



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E596509**

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2 2 3  
3  
1 1 8 28  
2  
3

1 2  
2 3  
3 4

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 # **2016-00020641**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **10 - 16 - 2016** **1918** **31** N  E  IN  OF **0664**  
S  W

0 1 29

4  
4a  
5

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION   
**SR 204** BLOCK NO.  **9100**  
MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)  
MILES N  E  S  W  **91ST AVE NE**  
FEET

UNIT 01 MOTOR VEHICLE  PEDAL-CYCLE  DAMAGE THRESHOLD MET YES  NO  PHONE

0 4 30

6 1

LAST NAME **SANDERS** FIRST NAME **BRENDEN** MIDDLE INITIAL **J**

STREET NEW ADDRESS **108 PARADISE PKWY**

CITY **GRANITE FALLS** ST **WA** ZIP **982528449**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **SANDEBJ043R2** STATE **WA** SEX **M** D.O.B. **12 - 22 - 1996**

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

LICENSE PLATE # **BAZ2419** STATE **WA** VIN# **JA32U8FWXAU033071**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2010** MAKE **MITZ** MODEL **LAN4D** STYLE **SD** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. **BRENDEN SANDERS 108 PARADISE PKWY GRANITE FALLS WA 98252**

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **NATIONAL GENERAL 2001447835**

VEHICLE LEGALLY STANDING YES  NO  CITATION # CHARGE



1 1 2 31

1 1 2 32

FROM TO  
7 3 33

FROM TO  
3 5 34

11 3 5

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

LAST NAME **GOODWIN** FIRST NAME **HAYLEY** MIDDLE INITIAL **L**

STREET NEW ADDRESS **9210 MARKET PL G101**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **GOODWHL072DE** STATE **WA** SEX **U** D.O.B. **03 - 05 - 1993**

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

LICENSE PLATE # **AXW5133** STATE **WA** VIN# **1FMDU73E3YZA36192**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **FORD** MODEL **EXPLR** STYLE **UT** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO. **HAYLEY GOODWIN 111 E GILMAN AVE ARLINGTON WA 98223**

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **6Z0814199**

VEHICLE LEGALLY STANDING YES  NO  CITATION # **6Z0814199** CHARGE **NO VEHICLE INSURANCE**



1 41

1 42

25

OFFICER'S NAME (PRINT) **W. AUKERMAN** BADGE OR ID # **72** AGENCY **WA0311900**

26



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

**E596509**

CASE #

2016-00020641

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)	<b>SANDERS QUINTON J</b>										
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ADDRESS & PHONE #	<b>108 PARADISE PKWY GRANITE FALLS WA 982528449</b>					SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>11</b>	-	<b>29</b>	-	<b>1998</b>
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PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
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NAME (LAST, FIRST, MIDDLE INITIAL)	<b>PEAVLER LACY J</b>										
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ADDRESS & PHONE #	<b>9210 MARKET PL G101 LAKE STEVENS WA 98258</b>					SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>08</b>	-	<b>31</b>	-	<b>1992</b>
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PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
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NAME (LAST, FIRST, MIDDLE INITIAL)											
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ADDRESS & PHONE #						SEX		D.O.B. MMDDYYYY		-		-	
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PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
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**NARRATIVE**

On 10/16/2016 at 1918 hours I was dispatched to a two vehicle collision at the intersection of SR 204 and 91st Ave NE in the city of Lake Stevens. It was described as being a T-bone collision, non-blocking and non-injury.

I arrived on scene and spoke with both driver's and two passengers (there was one passenger in each involved vehicle).

Based on evidence and statements at the scene it is found that U1 was traveling eastbound on SR 204 and entered the traffic light controlled intersection of 91st Ave NE while facing a red light. U2 was making a left turn from westbound SR 204 (facing a green arrow) to southbound 91st Ave NE. The two vehicles collided in the intersection. The front driver's corner of U2 and the driver's side of U1 made contact in the intersection (breaking the driver's window out of U1 and causing major damage along the driver's side of U1 and the front driver's corner of U2).

There were no reported injuries at the scene of the collision. All involved drivers and passengers said they had been wearing their seatbelts.

At the time of the collision the driver of U2 said he does not have vehicle insurance. The driver of U2 was cited for no vehicle insurance.

U1 and U2 drove from the scene. The driver of U1 said he called AAA to have his vehicle towed; meeting the tow truck off the roadway..

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>W. AUKERMAN</b>		<b>10-16-16 09:52 PM</b>	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY		DATE	
<b>ROBERT MINER 0095</b>		<b>10/16/2016 10:00:36 PM</b>	

BADGE OR ID #	<b>72</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>7:18 PM</b>	TIME POLICE ARRIVED	<b>7:20 PM</b>
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