Incident Report

Print Date/Time: 12/09/2016 16:02
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: **2016-00024162**

Incident Date/Time:	12/5/2016 12:01:00 PM	**Incident Type:**	Collision
Location:	9601 MARKET PL LAKE STEVENS WA 98258	**Venue:**	Lake Stevens
Phone Number:	(917) 403-7636	**Source:**	911
Report Required:	Yes	**Priority:**	3
Prior Hazards:	No	**Status:**	3
LE Case Number:		**Nature of Call:**	

Unit/Personnel

Unit	Personnel
1946	SS0135-Parnell

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	PIAN, YI		(917) 403-7636			
1	Involved Party	TIAN, YI	9602 57TH AVE CORONA NY 113680000	(917) 403-7636		Female	09/21/1974
2	Involved Party	YOUNG, LEROY	3934 RUCKER AVE 9 EVERETT WA 98201	(425) 791-0218	Black - African American	Male	04/17/1975

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	1992	Buick	CEN4D		AUD1200	WA
Involved Vehicle	Passenger Car	2015	BMW	328XI		AXD6908	WA

Disposition(s)

Disposition	Count
R	1

Property

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

CAD Narrative

12/05/2016 : 12:12:12 SP0374 Narrative: RP CB SAYS ACTUALLY NEXT DOOR AT THE TRANSIT CENTER
12/05/2016 : 12:03:41 SP0397 Narrative: GRN PC VS BLU PC LR397
12/05/2016 : 12:02:47 SP0397 Narrative: CC, 2 CAR , NON INJ, NON BLKING

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E616184

CASE #	2016-00024162
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE ☐ CITY STREET ☑
STATE ROUTE ☐ OTHER ☐
COUNTY RD ☐ PRIVATE WAY ☐

FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

TRIBAL RESERVATION

DATE OF COLLISION (M M D D Y Y Y Y)	TIME (2400)	COUNTY #	MILES		CITY #
12 - 05 - 2016	1201	31		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ 0664

ON (PRIMARY TRAFFIC WAY): MARKET PLACE
INTERSECTION ☐ NON-INTERSECTION ☑
BLOCK NO. ☑ MILE POST ☐: 9600

DISTANCE: MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐
OF (REFERENCE OR CROSS STREET):

UNIT 01

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐
DAMAGE THRESHOLD MET YES ☑ NO ☐
PHONE: D: 9174037636

LAST NAME	TIAN	FIRST NAME	YI
MIDDLE INITIAL			
STREET / NEW ADDRESS ☐	9602 57TH AVE 17N		
CITY	CORONA	ST	NY
ZIP	113680000		
CDL	D	RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #	250413157	STATE	NY
SEX	F	D.O.B. MMDDYYYY	09 - 21 - 1974

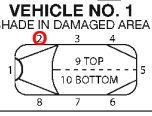
ON DUTY ☐ | STATUS | AIRBAG 2 | RESTR. 9 | EJECT 1 | HELMET USE 2 | INJURY CLASS 1 | NATURE OF INJURIES

LICENSE PLATE #	AXD6908	STATE	WA
VIN#	WBA3B5G5XFNS18753		
TRAILER PLATE #		STATE	
TRAILER PLATE #		STATE	

VEH. YEAR 2015 | MAKE BMW | MODEL 328XI | STYLE P4 | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. TIAN YI 19021 NEWPORT WAY SW ISSAQUAH WA 98027

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # PROGRESSIVE 907146921
VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA


UNIT 02

MOTOR VEHICLE ☑ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐
DAMAGE THRESHOLD MET YES ☐ NO ☑
PHONE: D: 4257910218

LAST NAME	YOUNG	FIRST NAME	LEROY
MIDDLE INITIAL			
STREET / NEW ADDRESS ☐	3934 RUCKER AVE APT 9		
CITY	EVERETT	ST	WA
ZIP	982014871		
CDL		RESTRICTIONS	
ENDORSEMENTS			
DRIVER'S LICENSE #	YOUNGL*258JP	STATE	WA
SEX	M	D.O.B. MMDDYYYY	04 - 17 - 1975

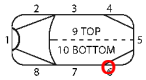
ON DUTY ☐ | STATUS | AIRBAG 2 | RESTR. 9 | EJECT 1 | HELMET USE 2 | INJURY CLASS 1 | NATURE OF INJURIES

LICENSE PLATE #	AUD1200	STATE	WA
VIN#	3G4AL54N8NS626633		
TRAILER PLATE #		STATE	
TRAILER PLATE #		STATE	

VEH. YEAR 1992 | MAKE BUIC | MODEL CEN4D | STYLE 4D | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. CAMELLE GARCIA 15001 35TH AVE W LYNNWOOD WA 98087

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #
VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA


OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
K. PARNELL	0135	WA0311900

PAGE 01 OF 3

PART A 3000-345-159 R (7/06)

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E616184

CASE # 2016-00024162

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																	
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY		-	-
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. MMDDYYYY		-	-
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. MMDDYYYY		-	-
PASSENGER ☐ WITNESS ☐	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

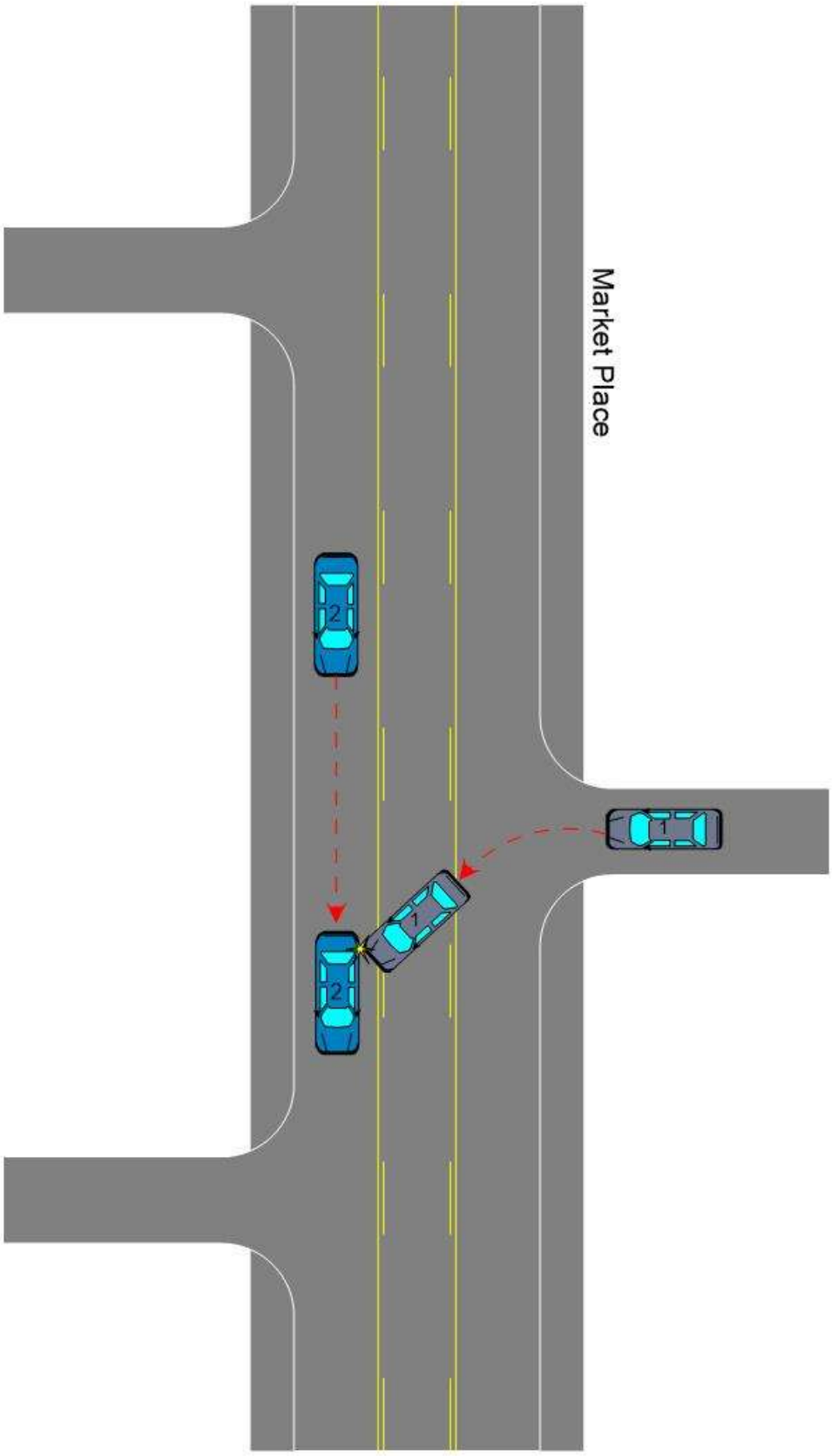
NARRATIVE

Veh. 2 was traveling wb on Market Pl. Veh. 1 made a left turn to drive wb out of parkinglot. The front passenger's side of veh. 1 impacted the rear driver's side of veh. 2

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)

K. PARNELL		12-05-16 02:03 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
R. BROOKS 0013	12/6/2016 10:09:36 AM

BADGE OR ID #	0135	ORI #	WA0311900	TIME POLICE DISPATCHED	12:03 PM	TIME POLICE ARRIVED	12:12 PM

REPORT NO. E616184 **CASE #** 2016-00024162 **DATE AND TIME OF COLLISION** 12/05/16 12:01