



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E250638**

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FROM TO 3 7 33
FROM TO 9 9 34
4 35
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1 42

INTERSTATE CITY STREET FIRE RESULTED
 STATE ROUTE OTHER STOLEN VEHICLE
 COUNTY RD PRIVATE WAY HIT & RUN INVOLVED

CASE # **13-01464**

LOCAL AGENCY CODING

TOTAL # OF UNITS **03** OBJECT STRUCK

TRIBAL RESERVATION
 M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
 DATE OF COLLISION **06 - 15 - 2013** **1445** **31** N S E W IN OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
SR 92 BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
 FEET MILES N E S W **SR 9**

UNIT 01 MOTOR VEHICLE PEDAL CYCLE DAMAGE THRESHOLD MET YES NO PHONE **D: 4253448433**

LAST NAME **ROMINE** FIRST NAME **ANTHONY** MIDDLE INITIAL **M**

STREET NEW ADDRESS **3308 97TH DR SE**

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

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **ROMINAM145KQ** STATE **WA** SEX **M** D.O.B. **05 - 18 - 1986**

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

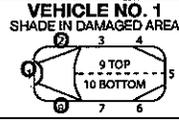
LICENSE PLATE # **990YJN** STATE **WA** VIN# **1GKDT13W4P2518999**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1993** MAKE **GMC** MODEL **JIMMY** STYLE **UT** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **AMERICAN INSURE 475917633**
 VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE PEDAL CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE **D: 4252639404**

LAST NAME **GRAY** FIRST NAME **DAVID** MIDDLE INITIAL **E**

STREET NEW ADDRESS **8028 14TH PL SE**

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

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **GRAY*DE280LA** STATE **WA** SEX **M** D.O.B. **06 - 01 - 1972**

ON DUTY STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **0** NATURE OF INJURIES

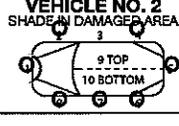
LICENSE PLATE # **AIV1702** STATE **WA** VIN# **5GZDV03L35D284697**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2005** MAKE **SATU** MODEL **RELAY** STYLE **4T** VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # **STATE FARM 026071F27-47B**
 VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) **BOB SUMMERS** BADGE OR ID # **079** AGENCY **WA0311900**

DADT A



1591972

CASE # 13-01464

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **GRAY CADEN**

ADDRESS & PHONE # **8028 14TH PL SE LAKE STEVENS WA 98258 4252639404** SEX **M** D.O.B. MMDDYYYY

PASSENGER WITNESS UNIT # **2** SEAT POS. **7** AIRBAG **2** RESTR. **2** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **GRAY LUCY**

ADDRESS & PHONE # **8028 14TH PL SE LAKE STEVENS WA 98258 4252639404** SEX **F** D.O.B. MMDDYYYY

PASSENGER WITNESS UNIT # **2** SEAT POS. **9** AIRBAG **2** RESTR. **8** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **GRAY MARNIE C**

ADDRESS & PHONE # **8028 14TH PL SE LAKE STEVENS WA 98258 4252639404** SEX **F** D.O.B. MMDDYYYY

PASSENGER WITNESS UNIT # **2** SEAT POS. **3** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

NARRATIVE

On 06-15-13 at about 1445 hours Unit #1 collided into the rear of Unit #2 causing it to collide into the rear of Unit #3. Units #2 and #3 were stopped at the traffic light at SR 92 and SR 9. This is a major intersection in the city of Lake Stevens and the vehicles were in the left turn lane to SR 9. Unit #1 driver stated he was traveling up to SR 92 to SR 9 approaching the traffic light, stopping too late and hit the vehicle in front of him (Unit #2). Unit #2 stated he was stopped at the stop light in the left turn lane and was rear ended by Unit #1 which pushed his vehicle into Unit #3. Unit #3 stated she was stopped at the stoplight (red) waiting to make a left turn, and was rear ended by the vehicle behind her (Unit #2).

Units #1 and #2 sustained reportable damage and Unit #3 was non-reportable.

Unit #2 had three passengers.

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)

BOB SUMMERS INVESTIGATING OFFICER'S SIGNATURE **06-16-13 11:30 AM** UNIT OR DIST. DET DATED **6/16/2013 11:31:33 AM** PLACE SIGNED

APPROVED BY **BOB SUMMERS 079** DATE **6/16/2013 11:31:33 AM**

BADGE OR ID # **079** ORI # **WA0311900** TIME POLICE DISPATCHED **2:51 PM** TIME POLICE ARRIVED **2:59 PM**



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E250638

CASE # 13-01464

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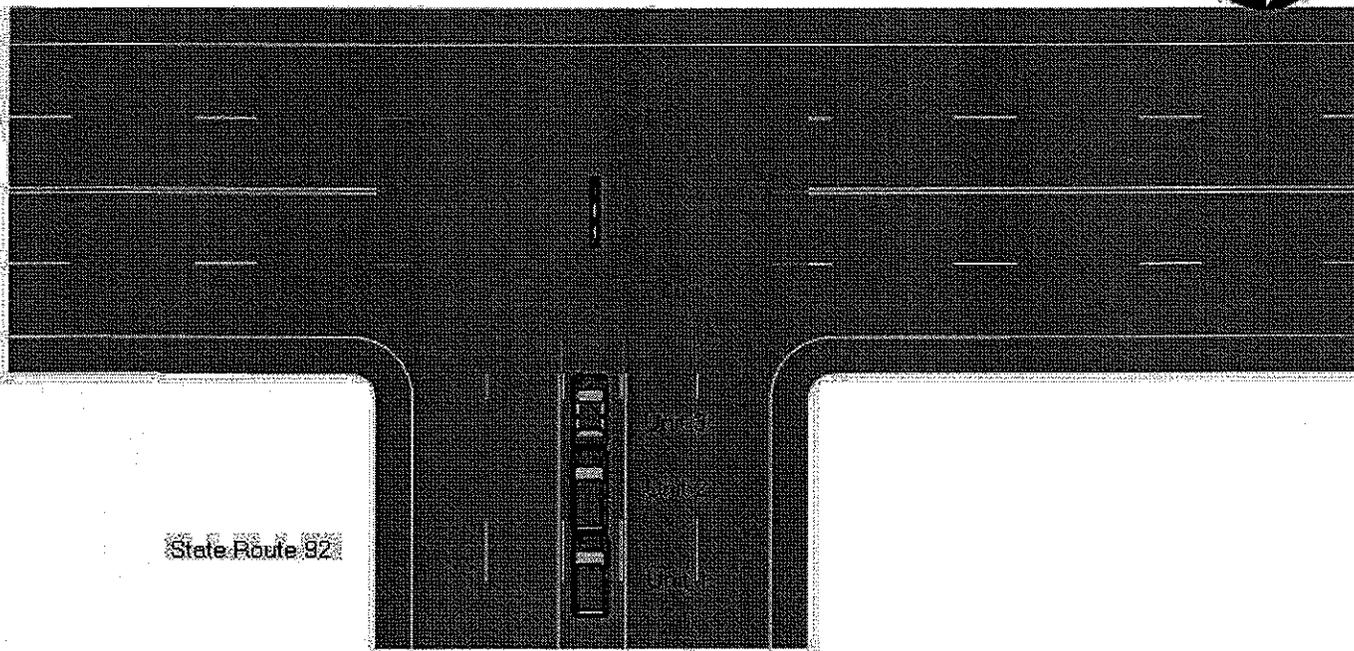
COMMERCIAL MOTOR CARRIER		INTERSTATE <input type="checkbox"/>	INTRASTATE <input type="checkbox"/>
UNIT #	USDOT	ICC #	VEHICLE TYPE
CARRIER NAME			
CARRIER ADDRESS			
CITY	ST	ZIP	
NAME SOURCE	# AXLES	GWR	PLACARD + NAME IF NO NUMBER
ADDITIONAL UNITS			
UNIT #	3	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>
		PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>
		DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4254225012
LAST NAME	FOSTER	FIRST NAME	BETTY
		MIDDLE INITIAL	J
STREET NEW ADDRESS 4820 SR 92 #13			
CITY	LAKE STEVENS	ST	WA
		ZIP	98258
CDL	RESTRICTIONS	ENDORSEMENTS	
DRIVER'S LICENSE #	FOSTEBJ601LN	STATE	WA
		SEX	F
		D.O.B. MMDDYYYY	06 - 15 - 1940
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4
		EJECT 1	HELMET USE
		INJURY CLASS 1	NATURE OF INJURIES
LICENSE PLATE #	525XWR	STATE	WA
		VIN#	2G1WW12E529141350
TRAILER PLATE #		STATE	
		TRAILER PLATE #	
		STATE	
VEH. YEAR	2002	MAKE	CHEV
		MODEL	MONTE
		STYLE	4T
VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
REGISTERED OWNER INFO. JIM FOSTER 4820 SR 92 #13 LAKE STEVENS WA 98258			
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	MUTUAL OF ENUMCLAW PA60703958	
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
SHADE IN DAMAGED AREA 			
UNIT #		MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>
		PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>
		DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>	
REGISTERED OWNER INFO.			
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #		
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	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)

BOB SUMMERS 06-16-13 11:30 AM
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # 079 OR # WA0311900 APPROVED BY SUMMERS DATE 6/16/2013 PAGE 3 OF 4

State Route 9



State Route 92

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-01464

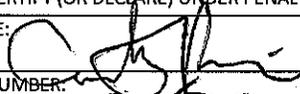
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Romine, Anthony Miguel	RACE W	ETH	SEX M	DOB 05/18/86	AGE 27	HGT 53	WGT 180	HAIR Brn	EYES Hrt
STREET ADDRESS 3308 9th Dr SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-344-8433			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Anthony Romine, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was coming up on Hwy 9 from Hwy 92 and as I approached the light I stopped too late and was ended to rear in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 06/15/13	LOCATION SIGNED Hwy 92 & 9 Lake Stevens
OFFICER/NUMBER: 3129	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-01464



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Gray - David Emmanuel</u>	RACE <u>W</u>	ETH	SEX <u>M</u>	DOB <u>6-1-1972</u>	AGE <u>41</u>	HGT <u>71</u>	WGT <u>270</u>	HAIR <u>B</u>	EYES <u>B</u>
STREET ADDRESS <u>8028 14th PL SE</u>		CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98258</u>	RES. STATUS			
HOME PHONE <u>425-263-9404</u>		CELL PHONE <u>206-391-0496</u>			PLACE OF EMPLOYMENT <u>ISEC INC</u>					
WORK PHONE <u>206-391-0496</u>		EMAIL ADDRESS <u>degray@isec inc. com</u>								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was sitting at a stop ~~at~~ ⁱⁿ the Lt turn Lane @ Highway 9 and Highway 92.

I was then Rear ended by GMC Jimmy
My car was pushed into Red Montecarlo

in the car
myself.

Marnie Gray - WIFE 40

Caden Gray - ~~son~~ Son - Age 10

Lucy Gray - Daughter - Age 4

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>David E Gray</u>	DATE SIGNED <u>6-15-13</u>	LOCATION SIGNED <u>ON SITE</u>
OFFICER/NUMBER: <u>1579</u>	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-014



VICTIM / WITNESS

NON-DISC	NAME (LAST, FIRST, MIDDLE) <u>FOSTER Betty J</u>	RACE <u>W</u>	ETH	SEX <u>F</u>	DOB <u>6-15-40</u>	AGE <u>73</u>	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>4870 SR 92 #13</u>			CITY <u>LK Stevens</u>		STATE <u>WA</u>	ZIP <u>98258</u>		RES STATUS		
HOME PHONE			CELL PHONE <u>425-422-5012</u>			PLACE OF EMPLOYMENT <u>Foster Press</u>				
WORK PHONE <u>425-334-9317</u>			EMAIL ADDRESS <u>Betty@FosterPress.com</u>							

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

*sitting at stop in left lane
was rear-ended by car behind me*

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>[Signature]</i>	DATE SIGNED <u>6-15-40</u>	LOCATION SIGNED <u>on location</u>
OFFICER/NUMBER: <u>13129</u>	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

Incident History for: #SS13013384

Case Numbers: \$SS13001464

Entered 06/15/13 14:51:14 BY SPCT04 SP0181
Dispatched 06/15/13 14:51:41 BY SPDP17 SP0174
Enroute 06/15/13 14:51:41
Onscene 06/15/13 14:59:05
Closed 06/15/13 15:44:41

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1417 Map Page: 397B-2 Group: SS1 Beat: SOUT
Src: T
Loc: 9 ST SE/SR 204 ,LKS (V)

Loc Info:

Name: GREY, MARNIE Addr: CEL Phone: 4257896757

/1451 (SP0181) ENTRY ,CC NON INJ, NON BLKING RP IN A BLU SATURN VS N/
D OTHER VEHS, LINE DROPPED OFF ON CB GRN GMC L/9
90YJN VS RED MONTE CARLO
/1451 (SP0174) AGCADV ,1912
/1451 DISPER SS1912 #SS79 SUMMERS,SGT (ROBERT)
/1459 (SP0320) ONSCNE SS1912
/1511 (SP0174) ASNCAS SS1912 \$SS13001464
/1524 (*****) REMINQ SS1912 990YJN
/1524 (SP0320) REMINQ SS1912 LIC,1912,990YJN,,,
/1525 (*****) REMINQ SS1912 AIV1702
/1525 (SP0320) REMINQ SS1912 LIC,1912,AIV1702,,,
/1526 (*****) REMINQ SS1912 525XWR
/1526 (SP0320) REMINQ SS1912 LIC,SS1912,525XWR,,,
/1531 (SS79) REMINQ SS1912 MDTVEH,061513,,WA,,,,,,,,,,,,,
/1539 REMINQ SS1912 MDTWANT,FOSTER,BETTY,J,061540,F,,WA,,,,,,,,,,,,,
/1542 REMINQ SS1912 MDTWANT,ROMINE,ANTHONY,M,051886,,,WA,,,,,,,,,,,,,
/1543 REMINQ SS1912 MDTWANT,GRAY,DAVID,E,060172,N,X,WA,,,,,,,,,,,,,
/1544 REMINQ SS1912 MDTWANT,GRAY,DAVID,E,060172,M,,WA,,,,,,,,,,,,,
/1544 (SP0320) CLEAR SS1912 D/H
/1544 CLOSE SS1912