Incident Report

Print Date/Time: 04/02/2016 18:57
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00005096**

Incident Date/Time:	3/16/2016 1:14:00 PM	**Incident Type:**	Collision
Location:	LUNDEEN PKWY / SR 9 NE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(206) 696-0136	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D2	SS0112-Warbis

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MADSEN, JUDITH					

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

03/16/2016 : 13:16:55 SP0368 Narrative: AGENCY ADVISED
03/16/2016 : 13:15:19 sp0287 Narrative: CC, IN INTERSECTION, AID DECLINED, NON BLOCK PULLED OVER ON LUNDEEN EB, RED CHRY 200 VS SIL PONTIAC G6

16-00005096, 031616 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E526584

CASE #	2016-00005096
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

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

FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

DATE OF COLLISION (M M D D Y Y Y Y)	TIME (2400)	COUNTY #	MILES		CITY #
03 - 16 - 2016	1316	31		N ☐ E ☐ S ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY): SR9 NE
INTERSECTION ☑ NON-INTERSECTION ☐
BLOCK NO. ☐ MILE POST ☐

DISTANCE: MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐
OF (REFERENCE OR CROSS STREET): LUNDEEN PKWY

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☑ PHONE D: 4253093661

LAST NAME	FRYBERG	FIRST NAME	KIAH
MIDDLE INITIAL	B		
STREET NEW ADDRESS ☐	1819 83RD ST NW		
CITY	MARYSVILLE	ST	WA
ZIP	98271		
CDL		RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #	FRYBEKB140B1	STATE	WA
SEX	F	D.O.B. MMDDYYYY	01 - 21 - 1986
ON DUTY ☐	STATUS	AIRBAG 2	RESTR. 4
EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
LICENSE PLATE #	AXL0190	STATE WA	VIN# 1G2ZG528554129231
TRAILER PLATE #		STATE	TRAILER PLATE #
STATE			
VEH. YEAR 2005	MAKE PONT	MODEL GRAND	STYLE 2T
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	
REGISTERED OWNER INFO.			
LIABILITY INSURANCE IN EFFECT ☐	INSURANCE CO & POLICY #		
VEHICLE LEGALLY STANDING YES ☐ NO ☐	CITATION # 6Z0409120	CHARGE NO INSURANCE	

VEHICLE NO. 1
SHADE IN DAMAGED AREA
2 3 4 1 9 TOP 10 BOTTOM 5 8 7 6

UNIT 02

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☑ PHONE D: 4255120646

LAST NAME	MADSEN	FIRST NAME	JUDITH
MIDDLE INITIAL	A		
STREET NEW ADDRESS ☐	12509 5TH PL NE		
CITY	LAKE STEVENS	ST	WA
ZIP	98258		
CDL		RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #	MADSEJA548M3	STATE	WA
SEX	F	D.O.B. MMDDYYYY	07 - 23 - 1946
ON DUTY ☐	STATUS	AIRBAG 2	RESTR. 4
EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
LICENSE PLATE #	AKA6610	STATE WA	VIN# 1C3CCBCG2DN592507
TRAILER PLATE #		STATE	TRAILER PLATE #
STATE			
VEH. YEAR 2012	MAKE CHRY	MODEL 300	STYLE 4D
VEHICLE TOWED YES ☐ NO ☑	TOWED BY	GOVT. VEHICLE YES ☐ NO ☑	
REGISTERED OWNER INFO.			
LIABILITY INSURANCE IN EFFECT ☑	INSURANCE CO & POLICY # PEMCO CA 1442638		
VEHICLE LEGALLY STANDING YES ☐ NO ☐	CITATION #	CHARGE	

VEHICLE NO. 2
SHADE IN DAMAGED AREA
2 3 4 1 9 TOP 10 BOTTOM 5 8 7 6

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
STEVE WARBIS	112	WA0311900

PAGE 01 OF 3

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E526584

CASE # 2016-00005096

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	JONES MAIA R
ADDRESS & PHONE #	2721 DONALD CAMPBELL RD TULALIP WA 98271 4252081007
SEX	F
D.O.B. MMDDYYYY	01 - 24 - 1998
PASSENGER ☑ WITNESS ☐	
UNIT #	1
SEAT POS.	3
AIRBAG	2
RESTR.	4
EJECT	1
HELMET USE	
INJURY CLASS	1
NATURE OF INJURIES	

NAME (LAST, FIRST, MIDDLE INITIAL)	CARLTON KY H
ADDRESS & PHONE #	12509 5TH PL NE LAKE STEVENS WA 98258
SEX	M
D.O.B. MMDDYYYY	08 - 22 - 1947
PASSENGER ☑ WITNESS ☐	
UNIT #	2
SEAT POS.	3
AIRBAG	2
RESTR.	4
EJECT	1
HELMET USE	
INJURY CLASS	1
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	

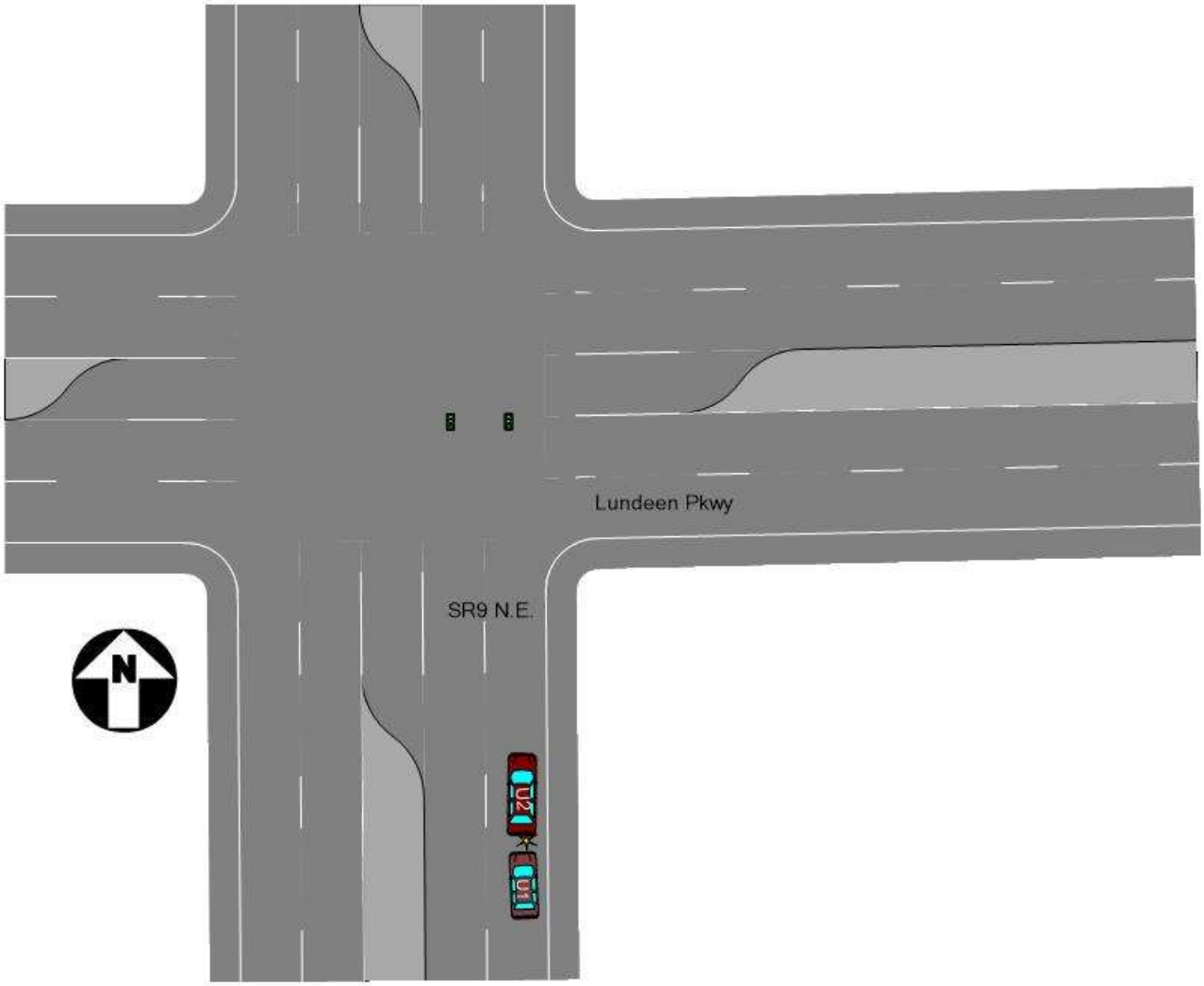
NARRATIVE

Units 1 and 2 were traveling north on SR9. Unit 2 began slowing for traffic near Lundeen Pkwy. Unit 1 failed to slow in time and struck the rear of Unit 2. No visible damage to either car; however driver of Unit 2 had recent back surgery and wanted collision documented. Both cars driven from the scene.

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)

STEVE WARBIS		03-16-16 04:07 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 0095	3/19/2016 4:04:15 AM

BADGE OR ID #	112	ORI #	WA0311900	TIME POLICE DISPATCHED	1:17 PM	TIME POLICE ARRIVED	1:25 PM

REPORT NO. E526584 **CASE #** 2016-00005096 **DATE AND TIME OF COLLISION** 03/16/16 13:16