



STATE OF WASHINGTON
 FEDERAL TRAFFIC
 COLLISION REPORT



1591971

REPORT NO. 3301213

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INTERSTATE CITY STREET
 STATE ROUTE OTHER
 COUNTY RD PRIVATE WAY

FIRE RESULTED
 STOLEN VEHICLE
 HIT & RUN INVOLVED

CASE # 13-001529
 LOCAL AGENCY CODING
 TOTAL # OF UNITS 01 OBJECT STRUCK Trees

TRIBAL RESERVATION
 DATE OF COLLISION 03-08-2013 TIME (2400) 2300 COUNTY # 2812 MILES CITY # 0470
 N E IN
 S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
 Mt. Baker Rd BLOCK NO. MILE POST

DISTANCE 0.0 MILES N E
 FEET S W Terrill Beach

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE 702-583- [redacted]

LAST NAME Delisle FIRST NAME Jack MIDDLE INITIAL R

STREET NEW ADDRESS 16 Lavender Lane

CITY Eastsound ST WA ZIP 90215

CDL Mrs ENDORSEMENTS PITV RESTRICTIONS none

DRIVER'S LICENSE # DEL 253K [redacted] STATE WA SEX M D.O.B. MMDDYYYY 10- [redacted]-1962

ON DUTY STATUS AIRBAG 4 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 7 NATURE OF INJURIES ear pain

LICENSE PLATE # B691K1P STATE WA VIN# 5FA7K1F57A3011349

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2010 MAKE Honda MODEL Ridge STYLE Pickup VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. Kenneth Nick PO Box 169 Pt Roberts, WA 90281

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # State Farm, 05753702110
 VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



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

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL ENDORSEMENTS RESTRICTIONS

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. OFFICER'S NAME (PRINT) S. Johns BADGE OR ID # 206 AGENCY San Juan County Sheriff Dept

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # CITATION # CHARGE



1 12 31
 2
 3

13-001529

FROM TO 73 33
 FROM TO
 34
 35
 36
 37
 38
 39
 40

41
 42



1591972

CORRECTION

REPORT NO. 31301213

CASE # 13-001529

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

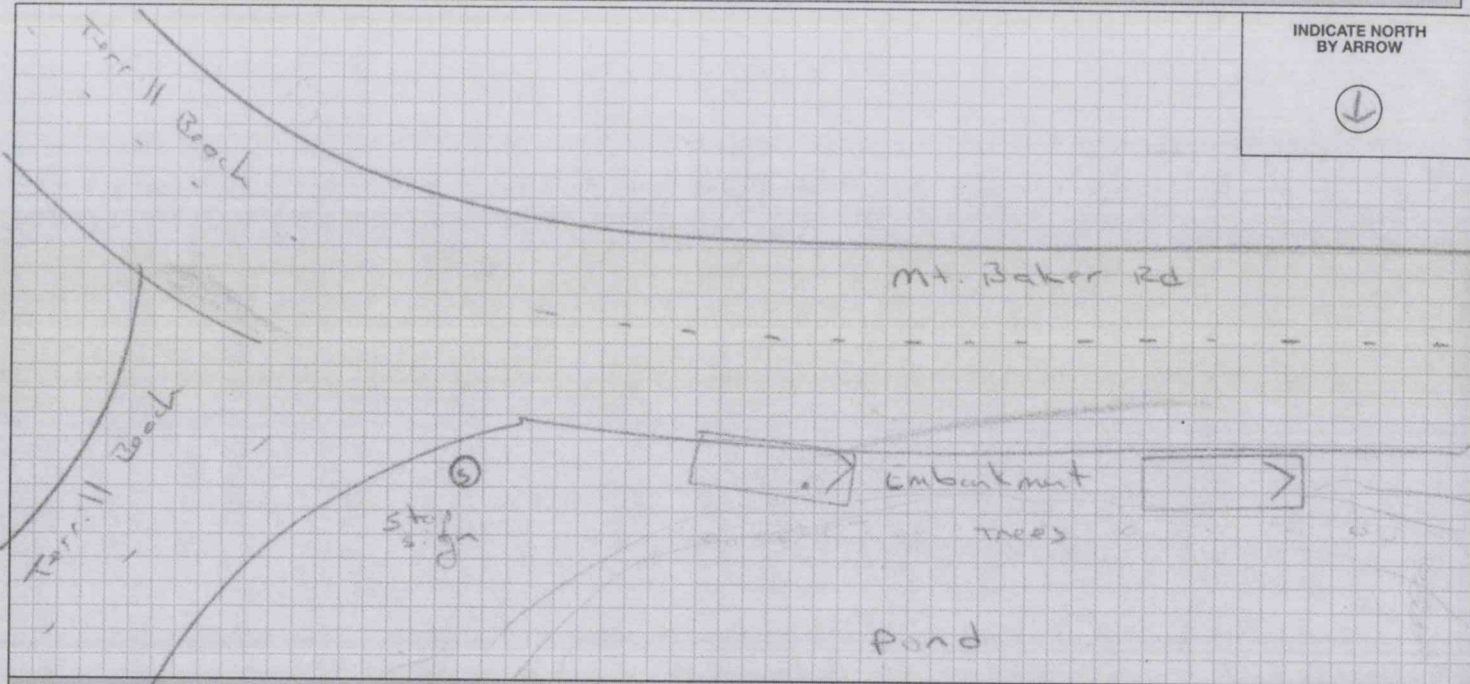
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

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



NARRATIVE

Unit 1 traveling north bound on Terrill Beach Rd and failed to negotiate the curve at the intersection of Mt. Baker. Unit 1 drove off roadway striking small trees and came to rest. Both streets are two way un-divided roadways.
Driver borrowed vehicle from the RV. Driver admitted he was sleepy and swerved to miss a deer in the road.

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 [Signature] UNIT OR DIST. DET Patrol DATED 03/11/13 PLACE SIGNED Eastwood WA

APPROVED BY [Signature] DATE 3/11/2013

BADGE OR ID # ORI # WA0250000 TIME POLICE DISPATCHED 1023 TIME POLICE ARRIVED 1107

SAN JUAN COUNTY SHERIFF'S OFFICE
VOLUNTARY STATEMENT

Date: 2/6/13 Place: Station 21 Time Started: 1129 Case # 13-601529
I, the undersigned Jack Deliste am _____ years of age, having been born at Castro Valley CA
on 02/26/. I now live at 45 Lavender Ln #1 Eastwood phone # 702-532-1
I receive mail at same
I have been duly warned and advised by Deputy John S 206 of the San Juan County Sheriff's Office that:

1. I have the right to remain silent.
2. Anything I say can be used against me in a court of law.
3. I have the right to consult with and have an attorney present before and during questioning.
4. If I desire an attorney, but can not afford one, an attorney will be appointed for me at public expense.
5. I may exercise these rights at anytime before or during questioning.
6. If I am under the age of 18, anything I say can be used against me in a juvenile court prosecution for a juvenile offense and can also be used against me in an adult court criminal prosecution if I am to be tried as an adult.

I understand each of the above rights. I understand that I may exercise these rights at any time before or during any questioning. I wish to waive my right to remain silent and my right to the presence of an attorney at this time.

SIGNATURE: Jack Deliste

- I was driving back to fire station and was sleepy. Someone to my deer got into shoulder "bag" and went crash, a honda-ridge line. Seth helped me out of "bag" with a chain. I drove to back parking lot of fire station. Mike Preysz called Mark Crane, investigated at 11:44 on the 9th.

I have read this statement, consisting of _____ page(s), and I certify that the facts contained therein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that this statement be stopped. I also certify that I was not told or prompted what to say in this statement.

This statement was completed at _____ on the 9 day of March, 2013

[Signature]
Witness

Jack Deliste
Signature of person giving statement

Address where statement was signed 45 Lavender Lane

13-001529

LIC/B68141P

VIN/5FPYK1F57AB011349

.VYR/2010.VMA/HOND.VMO/RIDPU,006000,05-25-2013

EXP DATE/05-25-2013

KINISKI,NICK C

PIC NAME1 KINISKI, NICK C

7254 CEDAR POINT AVE

TAB# IS W528748 13

POINT ROBERTS,WA,98281

PREV TAB M626035 12

AMERICAN HONDA FINANCE CORP

PLATE ISSUE DATE/ 06-2010

P O BOX 997521

FIRST COLOR IS WHITE

SACRAMENTO,CA,95899

SECOND COLOR IS NO COLOR

TITLE/ 06-08-2010 1015903336

OLN/DELISLE, JACK R

SOC/ 98245-8926 03-09-13 RESTRICTIONS:

DELISLE,JACK ROBERT

DOB/10-21-1962 MALE

R/45 LAVENDER LN

EYE/GRN;HGT/5-09;WGT/230

R/EASTSOUND

WA 98245-8926

PDL:ISS/12-17-10 EXP/10-22-15 DUI/PC 000 VH 000 CDL:STATUS: CLEAR

STATUS: CLEAR

RD/DUI 000 VA 000 CLASS: A ENDR: TPN

TRAN: 427331442

REPORT REQUEST



LexisNexis

P.O. BOX 25073

SANTA ANA, CA 92799-5073

(678)924-4900 FAX (678)924-4901

TOLL FREE PHONE:

1/800-934-9698

TOLL FREE FAX:

1/800-934-6449

EMAIL REPORTS:

cru.incoming@choicepoint.com

3/12/13

PLEASE CHECK A CIRCLE BELOW



Report Attached:

Report Cost: \$

Number of Pages: (including this sheet)

- No Report Found with the Information provided
- No Report Written - Log entry only / Driver Exchange of Info.
- Loss location not in our Jurisdiction
Suggest You Try: _____
- Not Releasable / Not Ready _____
- Comments & Suggestions: _____

Report/Case # 13-001529

Type of Report Auto Accident

Date of Occurrence 3/8/13

Time

Precinct or District

LOCATION OF LOSS

City ORCAS ISLAND

County SAN JUAN

State WA

Additional Information

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State _____

Insured Party NICK

KINISKI

Make _____ Year _____

D.O.B. _____ SS# _____

VIN _____

Drivers Lic # _____ State _____

Driver #2 JACK

DELISLE

Driver #3 _____

POLICE or FIRE AGENCY who wrote report?

SAN JUAN CO SO

52.090

Client SF5409

Division

Claim # 47-17C5-482

Internal Codes

Claims Adjuster

CQK601A

CARIE SIAZON



TRAN: 427331442

Page 1 of 1

AF

Police Dept.: Please Return This Form With Your Response... Thanks

(Rev. 9/09)

13-1529

Charles McCarty

To: Steve Johns
Subject: RE: 13-001529 photos

Processed and transferred 25 photos for 13-001529. Chuck

From: Steve Johns
Sent: Sunday, March 10, 2013 3:02 PM
To: Charles McCarty
Subject: 13-001529 photos

Sir,
Some pics for your downloading.

N:\Chuck Photo's\Johns\13-001529 Accident SJ

Thanks,
Deputy Steve Johns #206
San Juan County S.O. Orcas Island Substation
O)360-378-4151 F) 360-376-2417



01



02



03



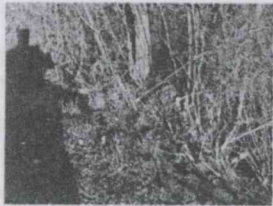
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