



SURVIVAL FACTORS GROUP
CHAIRMAN FACTUAL REPORT
ATTACHMENT 1
STATE OF WA POLICE TRAFFIC COLLISION REPORT

Redacted

Bridge Collapse
Mount Vernon, WA; 05/23/2013

HWY-13-MH-012
(5 Pages)



STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT



1691971

SUPPLEMENTAL

REPORT NO. E246598

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INTERSTATE CITY STREET
STATE ROUTE OTHER
COUNTY RD PRIVATE WAY

FIRE RESULTED
STOLEN VEHICLE
HIT & RUN INVOLVED

CASE # 13-007187

LOCAL AGENCY CODING

TOTAL # OF UNITS 04 OBJECT STRUCK BRIDGE RAIL

TRIBAL RESERVATION

DATE OF COLLISION 05 - 23 - 2013 TIME (2400) 1905 COUNTY # 29 MILES IN OF 0140

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
15 BLOCK NO. 228 MILE POST 47

DISTANCE 0.53 MILES OF (REFERENCE OR CROSS STREET) 15 MP 229

UNIT 01 MOTOR VEHICLE DAMAGE THRESHOLD MET YES NO PHONE D: [redacted]

LAST NAME [redacted] FIRST NAME [redacted] MIDDLE INITIAL D

STREET NEW ADDRESS [redacted]

CITY [redacted] ST AB ZIP [redacted]

CDL 100 RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # [redacted] STATE AB SEX M D.O.B. [redacted]

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

LICENSE PLATE # [redacted] STATE AB VIN# 1XKDD04A [redacted]

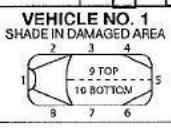
TRAILER PLATE # [redacted] STATE AB TRAILER PLATE # STATE

VEH. YEAR 2010 MAKE KEN MODEL SEMI STYLE DS VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. MULLEN TUCKING LTD PO BOX 87 ALDERSYDE AB 70L040

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # NORTHBRIDGE COMMERCIAL INS CORP 2002135

VEHICLE LEGALLY STANDING YES NO CITATION # PENDING CHARGE PENDING



UNIT 02 MOTOR VEHICLE DAMAGE THRESHOLD MET YES NO PHONE D: [redacted]

LAST NAME [redacted] FIRST NAME [redacted] MIDDLE INITIAL [redacted]

STREET NEW ADDRESS [redacted]

CITY [redacted] ST WA ZIP [redacted]

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # [redacted] STATE WA SEX M D.O.B. [redacted]

ON DUTY STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES KNOT ON HEAD

LICENSE PLATE # [redacted] STATE WA VIN# JF2GPACC8D [redacted]

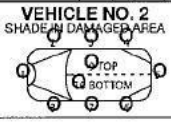
TRAILER PLATE # [redacted] STATE TRAILER PLATE # STATE

VEH. YEAR 2013 MAKE SUBA MODEL CROSS STYLE 47 VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. ALLSTATE 964780617

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # ALLSTATE 964780617

VEHICLE LEGALLY STANDING YES NO CITATION # OFFICER'S NAME (PRINT) B. TOBOL BADGE OR ID # 1224 AGENCY WAWSP0703





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E246598**

CASE # 13-007187

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #						SEX	F	D.O.B. MMDDYYYY										
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	3	AIRBAG	9	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES CUTS AND BRUISES
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

Vehicles one and three were southbound on Interstate 5 crossing over the Skagit River bridge. Vehicle two was northbound on I5 nearly across the bridge. Vehicle one was a semi truck with flat bed trailer hauling an oversized load. Vehicle one struck the bridge on several of the bridge supports. The north section of the Skagit River bridge fell into the Skagit river. Vehicles two and three fell into the water where they landed on the bridge partially submerged in the water. Two of the three occupants of the vehicles were able to make it out to wait for help. The passenger in vehicle three was later rescued from the vehicle. Vehicle three was hauling a travel trailer. At the time of this collision report, no information was known on the trailer. Supplemental collision report to follow once trailer information is known.

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		UNIT OR DIST. DET		DATED		PLACE SIGNED	
APPROVED BY				DATE			
L.T.				5/28/2013 1:52:23 AM			
BADGE OR ID #		ORI #	WAWSP0703	TIME POLICE DISPATCHED	7:05 PM	TIME POLICE ARRIVED	7:08 PM



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. E246598

CASE # 13-007187

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COMMERCIAL MOTOR CARRIER
UNIT # 1 USDOT ICC # VEHICLE TYPE 6 CARGO BODY TYPE 4
INTERSTATE checked INTRASTATE

CARRIER NAME MULLEN TRUCKING LTD

CARRIER ADDRESS

CITY ALDERSYDE ST AB ZIP T0L0A0

NAME SOURCE 1 # AXLES 06 GVWR 105500 PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # 3 MOTOR VEHICLE checked PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES checked NO PHONE D

LAST NAME FIRST NAME MIDDLE INITIAL A

STREET NEW ADDRESS

CITY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE WA SEX M D.O.B. MDDYYYY - -

ON DUTY STATUS AIRBAG 9 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES SHOULDER AND KNEE

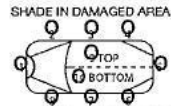
LICENSE PLATE # STATE WA VIN# 1D7RV1GT8AS

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2010 MAKE DODG MODEL RAM 1500 STYLE PK VEHICLE TOWED YES checked NO TOWED BY GOVT. VEHICLE YES checked NO

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT checked INSURANCE CO & POLICY # USAA 20982599 VEHICLE LEGALLY STANDING YES checked NO CITATION # CHARGE



UNIT # 4 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER checked DAMAGE THRESHOLD MET YES checked NO PHONE D: 3604281389

LAST NAME WASHINGTON FIRST NAME DOT MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST WA ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. MDDYYYY - -

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

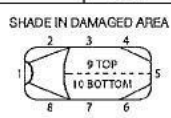
LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

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

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # 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)

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATE: 05-28-13 09:01 AM PLACE SIGNED

BADGE OR ID # ORI # WAWSP0703 APPROVED BY DATE 5/28/2013 PAGE 3 OF 4

