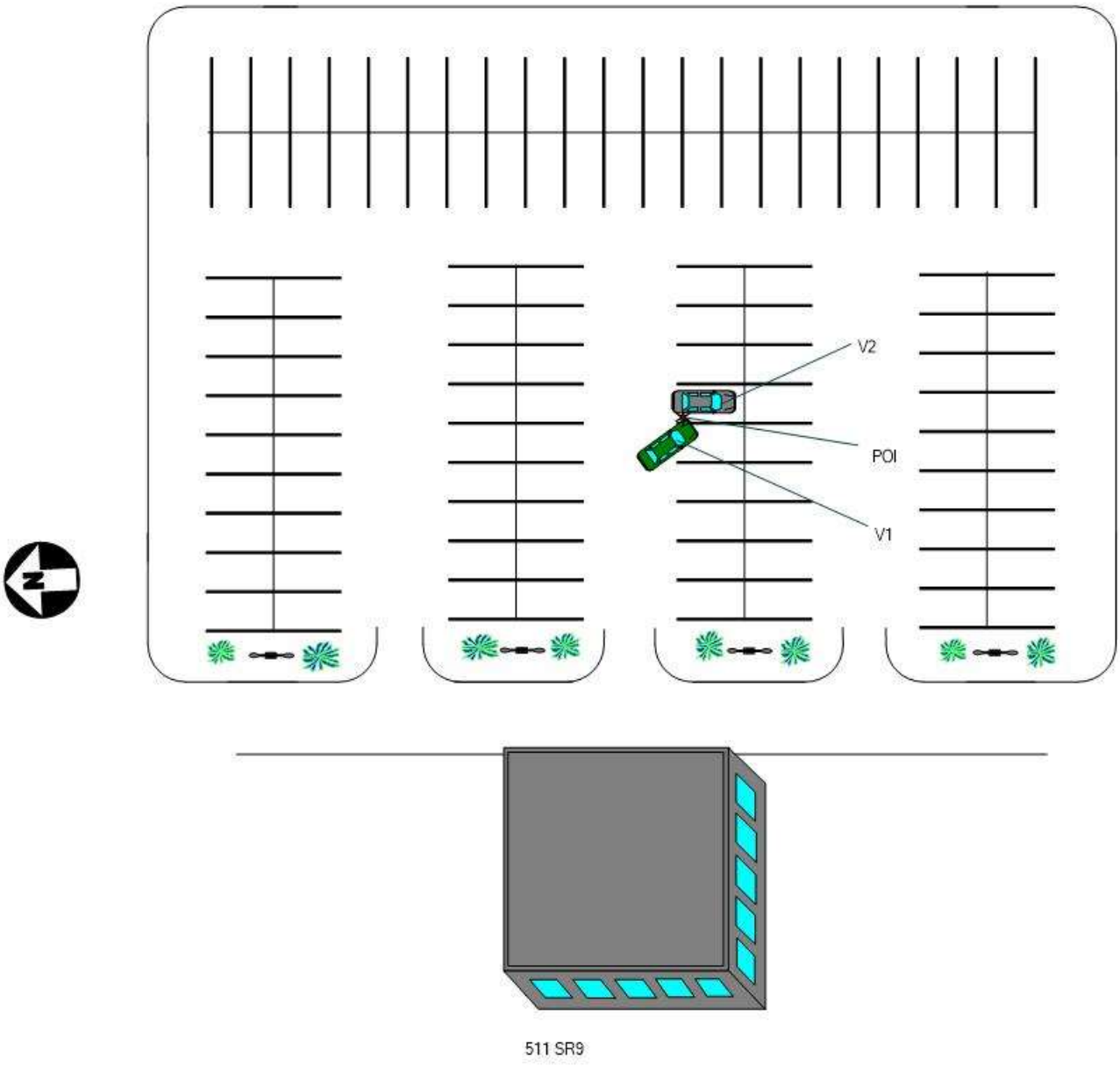
V2 was parked in parking lot of starbucks when V1 struck rear passenger side. V1 did not stay at the scene. There was no description of V1.

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		***03-06-16 08:32 AM***	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 0095	***3/8/2016 5:12:06 AM***

BADGE OR ID #	***0138***	ORI #	***WA0311900***	TIME POLICE DISPATCHED	***3:19 PM***	TIME POLICE ARRIVED	***3:45 PM***

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

REPORT NO. E522281 **CASE #** 2016-00003769 **DATE AND TIME OF COLLISION** 02/21/16 20:00