



Incident Report

Print Date/Time: 04/02/2016 18:30
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-0006001

Incident Date/Time: 3/30/2016 7:21:00 AM
Location: SR 92 / 113TH AVE NE
LAKE STEVENS WA 98258
Phone Number: (425) 280-2508
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
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	GOTT, BUD					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						567YMJ	

Disposition(s)

Disposition	Count
R	1

Property

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

03/30/2016 : 07:23:01 SP0181 Narrative: LR/181

03/30/2016 : 07:22:37 SP0181 Narrative: CC CAR REAR ENDED RPS DUMP TRUCK NON INJ, NONBLKING TAN FORD
FOCUS L/567YMJ

16-00005918, 033016 COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E530257**

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1 1 2 32
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FROM TO
1 3 33
FROM TO
7 7 34
4 35
4 36
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1 41
1 42

INTERSTATE <input checked="" type="checkbox"/>	CITY STREET <input 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 #	2016-00005918		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

DATE OF COLLISION	03 - 30 - 2016	TIME (2400)	0720	COUNTY #	31	MILES		N S	E W	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

SR92 BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES FEET N S E W 113TH AVE NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	HAMILTON	FIRST NAME	KAITLIN	MIDDLE INITIAL	S
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STREET NEW ADDRESS 3325 114TH DR NE

CITY	LAKE STEVENS	ST	WA	ZIP	982588787
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CDL	RESTRICTIONS	J	ENDORSEMENTS
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DRIVER'S LICENSE #	HAMILKS148QQ	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11 - 18 - 1986
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	567YMJ	STATE	WA	VIN#	1FAPP33P63W114463
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	FORD	MODEL	FOC4D	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. KAITLIN HAMILTON 3325 114TH DR NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4429050992
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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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 checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	GOTT	FIRST NAME	BUD	MIDDLE INITIAL	E
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STREET NEW ADDRESS 42021 170TH PL SE

CITY	GOLD BAR	ST	WA	ZIP	982510000
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CDL	A	RESTRICTIONS	B, K	ENDORSEMENTS	N
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DRIVER'S LICENSE #	GOTT*BE256MR	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07 - 19 - 1975
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C70721D	STATE	WA	VIN#	1NKZX4TX2FJ453413
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TRAILER PLATE #	1113ZG	STATE	WA	TRAILER PLATE #	STATE
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VEH. YEAR	2015	MAKE	KW	MODEL	TRUCK	STYLE	CC	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. PELLCO INC 13036 BEVERLY PARK RD MUKILTEO WA 98275

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	LIBERTY MUTUAL C17162586
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OFFICER'S NAME (PRINT)	SGT. C. VALVICK	BADGE OR ID #	0071	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E530257**

CASE # **2016-00005918**

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 03/30/2016 at about 0720 hours Unit #2 was traveling east on SR92 passing through the 113th Ave NE roundabout. Unit #1 was entering the roundabout from 113th Ave NE and failed to see the tail end of Unit #2 as she maneuvered through. There was only scuffs on the tire of Unit #2. Unit #1 had damage to the passenger side fender and front end. The driver of Unit #1 stated the sun was in her eyes when going through the roundabout. There were no injuries reported by either driver. Both drivers declined to write statements about the incident.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

- Motor Vehicle Unit 1
 - Traffic Control: ROUNDABOUT
- Motor Vehicle Unit 2
 - Traffic Control: ROUNDABOUT

**** END OF AUTO-POPULATED SECTION ****

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)

SGT. C. VALVICK				04-01-16 02:30 PM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY SGT. C. VALVICK 0071				DATE 4/1/2016 2:31:29 PM			
BADGE OR ID #	0071	ORI #	WA0311900	TIME POLICE DISPATCHED	7:23 AM	TIME POLICE ARRIVED	7:30 AM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E530257

CASE # 2016-00005918

1 1 2 1 3 2 4 4a 5 6 2 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42

COMMERCIAL MOTOR CARRIER		INTERSTATE <input type="checkbox"/>	INTRASTATE <input type="checkbox"/>
UNIT #	2	USDOT	IOC #
		VEHICLE TYPE	CARGO BODY TYPE

CARRIER NAME			
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CARRIER ADDRESS			
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CITY	ST	ZIP
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NAME SOURCE	# AXLES 00	GVWR 0	PLACARD	+	NAME IF NO NUMBER
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ADDITIONAL UNITS

UNIT #	MOTOR VEHICLE <input 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 type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS		
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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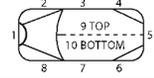
VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALITY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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SHADE IN DAMAGED AREA



UNIT #	MOTOR VEHICLE <input 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 type="checkbox"/>	PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS		
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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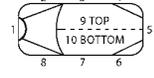
VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALITY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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SHADE IN DAMAGED AREA



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)

SGT. C. VALVICK	04-01-16 02:30 PM
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET
DATED:	PLACE SIGNED

BADGE OR ID # 0071	ORI # WA0311900	APPROVED BY VALVICK	DATE 4/1/2016	PAGE 3 OF 4
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REPORT NO. E530257

CASE # 2016-00005918

DATE AND TIME OF COLLISION 03/30/16 07:20

