STATE OF WASHINGTON
POLICE TRAFFIC COLLISION REPORT

1591971

REPORT NO. **E302180**

INTERSTATE		CITY STREET	☑
STATE ROUTE		OTHER	
COUNTY RD		PRIVATE WAY	

FIRE RESULTED	
STOLEN VEHICLE	
HIT & RUN INVOLVED	

CASE # **14-00191**

LOCAL AGENCY CODING

TRIBAL RESERVATION

TOTAL # OF UNITS **07** OBJECT STRUCK **MAILBOX**

DATE OF COLLISION (M M D D Y Y Y Y)	TIME (2400)	COUNTY #	MILES		CITY #
01 - 22 - 2014	**0017**	**31**		N ☐ S ☐ E ☐ W ☐	IN ☑ OF ☐ **0664**

ON (PRIMARY TRAFFIC WAY) **E LAKESHORE DRIVE**

INTERSECTION ☐ NON-INTERSECTION ☑

BLOCK NO. ☑ MILE POST ☐ **830**

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: 4253308442**

LAST NAME	FIRST NAME	MIDDLE INITIAL
ST JAMES	**ZACHARY**	**T**

STREET / NEW ADDRESS ☐ **11848 34TH ST NE**

CITY	ST	ZIP
LAKE STEVENS	**WA**	**982588144**

CDL | RESTRICTIONS | ENDORSEMENTS

DRIVER'S LICENSE # **STJAMZT056C7** | STATE **WA** | SEX **M** | D.O.B. MMDDYYYY **02 - 27 - 1995**

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

LICENSE PLATE # **433YZE** | STATE **WA** | VIN# **WBADD632XVBW28968**

TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

VEH. YEAR **1997** | MAKE **BMW** | MODEL **5284D** | STYLE **4D** | VEHICLE TOWED YES ☑ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☑

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☑ | INSURANCE CO & POLICY # **STATE FARM 203 5216-F01-46**

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
KROLL	**ANN**	

STREET / NEW ADDRESS ☐ **827 E. LAKESHORE DRIVE**

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

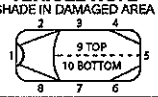
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

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) **ANDREW THOR** | BADGE OR ID # **115** | AGENCY **WA0311900**

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

PAGE 01 OF 6

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E302180

CASE # 14-00191

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

Driver Unit 1 claimed to have swerved to avoid hitting a family of possoms crossing the roadway. Vehicle left roadway and collided with 6 mailboxes causing considerable damage to the vehicle and property.

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		01-23-14 05:31 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED

APPROVED BY	DATE
ROBERT MINER 095	1/24/2014 1:52:56 AM

BADGE OR ID #	115	ORI #	WA0311900	TIME POLICE DISPATCHED	12:17 AM	TIME POLICE ARRIVED	12:21 AM

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E302180

CASE # 14-00191

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

LAST NAME: BUENROSTRO | FIRST NAME: MONICA | MIDDLE INITIAL

STREET NEW ADDRESS ☐: 835 E. LAKESHORE DRIVE

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

SHADE IN DAMAGED AREA

FROM | TO

UNIT # 4 | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☑ | DAMAGE THRESHOLD MET YES ☑ NO ☐ | PHONE

LAST NAME: HOPSTAD | FIRST NAME: KENNETH | MIDDLE INITIAL: M

STREET NEW ADDRESS ☐: 823 E. LAKESHORE DRIVE

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

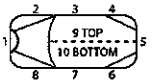
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

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

SHADE IN DAMAGED AREA



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ANDREW THOR — INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST DET | 01-23-14 05:31 AM — DATED: | PLACE SIGNED

BADGE OR ID # 115 | ORI # WA0311900 | APPROVED BY MINER | DATE 1/24/2014 | PAGE 3 OF 6

3000-345-013 R (7/06)

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E302180

CASE # 14-00191

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 # 5 | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☑ | DAMAGE THRESHOLD MET YES ☑ NO ☐ | PHONE

LAST NAME: FIELD | FIRST NAME: CHRIS | MIDDLE INITIAL

STREET NEW ADDRESS ☐: 837 E. LAKESHORE DRIVE

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#

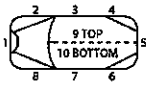
TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

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

SHADE IN DAMAGED AREA



FROM | TO

UNIT # 6 | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☑ | DAMAGE THRESHOLD MET YES ☑ NO ☐ | PHONE

LAST NAME: ACUNA | FIRST NAME: UBALDO | MIDDLE INITIAL: M

STREET NEW ADDRESS ☐: 825 E. LAKESHORE DRIVE

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#

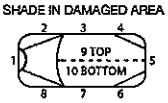
TRAILER PLATE # | STATE | TRAILER PLATE # | STATE

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

SHADE IN DAMAGED AREA



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ANDREW THOR — INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST DET | 01-23-14 05:31 AM — DATED: | PLACE SIGNED

BADGE OR ID #: 115 | ORI #: WA0311900 | APPROVED BY: MINER | DATE: 1/24/2014 | PAGE 4 OF 6

3000-345-013 R (7/06)

SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT

013197

REPORT NO. E302180

CASE # 14-00191

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 # 7 | MOTOR VEHICLE ☐ | PEDAL-CYCLE ☐ | PEDESTRIAN ☐ | PROPERTY OWNER ☑ | DAMAGE THRESHOLD MET YES ☑ NO ☐ | PHONE

LAST NAME: FLEISCHMANN | FIRST NAME: KERRY | MIDDLE INITIAL

STREET NEW ADDRESS ☐: 833 E. LAKESHORE DRIVE

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

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

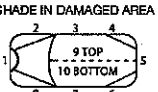
VEH. YEAR | MAKE | MODEL | STYLE | VEHICLE TOWED YES ☐ NO ☐ | TOWED BY | GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ | INSURANCE CO & POLICY #

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

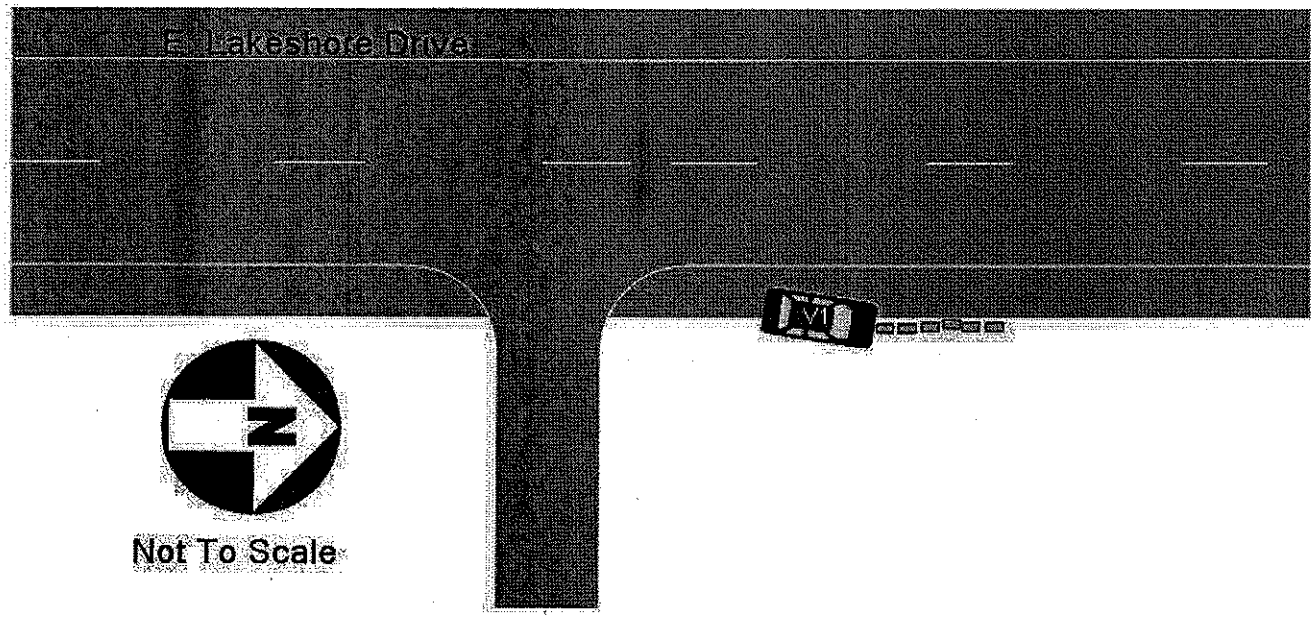
SHADE IN DAMAGED AREA



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 — INVESTIGATING OFFICER'S SIGNATURE | UNIT OR DIST DET | 01-23-14 05:31 AM — DATED: | PLACE SIGNED

BADGE OR ID # 115 | ORI # WA0311900 | APPROVED BY MINER | DATE 1/24/2014 | PAGE 5 OF 6


E. Lakeshore Drive
N
Not To Scale

CHECK ALL THAT APPLY:
- [ ] NON-IMPOUND/TOW
- [ ] AAA or OTHER ROADSIDE ASSISTANCE
- [ ] EVIDENCE
- [ ] SEIZED UNDER RCW 69.50.505
- [x] IMPOUND ONLY
- [ ] DUI/PC IMPOUND WITH 12 HOUR HOLD
- [ ] DWLS IMPOUND WITH ___ DAY HOLD
- [ ] INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
- [ ] REGISTERED OWNER MAY REDEEM _____
- [ ] CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
- [ ] CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE
TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER: 14-00191

VEHICLE INFORMATION

VIN				
WBADD6321XVBW28968				
LICENSE	STATE	YEAR	MAKE	MODEL
433YZE	WASHINGTON	1997	BMW	5284D
☐ Report of Sale	MILEAGE ☐ Digital	STYLE		COLOR
	UNREADABLE	4-DOOR SEDAN		DARKGREEN

DRIVER	REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI): ST JAMES, ZACHARY T	NAME (LAST, FIRST, MI): ST JAMES, ZACHARY T	NAME (LAST, FIRST, MI): LEGAL SAME
STREET ADDRESS: 11848 34TH ST NE	STREET ADDRESS: 11848 34TH ST NE	STREET ADDRESS:
CITY, STATE, ZIP CODE: LAKE STEVENS, WA 982588144	CITY, STATE, ZIP CODE: LAKE STEVENS, WA 982588144	CITY, STATE, ZIP CODE:
PHONE: (425)330-8442 DOB:	PHONE: (425)330-8442	PHONE:

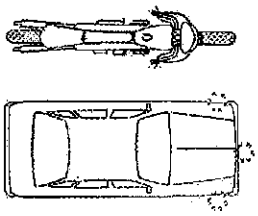
AUTHORIZATION AND RECEIPT

ON 1/22/2014 (DATE) AT 00:32 (24 HOURS) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I AUTHORIZED ANGEL (TOWING FIRM) 502407 (DOL TRUCK NO.)

DRIVEN BY J. STANDLEY (DRIVER'S PRINTED FIRST AND LAST NAME) TO REMOVE THIS VEHICLE FROM 830 E LAKESHORE DRIVE (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
[x] [1] KEYS	[x] FRONT		
[ ] LOCKED TRUNK	[x] R FRONT		
[ ] LOCKED GLOVE BOX	[ ] R SIDE		
[ ] LOCKED CENTER CONSOLE	[ ] R REAR		
[ ] AUTO STEREO	[x] L FRONT		
[ ] [ ] DISC(S)	[ ] L SIDE		
[ ] HANDS FREE DEVICE	[ ] L REAR		
[ ] GPS	[ ] REAR		
[ ] RADAR / LIDAR DETECTOR	[ ] TOP		
[ ] SPARE TIRE	[ ] UNDERCARRIAGE		
[ ] JACK	[ ] OTHER _____		
[ ] CHAINS			
[ ] OTHER _____			

SHADE DAMAGED AREA



INVENTORY

NARRATIVE OR DIAGRAM

(List reasons(s) for impound.)

Driver Unit 1 attempted to avoid hitting possum, lost control of vehicle and left roadway striking several mailboxes

- [x] I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.
- [x] I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.
- [ ] THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC SIGNATURE: *Andrew Thor* | *SNOHOMISH, WA* COUNTY, WA | *115* BADGE NO. | *Lake Stevens PD* AGENCY

3000-110-078 (R 07/13)

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number: Thor	Case Number: 14-191
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: Collision	Date/Time: 1-22-14

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING

*Evidence will be held until court disposition or when the Stature of Limitations has expired

*Found and Safekeeping will be held for 60 days or 60 days past owner notification

Item #	Item	Brand Name	Storage Location	Disposition
RM1	CD	Compucrisscross		
Action #	Brand/Model/Caliber	(Further Description)		
3	Scene	Photos		
	Serial #	Where Found / Weight of Narcotic		

Owner's Name / Address / City / State / Zip / Phone #

Barcode goes here

Owner Signature/Other remarks /additional information/ special instructions

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber	(Further Description)		
	Serial #	Where Found / Weight of Narcotic		

Owner's Name / Address / City / State / Zip / Phone #

Barcode goes here

Owner Signature/Other remarks /additional information/ special instructions

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber	(Further Description)		
	Serial #	Where Found / Weight of Narcotic		

Owner's Name / Address / City / State / Zip / Phone #

Barcode goes here

Owner Signature/Other remarks /additional information/ special instructions

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber	(Further Description)		
	Serial #	Where Found / Weight of Narcotic		

Owner's Name / Address / City / State / Zip / Phone #

Barcode goes here

Owner Signature/Other remarks /additional information/ special instructions

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber	(Further Description)		
	Serial #	Where Found / Weight of Narcotic		

Owner's Name / Address / City / State / Zip / Phone #

Barcode goes here

Owner Signature/Other remarks /additional information/ special instructions

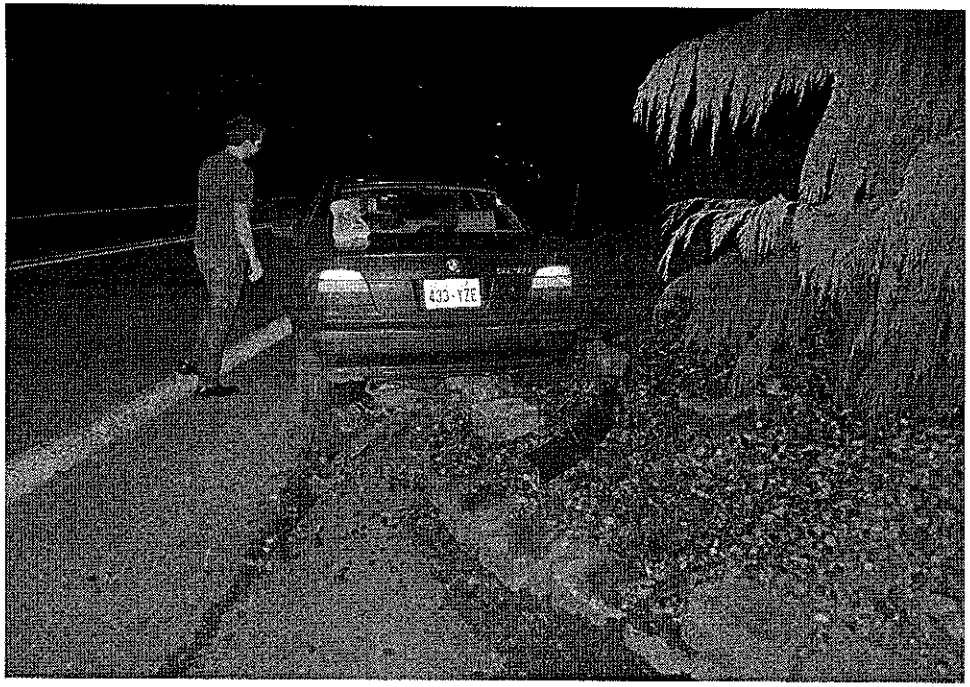
Evidence Control Use Only:

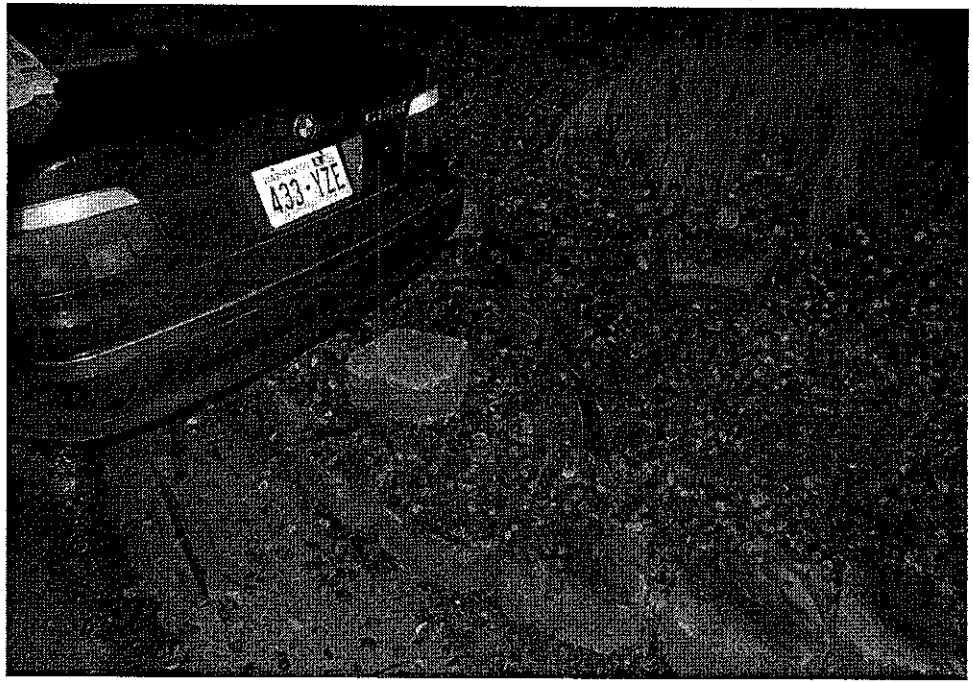
Received by Evidence: NCIC/WACIC √ Date: CAD/RMS Checked ROUTING:

Name: _____ # _____ NCIC/WACIC + Date: Owner Letter Sent: White: Property Room

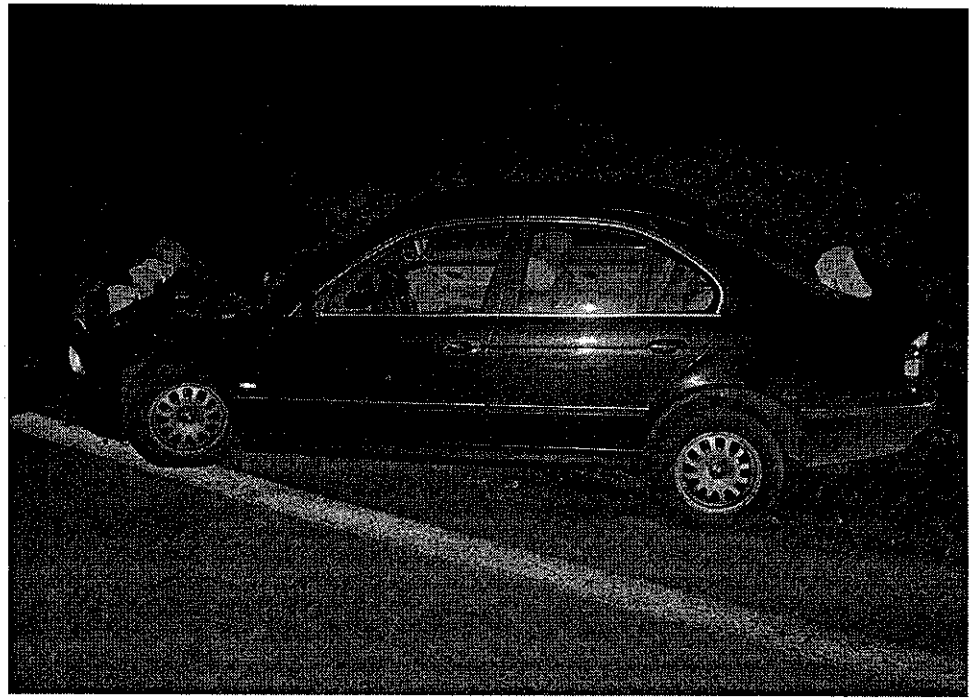
Date: _____ Time: _____ NCIC/WACIC - Date: Owner Letter Sent: Yellow: Case File

14-0191

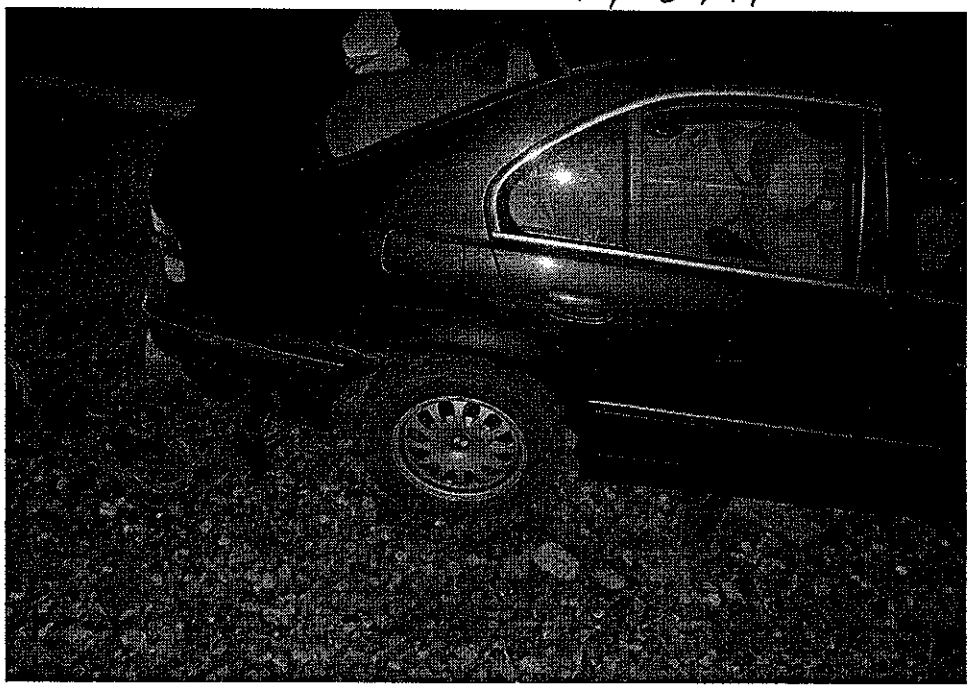


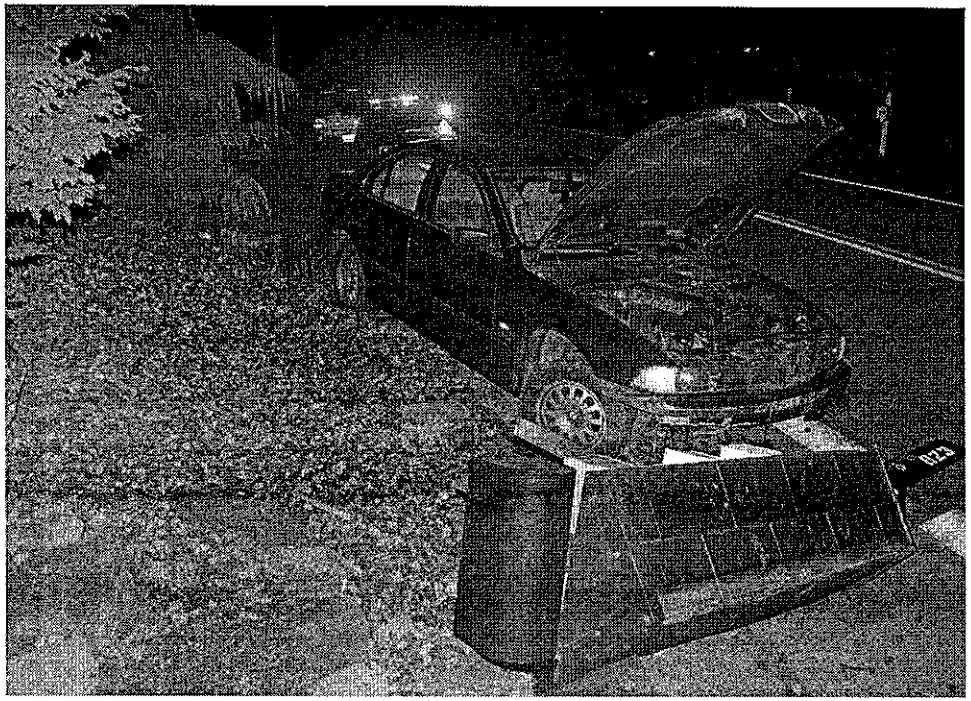


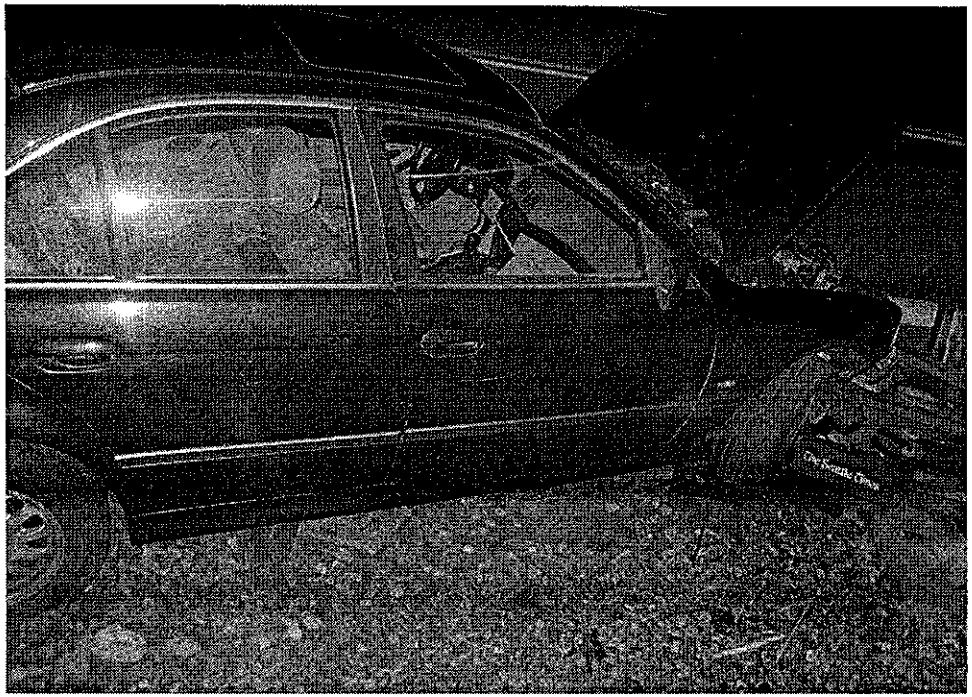
14-0191



14-0191







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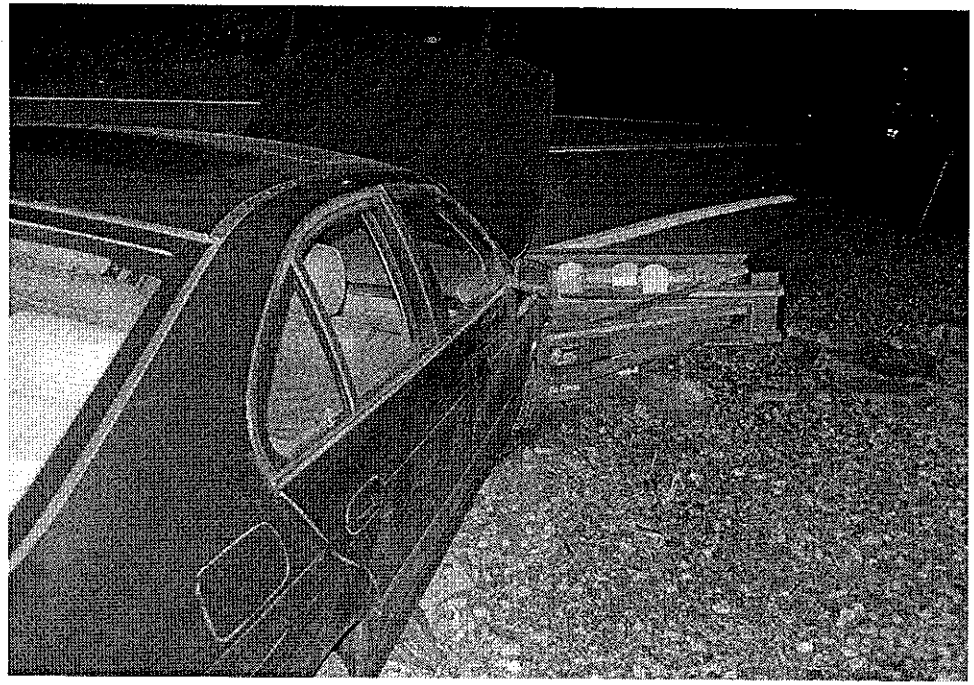
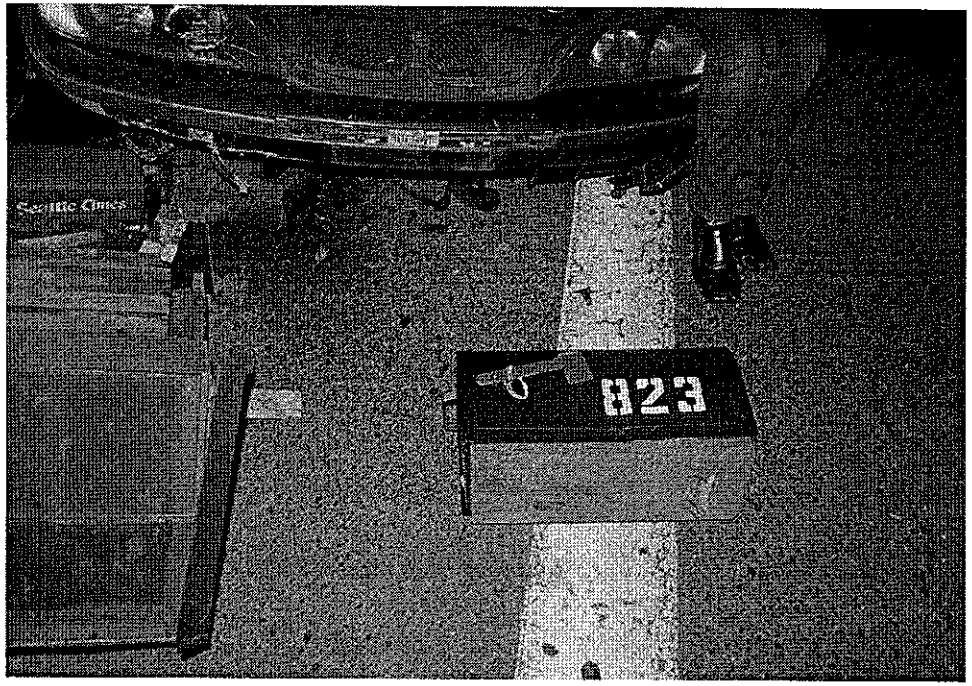
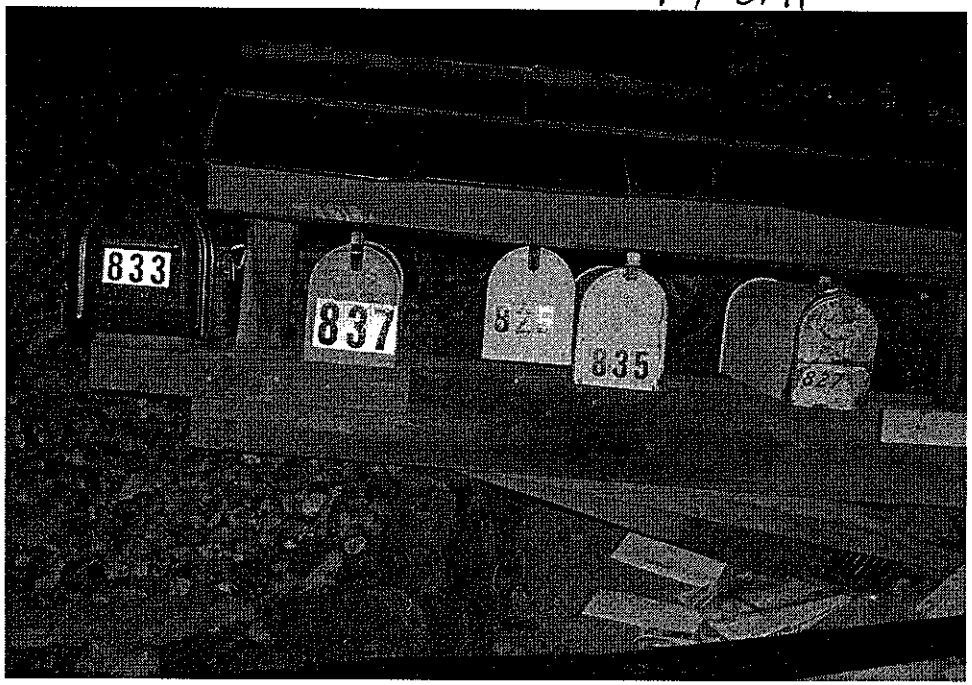
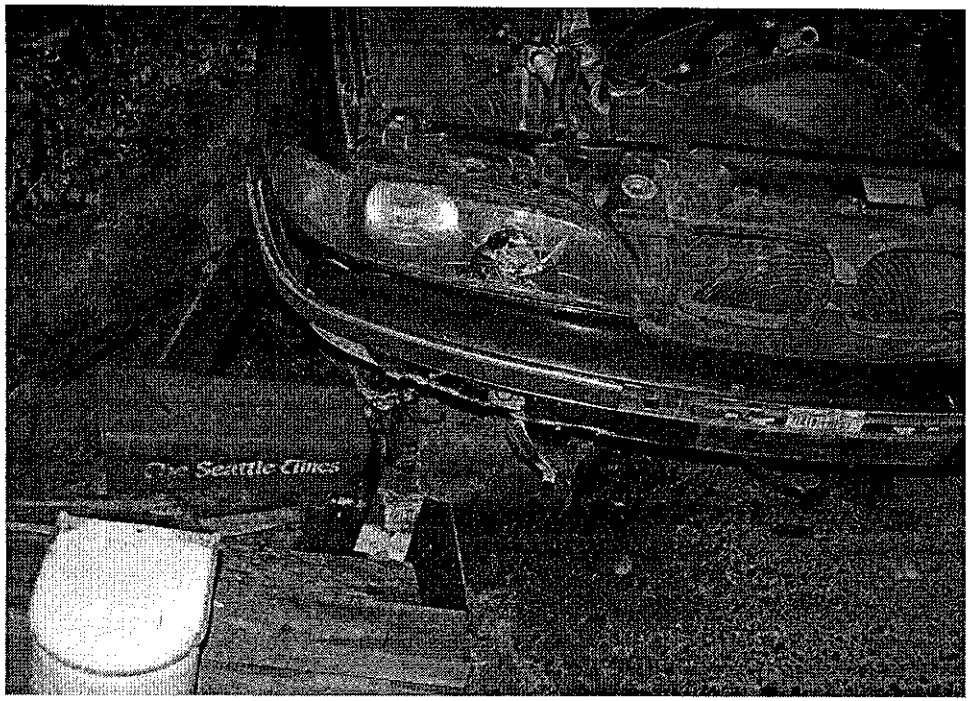


14-0191







14-0191

Incident History for: #SS14001483
Case Numbers: $SS14000191
Entered 01/22/14 00:17:36 BY SPCT10 SP0288
Dispatched 01/22/14 00:17:50 BY SPDP17 SP0243
Enroute 01/22/14 00:17:50
Onscene 01/22/14 00:21:26
Closed 01/22/14 00:57:16

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION,NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1520 Map Page: 377J-7 Group: SS1 Beat: NORT
Src: T
Loc: 800 E LAKESHORE DR ,LKS btwn E LAKE STEVENS RD & 12 ST NE (V)

Loc Info: ON LAKESHORE DR
Name: SHUMAN, JEFF Addr: 12105 8 ST NE ,LKS Phone: 4252680346

/0017	(SP0288)	ENTRY		,AC, UNK COLOR PC VS MAILBOXES, NON INJ, PARTIAL LY BLKING, DRIVER SEEMS TO BE WALKING ON LAKESHO RE W/ FLASHLIGHT
/0017	(SP0243)	DISPER	19N1	#SS72 AUKERMAN,OFFICER (WAYNE)
/0018		ASSTER	19S13	#SS95 MINER,SGT (ROBERT)
/0018		ASSTER	19N2	#SS115 THOR,OFFICER (ANDREW)
/0021		ONSCNE	19S13	[AREA]
/0022		ONSCNE	19N2	[W/VEH]
/0022	(******)	REMINQ	19N2	433YZE
/0022	(SP0243)	REMINQ	19N2	LIC,19N2,433YZE,,,
/0023	(******)	REMINQ	19N2	STJAMES.ZACHARY.T.02271995..
/0023	(SP0243)	REMINQ	19N2	NAME,19N2,STJAMES,ZACHARY,T,02271995,,
/0024		CHANGE		LOC: 12105 8 ST NE ,LKS --> 800 E LAKESHORE DR ,LKS, ADR: --> 12105 8 ST NE ,LKS
/0025		CLEAR	19N1	
/0026	(SS115)	*MISC	19N2	,STATE FARM 203-5216-F01-47
/0026	(SP0243)	ASNCAS	19N2	$SS14000191
/0026		ROTREQ	19N2	TOW 5024 LKS ANGEL TRANSPORT & TOWING 3605680918
/0027		MISC	19N2	,ANGEL TOW ENRT
/0043		MISC	19N2	,TOW ONSCENE
/0057		CLEAR	19N2	D/H
/0057		CLEAR	19S13	D/H
/0057		CLOSE	19S13	

SECTOR Collision