Incident Report

Print Date/Time: 04/11/2016 09:44
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00006606**

Incident Date/Time:	4/8/2016 1:06:00 PM	**Incident Type:**	Collision
Location:	1709 MAIN ST LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(425) 344-8056	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19R1	SS0131-Wells

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	JOHNSON, JESSICA					

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

04/08/2016 : 13:07:30 SP0136 Narrative: AC IN FRONT OF LOC, NON INJ, PULLED OFF INTO CHURCH PARKING LOT, RP IN A TOY CAMRY, BLK

STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E532691

11	INTERSTATE ☐ CITY STREET ☑	FIRE RESULTED ☐	
	STATE ROUTE ☐ OTHER ☐	STOLEN VEHICLE ☐	
	COUNTY RD ☐ PRIVATE WAY ☐	HIT & RUN INVOLVED ☐	
21	TRIBAL RESERVATION		

CASE # 1600006606

LOCAL AGENCY CODING 0664

TOTAL # OF UNITS 02 | OBJECT STRUCK

31	M M	D D	Y Y Y Y	TIME (2400)	COUNTY #	MILES			CITY #
DATE OF COLLISION	04	08	2016	1305	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐	0664

4 ON (PRIMARY TRAFFIC WAY) MAIN ST — INTERSECTION ☑ NON-INTERSECTION ☐

4a BLOCK NO. ☑ MILE POST ☐ 1800

5 DISTANCE ____ MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) 18TH ST NE

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 4252317394

6 LAST NAME AVILA MAECHLER | FIRST NAME MARIA | MIDDLE INITIAL D

STREET NEW ADDRESS ☐ 11818 MERIDIAN PL SE

7 CITY LAKE STEVENS | ST WA | ZIP 982589216

8 CDL | RESTRICTIONS | ENDORSEMENTS

9 9 DRIVER'S LICENSE # AVILAMD050KU | STATE WA | SEX F | D.O.B. MMDDYYYY 05-31-1995

10 9 ON DUTY ☐ | STATUS | AIRBAG 2 | RESTR. 4 | EJECT 1 | HELMET USE | INJURY CLASS 1 | NATURE OF INJURIES

11 25 LICENSE PLATE # ADC2244 | STATE WA | VIN# 3VWSA69M54M044137

12 25 TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

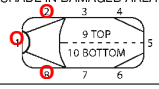
13 2 VEH. YEAR 2004 | MAKE VOLK | MODEL JET4D | STYLE 4D | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. MARIA AVILA MAECHLER 11818 MERIDIAN PL SE LAKE STEVENS WA 98258 D: 4252317394

14 2 LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # ALL STATE 020 147 444

15 2 VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02

16 2 MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE D: 4253448056

LAST NAME JOHNSON | FIRST NAME JESSICA | MIDDLE INITIAL M

17 STREET NEW ADDRESS ☑ 2014 120TH DR

18 CITY LAKE STEVENS | ST WA | ZIP 98258

19 CDL | RESTRICTIONS | ENDORSEMENTS

20 DRIVER'S LICENSE # JOHNSJM197PL | STATE WA | SEX F | D.O.B. MMDDYYYY 10-13-1981

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

22 LICENSE PLATE # 210XMD | STATE WA | VIN# 4T1BG12KXTU650486

23 TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

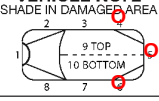
24 VEH. YEAR 1996 | MAKE TOYT | MODEL CAM4D | STYLE 4D | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. JESSICA JOHNSON 8926 45TH DR NE MARYSVILLE WA 98270

25 LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

26 VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT) C. WELLS | BADGE OR ID # 0131 | AGENCY WA0311900

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

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E532691

CASE # 1600006606

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		

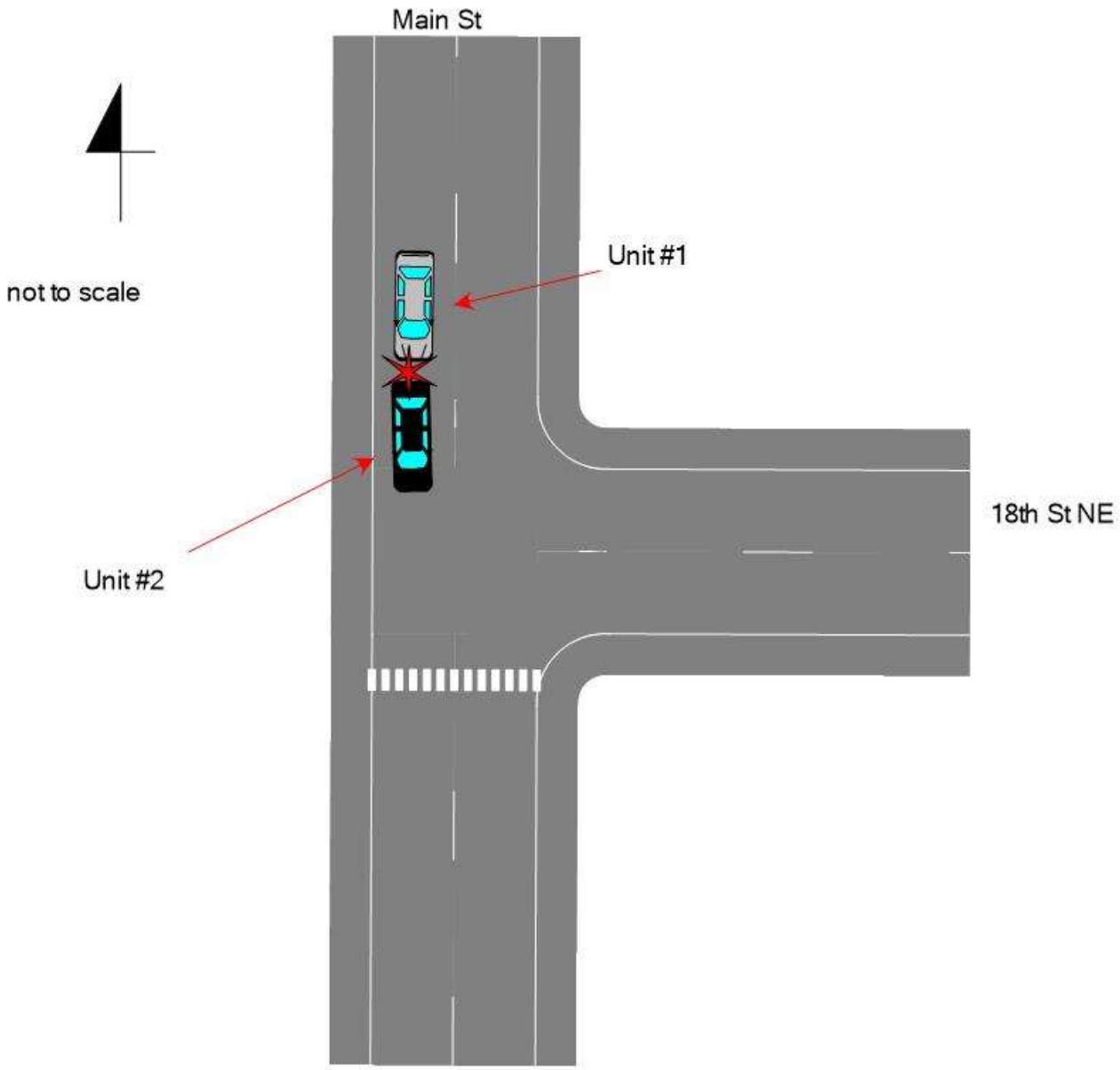
NARRATIVE

Unit #2 was slowing to a stop in the intersection - yielding to pesterian traffic in the cross walk when Unit#1 rear ended Unit#2.

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)

C. WELLS		04-08-16 04:43 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
BOB SUMMERS 0079	4/9/2016 9:28:40 PM

BADGE OR ID #	0131	ORI #	WA0311900	TIME POLICE DISPATCHED	1:06 PM	TIME POLICE ARRIVED	1:13 PM

REPORT NO. E532691 **CASE #** 1600006606 **DATE AND TIME OF COLLISION** 04/08/16 13:05