



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E614186

1 17 27

1 1

| | | |
|--------------------------------------|---|---|
| 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 type="checkbox"/> |

| | |
|---------------------|-----------|
| CASE # | 16-B09381 |
| LOCAL AGENCY CODING | |

2 06

2 2

| | |
|--------------------|--|
| TRIBAL RESERVATION | |
|--------------------|--|

| | | | |
|------------------|---|---------------|--|
| TOTAL # OF UNITS | 3 | OBJECT STRUCK | |
|------------------|---|---------------|--|

1 18 28

3 4

| | | | | |
|-------------------|----------------|----------|-------|--------|
| M M D D Y Y Y Y | TIME (2400) | COUNTY # | MILES | CITY # |
| DATE OF COLLISION | 11 - 20 - 2016 | 29 | | 0140 |
| | 2050 | | | |

2

4

| | | |
|--------------------------|---|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |
| GREENLEAF RD. | BLOCK NO. <input checked="" type="checkbox"/> | 500 |
| | MILE POST <input type="checkbox"/> | |

0 2 29

4a

| | | | | | | |
|----------|-----|----|--|----------------------------|---------------------------------------|--------------------------------|
| DISTANCE | 200 | 00 | MILES <input type="checkbox"/> | N <input type="checkbox"/> | E <input type="checkbox"/> | OF (REFERENCE OR CROSS STREET) |
| | | | FEET <input checked="" type="checkbox"/> | S <input type="checkbox"/> | W <input checked="" type="checkbox"/> | S SPRUCE ST. |

5 A

| | | | | |
|---------|---|--------------------------------------|--|-------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE |
|---------|---|--------------------------------------|--|-------|

1 4 30

6 1

| | | | | | |
|-----------|--------|------------|---------|----------------|---|
| LAST NAME | POHREN | FIRST NAME | ZACHARY | MIDDLE INITIAL | A |
|-----------|--------|------------|---------|----------------|---|

| | |
|--------------------|----|
| STREET NEW ADDRESS | 4b |
|--------------------|----|

7

| | | | | | |
|------|----|----|----|-----|----|
| CITY | 4b | ST | WA | ZIP | 4b |
|------|----|----|----|-----|----|

1 12 31

8

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

9 4

| | | | | | | | |
|--------------------|----|-------|----|-----|---|-----------------|----|
| DRIVER'S LICENSE # | 4b | STATE | WA | SEX | M | D.O.B. MMDDYYYY | 4b |
|--------------------|----|-------|----|-----|---|-----------------|----|

10

| | | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|---------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 3 | RESTR. | 9 | EJECT | 2 | HELMET USE | INJURY CLASS | 4 | NATURE OF INJURIES | UNKNOWN |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|---------|

1 32

11 2 5

| | | | | | |
|-----------------|----|-------|----|------|----|
| LICENSE PLATE # | 4b | STATE | WA | VIN# | 4b |
|-----------------|----|-------|----|------|----|

12

| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

13 2

| | | | | | | | | | | |
|-----------|------|------|-----|-------|----------|-------|----|---|----------|---|
| VEH. YEAR | 2000 | MAKE | JEP | MODEL | CHEROKEE | STYLE | UT | VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|-----|-------|----------|-------|----|---|----------|---|

FROM TO 7 3 33

| | |
|------------------------|-------------------------------------|
| REGISTERED OWNER INFO. | VEHICLE NO. 1 SHADE IN DAMAGED AREA |
|------------------------|-------------------------------------|

14

| | |
|--|-------------------------|
| LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO & POLICY # |
|--|-------------------------|

FROM TO 34

15 2

| | | |
|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|

| | | | | | | |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|

9 35

16

| | | | | | |
|-----------|---------|------------|--|----------------|--|
| LAST NAME | UNKNOWN | FIRST NAME | | MIDDLE INITIAL | |
|-----------|---------|------------|--|----------------|--|

17

| | |
|--------------------|--|
| STREET NEW ADDRESS | |
|--------------------|--|

36

18

| | | | | | |
|------|--|----|--|-----|--|
| CITY | | ST | | ZIP | |
|------|--|----|--|-----|--|

37

19

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

38

20

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

39

21

| | | | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|--|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 1 | EJECT | 9 | HELMET USE | 9 | INJURY CLASS | 1 | NATURE OF INJURIES | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|--|

40

22

| | | | | | |
|-----------------|----|-------|----|------|----|
| LICENSE PLATE # | 4b | STATE | WA | VIN# | 4b |
|-----------------|----|-------|----|------|----|

23

| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

1 41

24

| | | | | | | | | | | |
|-----------|------|------|------|-------|----------|-------|--|---|----------|---|
| VEH. YEAR | 1994 | MAKE | FORD | MODEL | EXPLORER | STYLE | | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|----------|-------|--|---|----------|---|

1 42

| | |
|------------------------|-------------------------------------|
| REGISTERED OWNER INFO. | VEHICLE NO. 2 SHADE IN DAMAGED AREA |
|------------------------|-------------------------------------|

25

| | |
|--|-------------------------|
| LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO & POLICY # |
|--|-------------------------|

| | | |
|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|

| | | |
|------------------------|---------------|---------------|
| OFFICER'S NAME (PRINT) | BADGE OR ID # | AGENCY |
| PAYNE, PRESTON | H23 | PD BURLINGTON |



1591972

REPORT NO. **E614186**

CASE # 16-B09381

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 | | | | |

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)

PRESTON PAYNE

11/30/2016

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY Hofkamp, Troy H5

DATE

| | | | | | | | |
|---------------|-----|-------|-----------|------------------------|---------|---------------------|---------|
| BADGE OR ID # | H23 | ORI # | WA0290400 | TIME POLICE DISPATCHED | 8:52 PM | TIME POLICE ARRIVED | 8:53 PM |
|---------------|-----|-------|-----------|------------------------|---------|---------------------|---------|



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E614186

CASE # 16-B09381

| | | | |
|---------------------------------|-------|-------------------------------------|-------------------------------------|
| COMMERCIAL MOTOR CARRIER | | INTERSTATE <input type="checkbox"/> | INTRASTATE <input type="checkbox"/> |
| UNIT # | USDOT | ICC # | VEHICLE TYPE |
| CARRIER NAME | | CARGO BODY TYPE | |

| | | | |
|-----------------|------|----|-----|
| CARRIER ADDRESS | CITY | ST | ZIP |
|-----------------|------|----|-----|

| | | | | | |
|-------------|---------|-----|---------|---|-------------------|
| NAME SOURCE | * AXLES | GWR | PLACARD | + | NAME IF NO NUMBER |
|-------------|---------|-----|---------|---|-------------------|

| | | | | |
|--------------------|--|------|----|-----|
| STREET NEW ADDRESS | | CITY | ST | ZIP |
|--------------------|--|------|----|-----|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

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

| | | | | | | | |
|----------------------------------|--------|--------|--------|-------|------------|--------------|--------------------|
| ON DUTY <input type="checkbox"/> | 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 <input type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-----------|------|-------|-------|--|----------|--|

| | | | | | |
|------------------------|--|-------------------------|---|------------|--------|
| REGISTERED OWNER INFO. | LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO & POLICY # | VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|------------------------|--|-------------------------|---|------------|--------|

| | | | | | | |
|--------|--|--------------------------------------|-------------------------------------|---|--|----------------------|
| UNIT # | MOTOR VEHICLE <input type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE (206) 382-4701 |
|--------|--|--------------------------------------|-------------------------------------|---|--|----------------------|

| | | |
|-----------|------------|----------------|
| 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 <input type="checkbox"/> | 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 <input type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-----------|------|-------|-------|--|----------|--|

| | | | | | |
|------------------------|--|-------------------------|---|------------|--------|
| REGISTERED OWNER INFO. | LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO & POLICY # | VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|------------------------|--|-------------------------|---|------------|--------|

| | | | | | | |
|--------|--|--------------------------------------|-------------------------------------|---|---|-------|
| UNIT # | MOTOR VEHICLE <input type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/> | 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 <input type="checkbox"/> | 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 <input type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-----------|------|-------|-------|--|----------|--|

| | | | | | |
|------------------------|--|-------------------------|---|------------|--------|
| REGISTERED OWNER INFO. | LIABILITY INSURANCE IN EFFECT <input type="checkbox"/> | INSURANCE CO & POLICY # | VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|------------------------|--|-------------------------|---|------------|--------|

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)

PRESTON PAYNE

11/30/2016

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # H23 ORI # WA0290400

APPROVED BY Hofkamp DATE

PAGE 3 OF 6

Other Descriptions

COLLISION LEVEL DESCRIPTIONS:

[LOCATION CHARACTER DESCRIPTION] - RR CROSSING

Narrative

Unit #1 was traveling eastbound in the 400 block of Greenleaf Ave. The railroad crossing arms were down, red lights flashing, and bells sounding. Unit #1 passed the Vehicle that was stopped at the front of the line waiting for the arms to go up. Unit #1 continued eastbound in the westbound lane, going around the downed railroad crossing arms. As Unit #1 entered into the railroad crossing an Amtrak passenger train going 79 MPH struck Unit #1 on the passenger side front door. The rear axle from Unit #1 broke off and tumbled through a chain link fence on the east side of the tracks knocking the fence down. The rear axle struck Unit #2 in the back drivers side door. Unit #2 was legally parked in its driveway.

