



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. EG58593

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

CASE #	25-113088
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	4	OBJECT STRUCK	
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TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12	-	14	-	2025	0514	27	0	27	N <input type="checkbox"/> E <input type="checkbox"/> IN <input type="checkbox"/>	330
										S <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> OF <input checked="" type="checkbox"/>	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
RAMP INTERSTATE 5 RAMP NORTH	BLOCK NO.	117612
	MILE POST	

DISTANCE	421.00	MILES <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	INTERSTATE 5 NORTH
		FEET <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		

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
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS <input type="checkbox"/>	CITY	ST	ZIP
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CDL	IGNITION INTERLOCK REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	IGNITION INTERLOCK PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/>	MEDICAL TRANSPORTED YES <input type="checkbox"/> NO <input type="checkbox"/>
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DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	CRS3112	STATE	WA	VIN#	JTHBA30G440008658
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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TRLR VIN#	TRLR VIN#
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VEH. YEAR	2018	MAKE	LEXS	MODEL	LS	STYLE	SD	VEHICLE TOWED DUE TO DISABLING DAMAGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SUMMIT TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	SOUKASENE, KHAMSONE	VEHICLE NO. 1 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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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
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LAST NAME	SINGH	FIRST NAME	GAGNEET	MIDDLE INITIAL
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STREET NEW ADDRESS <input type="checkbox"/>	1414 SW 340TH ST	CITY	FEDERAL WAY	ST	WA	ZIP	980235502
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CDL	A	IGNITION INTERLOCK REQUIRED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IGNITION INTERLOCK PRESENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	MEDICAL TRANSPORTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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DRIVER'S LICENSE #	WDL2329C093B	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12-13-1985
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	RP24411	STATE	WA	VIN#	3AKJHHDR5JSJL1829
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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TRLR VIN#	TRLR VIN#
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VEH. YEAR	2018	MAKE	FRHT	MODEL	CONVENTIONAL	STYLE	SE	VEHICLE TOWED DUE TO DISABLING DAMAGE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	SINGH, GAGNEET	VEHICLE NO. 2 SHADE IN DAMAGED AREA
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	OVEREND-PEARSON, COLLIN	OFFICER PHONE	BADGE OR ID #	632	AGENCY	WASHINGTON STATE PATROL
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1591972

CASE # **25-113088**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) \_\_\_\_\_

ADDRESS & PHONE # \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. MMDDYYYY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

DIAGRAM

Please see subsequent diagram page

NARRATIVE

Please see subsequent narrative page(s)

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

**OVEREND-PEARSON, COLLIN** \_\_\_\_\_ **12/14/2025** \_\_\_\_\_  
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED

APPROVED BY **BRIDGES, JEFFREY** \_\_\_\_\_ **123** \_\_\_\_\_  
DATE

BADGE OR ID # **632** ORI # **WAWSP0000** TIME POLICE DISPATCHED **05:15 AM** TIME POLICE ARRIVED **05:43 AM**



SUPPLEMENTAL POLICE TRAFFIC COLLISION REPORT



013197

REPORT NO. EG58593

CASE # 25-113088

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1 1 8 28  
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**COMMERCIAL MOTOR CARRIER** INTERSTATE  INTRASTATE

UNIT # **2** USDOT **4114278** ICC # \_\_\_\_\_ VEHICLE TYPE **3** CARGO BODY TYPE **9**

CARRIER NAME **EAGLE TRANSPORT SERVICES**

CARRIER ADDRESS **1414 SW 340TH ST**

CITY **FEDERAL WAY** ST **WA** ZIP **98023**

NAME SOURCE **4** # AXLES **3** GVWR **80000** PLACARD  + \_\_\_\_\_ NAME IF NO NUMBER \_\_\_\_\_

4  
4a  
5

**ADDITIONAL UNITS**

UNIT # **3** MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE \_\_\_\_\_

LAST NAME **HAWKINS** FIRST NAME **JASON** MIDDLE INITIAL \_\_\_\_\_

STREET NEW ADDRESS  **105 RAILROAD ST NW** CITY **YELM** ST **WA** ZIP **98597**

0 1 29  
0 1 30

CDL \_\_\_\_\_ IGNITION INTERLOCK REQUIRED YES  NO  PRESENT YES  NO  MEDICAL TRANSPORTED YES  NO

DRIVER'S LICENSE # **WDLB5NZ9D63B** STATE **WA** SEX **M** D.O.B. **12-05-1973**

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

LICENSE PLATE # **CMH0024** STATE **WA** VIN# **1C4BJWDG2JL872339**

TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

TRLR VIN# \_\_\_\_\_ TRLR VIN# \_\_\_\_\_

6 1  
7  
8  
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10 9

1 1 2 31  
2  
3  
1 1 2 32  
2  
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VEH. YEAR **2018** MAKE **JEEP** MODEL **WRANGLER** STYLE **UT** VEHICLE TOWED DUE TO DISABLING DAMAGE YES  NO  TOWED BY \_\_\_\_\_ GOVT. VEHICLE YES  NO

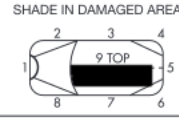
REGISTERED OWNER INFO. **HAWKINS, JASON**

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **ALLSTATE, 976906747**

VEHICLE LEGALLY STANDING YES  NO  CITATION # \_\_\_\_\_ CHARGE \_\_\_\_\_

11 6 0  
12 6 0

FROM TO  
5 1 33  
FROM TO  
5 1 34



UNIT # **4** MOTOR VEHICLE  PEDAL-CYCLE  PEDESTRIAN  PROPERTY OWNER  DAMAGE THRESHOLD MET YES  NO  PHONE \_\_\_\_\_

LAST NAME **BOGGS** FIRST NAME **CRAIG** MIDDLE INITIAL \_\_\_\_\_

STREET NEW ADDRESS  **8044 3RD AVE SE** CITY **OLYMPIA** ST **WA** ZIP **98503**

14 3  
15 2  
16 2

35  
36

CDL \_\_\_\_\_ IGNITION INTERLOCK REQUIRED YES  NO  PRESENT YES  NO  MEDICAL TRANSPORTED YES  NO

DRIVER'S LICENSE # **BOGGS CA292QP** STATE **WA** SEX **M** D.O.B. **11-17-1971**

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

17  
18

4 37  
4 38

LICENSE PLATE # **B46356S** STATE **WA** VIN# **5TBRT3410YS108137**

TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_ TRAILER PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

TRLR VIN# \_\_\_\_\_ TRLR VIN# \_\_\_\_\_

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3 40  
1 41

VEH. YEAR **2000** MAKE **TOYT** MODEL **TUNDRA** STYLE **PK** VEHICLE TOWED DUE TO DISABLING DAMAGE YES  NO  TOWED BY \_\_\_\_\_ GOVT. VEHICLE YES  NO

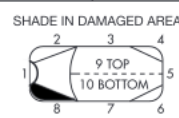
REGISTERED OWNER INFO. **BOGGS, CRAIG**

LIABILITY INSURANCE IN EFFECT  INSURANCE CO & POLICY # **GEICO, 4023407465**

VEHICLE LEGALLY STANDING YES  NO  CITATION # \_\_\_\_\_ CHARGE \_\_\_\_\_

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43  
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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)

**OVEREND-PEARSON, COLL** **12/14/2025**

INVESTIGATING OFFICER'S SIGNATURE \_\_\_\_\_ OFFICER'S PHONE \_\_\_\_\_ UNIT OR DIST DET \_\_\_\_\_ DATED: \_\_\_\_\_ PLACE SIGNED \_\_\_\_\_

BADGE OR ID # **632** ORI # **WAWSP0000** APPROVED BY **BRIDGES** DATE \_\_\_\_\_ PAGE **3** OF **5**

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# NARRATIVE

REPORT NO. EG58593

Unit's one, three & four were traveling northbound I-5, unit two was stopped on the right shoulder clear of the roadway with warning triangles out while making repairs. Unit one veered from lane one onto the shoulder colliding with unit two. Unit one spun several times after the initial impact sending a large amount of debris into the roadway. Unit one came to rest ahead of unit two partially in lane one and partially on the shoulder. The driver of unit one fled the scene on foot, units three and four struck the debris that was thrown into the roadway.

