Incident Report

Print Date/Time: 04/02/2016 19:01
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00004474**

Incident Date/Time:	3/7/2016 5:00:00 PM	**Incident Type:**	Collision
Location:	MARKET PL / SR 9 NE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:		**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	STATE					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State

Disposition(s)

Disposition	Count
S	1

Property

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

CAD Narrative

03/07/2016 : 17:02:11 SP0226 Narrative: WSP OUT WITH 2 VEH BLKING NON INJ, ONE VEH LEAKING FLUIDS

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E528322

CASE #	2016-00004474
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 - 07 - 2016	1700	31		N ☐ E ☐ S ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY): SR 9 SE
INTERSECTION ☐ NON-INTERSECTION ☑
BLOCK NO. ☑ MILE POST ☐: 100

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

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 4255016468

LAST NAME	FIRST NAME	MIDDLE INITIAL
STRUBLE	TONYA	R

STREET ADDRESS ☐ 13711 150TH ST NE

CITY	ST	ZIP
ARLINGTON	WA	982237908

CDL: | RESTRICTIONS: | ENDORSEMENTS:

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
STRUBTR428P5	WA	F	10 - 25 - 1958

ON DUTY ☐ | STATUS | AIRBAG 2 | RESTR. 4 | EJECT 1 | HELMET USE | INJURY CLASS 1 | NATURE OF INJURIES

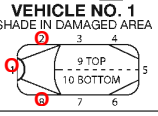
LICENSE PLATE #	STATE	VIN#
C38754D	WA	WDZPE8CC7C5625569

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2012 | MAKE MERZ | MODEL WB | STYLE ES | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. RUSH LLC PO BOX 157 LAKE STEVENS WA 98258 D: 4255016468

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # STATE FARM 379 0530 A16-47
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # 6Z0064178 CHARGE NO PROOF OF VALID LIABILITY I

VEHICLE NO. 1
SHADE IN DAMAGED AREA


UNIT 02

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 3605901200

LAST NAME	FIRST NAME	MIDDLE INITIAL
SHOEMAKER	LANDON	J

STREET ADDRESS ☐ 616 N MICHIGAN ST

CITY	ST	ZIP
ABERDEEN	WA	985203328

CDL: A | RESTRICTIONS: | ENDORSEMENTS: N

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
SHOEMLJ182NC	WA	M	08 - 03 - 1982

ON DUTY ☐ | STATUS | AIRBAG 2 | RESTR. 4 | EJECT 1 | HELMET USE | INJURY CLASS 1 | NATURE OF INJURIES

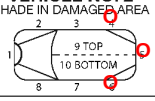
LICENSE PLATE #	STATE	VIN#
TEMP	MO	3C7WDNFL1CG231795

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2012 | MAKE DODG | MODEL WB | STYLE | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. PAR CONTRACTORS INC 4770 N BELLEVIEW AVE STE KANSAS CITY MO 64116

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY # OLD REPUBLIC INSURANCE MWTB 304394
VEHICLE LEGALLY STANDING YES ☑ NO ☐ CITATION # CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA


OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
D. IRWIN	0105	WA0311900

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

PAGE 01 OF 3

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E528322

CASE # 2016-00004474

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

UNIT #2 was stopped in traffic north bound at about the 100 block of SR 9 SE. UNIT #1 was stopped in traffic north bound on SR 9 SE; behind UNIT #2.

UNIT #1 thought UNIT #2 (still stopped) had moved, so UNIT #1 began to accelerate. UNIT #1 then struck UNIT #2 from behind.

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)

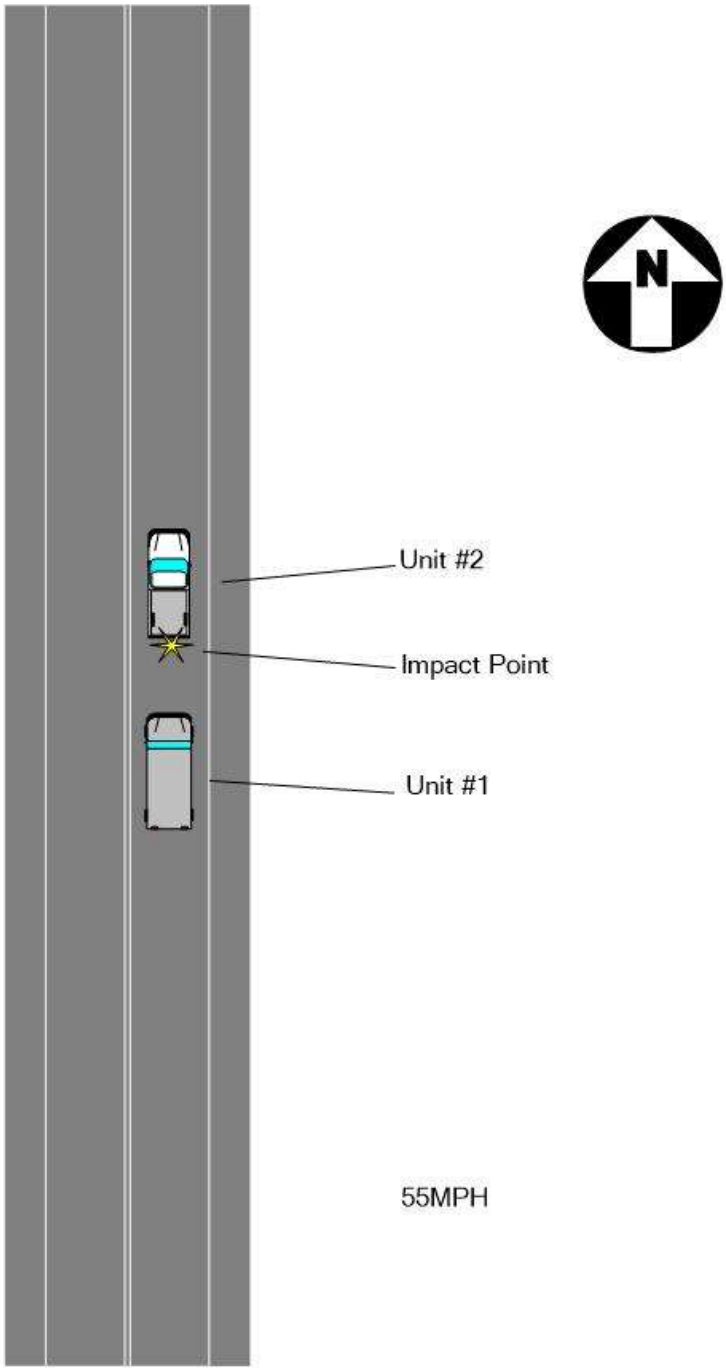
D. IRWIN		03-13-16 01:43 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
D. IRWIN 0105	3/25/2016 6:33:07 PM

BADGE OR ID #	0105	ORI #	WA0311900	TIME POLICE DISPATCHED	5:02 PM	TIME POLICE ARRIVED	5:05 PM

REPORT NO. E528322 **CASE #** 2016-00004474 **DATE AND TIME OF COLLISION** 03/07/16 17:00

100 block State Route 9 SE



** not to scale **