



Incident Report

Print Date/Time: 07/20/2016 11:51
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00002050

Incident Date/Time: 2/1/2016 11:38:00 AM
Location: 7800 SR 204
LAKE STEVENS WA 98258

Incident Type: Traffic
Venue: Lake Stevens

Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
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Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
S	1

Property

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E547245**

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1 2 3 27

2

3

1 28

2

3

0 1 29

30

1 2 31

2

3

1 2 32

2

3

FROM TO 1 5 33

FROM TO 34

4 35

36

37

38

39

40

1 41

42

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	2016-00002050
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	01	OBJECT STRUCK	
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TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	05	-	15	-	2016	0915	31							0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
N DAVIES RD	BLOCK NO. <input checked="" type="checkbox"/>	100
	MILE POST	

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

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	BIUSHKIN	FIRST NAME	DAVID	MIDDLE INITIAL	V
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STREET NEW ADDRESS	10318 7TH PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BIUSHDV060DM	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	-	14	-	1994
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	725ZWQ	STATE	WA	VIN#	1NXBR12E5WZ028127
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1998	MAKE	TOYT	MODEL	COROL	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GMAC INS SWA 0444964 00
	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME		FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX		D.O.B. MMDDYYYY		-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	N. ADAMS	BADGE OR ID #	0127	AGENCY	WA0311900
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1591972

CORRECTION

REPORT NO. **E547245**

CASE # **2016-00002050**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	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 <input type="checkbox"/>	WITNESS <input type="checkbox"/>	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 <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE		INJURY CLASS	NATURE OF INJURIES	

NARRATIVE

On 05/15/16 at about 0917 hours (all times approximate), I was dispatched to a collision in the 100 block of N Davies Rd, in the city of Lake Stevens.

Vehicle 1 (LIC: 725ZWQ) was traveling southbound in the above location. The driver stated he attempted to reach for something in his vehicle when he veered off the road and collided (with the small trees and bushes).

No other people or property was involved and Vehicle 1's driver said he was uninjured.

END OF REPORT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Nathan Adams #127	5/15/2016	Lake Stevens, WA
Officer	Date	Location Signed

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)

N. ADAMS		05-15-16 12:27 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY M. HINGTGEN 0126		DATE 5/16/2016 5:51:24 PM	
BADGE OR ID # 0127	ORI # WA0311900	TIME POLICE DISPATCHED 9:17 AM	TIME POLICE ARRIVED 9:23 AM

REPORT NO. E547245

CASE # 2016-00002050

DATE AND TIME OF COLLISION 05/15/16 09:15



NOT TO SCALE

