



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E320447**

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INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE # **14-00895**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
 DATE OF COLLISION **03** - **08** - **2014** **0000** **31** N S E W IN OF  **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION  NON-INTERSECTION

**123RD AVE NE** BLOCK NO.  **700** MILE POST

DISTANCE **200** **00** MILES FEET  N  E  S  W OF (REFERENCE OR CROSS STREET) **8TH ST NE**

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. M M D D Y Y Y Y

ON DUTY  STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

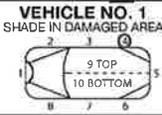
TRAILER PLATE # STATE TRAILER PLATE # STATE

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 # CITATION # CHARGE

VEHICLE LEGALLY STANDING YES  NO



UNIT 02 MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  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. M M D D Y Y Y Y

ON DUTY  STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **ABK2042** STATE **WA** VIN# **2HGFG1B67AH516349**

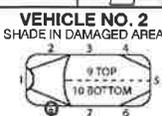
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2010** MAKE **HOND** MODEL **CIVIC** STYLE **HT** VEHICLE TOWED YES  NO  TOWED BY GOVT. VEHICLE YES  NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **SAFECO H2123569** CITATION # CHARGE

VEHICLE LEGALLY STANDING YES  NO



OFFICER'S NAME (PRINT) **CHAD CHRISTENSEN** BADGE OR ID # **075** AGENCY **WA0311900**

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1591972

CORRECTION

REPORT NO. **E320447**

CASE # **14-00895**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX		D.O.B. MMDDYYYY									
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	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 <input type="checkbox"/>	WITNESS <input type="checkbox"/>	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 <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

**NARRATIVE**

The owner of Unit 2 reported her vehicle was damaged while parked in the 700 block of 123rd Ave NE. Owner of Unit 2 beleives her vehicle was struck by another vehicle sometime during the evening hours of 3/8/2014. The incident was reported to police 1 week after the alleged accurance. Unit 2 has not been identified and it is unclear as to where the vehicle was actually parked on 123rd Ave NE.

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)

**CHAD CHRISTENSEN**

INVESTIGATING OFFICER'S SIGNATURE

**04-13-14 07:25 AM**

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 079**

DATE

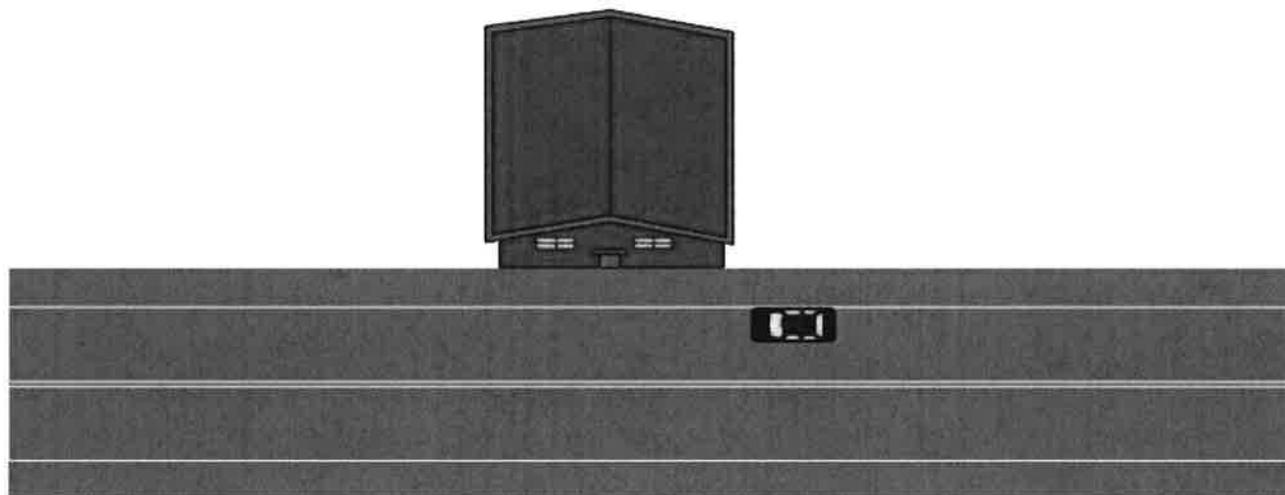
**4/14/2014 1:15:50 AM**

BADGE OR ID # **075**

ORI # **WA0311900**

TIME POLICE DISPATCHED **12:40 PM**

TIME POLICE ARRIVED **12:59 PM**



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14-00895

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Rosas, Breea Marie	RACE	ETH	SEX F	DOB 09/01/90	AGE 23	HGT 5'1"	WGT 115	HAIR brown	EYES brown
STREET ADDRESS 2509 N. Water St.		CITY Ellensburg			STATE Wa	ZIP 98926	RES. STATUS			
HOME PHONE		CELL PHONE (425) 293-1676-3			PLACE OF EMPLOYMENT Central Washington University					
WORK PHONE		EMAIL ADDRESS rosasb@cwu.edu								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CHECK 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.

On the night of Saturday, March 8, 2014, I stayed over at my mother's house (711 123rd Ave NE, Lake Stevens). We arrived home around 10pm from my cousin's birthday party. When I went out to my car, which was parked on the street, I noticed someone had hit my car on the front driver side bumper. This was around 9am the next morning (Sunday, March 9). I didn't notice any cars near by with damage to their car, potentially caused by the hit.

Insurance name: safeco insurance  
 Policy Number: H2123569  
 License Plate Number: ABK 2042

RECEIVED

APR 02 2014

CITY OF LAKE STEVENS  
 POLICE DEPARTMENT

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

SIGNATURE: Breea M. Rosas	DATE SIGNED 3/31/2014	LOCATION SIGNED 2509 N. Water St. Ellensburg
OFFICER/NUMBER: C. [Signature] #75	DATE SIGNED 4/12/14	LOCATION SIGNED



Here's a picture from the accident. The damage is hard to see due to poor picture quality, but you can see the gap between the bumper and car.

100  
ORIGINAL

Incident History for: #SS14005998

Case Numbers: \$SS14000895

Entered 03/31/14 12:40:34 BY SPCT10 SP0345

Dispatched 03/31/14 12:41:15 BY SPDP17 SP0120

Closed 03/31/14 12:59:15

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS001 Fire BLK: AG1520 Map Page: 377J-7 Group: SS1 Beat: NORT

Src: T

Loc: 711 123 AV NE , LKS btwn DEAD END & 8 ST NE (V)

Loc Info:

Name: ROSAS, BREEA

Addr:

Phone: 4252936763

/1240 (SP0345) ENTRY , PH, COLD, NS, H/R OCC'D COUPLE WEEKS AGO

/1241 (SP0120) DISP 19S15 [PH ]

#SS75 CHRISTENSEN, OFCR (CHAD)

/1259 CLEAR 19S15 D/B

/1259 CLOSE 19S15

\*\*\* New Date: 04/13/14 \*\*\*

/0700 (SP0297) ASNCAS \$SS14000895

/0700 CHANGE DSP: B

---> H .

ORIGINAL