

1
2
3
4
5 **IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON**
6 **IN AND FOR KING COUNTY**

7
8 IN THE MATTER OF THE ESTATE OF
9 ROBERT FRANCIS MARSHALL,
10 Deceased.

NO.
VERIFIED PETITION FOR
INTESTATE PROBATE
APPOINTING ADMINISTRATOR
W/NO BOND & W/O COURT
INTERVENTION, AND
DECLARING SOLVENCY
(RCW 11.20.020 & 11.68.011)

11
12
13
14 Attorney and Proposed Administrator, Dalynne Singleton, files this Petition on
15 behalf of Petitioner, Adam D. Engst of Brett, McCandlis, Brown & Conner, who declares
16 under penalty of perjury under the laws of the State of Washington that the following is
17 true and correct to the best of his knowledge:
18

19
20 1. JURISDICTION. Robert Francis Marshall, (hereinafter "Decedent") died
21 intestate on June 30, 2021 and was a resident of Skagit County, leaving assets and claims in
22 the State of Washington subject to probate. The undersigned Petitioner is the attorney for a
23 creditor of decedent's estate, Michael Balthazor, who has a claim against the Robert Francis
24 Marshall Estate, having suffered probable injuries sustained in an ATV motor vehicle
25 collision while Decedent was operating the vehicle in which Michael Balthazor was a
26 passenger on or about May 29, 2021. A death certificate has not been obtained and proof
27 of death is attached as Exhibit 1 as a true and correct copy of Skagit County Coroner's
28
29

VERIFIED PETITION FOR INTESTATE PROBATE
APPOINTING ADMINISTRATOR W/NO BOND & W/O
COURT INTERVENTION, AND DECLARING
SOLVENCY- 1

GOURLEY LAW GROUP
P.O. BOX 1091/1002 TENTH STREET
SNOHOMISH, WA 98291
TELEPHONE: (360) 568-5065
FAX: (360) 568-1717

1 Office Confirmation of Death of Decedent.¹ Once a death certificate is obtained, it will
2 be filed with this Court.

3
4 2. INTESTACY. It is unknown whether Decedent died with or without
5 leaving a Will, but a Will has not been filed in Skagit County Superior Court, the county
6 Decedent resided in at the time of his death, nor does a Will appear to be filed in any
7 Washington county searchable on the Washington Courts Odyssey Portal or King
8 County's Script Portal.

9
10 3. CLAIMS AGAINST ESTATE. Actions against a decedent are governed by
11 the probate statutes RCW 4.16.200 and RCW 11.40.010. RCW 11.40.051 requires claims
12 against an estate to be filed within two years. Tort litigation must be filed within three years
13 of injury in a motor vehicle collision pursuant to RCW 4.16.080.

14
15 Robert Francis Marshall died on June 30, 2021 and had been involved in ATV
16 motor vehicle collision on May 29, 2021 causing possible injury to Michael Balthazor.

17
18 The Petitioner requests the Court appoint attorney Dalynne Singleton as
19 Administrator of the estate of Robert Francis Marshall, for the purpose of representing
20 said estate in connection with the aforementioned personal injury action claims and
21 damages, including accepting service of the tort Summons and Complaint and to take all
22 necessary actions in connection with administering the estate.

23
24
25 The Decedent's death has prompted the need for the appointment of an
26 Administrator of the Estate of Robert Francis Marshall as a deceased defendant estate.

27
28
29

¹ See <https://www.skagitcounty.net/Departments/Coroner/deathconfirm.htm>

1 In order to pursue damages against the Estate of Marshall and his insurer, an Estate
2 needs to be opened and an Administrator appointed.

3
4 RCW 11.40.060. Claims involving liability or casualty insurance—
5 Limitations—Exceptions to time limits.

6 The time limitations for presenting claims under this chapter do not accrue to the
7 benefit of any liability or casualty insurer. Claims against the decedent or the
8 decedent's marital community that can be fully satisfied by applicable insurance
9 coverage or proceeds need not be presented within the time limitation of
10 RCW 11.40.051, but the amount of recovery cannot exceed the amount of the
11 insurance. The claims may at any time be presented as provided in
12 RCW 11.40.070, subject to the otherwise relevant statutes of limitations, and do
13 not constitute a cloud, lien, or encumbrance upon the title to the decedent's probate
14 or nonprobate assets nor delay or prevent the conclusion of probate proceedings or
15 the transfer or distribution of assets of the estate. This section does not serve to
16 extend any otherwise relevant statutes of limitations.

17 Washington probate law at RCW 11.40.010 provides that “[a] person having a claim
18 against the decedent may not maintain an action on the claim unless a personal
19 representative has been appointed and the claimant has presented the claim as set forth in
20 this chapter.” “Any claim not properly presented within the designated time limits is
21 barred, and this bar is effective against both the decedent's probate and nonprobate assets.”
22 See RCW 11.40.051(3).

23 RCW 11.28.120 provides that a creditor of the estate or “any suitable person” may
24 be appointed as Administrator when other delineated family members fail to petition for
25 appointment. Here, the only known creditor waives its right to administer the estate by
26 petitioning for another's appointment.²

27
28
29

² See *In re Estate of Sullivan*, 25 Wash. 430, 439, 65 P. 793 (1901).

1 4. ADMINISTRATOR. Petitioner asks the Court to appoint Attorney Dalynne
2 Singleton as Administrator of the Estate Robert Francis Marshall for the purpose of
3 opening the estate and representing said estate in connection with the aforementioned
4 claims to be made in the personal injury tort action, and to take all actions in connection
5 with administering the estate in Washington according to law, including acceptance of
6 service of a summons and complaint in the tort litigation lawsuit, if necessary. Dalynne
7 Singleton has no fiduciary relationship with the creditor Michael Balthazor.
8
9

10 5. BOND/NONINTERVENTION POWERS. Petitioner requests that the Court
11 waive bond in this estate. The proposed Administrator, Dalynne Singleton, is an attorney
12 in Washington State in good standing who has 20 years of probate experience. The
13 Petitioner requests the Court waive any requirement to post bond. Petitioner requests that
14 the proposed Administrator Dalynne Singleton administer the estate without intervention of
15 the Court. The estate is solvent as the only known claim is by the injured creditor noted
16 herein and it is anticipated that there is insurance to cover said claims from defendants in
17 tort litigation.
18
19
20

21 6. HEIRS AND BENEFICIARIES. The Decedent had a surviving spouse
22 Kim Byer-Marshall and two adult sons, Joshua Marshall and Jeremy Marshall. The
23 Decedent was involved in the tort collision above mentioned, and was driving an ATV
24 vehicle at the time. See Exhibit 2 (page 1 of police report) attached.
25

26 The names, last known addresses, relationship, and ages (if under 18 years) of
27 each heir, legatee, devisee, beneficiary or transferee of Decedent are as follows:
28
29

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> | <u>Address</u> |
|--------------------|------------|---------------------|--|
| Kim Byer- Marshall | Adult | Surviving Spouse | 14389 Jura Lane Anacortes, WA 98221 |
| Joshua Marshall | Adult | Son | Unknown* |
| Jeremy Marshall | Adult | Son | Unknown* |

*The Administrator will have authority to retain a private investigator to locate the two adult sons of decedent once appointed.

7. NOTICE. Notice of this hearing is required pursuant to RCW 11.68.041 and 11.28.120 unless those entitled to notice have signed consent/waiver to notice for non-intervention powers. More than forty (40) days have passed since the decedent's death and no prior appointment or probate has been filed in Washington. The decedent was married at the time of his death and Notice of hearing on non-intervention powers will be given.

8. ESTATE SOLVENCY. Petitioner is initiating this probate for the purpose of appointing an administrator for the Decedent's estate to name a proper deceased defendant, and then serve pleadings in a tort matter against the Administrator of the Estate on behalf of a known creditor. There is a liability insurance policy that may be available to satisfy the tort claim either from Decedent's insurer or other Defendants and their insurers to be named in the tort litigation. At this time, Petitioner is unaware of any debts of Decedent. Therefore, it is anticipated that the estate is solvent. The Administrator will do her due diligence to find other assets, creditors, and heirs.

9. DISCOVERY. The Administrator should have discretionary authority to conduct discovery under Civil Court Rules.

10. REQUEST TO COURT. Petitioner requests that the court determine and order that:

1. The Intestate estate be opened.
2. Confirm DALYNNE SINGLETON, as Administrator, to serve without bond, and without court intervention; and
3. Issue Letters of Administration to DALYNNE SINGLETON upon the filing of an Oath; and
4. Grant the Administrator discretionary authority to conduct Discovery under the Civil Court Rules; and
5. Declare this estate to be solvent.

DATED this 29th day of March 2024.

Dalynne Singleton

Dalynne Singleton
State Bar Number 34096
GOURLEY LAW GROUP
P.O. Box 1091/1002 10th Street
Snohomish, WA 98291
Telephone: (360) 568-5068
Fax: (360) 568-8092
E-mail: dalynne@glgmail.com

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

VERIFICATION

I, Adam D. Engst, being duly sworn under penalty of perjury under the laws of the State of Washington, declare that I am the Petitioner named in this petition, I represent creditor/injured party with claims against the Estate of Robert Francis Marshall and the decedent's insurer; I have read the petition and know its contents and it is true and correct to the best of my knowledge.

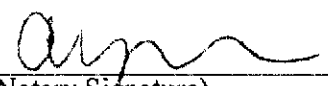
Dated this 3 day of April, 2024 at Bellum, WA.


Adam D. Engst, WSBA #

STATE OF WASHINGTON)
COUNTY OF Wnatcom) ss

On this day personally appeared before me Adam D. Engst, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.




(Notary Signature)

SUBSCRIBED AND SWORN to before me
this 4 day of April, 2024

NOTARY PUBLIC in and for the

State of Washington residing at 200 W Chestnut St Bellum, WA

My commission expires: 10-28-2024

VERIFIED PETITION FOR INTESTATE PROBATE
APPOINTING ADMINISTRATOR W/NO BOND & W/O
COURT INTERVENTION, AND DECLARING
SOLVENCY- 7

GOURLEY LAW GROUP
P.O. BOX 1091/1002 TENTH STREET
SNOHOMISH, WA 98291
TELEPHONE: (360) 568-5065
FAX: (360) 568-1717

EXHIBIT 1

2021

| Case Number | Date of Death | Decedents Name | Age | City of Death |
|--------------------|----------------------|------------------------|------------|----------------------|
| 210412-493 | 12-Apr-21 | Trisa Hatley-Osborne | 50 | Mount Vernon |
| 210418-310 | 15-Apr-21 | Juan M. Ovantes | 76 | Sedro Woolley |
| 210420-3 | 19-Apr-21 | Nicholas R. Boucher | 39 | Mount Vernon |
| 210421-607 | 21-Apr-21 | Barbara Atterberry | 58 | Anacortes |
| 210424-61 | 20-Apr-21 | Gerald K. Hageman | 93 | Burlington |
| 210427-404 | 27-Apr-21 | Joseph Burnett | 76 | Anacortes |
| 210429-46 | 28-Apr-21 | Theodore Q. Brandli | 47 | Marblemount |
| 210503-447 | 30-Apr-21 | Alice J. Grimmius | 94 | Sedro Woolley |
| 210510-379 | 28-Apr-21 | Carl L. Christy | 52 | Mount Vernon |
| 210502-297 | 2-May-21 | Vaughn H. Smith | 72 | Marblemount |
| 210506-102 | 5-May-21 | Blake Messer | 37 | Mount Vernon |
| 210510-78 | 9-May-21 | Miguel Flores | 42 | Mount Vernon |
| 210510-377 | 10-May-21 | Michael Kidwell | 41 | Mount Vernon |
| 210511-553 | 11-May-21 | David Johnson | 69 | Mount Vernon |
| 210512-353 | 12-May-21 | Florence Koetje | 87 | Mount Vernon |
| 210519-464 | 19-May-21 | Larry E. Fox | 78 | Mount Vernon |
| 210520-115 | 19-May-21 | Rodney K. Newbound | 71 | Mount Vernon |
| 210526-408 | 26-May-21 | Alfredo Hilario Najera | 21 | Mount Vernon |
| 210529-140 | 29-May-21 | Carl Ragsdale | 90 | Anacortes |
| 210530-296 | 30-May-21 | Vincent Leitner | 30 | Mount Vernon |
| 210601-108 | 31-May-21 | Michael Rouw | 55 | Anacortes |
| 210601-663 | 1-Jun-21 | Kael Johnson | 22 | Mount Vernon |
| 210603-646 | 2-Jun-21 | Nora Seagull | 89 | Mount Vernon |
| 210603-43 | 3-Jun-21 | Carl Massingale | 56 | Mount Vernon |
| 210608-434 | 4-Jun-21 | Charles F. Bourbeau | 82 | Mount Vernon |
| 210605-296 | 5-Jun-21 | Robert Bashforth | 93 | Burlington |
| 210606-275 | 6-Jun-21 | Carol Kurtweil | 69 | Sedro Woolley |
| 210608-379 | 8-Jun-21 | Aundrea F. Pippel | 73 | Mount Vernon |
| 210609-102 | 9-Jun-21 | Roger A. Kindler | 83 | Sedro Woolley |
| 210610-538 | 10-Jun-21 | Kael Johnson | 22 | Marblemount |
| 210610-554 | 10-Jun-21 | Janice C. Anderson | 80 | Mount Vernon |
| 210610-577 | 10-Jun-21 | Maria Gruener | 89 | Sedro Woolley |
| 210610-538 | 10-Jun-21 | Kevin Smith | 63 | Marblemount |
| 210611-378 | 11-Jun-21 | Norma J. Baldwin | 86 | Mount Vernon |
| 210613-5 | 12-Jun-21 | Timothy J. Crane | 71 | Anacortes |
| 210620-21 | 19-Jun-21 | Shawn K. Wilburn | 62 | Mount Vernon |
| 210620-92 | 19-Jun-21 | Sharon R. Begay | 30 | Mount Vernon |
| 210620-301 | 20-Jun-21 | Nikko I. Facundo | 20 | Mount Vernon |
| 210622-691 | 22-Jun-21 | Gregory P. Mueller | 58 | Anacortes |
| 210623-52 | 22-Jun-21 | William A. Orestad | 56 | Concrete |
| 210623-584 | 23-Jun-21 | Sirius J. Persyn | 19 | La Conner |
| 210624-133 | 23-Jun-21 | Robert L. McComas | 97 | Mount Vernon |
| 210627-70 | 26-Jun-21 | McKenzy L. Gilbride | 24 | Concrete |
| 210628-460 | 28-Jun-21 | Virginia Callas | 87 | Anacortes |
| 210628-568 | 28-Jun-21 | Ronald Berg | 71 | Mount Vernon |
| 210629-153 | 28-Jun-21 | Francis Scanga | 71 | Sedro Woolley |
| 210629-458 | 29-Jun-21 | Edna Waits | 94 | Mount Vernon |
| 210629-614 | 29-Jun-21 | Patricia Burke | 67 | Sedro Woolley |
| 210629-656 | 29-Jun-21 | Donna Koster | 84 | Anacortes |
| 210630-96 | 29-Jun-21 | David Canady | 60 | Hamilton |
| 210701-467 | 30-Jun-21 | Robert Marshall | 57 | Anacortes |
| 210701-610 | 1-Jul-21 | Daniel Herron | 46 | Burlington |
| 210702-153 | 2-Jul-21 | David A. Csaky | 65 | Mount Vernon |
| 210703-270 | 3-Jul-21 | Pamela Prather | 60 | Mount Vernon |

EXHIBIT 2



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1601871

REPORT NO. **EB37361**

| | | |
|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

| | | | |
|---------------------|-----------|---------------|---------------|
| CASE # | 21-009766 | | |
| LOCAL AGENCY CODING | | | |
| TOTAL # OF UNITS | 2 | OBJECT STRUCK | Tree or Stump |

| | |
|-------------------|--|
| TRIAL RESERVATION | |
|-------------------|--|

| | | | | | | | | | | | | | | | | |
|-------------------|---|---|----|---|------|---|---|-------------|----------|-------|----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------|
| M | M | D | D | Y | Y | Y | Y | TIME (2400) | COUNTY # | MILES | N | E | W | IN | OF | CITY # |
| DATE OF COLLISION | 5 | - | 29 | - | 2021 | | | 1538 | 29 | 7 | 00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 0260 |

| | | | |
|---|---|------------------------------------|-------|
| ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/> | BLOCK NO. <input checked="" type="checkbox"/> | MILE POST <input type="checkbox"/> | 51004 |
| CONCRETE SUAK VALLEY | | | |

| | | | | |
|----------|-------|---|---|--------------------------------|
| DISTANCE | MILES | N | E | OF (REFERENCE OR CROSS STREET) |
| | | | | |

| | | | | |
|---------|---|--------------------------------------|--|-------|
| 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 |
|---------|---|--------------------------------------|--|-------|

| | | | | | |
|-----------|----------|------------|--------|----------------|---|
| LAST NAME | MARSHALL | FIRST NAME | ROBERT | MIDDLE INITIAL | F |
|-----------|----------|------------|--------|----------------|---|

| | | | | | | | |
|--------------------|----------------|------|-----------|----|----|-----|-------|
| STREET NEW ADDRESS | 14389 JURA LN. | CITY | ANACORTES | ST | WA | ZIP | 98221 |
|--------------------|----------------|------|-----------|----|----|-----|-------|

| | | | | |
|-----|--|--|---|---|
| CDL | IGNITION INTERLOCK YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REQUIRED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | PRESENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | MEDICAL TRANSPORTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----|--|--|---|---|

| | | | | | | | | | | | |
|--------------------|--------------|-------|----|-----|--|-----------------|---|---|----|---|------|
| DRIVER'S LICENSE # | MARSHRF366B0 | STATE | WA | SEX | | D.O.B. MMDDYYYY | 1 | - | 20 | - | 1964 |
|--------------------|--------------|-------|----|-----|--|-----------------|---|---|----|---|------|

| | | | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|-------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 1 | RESTR. | 1 | EJECT | 2 | HELMET USE | 2 | INJURY CLASS | 5 | NATURE OF INJURIES | HEAD INJURY |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|-------------|

| | | | | | |
|-----------------|---------|-------|----|------|------------------|
| LICENSE PLATE # | 421358A | STATE | WA | VIN# | 2BVEMHM138V00300 |
|-----------------|---------|-------|----|------|------------------|

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

| | | | |
|-----------|--|-----------|--|
| TRLR VIN# | | TRLR VIN# | |
|-----------|--|-----------|--|

| | | | | | | | | | | | |
|----------|------|------|------|-------|----------|-------|----|---|----------|--------------|--|
| VEH YEAR | 2008 | MAKE | CANA | MODEL | OUTLANDE | STYLE | AT | VEHICLE TOWED DUE TO DISABLING DAMAGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | TOWED BY | DICKS TOWING | GOVT VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|----------|------|------|------|-------|----------|-------|----|---|----------|--------------|--|

| | |
|-----------------------|--------------|
| REGISTERED OWNER INFO | CROSBY, PAUL |
|-----------------------|--------------|

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

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

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

| | | | | | |
|-----------|--------|------------|------|----------------|---|
| LAST NAME | CROSBY | FIRST NAME | PAUL | MIDDLE INITIAL | J |
|-----------|--------|------------|------|----------------|---|

| | | | | | | | |
|--------------------|-------------|------|------------|----|----|-----|-------|
| STREET NEW ADDRESS | 1924 4TH ST | CITY | MARYSVILLE | ST | WA | ZIP | 98270 |
|--------------------|-------------|------|------------|----|----|-----|-------|

| | | | | |
|-----|---|---|--|--|
| CDL | IGNITION INTERLOCK YES <input type="checkbox"/> NO <input type="checkbox"/> | REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/> | PRESENT YES <input type="checkbox"/> NO <input type="checkbox"/> | MEDICAL TRANSPORTED YES <input type="checkbox"/> NO <input type="checkbox"/> |
|-----|---|---|--|--|

| | | | | | | | | | | | |
|--------------------|--|-------|--|-----|--|-----------------|---|---|----|---|------|
| DRIVER'S LICENSE # | | STATE | | SEX | | D.O.B. MMDDYYYY | 9 | - | 30 | - | 1972 |
|--------------------|--|-------|--|-----|--|-----------------|---|---|----|---|------|

| | | | | | | | | | | | | | |
|----------------------------------|--------|--------|--|--------|--|-------|--|------------|--|--------------|--|--------------------|--|
| 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 | |
|-----------------|--|-------|--|-----------------|--|-------|--|

| | | | |
|-----------|--|-----------|--|
| TRLR VIN# | | TRLR VIN# | |
|-----------|--|-----------|--|

| | | | | | | | | | | | |
|----------|--|------|--|-------|--|-------|--|--|----------|--|---|
| VEH YEAR | | MAKE | | MODEL | | STYLE | | VEHICLE TOWED DUE TO DISABLING DAMAGE 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 DEFECT <input type="checkbox"/> | INSURANCE CO & POLICY # |
|---|-------------------------|

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

| | | | | | | | |
|------------------------|------------------|---------------|--|---------------|-----|--------|-------------------------|
| OFFICER'S NAME (PRINT) | FERRELL, CHARLES | OFFICER PHONE | | BADGE OR ID # | 847 | AGENCY | WASHINGTON STATE PATROL |
|------------------------|------------------|---------------|--|---------------|-----|--------|-------------------------|