STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. E279108

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

FIRE RESULTED ☐
STOLEN VEHICLE ☐
HIT & RUN INVOLVED ☐

CASE # 13-02642

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 | OBJECT STRUCK UTILITY POLE

TRIBAL RESERVATION

DATE OF COLLISION (M M - D D - Y Y Y Y)	TIME (2400)	COUNTY #	MILES			CITY #
10 - 22 - 2013	0918	31	.	N ☐ S ☐	E ☐ W ☐	IN OF ☑ 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☑ NON-INTERSECTION ☐

7TH PL NE | BLOCK NO. ☐ MILE POST ☐ | .

DISTANCE . MILES ☐ FEET ☐ N ☐ S ☐ E ☐ W ☐ OF (REFERENCE OR CROSS STREET) FRONTAGE RD

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

LAST NAME VALDEZ | FIRST NAME EMILIO | MIDDLE INITIAL D

STREET NEW ADDRESS ☐ 24529 MARINE AVE

CITY CARSON | ST CA | ZIP 907450000

CDL | RESTRICTIONS | ENDORSEMENTS T, X

DRIVER'S LICENSE # C6825342 | STATE CA | SEX M | D.O.B. MMDDYYYY 10 - 19 - 1965

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

LICENSE PLATE # WP05849 | STATE CA | VIN#

TRAILER PLATE # 2310551 | STATE ME | TRAILER PLATE # | STATE

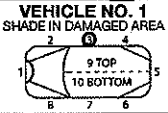
VEH. YEAR 2009 | MAKE FRET | MODEL COVENT | STYLE SE | VEHICLE TOWED YES ☐ NO ☑ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO. WESTERN MDSE EXPRESS INC 1409 S. SPORTMAN DR COMPTON CA 90221

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # WILLIAMSBURG NATIONAL INSURANCE CA081797600

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: 4253341012

LAST NAME CITY OF LAKE STEVENS | FIRST NAME | MIDDLE INITIAL

STREET NEW ADDRESS ☐ 1812 MAIN ST

CITY LAKE STEVENS | ST WA | ZIP 98258

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # | STATE | SEX U | 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

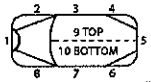
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

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

VEHICLE NO. 2 SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT) DENNIS IRWIN | BADGE OR ID # 105 | AGENCY WA0311900

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

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E279108

CASE # 13-02642

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

UNIT #1 had stopped at the stop sign while Northwest bound on 7th Pl NE in an attempt to exit the parking lot area. As UNIT 1 was attempting to negotiate the tight right turn onto North bound Frontage Rd his tractor trailer rig struck the stop sign and the street light, dislodging both from the ground.

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)

DENNIS IRWIN		10-22-13 11:24 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY: JULIE JAMISON 097 | DATE: 10/22/2013 6:39:39 PM

BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	9:20 AM	TIME POLICE ARRIVED	9:22 AM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E279108

CASE # 13-02642

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # 1 | USDOT | ICC # | VEHICLE TYPE | CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY | ST | ZIP

NAME SOURCE | # AXLES 00 | GVWR 0 | PLACARD ☐ | + | NAME IF NO NUMBER

ADDITIONAL UNITS

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

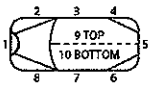
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

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

SHADE IN DAMAGED AREA



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

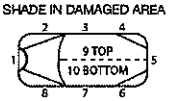
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

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

SHADE IN DAMAGED AREA

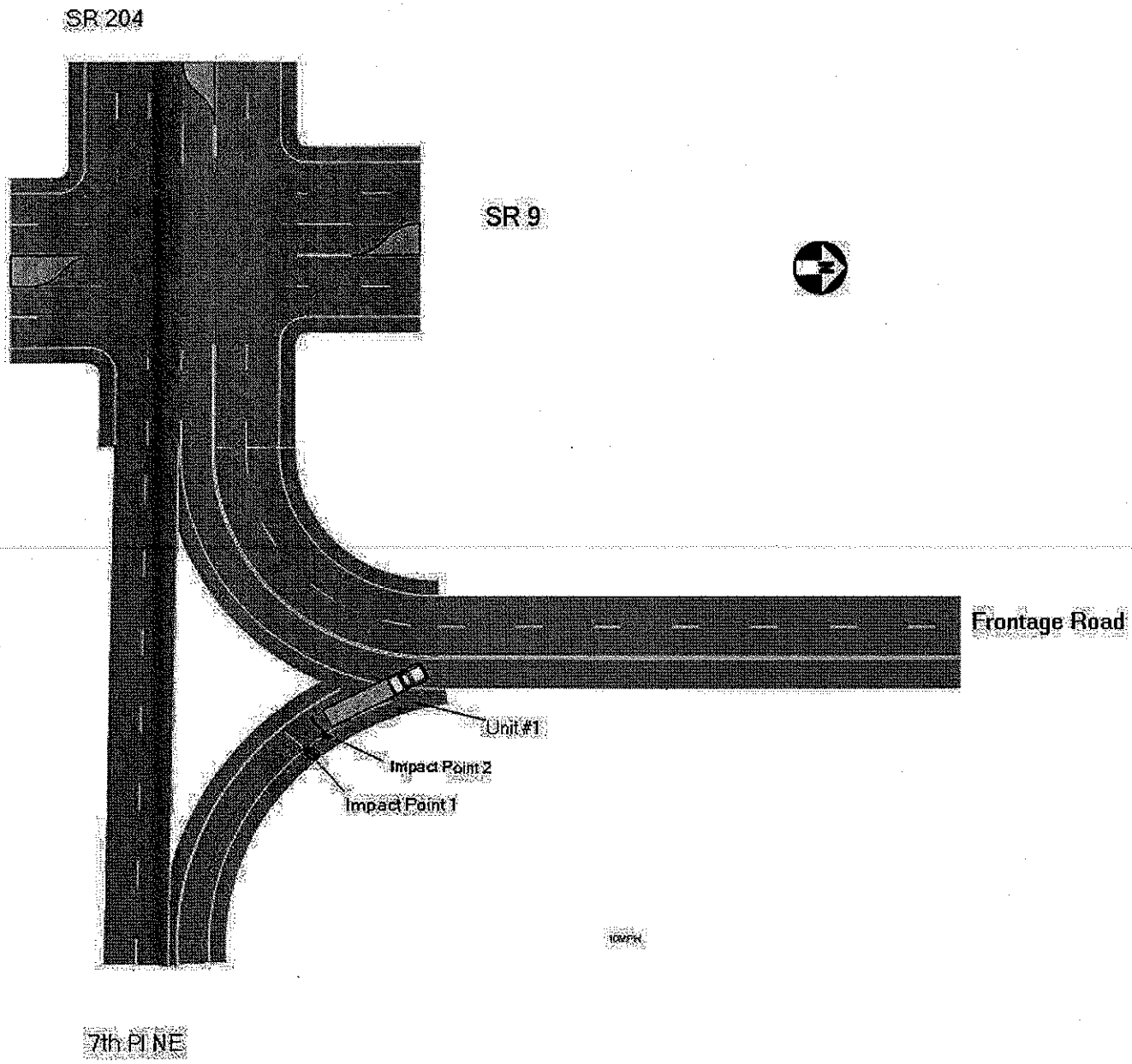


I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN		10-22-13 11:24 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST DET	DATED:	PLACE SIGNED

BADGE OR ID # 105 | ORI # WA0311900 | APPROVED BY JAMISON | DATE 10/22/201 | PAGE 3 OF 4

3000-345-013 R (7/06)


SR 204
SR 9
Frontage Road
Unit #1
Impact Point 2
Impact Point 1
7th Pl NE

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13.02642

VICTIM / WITNESS

NON-DISC ☐	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	VALDEZ Emilio DEL RIO			M	10-19-65		5'10	210	Blk	Brown

STREET ADDRESS	CITY	STATE	ZIP	RES. STATUS
123 EAST "F" ST #2	WILMINGTON	CA	90745	X

HOME PHONE	CELL PHONE	PLACE OF EMPLOYMENT
(310) 830-4558	(310) 908-6111	WMX

WORK PHONE	EMAIL ADDRESS
(310) 928-7630	

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.

WAS LEAVING STORE TRYING TO GET OUT OF SHOPPING CENTER WAS MAKING A RIGHT TURN TURN WAS TO TIGHT HIT POLE KNOCKING IT DOWN, COULDNT BACK UP CARS WERE BEHIND ME

LSPD ORIGINAL

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 10-22-13	LOCATION SIGNED
OFFICER NUMBER: #115	DATE SIGNED 10/22/13	LOCATION SIGNED LAKE STEVENS, WA

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

REVISED 4/2009

Incident History for: #SS13023292
Case Numbers: $SS13002642
Entered 10/22/13 09:19:48 BY SPCT07 SP0141
Dispatched 10/22/13 09:20:25 BY SPDP17 SP0326
Enroute 10/22/13 09:20:25
Onscene 10/22/13 09:22:23
Closed 10/22/13 10:08:37

Initial Type: THAZ Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT,NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST
Src: T
Loc: 701 FRONTAGE RD ,LKS -- FRONTIER VILLAGE ,LKS btwn 4 ST NE & N DAVIES RD (
V)

Loc Info: NEAR MAIN ENTRANCE
Name: CHASE, MELISSA Addr: CEL Phone: 2063101658

```
/0919 (SP0141) ENTRY      ,A/C LRGE STREET LIGHT DOWN BLKNG THE LANE TO LE
                    AVE FRONTIER VILLAGE
/0920 (SP0326) DISPER SS1912 #SS79 SUMMERS,SGT (ROBERT)
/0920        $PREMPT SS1912
/0920        $DISPER SS1936 #SS105 IRWIN,OFFICER (DENNIS)
/0920        PREDSP SS1912 SS1936
/0921 (SP0378) SUPP       LOC: SR 204/SR 9 NE ,LKS,
                    LOCI: NE CORNER,
                    NAM: FAUCHALD, CINDY,
                    PHO: 4252973177,
                    TXT: AC, STOP LIGHT DOWN, BLKING, NON INJURIES V
                    EH BIG LONG WHI SEMI TRUCK TURNING N ONTO SR 9
/0922 (SP0326) ONSCNE SS1936
/0922        ASSTER SS1935 [701 FRONTAGE RD ,LKS]
                    #SS104 LAMBIER,OFFICER (JEFF)
/0925        MISC   SS1936 ,EXIT TO SHOPPNG CENTER BLKED OFF
/0926        REMINQ SS1936 VEH,1936,WP05849,CA,,,,,,,,,,,,,,,,,,
/0926        REMINQ SS1936 VEH,1936,WP05849,CA,,,,,,,2013,TR,,,,,,X,,,,,
/0931        REMINQ SS1936 VEH,1936,2310551,ME,,,,,,,,,,,,,,,,,,
/0931        REMINQ SS1936 VEH,1936,2310551,ME,,,,,,,2013,TR,,,,,,X,,,,,
/0941        MISC   SS1936 ,PUB WORKS ADV
/0951        ASNCAS SS1936 $SS13002642
/0951        CHANGE      TYP: THAZ
                    ---> ACC  .
/1003        $PREMPT SS1935
/1008        CLEAR  SS1936 D/H
/1008        CLOSE  SS1936
```

LSPD ORIGINAL