# Incident Report

**Print Date/Time:** 07/20/2016 08:33
**Login ID:** ss0143

Lake Stevens Police Department
**ORI Number:** WA0311900

**Incident:** **2016-00011903**

| | | | |
|---|---|---|---|
| **Incident Date/Time:** | 6/20/2016 6:53:34 PM | **Incident Type:** | Collision |
| **Location:** | 701 SR 9 NE<br>LAKE STEVENS WA 98258 | **Venue:** | Lake Stevens |
| **Phone Number:** | (425) 772-9967 | **Source:** | 911 |
| **Report Required:** | No | **Priority:** | 3 |
| **Prior Hazards:** | No | **Status:** | 3 |
| **LE Case Number:** | | **Nature of Call:** | |

Unit/Personnel

| Unit | Personnel |
|---|---|
| 19N2 | SS0112-Warbis |
| 19S10 | SS0013-Brooks |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|---|---|---|---|---|---|---|---|
| 1 | Reporting Party | PARSONS, PJ | | | | | |

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

**06/20/2016 : 18:56:10 SP0325 Narrative: VIC VEHS NOW IN PLOT IFO LOC, SIL CHEV EQUINOX, BLK HOND ELEMENT, LR325**
**06/20/2016 : 18:55:29 SP0325 Narrative: CC, 10 AGO, H/R ON SR 9 IFO LOC, NON INJ, RUN VEH BLK BMW NL LSH SB ON SR 9**

# COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E555661

| | |
|---|---|
| CASE # | 2016-00011903 |
| LOCAL AGENCY CODING | |
| TOTAL # OF UNITS | 03 |
| 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): 06 - 20 - 2016 | TIME (2400): 1855 | COUNTY #: 31 | MILES: . | N ☐ S ☐ E ☐ W ☐ | IN ☑ OF ☐ | CITY #: 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): SR 204

## UNIT 01

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

| | |
|---|---|
| LAST NAME | UNKNOWN |
| FIRST NAME | |
| MIDDLE INITIAL | |
| STREET / NEW ADDRESS ☐ | |
| CITY | |
| ST | |
| ZIP | |
| CDL | |
| RESTRICTIONS | |
| ENDORSEMENTS | |
| DRIVER'S LICENSE # | |
| STATE | |
| SEX | U |
| D.O.B. MMDDYYYY | |

ON DUTY ☐ | STATUS | AIRBAG 9 | RESTR. 9 | EJECT 9 | HELMET USE 9 | INJURY CLASS 0 | NATURE OF INJURIES

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR | MAKE | MODEL | STYLE | 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 # | CHARGE

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: 4257229967

| | |
|---|---|
| LAST NAME | PARSONS |
| FIRST NAME | P |
| MIDDLE INITIAL | J |
| STREET / NEW ADDRESS ☐ | 1107 MAPLE AVE |
| CITY | SNOHOMISH |
| ST | WA |
| ZIP | 982902228 |
| CDL | |
| RESTRICTIONS | B |
| ENDORSEMENTS | |
| DRIVER'S LICENSE # | PARSOPJ336OZ |
| STATE | WA |
| SEX | F |
| D.O.B. MMDDYYYY | 09 - 09 - 1967 |

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

LICENSE PLATE # 717ZSE | STATE WA | VIN# 5J6YH18223L001302

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR 2003 | MAKE HOND | MODEL ELEMENT | STYLE | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. PJ PARSONS 4215 THOMSON AVE EVERETT WA 98203

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # STATE FARM 094 3876-D27-47A | 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 4

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E555661

CASE # 2016-00011903

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| NAME (LAST, FIRST, MIDDLE INITIAL) | TSOUKALAS MICHAEL D |
|---|---|
| ADDRESS & PHONE # | 520 E HIGHLAND DR ARLINGTON WA 98223 |
| SEX | M |
| D.O.B. MMDDYYYY | 08 - 16 - 2002 |
| PASSENGER ☑ WITNESS ☐ | |
| UNIT # | 3 |
| 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 | |

| 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 3 was stopped at a red light in the eastbound turn lane of southbound SR9. Unit 2 was stopped behind Unit 3. Unit 1 reportedly started moving when the light turned green, prior to Units 2 and 3 moving. Unit 2 was reported to have been struck by Unit 1, shoving it into Unit 3. Unit 2 driver reported Unit 1 as a black BMW, no license plate. Driver of Unit 3 did not see Unit 1. Both Units 2 and 3 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)

| INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST. DET | DATED | PLACE SIGNED |
|---|---|---|---|
| STEVE WARBIS | | 06-21-16 01:42 AM | |

| APPROVED BY | DATE |
|---|---|
| R. BROOKS 0013 | 6/21/2016 2:05:31 AM |

| BADGE OR ID # | 112 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 6:55 PM | TIME POLICE ARRIVED | 7:00 PM |
|---|---|---|---|---|---|---|---|

**SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT**

013197

**REPORT NO.** E555661

**CASE #** 2016-00011903

## COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

| UNIT # | USDOT | ICC # | VEHICLE TYPE | CARGO BODY TYPE |
|---|---|---|---|---|
| | | | | |

CARRIER NAME

CARRIER ADDRESS

CITY | ST | ZIP

NAME SOURCE | # AXLES | GVWR | PLACARD ☐ | + | NAME IF NO NUMBER

## ADDITIONAL UNITS

**UNIT #** 3 | MOTOR VEHICLE ☑ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ☐ NO ☑ | PHONE D: 4255301523

LAST NAME: TSOUKALAS | FIRST NAME: MICHAEL | MIDDLE INITIAL: W

STREET NEW ADDRESS ☐: 520 E HIGHLAND DR

CITY: ARLINGTON | ST: WA | ZIP: 982231629

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE #: TSOUKMW273LD | STATE: WA | SEX: M | D.O.B. MMDDYYYY: 06 - 04 - 1973

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

LICENSE PLATE #: AFZ2537 | STATE: WA | VIN#: 2CNDL73F756075418

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR: 2005 | MAKE: CHEV | MODEL: EQUINOX | STYLE: UT | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. MICHAEL TSOUKALAS 520 E HIGHLAND DR ARLINGTON WA 98223

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY #: STATE FARM 172 8085-F27-47

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

SHADE IN DAMAGED AREA: 1 2 3 4 5 6 7 8 9 TOP 10 BOTTOM

FROM 9 TO 9

**UNIT #** | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☐ | DAMAGE THRESHOLD MET YES ☐ NO ☐ | PHONE

LAST NAME | FIRST NAME | MIDDLE INITIAL: 4

STREET NEW ADDRESS ☐

CITY | ST | ZIP

CDL | RESTRICTIONS | ENDORSEMENTS

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

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

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR | MAKE | MODEL | STYLE | 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 # | CHARGE

SHADE IN DAMAGED AREA: 1 2 3 4 5 6 7 8 9 TOP 10 BOTTOM

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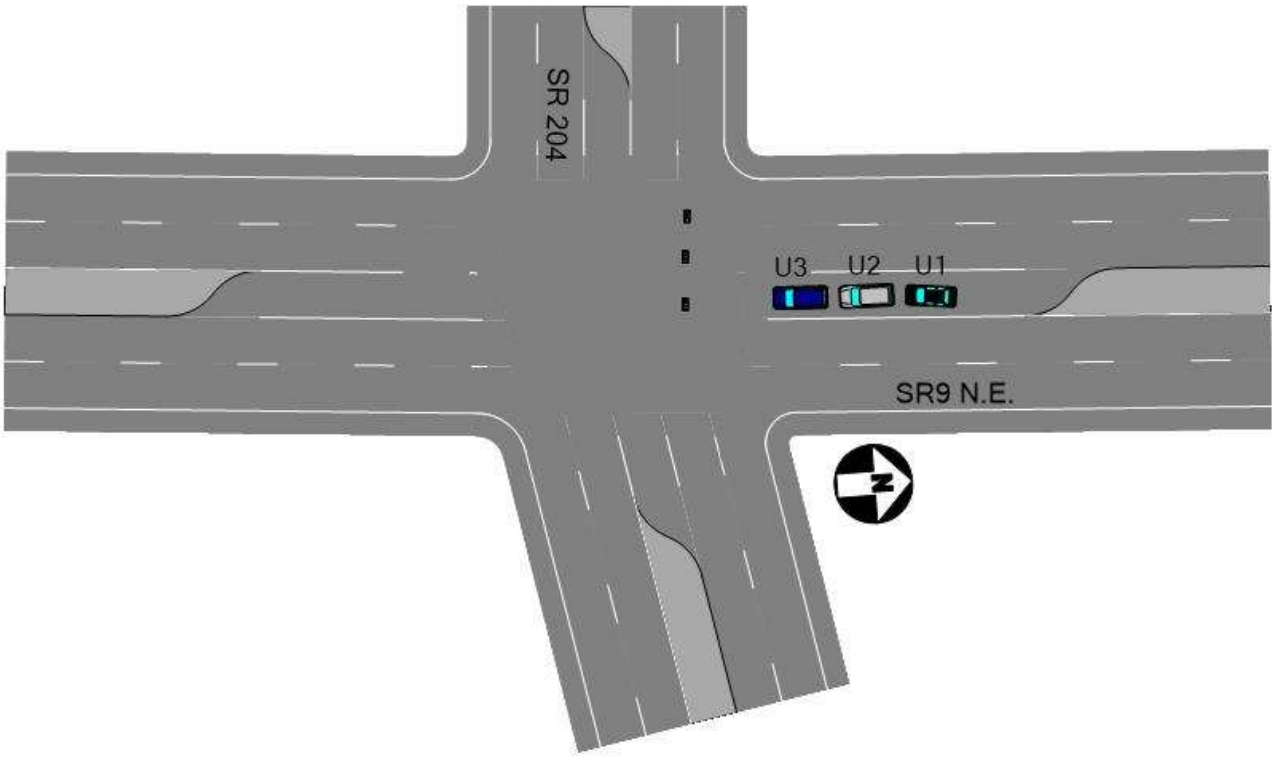
| INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST DET | DATED: | PLACE SIGNED |
|---|---|---|---|
| STEVE WARBIS | | 06-21-16 01:42 AM | |

| BADGE OR ID # | ORI # | APPROVED BY | DATE | PAGE | OF |
|---|---|---|---|---|---|
| 112 | WA0311900 | BROOKS | 6/21/2016 | 3 | 4 |

**REPORT NO.** E555661 **CASE #** 2016-00011903 **DATE AND TIME OF COLLISION** 06/20/16 18:55