



Incident Report

Print Date/Time: 04/01/2016 09:36
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00005617

Incident Date/Time: 3/24/2016 10:00:00 AM
Location: 11500 26TH ST NE
LAKE STEVENS WA 98258

Incident Type: Collision
Venue: Lake Stevens

Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19031	SS0121-Carter

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
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Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

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

03/24/2016 : 11:37:51 ss0121 Narrative: V2 Josie L Hilton 081498 Lic AKR9084 Pemco Ins Co CA0680824

03/24/2016 : 10:26:04 ss0121 Narrative: V1 Driver Katie J Knaub 100798 425-220-4662 Lic AGH4733 Ameriprise Ins Co AI00732556

03/24/2016 : 10:09:50 ss0121 Narrative: V1 AGH4733 operated by Katie Knaub

03/24/2016 : 10:01:40 ss0121 Narrative: Advised of collision at the 11500 blk 26 St NE by Jan Hilton mother of Josie Hilton

16-00005617, 032416 COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E528023**

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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 #	2016-00005617	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	03	-	24	-	2016		0725	31			0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
26TH ST NE	BLOCK NO. <input checked="" type="checkbox"/>	11500
	MILE POST	

DISTANCE	125	00	MILES	N <input type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	116TH AVE NE
			FEET	S <input checked="" type="checkbox"/>	W <input checked="" type="checkbox"/>		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4258701128 N: 4252204662
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LAST NAME	KNAUB	FIRST NAME	KATIE	MIDDLE INITIAL	J
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STREET NEW ADDRESS	1421 131ST AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	KNAUBKJ023PG	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10	-	07	-	1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AGH4733	STATE	WA	VIN#	JT2BG22K0V0040268
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1997	MAKE	TOYT	MODEL	CAMRY	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERIPRISE INS CO A100732556
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4253348083 N: 4254184828
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LAST NAME	HILTON	FIRST NAME	JOSIE	MIDDLE INITIAL	L
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STREET NEW ADDRESS	1106 122ND AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HILTOJL028NM	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08	-	14	-	1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES
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UPPER BACK LOWER NECK PAIN

LICENSE PLATE #	AKR9084	STATE	WA	VIN#	JT2BG22K0X0307668
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1999	MAKE	TOYT	MODEL	CAMRY	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO INS CO CA0680825
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	



OFFICER'S NAME (PRINT)	D. CARTER	BADGE OR ID #	0121	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E528023**

CASE # **2016-00005617**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **ANDRUS SAMUEL T**

ADDRESS & PHONE # **1411 131ST AVE NE LAKE STEVENS WA 98258 4252582688** SEX **M** D.O.B. **08** - **20** - **1999**

PASSENGER WITNESS UNIT # **1** SEAT POS. **3** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **STEVENS KATELYN A**

ADDRESS & PHONE # **930 123RD AVE NE LAKE STEVENS WA 98258 4253778158** SEX **F** D.O.B. **10** - **11** - **1999**

PASSENGER WITNESS UNIT # **2** SEAT POS. **3** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **UPPER BACK LOWER NECK PAIN**

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B.

PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NARRATIVE

Traffic unit #2 was traveling west bound on 26th Street NE at approximately the 11500 block, in stop and go traffic. Traffic unit #1 was also traveling west bound on 26th Street NE, behind traffic unit #2. Traffic unit #1 failed to slow and or stop for slowing traffic and collided with the rear of traffic unit #2.

- Both vehicle operators pulled to the roadway edge and assessed for damage, without exchanging information.
- Occupants later interviewed stated they were wearing seatbelts at the time of the collision.
- Occupants of TU2 stated they had sustained minor upper back / lower neck pain.
- Damage observed on TU2 appeared to be scratches to the rear bumper.
- Damage observed on TU1 was inconclusive as several areas of damage were noted from previous collisions.
- Written statements were later obtained and attached to this report.

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)

D. CARTER INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET **03-24-16 03:17 PM** DATED PLACE SIGNED

APPROVED BY **D. IRWIN 0105** DATE **3/25/2016 8:11:16 AM**

BADGE OR ID # **0121** ORI # **WA0311900** TIME POLICE DISPATCHED **8:30 AM** TIME POLICE ARRIVED **8:30 AM**

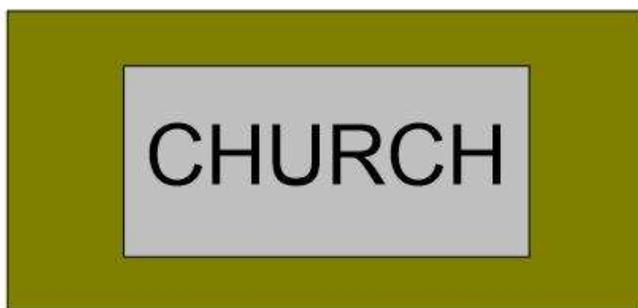
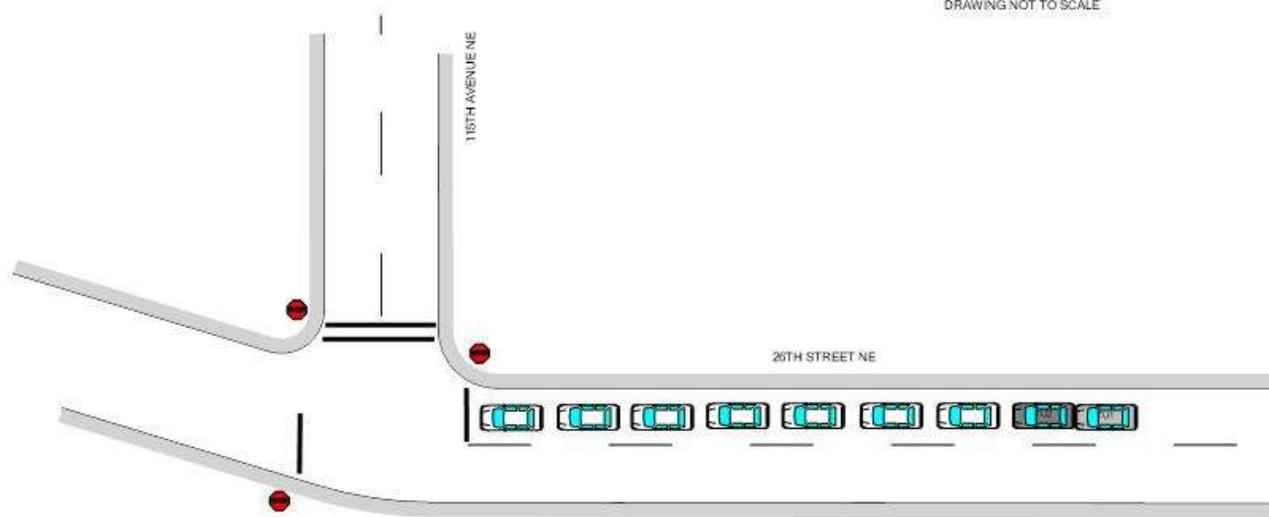
REPORT NO. E528023

CASE # 2016-00005617

DATE AND TIME OF COLLISION 03/24/16 07:25



DRAWING NOT TO SCALE



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 2016-0000567

VICTIM / WITNESS													
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Hilton, Josie Lynn</u>				RACE <u>white</u>	ETH <u></u>	SEX <u>F</u>	DOB <u>8/14/98</u>	AGE <u>17</u>	HGT <u>58</u>	WGT <u>130</u>	HAIR <u>blnd</u>	EYES <u>brwn</u>
STREET ADDRESS <u>1106 122nd Ave NE</u>					CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98258</u>	RES. STATUS <u></u>			
HOME PHONE <u>425-334-8083</u>				CELL PHONE <u>425-418-4828</u>			PLACE OF EMPLOYMENT <u></u>						
WORK PHONE <u></u>				EMAIL ADDRESS <u>hiltons@comcast.net</u>									

I, Josie Hilton, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANY PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

** Before School **

I was driving with Karie Stevens on the road coming up to the school, almost to the church on the left of the road. A car rear-ended me in bumper to bumper traffic. It jerked the passenger, myself, and the car jerked forward. I pulled into the church parking lot to stop and talk to the girl and see my car in the back. Left school after 2nd period to come home because of my upper back hurting and of a headache. Both of us were wearing our seatbelts.

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

SIGNATURE: <u>Josie Hilton</u>	DATE SIGNED <u>3-24-16</u>	LOCATION SIGNED <u>1106 122nd Ave NE Lk. Stevens, WA</u>
OFFICER/NUMBER: <u>R. Carter</u>	DATE SIGNED <u>03 24 16</u>	LOCATION SIGNED <u>LSPD</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 2016-00005617

VICTIM / WITNESS													
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Stevens, Katelyn</u>				RACE	ETH	SEX <u>F</u>	DOB	AGE <u>16</u>	HGT <u>5'8</u>	WGT <u>127</u>	HAIR <u>Brown</u>	EYES <u>Brown</u>
STREET ADDRESS <u>930 123 Ave NE</u>					CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98258</u>		RES. STATUS		
HOME PHONE <u>425-377-8158</u>				CELL PHONE <u>425-350-8694</u>				PLACE OF EMPLOYMENT					
WORK PHONE				EMAIL ADDRESS <u>Katieastevens@live.com</u>									

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was a passenger in my friend Josie's car. We were driving to school on 26th Street. The traffic was stop & go. The car behind us forgot to stop & bumped the back of Josie's car. I was wearing my seatbelt and lunged forward a little bit. My back has a little bit of pain, and we pulled into the church parking lot to look at damage. There was just a scratch or 2.

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

SIGNATURE: <u>Katelyn Stevens</u>	DATE SIGNED <u>3-24-2016</u>	LOCATION SIGNED
OFFICER/NUMBER <u>[Signature]</u>	DATE SIGNED <u>03/24/16</u>	LOCATION SIGNED <u>LSPD</u>

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 2016-00005617

VICTIM / WITNESS													
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Knaub, Katie Jo</u>				RACE <u>White</u>	ETH	SEX <u>F</u>	DOB <u>10/07/98</u>	AGE <u>17</u>	HGT <u>5'3"</u>	WGT <u>165</u>	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>1121 131st Ave NE</u>					CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98258</u>	RES. STATUS <u>F</u>			
HOME PHONE <u>(425) 870-1128</u>				CELL PHONE <u>(425) 230-4662</u>				PLACE OF EMPLOYMENT <u>N/A</u>					
WORK PHONE <u>N/A</u>				EMAIL ADDRESS <u>Kkjjkk.meh@gmail.com</u>									
<p>I, <u>Katie Knaub</u>, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.</p> <p>I was on my way to school, driving in bumper-to-bumper stop and go traffic on 26th St. While moving at a very slow speed (not more than a couple miles an hour), My bumper had collided with the driver's vehicle in front of me. My foot had spit slipped off of the brake and I did not react in time to stop my vehicle from moving into the other vehicle. We both proceeded to pull into a nearby parking lot. We spoke, I established and took blame, and we both mutually decided to go our separate ways because there was no perceivable damage to us or the vehicles. No information was exchanged other than first names. The collision was with a fellow student, whom I did not know.</p>													
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT													
SIGNATURE: <u>Katie Knaub</u>				DATE SIGNED <u>3/24/16</u>				LOCATION SIGNED <u>Lake Stevens High School</u>					
OFFICER NUMBER: <u>121</u>				DATE SIGNED <u>03-24-16</u>				LOCATION SIGNED <u>CSPO</u>					

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