



Incident Report

Print Date/Time: 03/24/2016 07:04
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00004901

Incident Date/Time:	3/13/2016 3:16:00 PM	Incident Type:	Collision
Location:	LUNDEEN PKWY / MARKET PL LAKE STEVENS WA 98258	Venue:	Lake Stevens
Phone Number:	(425) 422-7942	Source:	911
Report Required:	No	Priority:	3
Prior Hazards:	No	Status:	3
LE Case Number:		Nature of Call:	

Unit/Personnel

Unit	Personnel
19D3	SS0136-Shein
19S11	SS0071-Valvick

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BRIE					
2	Reporting Party	BRACY, JERRY		(425) 422-7942			

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

03/13/2016 : 15:27:36 SP0412 Narrative: SVR Notes: DICKS TOW FOR ALL 4 ROUND

03/13/2016 : 15:20:57 SP0412 Narrative: DOT ADV OF LIGHT

03/13/2016 : 15:18:45 SP0325 Narrative: Narrative added from associated Call #: 863 - FIRE TRUCK PULLING UP, LR325

03/13/2016 : 15:18:18 SP0325 Narrative: Narrative added from associated Call #: 863 - 2 VEHS UNK INJ

03/13/2016 : 15:17:56 SP0323 Narrative: LR 323

03/13/2016 : 15:17:48 SP0338 Narrative: WITNESS - GINA TOLLE 425-244-0762

03/13/2016 : 15:17:26 SP0323 Narrative: POSS YELL FORD FOCUS, FEM HOLDING NECK

03/13/2016 : 15:17:16 SP0323 Narrative: YELLOW PC VS DRK GRY EXPLORER

03/13/2016 : 15:17:02 SP0323 Narrative: 2 VEH, UNK INJ

STATEMENT Fry, Tyler



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-4901

VICTIM

WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) Fry, Tyler, Aaron			RACE	ETHNICITY Caucasian	SEX M	D.O.B. 04/21/93	AGE 22	HGT 6'2"	WGT 220	HAIR Brown	EYES Green
STREET ADDRESS 1127 15th Pl SE					CITY Lake Stevens		STATE WA	ZIP 98258			
HOME PHONE =			CELL PHONE 425-244-3832			WORK PHONE					
EMAIL ADDRESS (OPTIONAL) tlera188@gmail.com						PLACE OF EMPLOYMENT Boeing					

STATEMENT:

Lights at 204 and Lundeen were not working due to conditions. Everybody was doing a 4 way stop Pattern. It was the black Ford Explorers time to go and as she passed through the intersection she was honed by a yellow Ford Focus who blew through the non working light. The yellow Ford Focus tried to stop last second and slammed into her.

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

SIGNATURE:

DATE SIGNED:

03-13-16

OFFICER/NUMBER:

Shein

DATE SIGNED:

3/13/16

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



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-4901

VICTIM WITNESS

NON-DISCLOSURE

NAME (LAST, FIRST, MIDDLE) <u>Brewster</u>	RACE <u>W</u>	ETHNICITY <u>cauc</u>	SEX <u>F</u>	D.O.B. <u>03-24-49</u>	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>7530-44th</u>			CITY <u>Marysville</u>		STATE <u>WA</u>	ZIP <u>98270</u>			
HOME PHONE <u>425-419-9830</u>	CELL PHONE <u>same</u>		WORK PHONE						
EMAIL ADDRESS (OPTIONAL)			PLACE OF EMPLOYMENT						

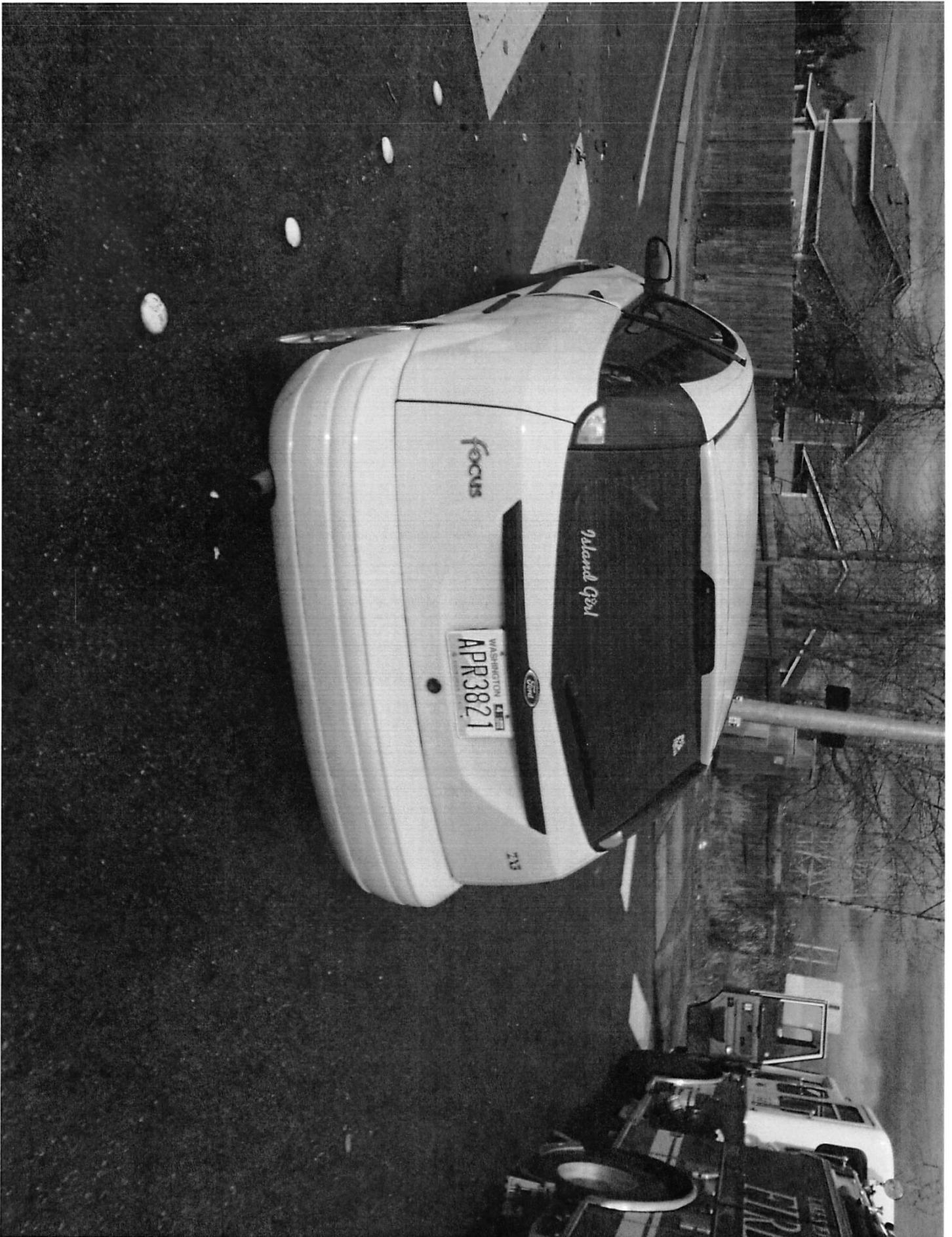
STATEMENT:

all street lights were out. I was in one of two left turn lanes. Hwy 204 @. I waited for our turn. Everyone was treating as a four way stop. It was my turn, I was making my left on to Lundeen yellow car coming from frontier ran through. did not stop. hit me

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

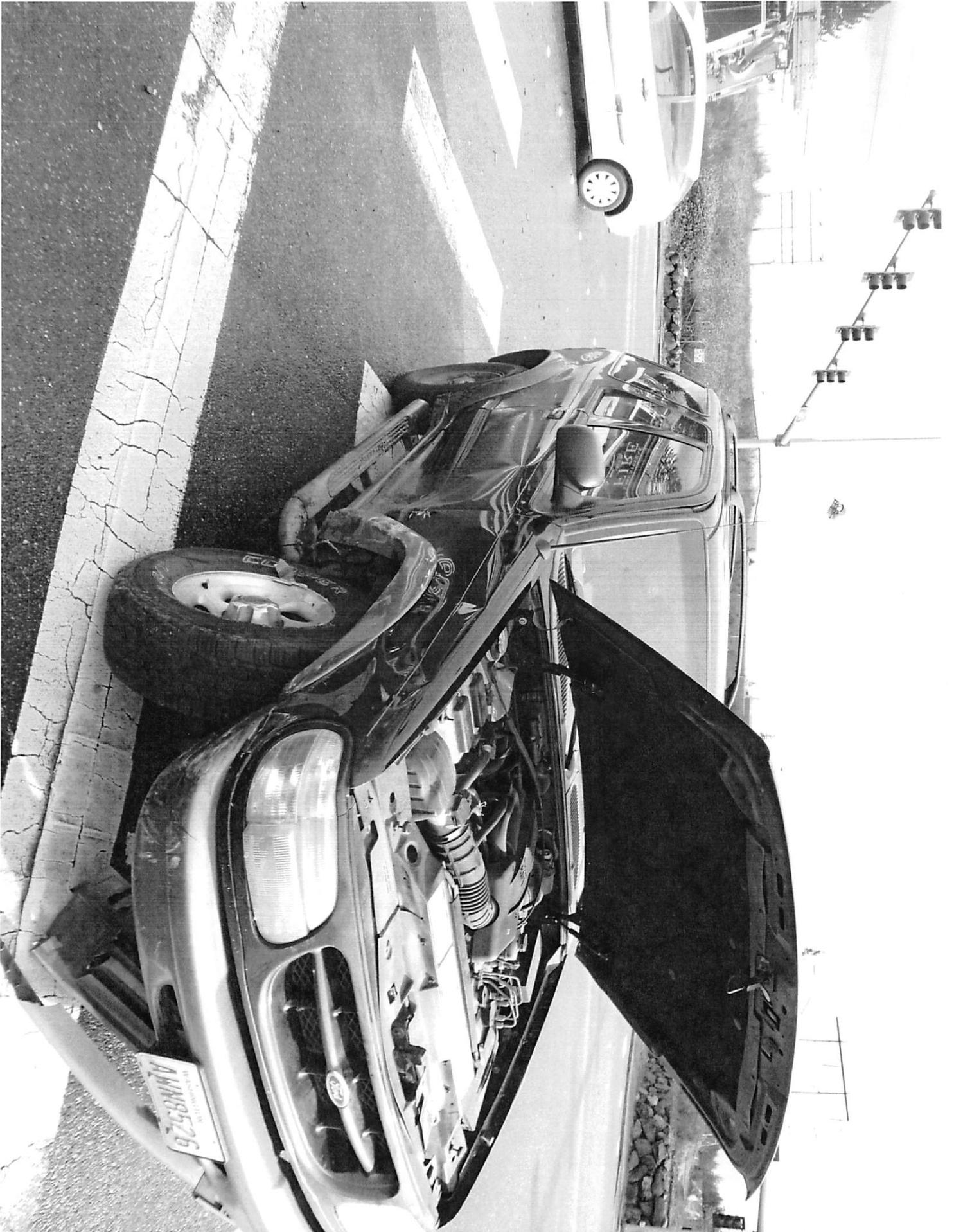
SIGNATURE: <u>[Signature]</u>	DATE SIGNED: <u>3/13/16</u>
OFFICER/NUMBER: <u>Shein #136</u>	DATE SIGNED: <u>3/13/16</u>

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















TOW IMPOUND RECORD

3000-110-076 (R 07/13)

SIGNATURE _____ COUNTY, WA _____ AGENCY _____

OFFICER'S ELECTRONIC _____
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.
 I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.
 THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.
Vehicle was towed because it was blocking and disabled after a collision
(List reason(s) for impound)

INVENTORY		NARRATIVE OR DIAGRAM	
<input type="checkbox"/> OTHER	<input type="checkbox"/> CHAINS	<p>SHADE DAMAGED AREA</p>	N/A
<input type="checkbox"/> JACK	<input type="checkbox"/> SPARE TIRE		
<input type="checkbox"/> RADAR / LIDAR DETECTOR	<input type="checkbox"/> GPS		
<input type="checkbox"/> HANDS FREE DEVICE	<input type="checkbox"/> [] DISC(S)		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> LOCKED CENTER CONSOLE	<input type="checkbox"/> R REAR		
<input type="checkbox"/> LOCKED GLOVE BOX	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> LOCKED TRUNK	<input checked="" type="checkbox"/> R FRONT		
<input type="checkbox"/> [] KEYS	<input checked="" type="checkbox"/> FRONT		
<input type="checkbox"/> OTHER	<input type="checkbox"/> UNDERCARRIAGE		

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)

ON 3/13/2016 AT 15:37 PURSUANT TO RCW 46.55.096 / 112 AND HAVING PERSONALLY INSPECTED THE TRUCK IN THE DESCRIBED VEHICLE, I AUTHORIZED _____ DICKS TOWING (TOWING FIRM) 5138-047 (DOT TRUCK NO) TO REMOVE THIS VEHICLE FROM 8800 SR204/MARKET PLACE (LOCATION) DRIVEN BY _____ (DRIVER'S PRINTED FIRST AND LAST NAME)

AUTHORIZATION AND RECEIPT			
PHONE	DOB	PHONE	PHONE
EVERETT, WA 982012832	4/16/1991	EVERETT, WA 98201	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
STREET ADDRESS		STREET ADDRESS	
2316 ROCKEFELLER AVE		2316 ROCKEFELLER AVE	
NAME (LAST, FIRST, MI)		NAME (LAST, FIRST, MI)	
SMITH, HEIDI A		SMITH, ARNOLD	
LEGAL SAME		LEGAL SAME	

DRIVER		REGISTERED OWNER		LEGAL OWNER	
<input type="checkbox"/> CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER MAY REDEEM AT _____	<input type="checkbox"/> REGISTERED OWNER MAY REDEEM	LICENSE	STATE	YEAR	MAKE
<input type="checkbox"/> CHECK INDICATES THE DRIVER IS C/W/S AND THE REGISTERED OWNER THEY WILL NEED A SEPARATE RELEASE FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND	<input type="checkbox"/> REGISTERED OWNER MAY REDEEM	APR3821	WASHINGTON	2004	FORD
<input type="checkbox"/> CHECK INDICATES THE DRIVER IS C/W/S AND THE REGISTERED OWNER THEY WILL NEED A SEPARATE RELEASE FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND	<input type="checkbox"/> REGISTERED OWNER MAY REDEEM	Report of Sale <input type="checkbox"/>	MILEAGE <input checked="" type="checkbox"/> Digital	STYLE	COLOR
<input type="checkbox"/> CHECK INDICATES THE DRIVER IS C/W/S AND THE REGISTERED OWNER THEY WILL NEED A SEPARATE RELEASE FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND	<input type="checkbox"/> REGISTERED OWNER MAY REDEEM			3 DOOR COUPE	YELLOW

VEHICLE INFORMATION	
VIN	3FAFP311364R11091011
REPORT OF SALE <input type="checkbox"/>	DIGITAL UNREADABLE <input checked="" type="checkbox"/>
STATE	WASHINGTON
YEAR	2004
MAKE	FORD
MODEL	FOC3D
COLOR	YELLOW

CHECK ALL THAT APPLY:

- NON-IMPOUND/TOW
- AAA or OTHER ROADSIDE ASSISTANCE
- EVIDENCE
- SEIZED UNDER RCW 69.50.505
- IMPOUND ONLY
- IMPOUND WITH 12 HOUR HOLD
- IMPOUND WITH _____ DAY HOLD
- INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
- REGISTERED OWNER MAY REDEEM

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER 2016-00004901



16-00004901, 031316 COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E526596**

11

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 type="checkbox"/>

CASE # **2016-00004901**

LOCAL AGENCY CODING

22

TRIBAL RESERVATION

TOTAL # OF UNITS **02** OBJECT STRUCK

31

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION **03** - **13** - **2016** **1446** **31** N E IN S W OF **0664**

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

4a

SR-204 BLOCK NO. **8500** MILE POST

5

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W **MARKET PL NE**

61

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

LAST NAME **SMITH** FIRST NAME **HEIDI** MIDDLE INITIAL **A**

STREET NEW ADDRESS **2316 ROCKEFELLER AVE**

7

CITY **EVERETT** ST **WA** ZIP **982012832**

8

CDL RESTRICTIONS ENDORSEMENTS **L**

99

DRIVER'S LICENSE # **SMITHHA099JW** STATE **WA** SEX **F** D.O.B. **04** - **16** - **1991**

109

ON DUTY STATUS AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **BRUISE - AID DECLINED ON SCENE**

11 0 0

LICENSE PLATE # **APR3821** STATE **WA** VIN# **3FAFP31364R109011**

12 0 0

TRAILER PLATE # STATE TRAILER PLATE # STATE

134

VEH. YEAR **2004** MAKE **FORD** MODEL **FOC3D** STYLE **3P** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

144

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **NONE**

152

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



162

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME **BREWSTER** FIRST NAME **LISA** MIDDLE INITIAL **A**

STREET NEW ADDRESS **20621 CALHOUN RD APT 7**

17

CITY **MONROE** ST **WA** ZIP **982727726**

18

CDL RESTRICTIONS ENDORSEMENTS

19

DRIVER'S LICENSE # **BREWSLA310D4** STATE **WA** SEX **F** D.O.B. **03** - **24** - **1969**

20

ON DUTY STATUS AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **POSSIBLE BRUISE - AID DECLINED**

21

LICENSE PLATE # **AWN8526** STATE **WA** VIN# **1FMYU24E2WUC65637**

22

TRAILER PLATE # STATE TRAILER PLATE # STATE

23

VEH. YEAR **1998** MAKE **FORD** MODEL **EXPLR** STYLE **UT** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **LISA BREWSTER 26819 VAN BROCKLIN RD MONROE WA 98272**

24

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

25

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



26

OFFICER'S NAME (PRINT) **G. SHEIN** BADGE OR ID # **0136** AGENCY **WA0311900**



**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**



1591972

CORRECTION

REPORT NO. E526596

CASE # 2016-00004901

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

On 03/13/2016 there was a windstorm which may have knocked out power to the traffic signal at the intersection of SR-204 Unit 2 was traveling eastbound on SR-204 and turning left northbound onto Lundeen Parkway NE. Unit 1 was traveling westbound on SR-204. Unit 1 did not stop at the intersection to yield to other vehicles. Witness statement added to report supporting this claim. Unit 1 collided with Unit 2 head-on, striking Unit 2 into front/passenger side fender/wheel well.

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)

G. SHEIN		03-14-16 10:35 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY		DATE	
ROBERT MINER 0095		3/19/2016 3:59:37 AM	
BADGE OR ID #	0136	ORI #	WA0311900
TIME POLICE DISPATCHED	2:46 PM	TIME POLICE ARRIVED	2:50 PM

REPORT NO. E526596

CASE # 2016-00004901

DATE AND TIME OF COLLISION 03/13/16 14:46

