

STATE OF WASHINGTON UNIFORM INCIDENT REPORT

ORIGINAL

| | | | | | | | | | | | | |
|--|--|---|--|---|---|---|---|---|---------|---|----------------|--------------------------------------|
| SNOHOMISH COUNTY SHERIFF'S OFFICE | | <input type="checkbox"/> Officer Safety <input type="checkbox"/> Officer Assault | Responding 11-Other | Assignment 2A-1 Ofc.Veh. Alone | Reporting Area KK001 | Beat KK1 | Report Number PA000030 SO 08-24992 | | | | | |
| Type of Report | <input checked="" type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Information | <input type="checkbox"/> Vehicle <input type="checkbox"/> Arrest <input checked="" type="checkbox"/> Phone Report | <input checked="" type="checkbox"/> Juvenile <input type="checkbox"/> Child Abuse <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Hate/Bias <input type="checkbox"/> Gang Related <input type="checkbox"/> Other | <input type="checkbox"/> Computer Used <input type="checkbox"/> Drug Related <input type="checkbox"/> Alcohol Related | | | | | | | |
| Incident Classification ASSAULT, FOURTH DEGREE | | | Offense Codes A C A C A C A C A C | | | | | | | | | |
| Address/Location of Incident 300 BLOCK 1ST ST, GOLD BAR | | | | Premise Type/Name RESIDENCE | | Code 2 01-One Story House | | | | | | |
| REPORTED ON | | OCCURRED ON OR FROM | | | | OCCURRED TO | | | | | | |
| Month 11 | Day 14 | Year 2008 | Time 1924 | DOW FRI | Month 10 | Day 26 | Year 2008 | | | | | |
| | | | | | Time 0000 | DOW SUN | Month 11 | | | | | |
| | | | | | | | Day 14 | | | | | |
| | | | | | | | Year 2008 | | | | | |
| | | | | | | | Time 1924 | | | | | |
| | | | | | | | DOW FRI | | | | | |
| Add'n on Supplemental: <input type="checkbox"/> Persons <input type="checkbox"/> Vehicles <input type="checkbox"/> Collision Report | | CODES V - Victim W - Witness O - Others B - Victim Business | | | C - Complaint G - Parent/Guardian D - Deceased RO - Registered Owner | | | TYPE VICTIM CODES I - Individual B - Business F - Financial | | | | |
| | | G - Government R - Religious S - Society/Public | | | P - Police O - Other U - Unknown | | | | | | | |
| No. C1 | Non-Disc. <input type="checkbox"/> | NAME (Last, First, Middle) FOX, VALERIE ANN | | Race 3 W | Eth 3 N | Sex F | DOB 07-07-72 | AGE | HGT 502 | WGT 133 | HAIR BRN | EYES BRN |
| Street Address | | Apt # | City | | State | ZIP | | Res. Status: 4 Full time | | | | |
| Residence Phone: | | Business Phone: | | Employment/Occupation/School | | Type Victim 5 | Type Injury 6 | Victim of OFNS# OFNDR# | | Relationship 7 | | |
| No. V1 | Non-Disc. <input type="checkbox"/> | NAME (Last, First, Middle) | | Race 3 W | Eth 3 N | Sex F | DOB 03/03/03 | AGE | HGT | WGT | HAIR | EYES |
| Street Address | | Apt # | City | | State | ZIP | | Res. Status: 4 Full Time | | | | |
| Residence Phone: | | Business Phone: | | Employment/Occupation/School | | Type Victim 5 Individual | Type Injury 6 05-Minor Injury | Victim of OFNS#1 OFNDR#1 | | Relationship 7 Acquaintance | | |
| No. of Suspects/Arrested Persons in this incident: 1 | | | | Suspect Codes: A - Arrest, R - Runaway, S - Suspect, M - Missing, I - Institutional (Mental/Detox), X - Other | | | | | | | | |
| No. S1 | Non-Disc. <input type="checkbox"/> | NAME (Last, First, Middle) HILL, CRYSTAL D. | | Race 3 W | Eth 3 N | Sex F | DOB 09/01/78 | AGE | HGT 505 | WGT 110 | HAIR BRN | EYES BRN |
| Alias Name(s) | | Identifiers | | | | | | | | | | |
| Street Address | | Apt # | City | | State | ZIP | | Res. Status: | | Residence Phone: | | |
| Employment / Occupation / School | | Business Phone | | SSN | | Driver's Lic/ID Card No. HILL*CD2210A | | State WA | | | | |
| IBR Arrest Offense No. | Booked / Where | | Booking # | | Charges 1. M ASSAULT 4 | | | Citation/Warrant | | Bail | | |
| Arrest Date: | | Location of Arrest: | | | | | | | | | | |
| Affiliation | | On View Arrest <input type="checkbox"/> | Cited <input type="checkbox"/> Yes <input type="checkbox"/> No | Statement <input type="checkbox"/> Oral <input type="checkbox"/> Written | | Charges <input type="checkbox"/> Admitted <input type="checkbox"/> Denied | | Arrestee Armed with | | Identification No. | | Multi Clear <input type="checkbox"/> |
| Juvenile Parent/Guardian Notified <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name/Relationship of Person Notified | | | | Date/Time Notified | | Notified by | | Disposition of Juvenile <input type="checkbox"/> H <input type="checkbox"/> R 8 | | |
| VEHICLE CODES: <input type="checkbox"/> Stolen # <input type="checkbox"/> Recovered # | | <input type="checkbox"/> Located <input type="checkbox"/> Impounded <input type="checkbox"/> Evidence / Impounded | | <input type="checkbox"/> Seized/Narc <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Damaged/Vandalized <input type="checkbox"/> Other | | <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Suspect's Vehicle | | Hold For who: | | |
| No. | License Number | State | Vin / Hull No. | | Year | Make | Model | Style | | | | |
| Color | Special Features / Description | | Value \$ | Driver is: <input type="checkbox"/> R/O <input type="checkbox"/> Person # | | Registered Owner's name | | | | | | |
| Vehicle Disposition <input type="checkbox"/> Left at Scene <input type="checkbox"/> Driven Away <input type="checkbox"/> Impounded | | | Tow Company/Address/Phone | | | | Registered Owner's Address | | | | | |
| Locked | Keys in Vehicle | Delinquent Payment | Victim Consent | Theft Ins. | Drive able | Damage to Vehicle | Specify damage by Shading damaged area <input type="checkbox"/> Top <input type="checkbox"/> Underside | | 7 5 3 1 | 8 6 4 2 | Damage Est. \$ | |
| <p>MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE/SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DID NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND/OR TAKE/REMOVE/DAMAGE MY PROPERTY/VEHICLE. IF FOUND PROPERTY, I HAVE BEEN ADVISED OF CHAPTER 63 OF THE R.C.W. AND () I DO () I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.</p> <p>() I ACCEPT LIABILITY FOR TOWING AND STORAGE IF IT IS RECOVERED AND I AM NOT IMMEDIATELY AVAILABLE TO CLAIM IT.</p> <p>() THE NAMED JUVENILE IS PRESENTLY A RUNAWAY</p> <p>() THE NAMED PERSON IS PRESENTLY MISSING</p> <p>() I AGREE TO HOLD HARMLESS AND DEFEND SNOHOMISH COUNTY FROM ANY AND ALL CLAIMS RESULTING FROM THE RELEASE OF THE VEHICLE TO ME.</p> <p>() I RELEASED PROPERTY TO _____</p> <p>() I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE (Signature of person/date) _____</p> | | | | | | | | | | | | REPORT NUMBER SO 08-24992 |
| Officer Name/Number DEPUTY J. ROSS #1424 | | | | Court code | | Approved by: <i>[Signature]</i> | | Assigned | | | | |
| IBR Clearance: (one) <input type="checkbox"/> ARR/A <input type="checkbox"/> ARR/J <input type="checkbox"/> EXC/A <input type="checkbox"/> EXC/U <input type="checkbox"/> INSUFF/CLO <input type="checkbox"/> OTHER/CLO <input type="checkbox"/> UNF | | | | Copies made for: <input type="checkbox"/> PA <input type="checkbox"/> CPS <input type="checkbox"/> JUV <input type="checkbox"/> Court <input type="checkbox"/> PAT <input type="checkbox"/> DSHS <input type="checkbox"/> MH <input type="checkbox"/> Detectives <input type="checkbox"/> Other: _____ | | | | DATA ENTRY | | | | |

NARRATIVE

ORIGINAL

| | | |
|---|--|---------------------------------------|
| AGENCY NAME SNOHOMISH COUNTY SHERIFF'S OFFICE | INCIDENT CLASSIFICATION ASSAULT, FOURTH DEGREE | INCIDENT NUMBER SO 08-24992 |
| NAME OF ORIGINAL VICTIM(S) [REDACTED] (03/03/2003) | | REPORT DATE 11/14/08 |

On 11/14/08 at 1924 hours I was dispatched to make phone contact on a cold assault complaint. When I contacted the complainant, identified as Valerie A. FOX, she told me that her daughter had been assaulted by a known suspect and that she had taken her daughter to the emergency room for examination. FOX identified her daughter as [REDACTED]

FOX said that [REDACTED] had been visiting her father since 10/26/08 and that she had just picked [REDACTED] up that day. FOX stated that [REDACTED] had been staying with her father's girlfriend, identified as Crystal D. HILL. FOX stated that the reason she took [REDACTED] to the emergency room was because she had discovered a bruise and scabbed over scratch on the front of [REDACTED] right upper arm. FOX said that a CPS report was also being completed by hospital staff.

I told FOX that I would need a written statement from her and that she would need to complete one as soon as possible. I drew a case number and gave the number to FOX along with my name and badge number. FOX told me that she would be in the area the following week and that she would have one completed by then.

After speaking with FOX, I notified Sgt. Ruchty of the complaint. Sgt. Ruchty felt it inappropriate for any of the Deputies assigned to the Gold Bar region to investigate the complaint due to the working relationship between HILL and the Gold Bar Regional Deputies. Sgt. Ruchty asked that I complete the initial report and forward it to him to be sent to the Special Investigations Unit. Sgt. Ruchty also asked that I send a medical waiver form to FOX so that detectives would be able to obtain the information on [REDACTED] injuries without delay.

I received FOX's statement on 11/20/08. See statement included.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

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|--|--|---|------------|
| OFFICER NAME/NUMBER AS/01/1424 | APPROVED BY <i>[Signature]</i> | | |
| IBR CLEARANCE: <input type="checkbox"/> ARR/A <input type="checkbox"/> EXC/A <input type="checkbox"/> INSUFF/ CLO <input type="checkbox"/> ARR/J <input type="checkbox"/> EXC/J <input type="checkbox"/> OTHER/ CLO <input type="checkbox"/> <input type="checkbox"/> UNF | COPIES MADE FOR: <input type="checkbox"/> PA <input type="checkbox"/> CPS <input type="checkbox"/> JUV <input type="checkbox"/> COURT: <input type="checkbox"/> PA <input type="checkbox"/> DSHS <input type="checkbox"/> MH <input type="checkbox"/> DET: <input type="checkbox"/> <input type="checkbox"/> OTHER: | CAS / EVG / SOUTH / EVT PREC / CTH / SIU | DATA ENTRY |