



Incident Report

Print Date/Time: 10/13/2016 17:01
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00019130

Incident Date/Time: 9/26/2016 7:36:00 AM
Location: MAIN ST / NORTH LN
LAKE STEVENS WA 98258
Phone Number: (425) 244-1064
Report Required: Yes
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
19S11	SS0071-Valvick

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SOLAR, MICHAEL		(425) 244-1064			
1	Driver	MCCAULLEY, JOHN PATRICK BRUCE	9007 12TH ST NE Lake Stevens WA 982582451	(425) 280-0380	White	Male	12/10/1996
2	Driver	SOLER, MICHAEL ALAN	914 E LAKESHORE DR LAKE STEVENS WA 98258	(425) 244-1064	White	Male	06/08/1998
3	Driver	DARDEN, LAURIE SUE	3117 139TH AVE Lake Stevens WA 982588077	(425) 879-2224		Male	04/12/1957

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2003	Toyota	PU		B47944F	WA
Involved Vehicle	Passenger Car	2014	Ford	FOCUS		APR1716	WA
Involved Vehicle	Passenger Car	2000	Oldsmobile	ALE4D		AYY8441	WA

Disposition(s)

Disposition	Count
R	1

Property

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

09/26/2016 : 07:38:25 SP0374 Narrative: LR374

09/26/2016 : 07:38:00 SP0374 Narrative: CC, JO, 3VEH ACC, NON INJ, BLKING NB , FORD FOCUS VS OLDS PC VS TOYOTA TACOMA

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E595217**

1

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 # **16-19130**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **03** OBJECT STRUCK

2

TRIBAL RESERVATION

3

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

DATE OF COLLISION **09** - **26** - **2016** **0738** **31** N E IN S W OF **0664**

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

MAIN ST BLOCK NO. MILE POST

4a

5

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W **NORTH LN**

6

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE **D: 4252800380**

LAST NAME **MCCAULLEY** FIRST NAME **JOHN** MIDDLE INITIAL **P**

STREET NEW ADDRESS **9007 12TH ST NE**

7

CITY **LAKE STEVENS** ST **WA** ZIP **982582451**

8

CDL RESTRICTIONS ENDORSEMENTS

9

DRIVER'S LICENSE # **MCCAUIP040RS** STATE **WA** SEX **M** D.O.B. **12** - **10** - **1996**

10

ON DUTY STATUS AIRBAG **6** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

11

LICENSE PLATE # **AYY8441** STATE **WA** VIN# **1G3NL5277YC363911**

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR **2000** MAKE **OLDS** MODEL **ALE4D** STYLE **SD** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **JOHN MCCAULLEY 9007 12TH ST NE LAKE STEVENS WA 982582451 D: 4252800380**

14

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **AMERICAN INSURE-ALL 5534028**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



16

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **D: 4252441064**

LAST NAME **SOLER** FIRST NAME **MICHAEL** MIDDLE INITIAL **A**

STREET NEW ADDRESS **914 E LAKESHORE DR**

18

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

19

CDL RESTRICTIONS ENDORSEMENTS

20

DRIVER'S LICENSE # **SOLERMA027LH** STATE **WA** SEX **M** D.O.B. **06** - **08** - **1998**

21

ON DUTY STATUS AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

22

LICENSE PLATE # **APR1716** STATE **WA** VIN# **1FADP3F25EL271767**

23

TRAILER PLATE # STATE TRAILER PLATE # STATE

24

VEH. YEAR **2014** MAKE **FORD** MODEL **FOCUS** STYLE **4D** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. **ALAN SOLER 914 E LAKESHORE DR LAKE STEVENS WA 98258**

25

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **STATE FARM 033 2442 E08 47F**

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



26

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



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E595217**

CASE # **16-19130**

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 McCaulley was traveling southbound on Main St when he turned left (eastbound) into a parking lot. He failed to yield the right of way to Unit #2 Soler who was traveling northbound on Main St. Unit #2 Soler struck Unit #1 McCaulley in the passenger side rear at approximately 20 mph which caused Unit #1 McCaulley to slide into Unit #3 Darden - who was stopped waiting to turn left (southbound) onto Main St.

Unit #1 McCaulley stated the crash was his fault.

No reported injuries.

No vehicles towed as they had been moved to private property prior to my arrival.

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		10-08-16 12:51 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY C. CHRISTENSEN 0075		DATE 10/13/2016 2:50:51 PM	
BADGE OR ID #	ORI #	TIME POLICE DISPATCHED	TIME POLICE ARRIVED
0131	WA0311900	7:38 AM	7:39 AM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E595217

CASE # 16-19130

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COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

UNIT # USDOT IOC # 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: 4258792224

LAST NAME DARDEN FIRST NAME LAURIE MIDDLE INITIAL S

STREET NEW ADDRESS 3117 139TH AVE NE

CITY LAKE STEVENS ST WA ZIP 982588077

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # DARDELS432JK STATE WA SEX F D.O.B. MMDDYYYY 04 - 12 - 1957

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

LICENSE PLATE # B47944F STATE WA VIN# 5TEGN92N53Z154303

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2003 MAKE TOYT MODEL PU STYLE CW VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LAURIE DARDEN 3117 139TH AVE NE LAKE STEVENS WA 982588077 D: 4258792224

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # ALLSTATE 964 929 961

VEHICLE LEGALITY CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # 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. MMDDYYYY

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

LICENSE PLATE # STATE VIN#

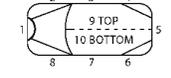
TRAILER PLATE # STATE TRAILER PLATE # STATE

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 # CITATION # CHARGE

SHADE IN DAMAGED AREA



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 10-08-16 12:51 PM DATED: PLACE SIGNED

BADGE OR ID # 0131 ORI # WA0311900 APPROVED BY CHRISTENSEN DATE 10/13/201 PAGE 3 OF 4

REPORT NO. E595217

CASE # 16-19130

DATE AND TIME OF COLLISION 09/26/16 07:38

