



1591971

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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 type="checkbox"/>

CASE # 08-636423

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK

DATE OF COLLISION: M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

Current Date 154517 0.00 N S E W IN OF 1140

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

Greenwood Ave N BLOCK NO. 8500.00 MILE POST

DISTANCE 0.00 MILES OF (REFERENCE OR CROSS STREET) N. 85th Street

UNIT 01 MOTOR VEHICLE PEDAL CYCLE DAMAGE THRESHOLD MET YES NO PHONE Home 253-631-1411 Work 206-633-2033

LAST NAME Heusser FIRST NAME Ronald MIDDLE INITIAL B

STREET NEW ADDRESS 26429 189th SE

CITY Kent ST WA ZIP 98033

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # HEUSSRB521PQ STATE WA SEX M D.O.B. 06-21-1948

ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES Sore Neck

LICENSE PLATE # 551AQE STATE WA VIN# PB639J1KR617395C1

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2004 MAKE MER MODEL W00SL STYLE 2DOOR VEHICLE TOWED YES NO GOVT. VEHICLE YES NO

REGISTERED OWNER INFO Same as above

LIABILITY INSURANCE IN EFFECT American States AS456098900 CITATION # 1000123 CHARGE Fail to Yield R/Way



UNIT 02 MOTOR VEHICLE PEDAL CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE Home 360-239-1977 Work 360-586-3872

LAST NAME Cooper FIRST NAME William MIDDLE INITIAL E

STREET NEW ADDRESS 5627 Benjamin Ave. NW

CITY Olympia ST WA ZIP 98504

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # COOPEWE495GP STATE WA SEX M D.O.B. 10-07-1955

ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES Sore Neck and Back

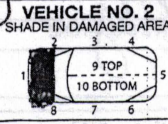
LICENSE PLATE # 075DSZ STATE WA VIN# 8KLB631975GR263P4

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1999 MAKE CHEV MODEL Caprice 4D VEHICLE TOWED YES NO TOWED BY Ken's Towing GOVT. VEHICLE YES NO

REGISTERED OWNER INFO Same as above

LIABILITY INSURANCE IN EFFECT Farmers #WA-84-09876 CITATION # CHARGE



OFFICER'S NAME (PRINT) CPL. L. Mosley BADGE OR ID # 622 AGENCY WSP

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CASE # 08-636423

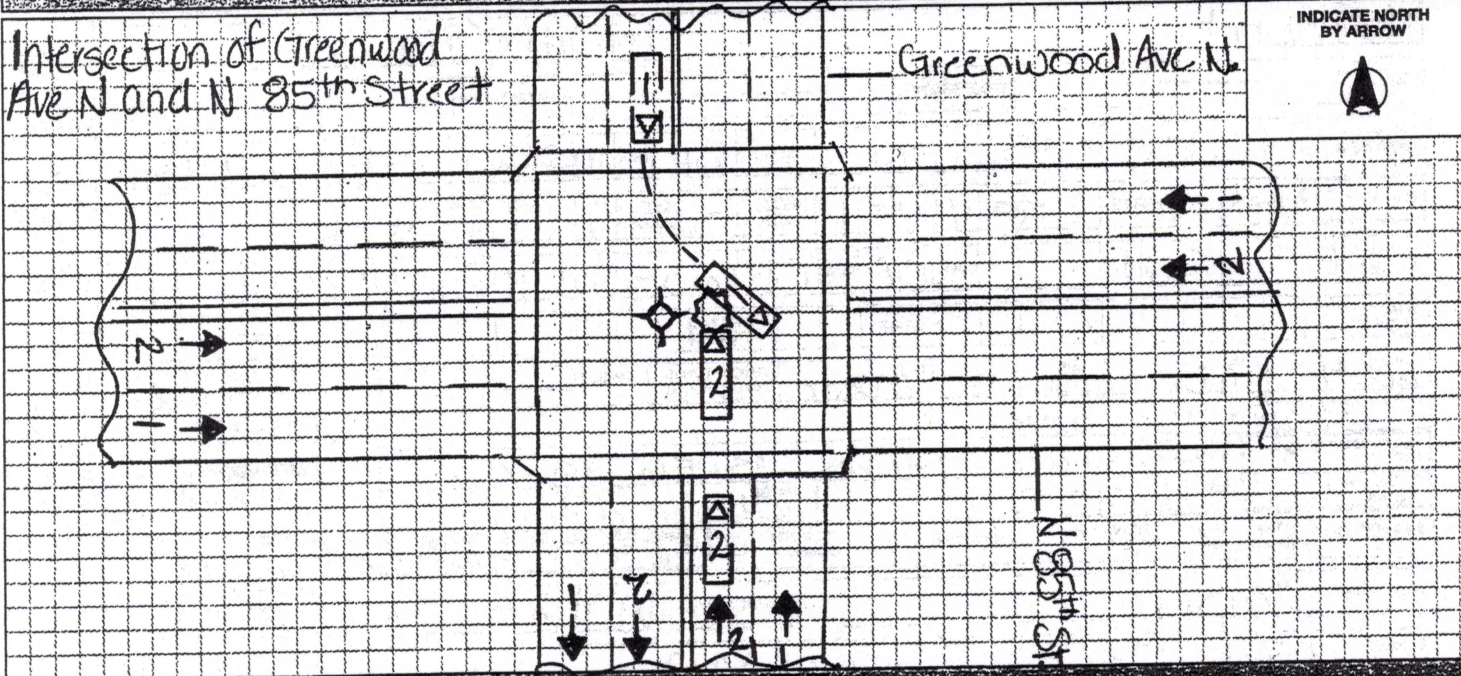
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) Cooper Patricia A.
 ADDRESS & PHONE # 5127 Benjamin Ave NW Olympia WA 98504 360-239-1977
 PASSENGER WITNESS UNIT # 2 SEAT POS 3 AIRBAG 2 RESTR 4 EJECT 1 HELMET USE - INJURY CLASS 6 NATURE OF INJURIES Neck & Back

NAME (LAST, FIRST, MIDDLE INITIAL) Coleman Richard F.
 ADDRESS & PHONE # 3345 Rolling River Drive Seattle WA 98146 206-123-4567
 PASSENGER WITNESS UNIT # - SEAT POS - AIRBAG - RESTR - EJECT - HELMET USE - INJURY CLASS - NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)
 ADDRESS & PHONE #
 PASSENGER WITNESS UNIT # SEAT POS AIRBAG RESTR EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

DIAGRAM



NARRATIVE

Vehicle #1 was traveling S/B on Greenwood Ave N. in lane 2 of 2.
 Vehicle #2 was traveling N/B on Greenwood Ave N. in lane 2 of 2.
 Vehicle #1 made a left turn onto E/B N. 85th Street in front of Vehicle #2. Vehicle #2 struck Vehicle #1 in the intersection of Greenwood Ave. N. and N. 85th St.

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)

INVESTIGATING OFFICER'S SIGNATURE J. Masley UNIT OR DIST. DET 02/14 TODAY'S DATE 02/14 PLACE SIGNED King County, WA

APPROVED BY _____ DATE _____

BADGE OR ID # #622 ORI # WAWSPO214 TIME POLICE DISPATCHED 1545 TIME POLICE ARRIVED 1551

INFRACTION **TRAFFIC** **NON-TRAFFIC I**

IN THE DISTRICT MUNICIPAL COURT OF **KANGAROO COURT**, WASHINGTON
 STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
 COUNTY OF KING
 CITY/TOWN OF CJTC BASIC ACADEMY

L.E.A. ORI #: WA0400400

COURT ORI #: WA040050J

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. HEUSSRB521PQ		STATE WA	EXPIRES 2016	PHOTO I.D. MATCHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME: LAST HEUSSER	FIRST RONALD	MIDDLE B	CDL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> IF NEW ADDRESS <input type="checkbox"/> PASSENGER
ADDRESS 26429 189th SE				
CITY KENT	STATE WA	ZIP CODE 98033	EMPLOYER EA2 CONSULTING	LOCATION
DATE OF BIRTH 06/21/48	RACE W	SEX M	HEIGHT 60	WEIGHT 170
RESIDENTIAL PHONE NO. (253) 631-1611	CELL/PAGER NO. ()	WORK PHONE NO. (206) 633-2033	EYES BRO	HAIR BRO
VIOLATION DATE ON OR ABOUT CURRENT DATE	MONTH	DAY	YEAR	TIME 1543
<input type="checkbox"/> INTERPRETER NEEDED LANG:				
AT LOCATION GREENWOOD AVEN / 85 ST				
M.P. CITY/COUNTY OF KING				

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO. 5S1AQE	STATE WA	EXPIRES 01/15	VEH. YR. 96	MAKE MER	MODEL WOODSL	STYLE 2DR	COLOR BLUE
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER SAME AS ABOVE							
ADDRESS CITY STATE ZIP CODE							
ACCIDENT NO NR <input checked="" type="checkbox"/> I F	CMV <input checked="" type="checkbox"/> NO	16+ PASS <input checked="" type="checkbox"/> NO	HAZMAT <input checked="" type="checkbox"/> NO	EXEMPT VEHICLE <input checked="" type="checkbox"/> NO	FIRE LEA <input checked="" type="checkbox"/> NO		

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE RCW 46.61.180	VEHICLE SPEED	IN A	ZONE	<input type="checkbox"/> SMD <input type="checkbox"/> PACE <input type="checkbox"/> AIRCRAFT
FAILURE TO YIELD RIGHT OF WAY			\$124	
COLLISION INVOLVED			\$51	
#2 VIOLATION/STATUTE CODE				
#3 VIOLATION/STATUTE CODE				
PENALTY U.S. \$ 175 -			DATE ISSUED CURRENT DATE	
<input checked="" type="checkbox"/> Served on Violator			I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S).	
<input type="checkbox"/> Sent to Court for Mailing			OFFICER # S SMITH 1568	
<input type="checkbox"/> Referred to Prosecutor			OFFICER #	

INFRACTION

ABSTRACT OF JUDGMENT	INF	RESPONSE	DISPOSITION	PENALTY	SUSPENDED	SUB-TOTAL	FNDG/JDGT DATE
	1	C	NC	C NC D P DF	\$	\$	\$
2	C	NC	C NC D P DF	\$	\$	\$	
3	C	NC	C NC D P DF	\$	\$	\$	
TOTAL COSTS \$							

OFFICER REPORT

On (current date) at approximately 1545 hours the Δ (Ronald Heusser DOB 06-21-1948) was traveling S/B on Greenwood Ave N in lane 2 of 2. The Δ made a left turn onto E/B N. 85th Street, as he turned the Δ stated he spilled his coffee. When Δ spilled his coffee he looked down and failed to see a maroon 1999 Chev Caprice traveling N/B on Greenwood Ave N. in lane 2 of 2. The Δ failed to yield the right of way to the Caprice. The Caprice was unable to stop and struck the Δ. The driver of the caprice stated he was traveling at the posted speed limit 30mph when the collision occurred.

TRAFFIC <input type="radio"/> LT <input type="radio"/> MED <input type="radio"/> HV	WEATHER <input checked="" type="radio"/> CL <input type="radio"/> RN <input type="radio"/> FG <input type="radio"/> SN	STREET <input checked="" type="radio"/> D <input type="radio"/> W <input type="radio"/> I <input type="radio"/> S	LIGHT <input checked="" type="radio"/> D <input type="radio"/> DWN <input type="radio"/> DSK <input type="radio"/> DK
Officer's Report for Citation # <u>I00123</u> The information contained on this citation is incorporated by reference into this report. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE			
Signature <u>A. Mosley</u> # <u>627</u> Date and Place <u>(Current Date) King County, WA</u>			
WITNESS NAME (LAST, FIRST, M.I.)		PHONE	
ADDRESS	CITY	STATE	ZIP
WITNESS NAME (LAST, FIRST, M.I.)		PHONE	
ADDRESS	CITY	STATE	ZIP
INCIDENT NUMBER	RELATED CITATION/INFRACTION NUMBERS	APPROVING OFFICER/NO.	