Incident Report

Print Date/Time: 07/20/2016 08:35
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00011368**

Incident Date/Time:	6/13/2016 1:58:01 PM	**Incident Type:**	Collision
Location:	LUNDEEN PKWY / SR 9 NE LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(509) 901-1415	**Source:**	911
Report Required:	No	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
19S15	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BARKER, RAY					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State

Disposition(s)

Disposition	Count
S	2

Property

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

CAD Narrative

06/13/2016 : 14:00:01 SP0345 Narrative: LR345
06/13/2016 : 13:59:37 SP0345 Narrative: CC, NON INJ, NON BLOCKING, WHI FORD VAN VS 2005 WHI CHRYSLER TOWN & COUNTRY

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E553973

INTERSTATE		CITY STREET	
STATE ROUTE	✓	OTHER	
COUNTY RD		PRIVATE WAY	

FIRE RESULTED ☐ | STOLEN VEHICLE ☐ | HIT & RUN INVOLVED ☐

CASE # 2016-00011368

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS 02 | OBJECT STRUCK

M M	D D	Y Y Y Y	TIME (2400)	COUNTY #	MILES			CITY #
06	13	2016	1358	31		N ☐ S ☐	E ☐ W ☐	IN ✓ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY) SR 9 NE | INTERSECTION ✓ | NON-INTERSECTION ☐

BLOCK NO. ✓ / MILE POST ☐ 2100

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: 4253596372

LAST NAME	FIRST NAME	MIDDLE INITIAL
HECKER	FLORENCE	L

STREET NEW ADDRESS ☐: 421 E DAVIES LOOP RD

CITY	ST	ZIP
LAKE STEVENS	WA	982587909

CDL	RESTRICTIONS	ENDORSEMENTS
	B	

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
HECKEFL616J6	WA	F	04 - 26 - 1939

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

LICENSE PLATE #	STATE	VIN#
B35275Z	WA	1FTNE2EW2CDB03630

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE	FROM	TO
2012	FORD	VAN	CG	YES ☐ NO ✓		YES ☐ NO ✓	1	5

REGISTERED OWNER INFO. WHIDBEY ICE PO BOX 1178 FREELAND WA 98249

LIABILITY INSURANCE IN EFFECT ✓ | INSURANCE CO & POLICY # PROGRESSIVE 02979837-0

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

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

UNIT 02

MOTOR VEHICLE ✓ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ✓ NO ☐ | PHONE D: 5099011415

LAST NAME	FIRST NAME	MIDDLE INITIAL
BARKER	RAYMOND	A

STREET NEW ADDRESS ☐: 18425 NE 95TH ST UNIT 69

CITY	ST	ZIP
REDMOND	WA	980522918

CDL	RESTRICTIONS	ENDORSEMENTS
	B	

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
BARKERA485PT	WA	M	10 - 30 - 1952

ON DUTY ☐	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
		2	4	1	2	7	NECK/BACK

LICENSE PLATE #	STATE	VIN#
AZC9318	WA	2C4GP54L15R157934

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
2005	CHRY	TOWSW	VN	YES ☐ NO ✓		YES ☐ NO ✓

REGISTERED OWNER INFO. RAYMOND BARKER 18425 NE 95TH ST REDMOND WA 98052

LIABILITY INSURANCE IN EFFECT ✓ | INSURANCE CO & POLICY # HARTFORD 55PHJ882479

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

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

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
M. HINGTGEN	0126	WA0311900

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E553973

CASE # 2016-00011368

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	BARKER RAYMOND A
ADDRESS & PHONE #	18425 NE 95TH ST REDMOND WA 98052 2536860876
SEX	M
D.O.B. MMDDYYYY	05 - 05 - 1975
PASSENGER ☑ WITNESS ☐	
UNIT #	2
SEAT POS.	3
AIRBAG	2
RESTR.	4
EJECT	1
HELMET USE	2
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	

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	

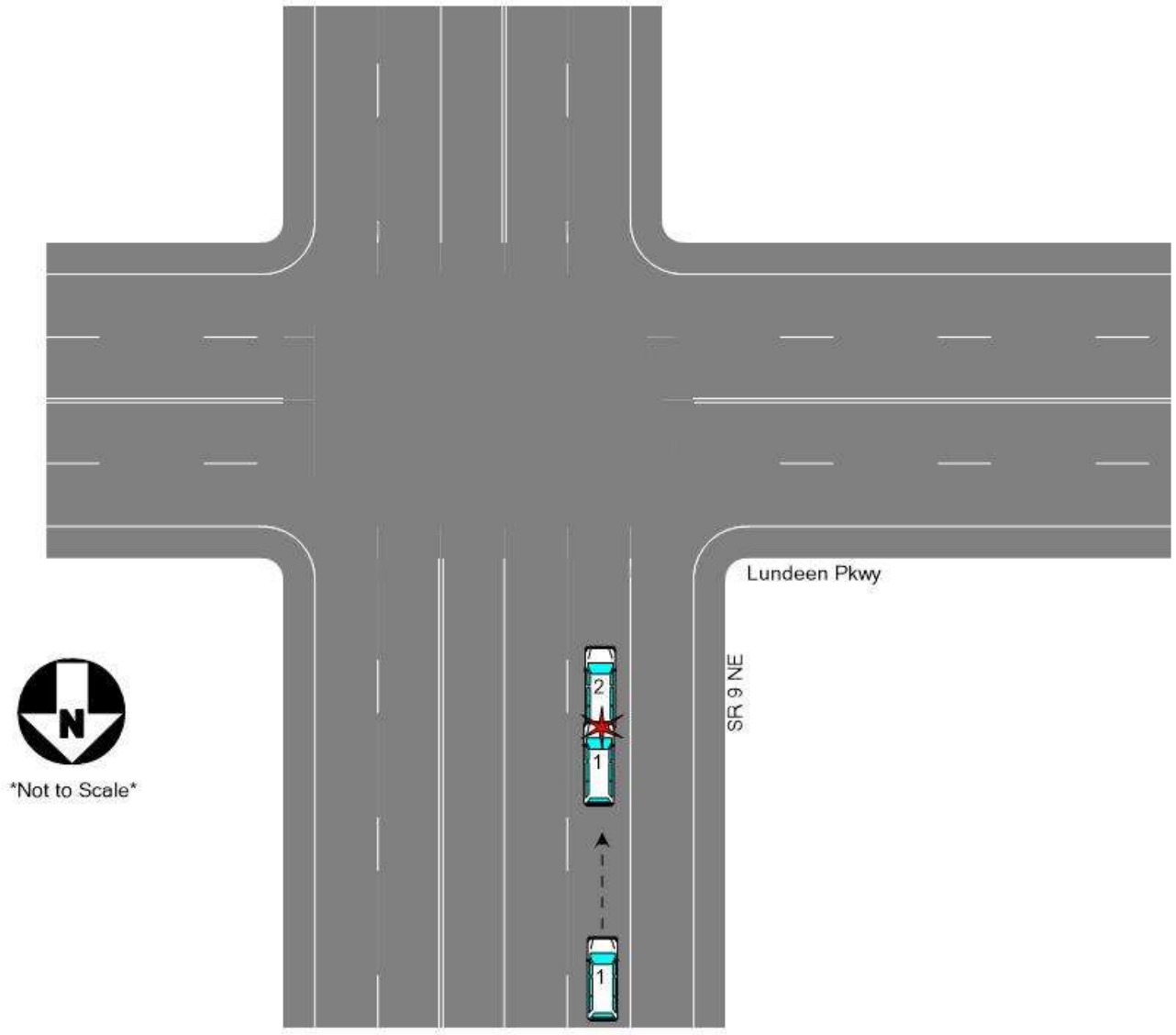
NARRATIVE

Veh #2 was in Lane #2 on southbound Hwy 9 at Lundeen Pkwy. Veh #2 was stopped for the light as Veh #1 approached from the rear. Veh #1 failed to stop in time to avoid Veh #2, while it awaited the traffic signal. Veh #1 impacted Veh #2 in the rear of the 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)

M. HINGTGEN		06-14-16 06:42 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
R. BROOKS 0013	6/16/2016 1:25:49 AM

BADGE OR ID #	0126	ORI #	WA0311900	TIME POLICE DISPATCHED	2:00 PM	TIME POLICE ARRIVED	2:05 PM

REPORT NO. E553973 **CASE #** 2016-00011368 **DATE AND TIME OF COLLISION** 06/13/16 13:58