Incident Report

Print Date/Time: 04/27/2016 15:04
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00007548**

Incident Date/Time:	4/22/2016 1:32:00 PM	**Incident Type:**	Collision
Location:	507 SR 9 NE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(425) 220-5816	**Source:**	911
Report Required:	No	**Priority:**	4
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	COLE, SANDRA		(425) 220-5816			

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

04/22/2016 : 13:33:12 SP0374 Narrative: LR374
04/22/2016 : 13:33:05 SP0374 Narrative: RP PARKED IFO FRONT DOORS
04/22/2016 : 13:32:36 SP0374 Narrative: CC, COLD H & R IN PKLT NS

16-00007548, 042216 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E536552

INTERSTATE		CITY STREET	
STATE ROUTE		OTHER	
COUNTY RD		PRIVATE WAY	✓

FIRE RESULTED	
STOLEN VEHICLE	
HIT & RUN INVOLVED	✓

TRIBAL RESERVATION

CASE # 2016-00007548

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 | OBJECT STRUCK

DATE OF COLLISION (M M - D D - Y Y Y Y)	TIME (2400)	COUNTY #	MILES				CITY #
04 - 22 - 2016	1332	31		N ☐ S ☐	E ☐ W ☐	IN ✓ OF ☐	0664

ON (PRIMARY TRAFFIC WAY) 507 SR 9 NE

INTERSECTION ☐ NON-INTERSECTION ✓

BLOCK NO. ✓ MILE POST ☐ 500

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

UNIT 01

MOTOR VEHICLE ✓ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ✓ PHONE

LAST NAME	FIRST NAME	MIDDLE INITIAL
UNKNOWN		

STREET NEW ADDRESS ☐

CITY	ST	ZIP

CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
		U	

ON DUTY	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS
☐		9	9	9	9	0

NATURE OF INJURIES

LICENSE PLATE #	STATE	VIN#

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

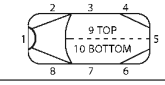
VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
	UNKN	UNKNO		YES ☐ NO ✓		YES ☐ NO ✓

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY # | CITATION # | CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02

MOTOR VEHICLE ✓ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ✓ NO ☐ PHONE D: 4252205816

LAST NAME	FIRST NAME	MIDDLE INITIAL
COLE	SANDRA	L

STREET NEW ADDRESS ☐ 19217 40TH AVE W APT G6

CITY	ST	ZIP
LYNNWOOD	WA	980365639

CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
COLE*SL531BT	WA	F	01 - 30 - 1947

ON DUTY	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS
☐		2	1	1	9	1

NATURE OF INJURIES

LICENSE PLATE #	STATE	VIN#
AUT8505	WA	2HGFB2F50FH524063

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

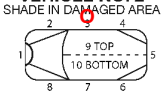
VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
2015	HOND	CIV4D	4D	YES ☐ NO ✓		YES ☐ NO ✓

REGISTERED OWNER INFO. SANDRA COLE 19217 40TH AVE W LYNNWOOD WA 98036

LIABILITY INSURANCE IN EFFECT ✓ | INSURANCE CO & POLICY # STATE FARM 269 6276-D18-47K | CITATION # | CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

VEHICLE NO. 2
SHADE IN DAMAGED AREA



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

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

PAGE 01 OF 3

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E536552

CASE # 2016-00007548

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				

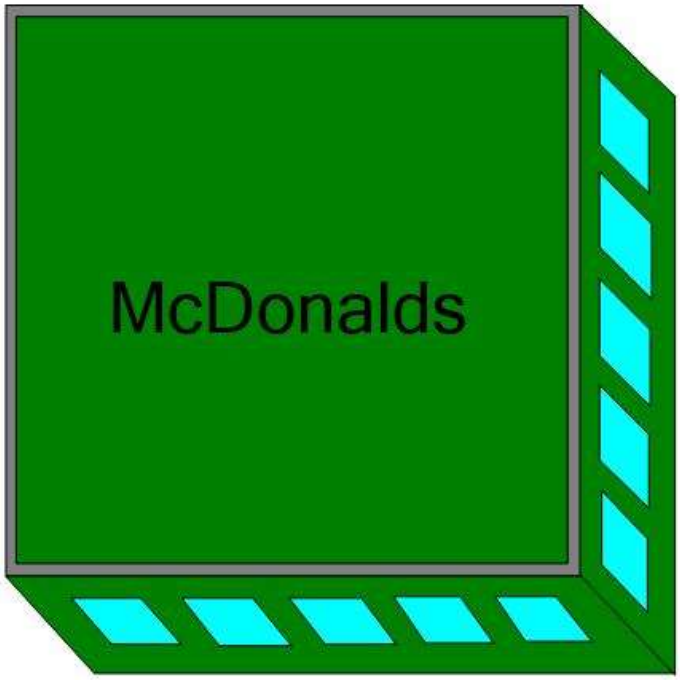
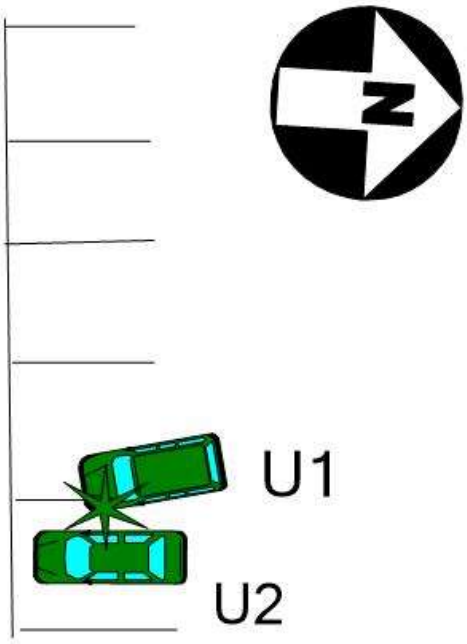
NARRATIVE

Driver of Unit 2 came out to discover that a vehicle had struck the side of Unit 2 and fled the scene. No suspect vehicle

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		04-22-16 05:37 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
R. BROOKS 0013	4/22/2016 5:54:42 PM

BADGE OR ID #	112	ORI #	WA0311900	TIME POLICE DISPATCHED	1:33 PM	TIME POLICE ARRIVED	1:46 PM

REPORT NO. E536552 **CASE #** 2016-00007548 **DATE AND TIME OF COLLISION** 04/22/16 13:32