



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1581971

REPORT NO. E589327

1 17 27

1

INTERSTATE <input type="checkbox"/>	CITY STREET <input 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 checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # 2016-152909

LOCAL AGENCY CODING WA0310000

TOTAL # OF UNITS 2 OBJECT STRUCK

2

TRIBAL RESERVATION

3

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION 9 - 27 - 2016 1813 31 5 00 N E IN S W OF 1235

4

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

92 AV NW BLOCK NO. 32000 MILE POST

4a

5

DISTANCE 100 00 MILES N E OF (REFERENCE OR CROSS STREET) PIONEER HWY FEET S W

6

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

6

LAST NAME TORRES-ARANDA FIRST NAME JESUS MIDDLE INITIAL

7

STREET NEW ADDRESS (4b)

7

CITY (4b) ST WA ZIP (4b)

8

CDL RESTRICTIONS ENDORSEMENTS

9

DRIVER'S LICENSE # (4b) STATE WA SEX M D.O.B. (4b)

10

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

11

LICENSE PLATE # 94404Z STATE WA VIN# 1HTLKDBR6JH514337

12

TRAILER PLATE # STATE TRAILER PLATE # STATE

13

VEH. YEAR 1988 MAKE INTL MODEL S1900 STYLE BA VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

13 A

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # COUNTRY FINANCIAL 9921555

14

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

15

UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE

16

LAST NAME BNSF RAILWAY CO FIRST NAME MIDDLE INITIAL

17

STREET NEW ADDRESS 2454 OCCIDENTAL AV BLDG 1-A

18

CITY SEATTLE ST WA ZIP 98134

19

CDL RESTRICTIONS ENDORSEMENTS

20

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

21

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

22

LICENSE PLATE # STATE VIN#

23

TRAILER PLATE # STATE TRAILER PLATE # STATE

24

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

25

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

26

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

OFFICER'S NAME (PRINT) METCALF, G. BADGE OR ID # 1319 AGENCY Snohomish County SO

VEHICLE NO. 1 SHADE IN DAMAGED AREA

VEHICLE NO. 2 SHADE IN DAMAGED AREA

PART A 3000-345-159 R (7/06) PAGE 01 OF 7



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

REPORT NO. **E589327**

CASE # 2016-152909

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) TAYLOR, AARON W

ADDRESS & PHONE # (4b) SEX M D.O.B. (4b)

PASSENGER WITNESS UNIT # 1 SEAT POS. 3 AIRBAG 1 RESTR. 1 EJECT 2 HELMET USE INJURY CLASS 5 NATURE OF INJURIES OPEN FEMUR FRACTURE

NAME (LAST, FIRST, MIDDLE INITIAL) SORENSON, CASSIDY A

ADDRESS & PHONE # (4b) SEX M D.O.B. (4b)

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

NAME (LAST, FIRST, MIDDLE INITIAL) NASH, NANCY E

ADDRESS & PHONE # (4b) SEX F D.O.B. (4b)

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

DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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)

G. METCALF 9/28/2016
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY Kahler, A. 1415 DATE

BADGE OR ID # 1319 ORI # WA0310000 TIME POLICE DISPATCHED 6:15 PM TIME POLICE ARRIVED 6:30 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

REPORT NO. **E589327**

CASE # 2016-152909

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) NASH, GLEN A

ADDRESS & PHONE # (4b) SEX M D.O.B. MMDDYYYY (4b)

PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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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
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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
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DIAGRAM

Please see subsequent diagram page

INDICATE NORTH BY ARROW



NARRATIVE

Please see subsequent narrative page(s)

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G. METCALF 9/28/2016
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APPROVED BY Kahler, A. 1415 DATE

BADGE OR ID #	1319	ORI #	WA0310000	TIME POLICE DISPATCHED	6:15 PM	TIME POLICE ARRIVED	6:30 PM
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SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E589327

CASE # 2016-152909

1

COMMERCIAL MOTOR CARRIER INTERSTATE INTRASTATE

2

UNIT # 1 USDOT 1886940 ICC # 88 VEHICLE TYPE 3 CARGO BODY TYPE 9

3

CARRIER NAME HUGHES FARMS INC

4

CARRIER ADDRESS 13225 FARM TO MARKET RD

5

CITY MOUNT VERNON ST WA ZIP 98273

6

NAME SOURCE 1 AXLES 3 GVWR 48000 PLACARD + NAME IF NO NUMBER

7

ADDITIONAL UNITS

8

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

9

LAST NAME FIRST NAME MIDDLE INITIAL

10

STREET NEW ADDRESS

11

CITY ST ZIP

12

CDL RESTRICTIONS ENDORSEMENTS

13

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

14

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

15

LICENSE PLATE # STATE VIN#

16

TRAILER PLATE # STATE TRAILER PLATE # STATE

17

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

18

REGISTERED OWNER INFO.

19

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

20

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE

21

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

22

LAST NAME FIRST NAME MIDDLE INITIAL

23

STREET NEW ADDRESS

24

CITY ST ZIP

25

CDL RESTRICTIONS ENDORSEMENTS

26

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



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)

G. METCALF

9/28/2016

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # 1319

ORI # WA0310000

APPROVED BY Kahler

DATE

PAGE 4 OF 7

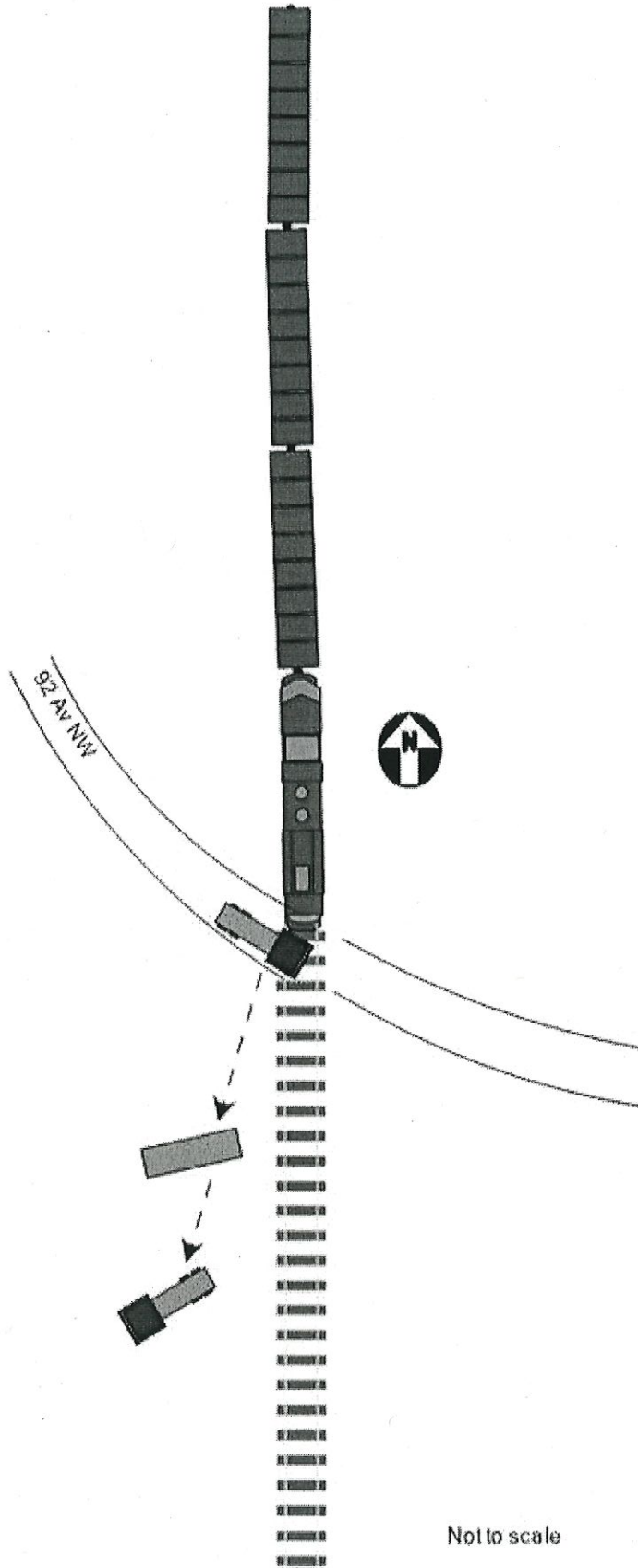
Other Descriptions

UNIT LEVEL DESCRIPTIONS:

[TRAFFIC CONTROL DESCRIPTION] - RAILROAD CROSSING SIGN (Unit 1)

Narrative

Veh 1 (1988 international farm truck-driver: Torres-Aranda) was driving southeast on a 92 Av NW (private rd) approaching BNSF railroad tracks located at DOT crossing # 84722N (MP 58.5). Torres-Aranda failed to stop at the posted stop sign and was struck by a southbound BNSF train. The truck was destroyed and pushed to the west of the railroad tracks. The box and tractor were separated. The train was able to come to safe stop. Torres-Aranda was dead at the scene and no one on the train was injured.



Pioneer Highway