STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E265722

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

TRIBAL RESERVATION:

CASE #: 13-02112

LOCAL AGENCY CODING:

TOTAL # OF UNITS: 03 OBJECT STRUCK: MAILBOX

DATE OF COLLISION (M M - D D - Y Y Y Y): 08 - 26 - 2013 TIME (2400): 1825 COUNTY #: 31 MILES: N ☐ S ☐ E ☐ W ☐ IN ☑ OF ☐ CITY #: 0664

ON (PRIMARY TRAFFIC WAY): 20TH ST SE INTERSECTION ☐ NON-INTERSECTION ☑ BLOCK NO. ☑ MILE POST ☐ 10005

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

UNIT 01

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

LAST NAME: UNKNOWN FIRST NAME: MIDDLE INITIAL:

STREET NEW ADDRESS ☐:

CITY: ST: ZIP:

CDL: RESTRICTIONS: ENDORSEMENTS:

DRIVER'S LICENSE #: STATE: SEX: U D.O.B. MMDDYYYY:

ON DUTY ☐ STATUS: AIRBAG: 9 RESTR: 9 EJECT: 9 HELMET USE: 9 INJURY CLASS: 0 NATURE OF INJURIES:

LICENSE PLATE #: UNKNOWN STATE: WA VIN#:

TRAILER PLATE #: STATE: TRAILER PLATE #: STATE:

VEH. YEAR: MAKE: SUBA MODEL: OUTBA STYLE: 4T VEHICLE TOWED YES ☐ NO ☑ TOWED BY: GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.:

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #:

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION #: CHARGE:

VEHICLE NO. 1
SHADE IN DAMAGED AREA
2 3 4 1 9 TOP 10 BOTTOM 5 8 7 6

UNIT 02

MOTOR VEHICLE ☑ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☑ NO ☐ PHONE: D: 4254185154

LAST NAME: TROMLEY FIRST NAME: CHANDLER MIDDLE INITIAL: J

STREET NEW ADDRESS ☐: 11217 S LAKE STEVENS RD

CITY: LAKE STEVENS ST: WA ZIP: 982589406

CDL: RESTRICTIONS: ENDORSEMENTS:

DRIVER'S LICENSE #: TROMLCJ030DM STATE: WA SEX: M D.O.B. MMDDYYYY: 03 - 14 - 1997

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

LICENSE PLATE #: 312ZRV STATE: WA VIN#: 1B4HS28Z2XF591755

TRAILER PLATE #: STATE: TRAILER PLATE #: STATE:

VEH. YEAR: 1999 MAKE: DODG MODEL: DURANG STYLE: 4T VEHICLE TOWED YES ☑ NO ☐ TOWED BY: ANGEL TOWING GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.:

LIABILITY INSURANCE IN EFFECT ☑ INSURANCE CO & POLICY #: AMERICAN FAMILY 1829-8247-02-99-FP PA-WA

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION #: CHARGE:

VEHICLE NO. 2
SHADE IN DAMAGED AREA
2 3 4 1 9 TOP 10 BOTTOM 5 8 7 6

OFFICER'S NAME (PRINT): ANDREW THOR BADGE OR ID #: 115 AGENCY: WA0311900

1	1	2	1	3	1	4	5	6	6	7	9	8	9	9	9	9	9	10	3	5	11	3	5	12	2	13	2	14	1	15	1	16	17	18	19	20	21	22	23	24	25	26

27	1	7	28	1	8	29	0	1	30	0	1	31	1	2	32	1	2	33	FROM 7	TO 3	34	FROM 3	TO 7	35	9	36	4	37	38	39	40	41	1	42

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E265722

CASE # 13-02112

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL): CAMPBELL JASON R

ADDRESS & PHONE #: 10005 20TH ST SE LAKE STEVENS WA 98258 4257606797 | SEX: M | D.O.B. MMDDYYYY: 12 - 20 - 1974

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

Driver of Vehicle 2 had to swerve to avoid collision with Vehicle 1. Vehicle 1 had lost traction, crossed the median and two lanes of travel of oncoming traffic nearly causing several collisions. Vehicle 1 had left the scene prior to Police arrival. No information on Vehicle 1 other than a blue Subaru Outback.

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)

ANDREW THOR — INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST. DET | 08-27-13 03:36 AM — DATED | PLACE SIGNED

APPROVED BY: ROBERT MINER 095 | DATE: 8/27/2013 5:27:12 AM

BADGE OR ID #: 115 | ORI #: WA0311900 | TIME POLICE DISPATCHED: 6:26 PM | TIME POLICE ARRIVED: 6:35 PM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E265722

CASE # 13-02112

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # | USDOT | ICC # | 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: 4257606797

LAST NAME: CAMPBELL | FIRST NAME: JASON | MIDDLE INITIAL: R

STREET / NEW ADDRESS ☐: 10005 20TH ST SE

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

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # | STATE | SEX: M | D.O.B. MMDDYYYY: 12 - 20 - 1974

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

LICENSE PLATE # | STATE | VIN#

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

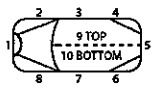
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

SHADE IN DAMAGED AREA



FROM TO

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

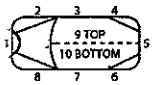
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ | CITATION # | CHARGE

SHADE IN DAMAGED AREA

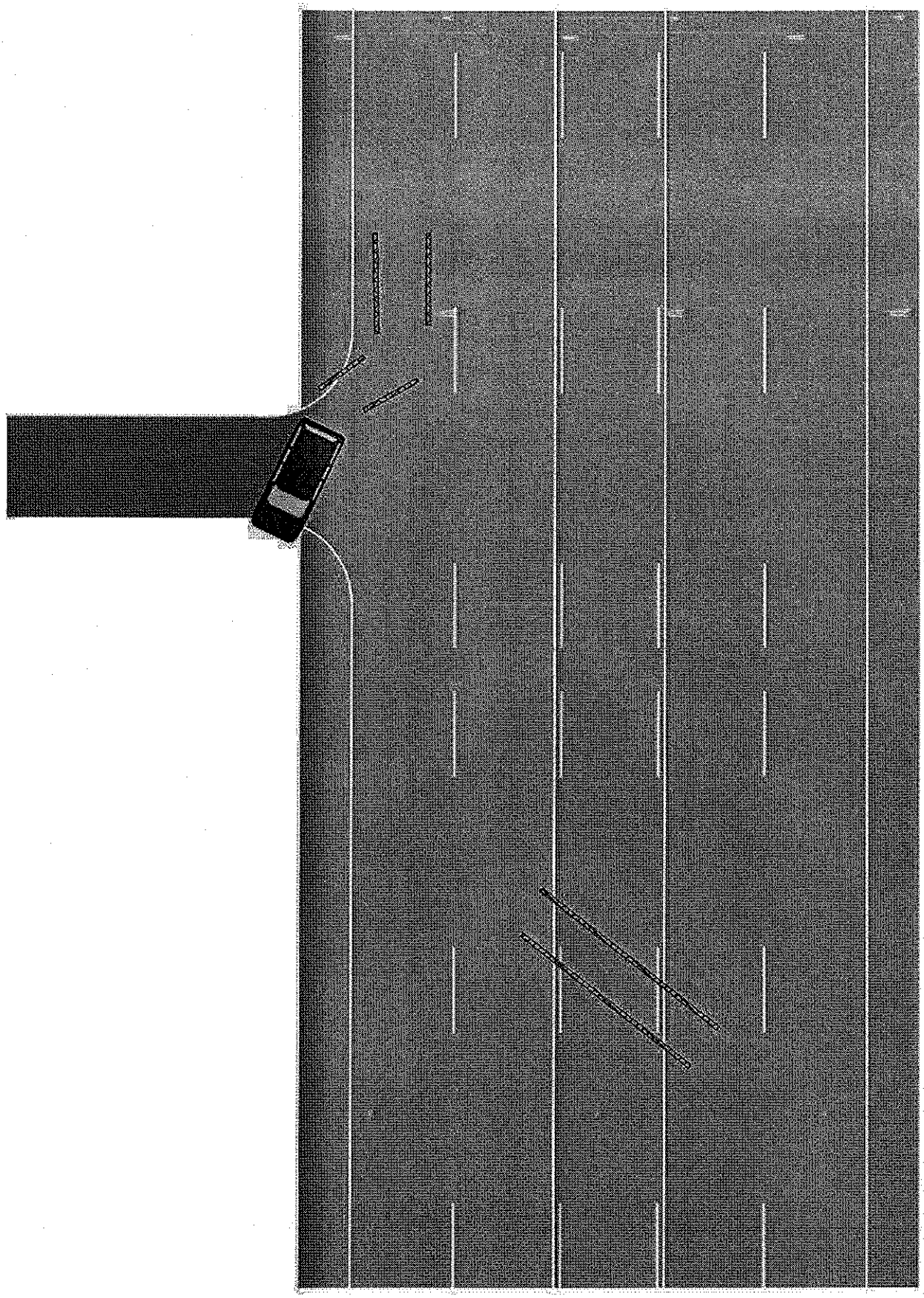


I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ANDREW THOR		08-27-13 03:36 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED

BADGE OR ID # 115 | ORI # WA0311900 | APPROVED BY MINER | DATE 8/27/2013 | PAGE 3 OF 4

3000-345-013 R (7/06)



Incident History for: #SS13019096
Case Numbers: $SS13002112
Entered 08/26/13 18:25:52 BY SPCT05 SP0141
Dispatched 08/26/13 18:26:58 BY SPDP17 SP0200
Enroute 08/26/13 18:26:58
Onscene 08/26/13 18:35:14
Closed 08/26/13 19:08:55

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: AG1419 Map Page: 397F-4 Group: SS1 Beat: SOUT
Src: T
Loc: 10005 20 ST SE ,LKS btwn 99 AV SE & S LAKE STEVENS RD (V)

Loc Info: IFO LOC
Name: TROMLEY, CHANDLER Addr: Phone: 4254185154

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/1825  (SP0141)  ENTRY          ,CC RP RAN OFF RD BY BLU SUBARU - RP INTO A STON
                                E WALL & MAILBOX, BLU DODGE DURANGO NON-BLKNG ,
                                SUBARU LS TWRDS TOM THUMB
/1826  (SP0200)  DISPER  SS1939  #SS115  THOR,OFFICER (ANDREW)
/1835            ONSCNE  SS1939
/1838  (SP0346)  ASNCAS  SS1939 $SS13002112
/1839  (SS115 ) *MISC    SS1939 ,312ZRV VIC VEH
/1839  (SP0346)  ROTREQ  SS1939 TOW     5024  LKS  ANGEL TRANSPORT & TOWING
                                   3605680918
/1840  (SS115 ) *MISC    SS1939 ,AMERICAN FAMILY INS 1829-8247-02-99-FPPA-WA
/1840            REMINQ  SS1939 MDTWANT,TROMLEY,CHANDLER,J,031497,,,WA,,,,,,,,,,
                                ,,,,
/1901  (SP0346)  MISC    SS1939 ,TOW OS
/1901            MISC    SS1939 ,SHUT DOWN ONE WB LANE 20TH ST SE
/1908            CLEAR   SS1939 D/H
/1908            CLOSE   SS1939
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SECTOR COLLISION