



# Incident Report

**Print Date/Time:** 07/20/2016 10:43  
**Login ID:** ss0143

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

**Incident:** 2016-0008873

**Incident Date/Time:** 5/11/2016 6:14:00 AM  
**Location:** SR 92 / 113TH AVE NE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 516-5316  
**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
19D1	SS0131-Wells

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	PYLE, BRET		(425) 516-5316			

## Vehicle(s)

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

Disposition	Count
R	1

## Property

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

05/11/2016 : 06:24:45 SP0120 Narrative: RESCUE TOW ENRT

05/11/2016 : 06:22:16 SP0120 Narrative: OWNERS REQ FOR RESCUE TOWING

05/11/2016 : 06:15:31 SP0339 Narrative: LR339

05/11/2016 : 06:15:00 SP0339 Narrative: CC,NOW, WO LOC, NON BLKING, NON INJ, VEH VS DEER. RP ASSOC W/BLK  
HYUNDAI

# COLLISION REPORT



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E542985**

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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 # **2016-00008873**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **01** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION **05 - 11 - 2016** **0615** **31** N  E  IN  S  W  OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

**SR 92** BLOCK NO.  **11300**

MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES  N  E  S  W **113TH AVE NE**

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE **D: 4253343312**

LAST NAME **PYLE** FIRST NAME **BRET** MIDDLE INITIAL **R**

STREET NEW ADDRESS **11330 36TH ST NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982588171**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **PYLE\*BR2600M** STATE **WA** SEX **M** D.O.B. **09 - 14 - 1974**

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

LICENSE PLATE # **AXD0553** STATE **WA** VIN# **KMHGH4JH5FU092691**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2015** MAKE **HYUN** MODEL **EQUUS** STYLE **4D** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. **BRET PYLE 11330 36TH ST NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **PEMCO H2286340**

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

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

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

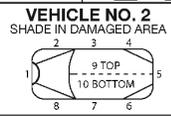
LICENSE PLATE # STATE VIN#

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

OFFICER'S NAME (PRINT) **C. WELLS** BADGE OR ID # **0131** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E542985**

CASE # **2016-00008873**

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

Unit #1 Pyle was westbound on SR 92 in the 11300 block when a deer ran out into the highway. Pyle didnt have an opportunity to safely avoid the collision due to opposite traffic.

No injury to Pyle.

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)

**C. WELLS**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**05-11-16 06:49 AM**

DATED

PLACE SIGNED

APPROVED BY  
**ROBERT MINER 0095**

DATE  
**5/13/2016 7:24:26 AM**

BADGE OR ID #	<b>0131</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>6:15 AM</b>	TIME POLICE ARRIVED	<b>6:18 AM</b>
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REPORT NO. E542985

CASE # 2016-00008873

DATE AND TIME OF COLLISION 05/11/16 06:15

not to scale



113th Ave NE

SR 92

