



Incident Report

Print Date/Time: 07/20/2016 10:47
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00008748

Incident Date/Time: 5/9/2016 9:05:00 AM
Location: SR 9 NE / SR 204
LAKE STEVENS WA 98258
Phone Number: (360) 926-4808
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0127-Adams
19D3	SS0130-Rutherford
19S15	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	JOANNE					
2	Reporting Party	WILSON, SABRA					
3	Driver	WILSON, SABRA ELIZABETH					04/24/1995

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						7BG0213	ID
Involved Vehicle	Passenger Car	1997	Honda		Green	AMK6710	WA
Involved Vehicle	Passenger Car	2010	GMC			7BG0213	ID

Disposition(s)

Disposition	Count
R	1

Property

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

05/09/2016 : 09:37:54 ss0127 Narrative: Boat HIN # BWYMV028C787

05/09/2016 : 09:37:25 ss0127 Narrative: Boat registration # WN8891NN

05/09/2016 : 09:24:55 ss0127 Narrative: V2 driver cell: 208.946.8378

05/09/2016 : 09:20:48 ss0127 Narrative: 7BG0213 - IDAHO: INVOLVED VEHICLE

05/09/2016 : 09:09:10 SP0189 Narrative: Narrative added from associated Call #: 242 - LR 189

05/09/2016 : 09:07:37 SP0189 Narrative: Narrative added from associated Call #: 242 - SB SR 9 JUST NO LIGHT, NO INJS, VEHS
BLOCKING, PC INTO GMC PU PULLING A BOAT

05/09/2016 : 09:07:30 SP0374 Narrative: LR374

05/09/2016 : 09:07:08 SP0374 Narrative: CC, JO, 2 VEH ACC, NON INJ, BLKING MIDDLE LANE SB SR 9 , PU/ BOAT VS
HONDA ACCORD

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E542063**

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FROM TO
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FROM TO
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3 41
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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" 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 #	2016-0008748
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	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	CITY #
DATE OF COLLISION	05	-	09	-	2016		0905	31					IN	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR9 NE	BLOCK NO. <input checked="" type="checkbox"/>	700
	MILE POST	

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)

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 D: 3609264808
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LAST NAME	WILSON	FIRST NAME	SABRA	MIDDLE INITIAL	E
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STREET NEW ADDRESS	21831 123RD AVE NE
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CITY	ARLINGTON	ST	WA	ZIP	982239500
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	WILSOSE055J4	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04	-	24	-	1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AMK6710	STATE	WA	VIN#	1HGCD5634VA258556
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1997	MAKE	HOND	MODEL	ACD4D	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.	KENNETH WILSON 21831 123RD AVE NE ARLINGTON WA 98223
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 017993037
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2089468378
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LAST NAME	CANNON	FIRST NAME	GARY	MIDDLE INITIAL	C
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STREET NEW ADDRESS	528 S ELLA AVE
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CITY	SANDPOINT	ST	ID	ZIP	83864
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CDL	D	RESTRICTIONS	B	ENDORSEMENTS	M
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DRIVER'S LICENSE #	QK325365B	STATE	ID	SEX	M	D.O.B. MMDDYYYY	10	-	26	-	1953
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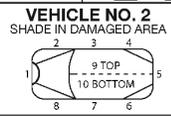
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	7BG0213	STATE	ID	VIN#	1GTSKVE34AZ268940
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TRAILER PLATE #	3685WT	STATE	WA	TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	GMC	MODEL	SRA	STYLE	TR	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.	STATE FARM 0551982E2012	
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 0551982E2012
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	N. ADAMS	BADGE OR ID #	0127	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E542063**

CASE # **2016-00008748**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **CANNON JOANNE M**

ADDRESS & PHONE # **213 BRITTANY LOOP SANDPOINT ID 83864 3609410090** SEX **F** D.O.B. **03** - **27** - **1953**

PASSENGER WITNESS UNIT # **2** SEAT POS. **3** AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B.

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.

PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

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 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET **05-09-16 11:47 AM** DATED PLACE SIGNED

APPROVED BY **M. HINGTGEN 0126** DATE **5/10/2016 5:01:48 PM**

BADGE OR ID # **0127** ORI # **WA0311900** TIME POLICE DISPATCHED **9:07 AM** TIME POLICE ARRIVED **9:12 AM**

REPORT NO. E542063

CASE # 2016-00008748

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

NARRATIVE

ASSIGNMENT:

On 05/09/16 at about 0905 hours (all times approximate), I responded to a collision at (700 block) SR 9 NE in the city of Lake Stevens.

Vehicle 2 (Idaho LIC: 7BG0213), towing on a trailer (LIC: 3685WT) a boat (registration # WN8891NN and HIN # BWYMV028C787) was stopped for traffic in the 700 block of SR9 NE for a red signal light at the intersection of SR204. Vehicle 2 had an adult female passenger riding the in front right seat.

Vehicle 1 (LIC: AMK6710) collided into the rear of the trailer and boat, under riding the outboard motor. The driver stated when she saw the signal light turn green she let off the gas, checked her review mirror and collided into the boat/trailer in front of her.

Nobody claimed to be injured.

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

5/9/2016

Lake Stevens, WA

Officer

Date

Location Signed

REPORT NO. E542063

CASE # 2016-00008748

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

