



Incident Report

Print Date/Time: 09/30/2016 11:33
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00019294

Incident Date/Time: 9/28/2016 6:25:00 AM
Location: 2809 CEDAR RD
LAKE STEVENS WA 98258
Phone Number: (425) 344-6880
Report Required: No
Prior Hazards: No
LE Case Number:

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

Unit/Personnel

| Unit | Personnel |
|------|--------------|
| 19D2 | SS0136-Shein |
| 19D3 | SS0138-Fiske |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|---------------------------|---|----------------|-------|--------|------------|
| 1 | Reporting Party | HAWKSO, ERIC | | (425) 344-6880 | | | |
| 1 | Driver | JONES, CRYSTAL FAYE-LEONE | 9223 5TH PL SE Lake Stevens WA 982583701 | (425) 923-8452 | | Female | 03/05/1999 |
| 1 | Owner | FOLMAR, STEVE PATRICK | 2809 CEDAR RD LAKE STEVENS WA 98258 | (425) 359-3704 | White | Male | 10/15/1961 |
| 1 | Passenger | JONES, HAYDEN R | 9223 5TH PL SE LAKE STEVENS WA 98258 | (425) 903-6990 | | | 06/27/2001 |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------------------|---------------|------|-------|-------|-------|---------|-------|
| Involved Vehicle | Passenger Car | 1999 | Honda | CIVIC | | ARU5840 | WA |

Disposition(s)

| Disposition | Count |
|-------------|-------|
| M | 1 |

Property

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

CAD Narrative

09/28/2016 : 06:40:34 SP0291 Narrative: 2 GRN

09/28/2016 : 06:39:37 SP0291 Narrative: 1 VEH ON WHEELS, MINOR DAMAGE, INV

09/28/2016 : 06:31:01 SP0243 Narrative: *** AID FOR EVAL AFTER COL, TEEN MALE/FEMALE AIRBAG DEPLOYMENT****

09/28/2016 : 06:26:51 SP0357 Narrative: SMALL DK PC, PART BLOCKING, LR357

09/28/2016 : 06:26:15 SP0357 Narrative: AC, NOW, VEH INTO DITCH, NON INJ

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E589799**

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| | | |
|--------------------------------------|---|---|
| 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"/> |

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|--------|---------------|
| CASE # | 2016-00019294 |
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| LOCAL AGENCY CODING | 0311900 |
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|------------------|----|---------------|-------------------------------|
| TOTAL # OF UNITS | 02 | OBJECT STRUCK | MISC OBJECT OR DEBRIS ON ROAD |
|------------------|----|---------------|-------------------------------|

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|--------------------|--|
| TRIBAL RESERVATION | |
|--------------------|--|

| | | | | | | | | | | | |
|-------------------|----|---|----|---|------|---|------|-------------|----------|-------|--------|
| M | M | D | D | Y | Y | Y | Y | TIME (2400) | COUNTY # | MILES | CITY # |
| DATE OF COLLISION | 09 | - | 28 | - | 2016 | | 0626 | 31 | | | 0664 |

| | | |
|--------------------------|---|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |
| CEEDAR RD | BLOCK NO. <input checked="" type="checkbox"/> | 2809 |
| | MILE POST | |

| | | | | | | | | | | |
|----------|-----|----|-------|------|---------------------------------------|----------------------------|---------------------------------------|----------------------------|--------------------------------|------------|
| DISTANCE | 100 | 00 | MILES | FEET | N <input checked="" type="checkbox"/> | E <input type="checkbox"/> | S <input checked="" type="checkbox"/> | W <input type="checkbox"/> | OF (REFERENCE OR CROSS STREET) | 29TH ST NE |
|----------|-----|----|-------|------|---------------------------------------|----------------------------|---------------------------------------|----------------------------|--------------------------------|------------|

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|---------|---|--------------------------------------|--|---------------------|
| 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: 4259238452 |
|---------|---|--------------------------------------|--|---------------------|

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|-----------|-------|------------|---------|----------------|---|
| LAST NAME | JONES | FIRST NAME | CRYSTAL | MIDDLE INITIAL | F |
|-----------|-------|------------|---------|----------------|---|

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| STREET NEW ADDRESS | 9223 5TH PL SE |
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|------|--------------|----|----|-----|-----------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982583701 |
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| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

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|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|
| DRIVER'S LICENSE # | JONESCF012DE | STATE | WA | SEX | F | D.O.B. MMDDYYYY | 03 | - | 05 | - | 1999 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|

| | | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 3 | RESTR. | 4 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | ARU5840 | STATE | WA | VIN# | 2HGEJ6621XH501615 |
|-----------------|---------|-------|----|------|-------------------|

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|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

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|-----------|------|------|------|-------|-------|-------|----|---|----------|---|
| VEH. YEAR | 1999 | MAKE | HOND | MODEL | CIVIC | 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. | KIMBERLY BLEVINS 6320 8TH ST NE #B MARYSVILLE WA 98270 |
|------------------------|--|

| | | |
|---|-------------------------|--------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | ALLSTATE 987710812 |
|---|-------------------------|--------------------|

| | | |
|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|



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|---------|--|--------------------------------------|-------------------------------------|--|--|---------------------|
| UNIT 02 | MOTOR VEHICLE <input type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input checked="" type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE D: 4253593704 |
|---------|--|--------------------------------------|-------------------------------------|--|--|---------------------|

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|-----------|--------|------------|-------|----------------|---|
| LAST NAME | FOLMAR | FIRST NAME | STEVE | MIDDLE INITIAL | P |
|-----------|--------|------------|-------|----------------|---|

| | |
|--------------------|---------------|
| STREET NEW ADDRESS | 2809 CEDAR RD |
|--------------------|---------------|

| | | | | | |
|------|--------------|----|----|-----|-------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 98258 |
|------|--------------|----|----|-----|-------|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | | | | | | | | |
|--------------------|--|-------|--|-----|---|-----------------|----|---|----|---|-----|---|
| DRIVER'S LICENSE # | | STATE | | SEX | M | D.O.B. MMDDYYYY | 10 | - | 15 | - | 196 | 1 |
|--------------------|--|-------|--|-----|---|-----------------|----|---|----|---|-----|---|

| | | | | | | | |
|----------------------------------|--------|--------|--------|-------|------------|--------------|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | RESTR. | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |
|----------------------------------|--------|--------|--------|-------|------------|--------------|--------------------|

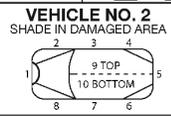
| | | |
|-----------------|-------|------|
| LICENSE PLATE # | STATE | VIN# |
|-----------------|-------|------|

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|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | |
|-----------|------|-------|-------|--|----------|--|
| 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"/> |
|-----------|------|-------|-------|--|----------|--|

| | |
|------------------------|--|
| REGISTERED OWNER INFO. | |
|------------------------|--|

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|---|-------------------------|--------|
| 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) | B. FISKE #0138 | BADGE OR ID # | 0138 | AGENCY | WA0311900 |
|------------------------|----------------|---------------|------|--------|-----------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E589799**

CASE # **2016-00019294**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **JONES HAYDEN R**

ADDRESS & PHONE # **9223 5TH PL SE LAKE STEVENS WA 98258 4259036990** SEX **M** D.O.B. **06** - **27** - **2001**

PASSENGER WITNESS UNIT # **1** SEAT POS. **3** AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** 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

V1 was traveling north on Cedar Rd when it veered off the roadway, striking a garbage can, displacing rocks, and damaging plants as it went into a ditch at 2809 Cedar Rd. Airbags deployed on the vehicle and both the driver and passenger were checked by Lake Stevens Fire Dept. The vehicle was moved safely off the road and a private tow was arranged for 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)

B. FISKE #0138 INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET **09-28-16 09:06 AM** DATED PLACE SIGNED

APPROVED BY **C. CHRISTENSEN 0075** DATE **9/29/2016 9:53:18 AM**

BADGE OR ID # **0138** ORI # **WA0311900** TIME POLICE DISPATCHED **6:26 AM** TIME POLICE ARRIVED **6:28 AM**

REPORT NO. E589799

CASE # 2016-00019294

DATE AND TIME OF COLLISION 09/28/16 06:26

Not to Scale. Officer did not witness.

