



King County Sheriff Incident Report

Incident Number **99-076447**
FCR Code **222-E-0** District **L-4**

INCIDENT

Do not disclose -
 Domestic violence involved
Victim follow-up left by Officer

Reported on: Month **03** Day **10** Year **99** DOW **WED** Time **2041** Type of Incident **DEATH INVESTIGATION**

Occurred on or between: Month **03** Day **10** Year **99** DOW **WED** Time **1954** Address/Location of Incident **IS N/B AT MILE MARKER 151.4**
Business/Apartment Name _____ Business is a victim Yes

UNINCORP. KING COUNTY
 CITY OF **SEATTLE**

RECEIVED
MAR 17 1999 Yes

VIC/WIT/R.P.

VI Name (Last, First, Middle) **BARRETT, BRUCE WAGEN** Information provided **NONE** Residence Phone _____ Business Phone _____

Residence Address **84250 MCNEIL ISLANDS STEILACODM WA 98388** City **STEILACODM** State **WA** Zip **98388** Occupation **PA.** Race **W** Sex **M** DOB **011651**

RP Name (Last, First, Middle) **GOCHA C.J #571** Information provided _____ Residence Phone _____ Business Phone _____

Residence Address _____ City _____ State _____ Zip _____ Occupation **WSP TROOPER** Race _____ Sex _____ DOB _____

SUSPECT(S)

S-1 Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ Hgt. _____ Wgt. _____ Hair _____ Eyes _____

Residence Address _____ City _____ State _____ Zip _____ Residence Phone _____ Business Phone _____

Employer/school _____ Address _____ Alias Name(s) _____ Drivers license/ID card no. _____ State _____

Clothing, tattoos, scars, peculiar marks of identification _____ Social Security Number _____ Charge(s) _____ Booked KCJ Cited YSC

S-2 Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ Hgt. _____ Wgt. _____ Hair _____ Eyes _____

Residence Address _____ City _____ State _____ Zip _____ Residence Phone _____ Business Phone _____

Employer/school _____ Address _____ Alias Name(s) _____ Drivers license/ID card no. _____ State _____

Clothing, tattoos, scars, peculiar marks of identification _____ Social Security Number _____ Charge(s) _____ Booked KCJ Cited YSC

M.O.

Trademarks of suspect(s) _____ Type of weapon, instrument or force _____ Injury involved Aid required

Type of premises _____ Premises locked Occupant(s) present Method to gain entry and point of entry _____ Total \$ Loss (approx.) _____

VEHICLE

Suspect Stolen Waiver License No. **A216480** State **WA** Year **95** Make **CHEV** Model **PIU** Color **GREEN**

Victim Recovered Impound Additional description or features _____ VIN **ZGLEC195851203667**

Registered owner **VI** Address _____ Legal owner **SAME** Address _____

Vehicle disposition (If towed, list towing company, address and phone) **TOWED** Hold _____ Reason for hold Yes

Stolen vehicle Divorce or separation in progress Payments overdue Keys in ignition HBD Complainant Doors unlocked Ignition unlocked Estimated \$ Value **\$10,000** Radio notified **59 031099 (2200)** Clerk No. _____ Date/Time _____

Recovered vehicle condition (damage, items stripped, etc.) **GOOD** Other agency/Case number **WSP 99-002203** Owner notified by _____ Date/Time _____

REVIEW

Other related reports **DEATH INVEST. CHECKLIST, IMPOUND REPORT** Other persons/units notified **SEATTLE F.D. - WILLIAMSON**

(4) WSP OFFICER WIT STATEMENTS, (1) WSP FIED DIAGRAM **WSP - GOCHA #571, ME - HALBERG**

Follow-up recommended Officer(s) reporting Supervisor reviewing CID Screener CID Screener **[Signature]** Officer/Investigator assigned **INFO 3-17-99**

Copies to Burglary/Larceny CCPU Checks/Fraud Special Assault Drug Enforcement CIS Crime Analysis Auto theft Robbery Homicide Vice Control Prosecutor

Officer(s) reporting **PUGH JOHN D.** Serial No. **02736** Unit No. **2234** Supervisor reviewing **[Signature]** Date **03/17/99**

Use formats on reverse side when listing additional victims, witnesses, and suspects.

1. List additional victims, witnesses and reporting persons.
2. List additional suspects.
3. List additional vehicles.
4. Vehicle inventory.

5. List property taken, damaged, etc.
6. Victims injuries-details and where medical exam occurred.
7. Physical evidence-what and where found, by whom, disposition.
8. Reconstruct incident and describe details of investigation.

Incident Number
99-076447

| Item# | Quan | Article | Brand | Model | Serial | Miscellaneous (color, size, caliber, etc.) | Dollar Value | |
|-------|------|--|-------|-------|--------|--|--------------|--|
| 8 | | <p>IN THE CITY OF SEATTLE, WASHINGTON STATE PATROL TROOPER COCHA, #571, STOPPED TO INVESTIGATE A VEHICLE ON I-5 NB AT MILE MARKER 151.4 AT 1954. TROOPER COCHA FOUND VI, BARRETT, SLUMPED OVER IN THE DRIVER'S SEAT AND UNRESPONSIVE. TROOPER COCHA CALLED MD AND ATTEMPTED TO RESUSITATE BARRETT. MD RESPONDED AND ALSO ATTEMPTED TO RESUSITATE. MD DECLARED BARRETT DEAD AT 2050. AT 2056 I ARRIVED ON SCENE AND TOOK OVER CONTROL OF THE INCIDENT. AIR FOUND A SYRINGE WITH DEMEROL IN BARRETT'S COAT PCKET, WHICH THEY GAVE TO WSP, WHO TURNED IT OVER TO ME. I INSPECTED THE BODY AND VEHICLE. I FOUND A SMALL BOTTLE OF NITROGLYCERAN PILLS. WSP HAD NOTIFIED THE MEDICAL EXAMINER, WHO ARRIVED AT 2145. THE MEDICAL EXAMINER TOOK CUSTODY OF THE BODY, ALL HIS PERSONAL POSSESSIONS, THE SYRINGE, DEMEROL AND NITROGLYCERAN PILLS. BARRETT'S VEHICLE WAS IMPOUNDED FOR SAFEKEEPING. RELATED CASE NUMBERS INCLUDE WSP'S 99-002203 AND M.E.'S 99-0280. THE CAUSE OF DEATH IS POSSIBLE DRUG OVERDOSE, HEARTATTACK, OR COMBINATION.</p> | | | | | | |

PROPERTY/NARRATIVE

STATEMENT

I, the undersigned, hereby declare this to be a true and correct report. I understand that filing a false report can be considered hindering, obstructing or delaying a police officer, a crime punishable under RCW 9A.76.020. I understand that I must notify the police department immediately upon the recovery of any items reported stolen or missing. I will testify as a witness against the defendant when he/she is charged with a crime.

I desire my vehicle to be impounded for safekeeping, at my expense if it is recovered and I am not immediately available to claim it.

The described vehicle has been released to me and I will protect the Director of Public Safety from any and all suits, costs, damages or any expenses whatsoever which might occur with the release of this vehicle to me.

Signature _____ Date _____

WAIVER

In consideration of being allowed to exercise the option of waiving impound on the vehicle described, I hereby relieve and release the County of King, its officers and employees from any and all responsibility for the described vehicle and its contents, and from any damage or liability which might arise as a result of the use of said vehicle by the party to whom I have released it, or from any claim of damage or loss which might arise as a result of leaving said vehicle parked alongside a county street or road at my direction. I further agree to hold harmless the County of King, its officers and employees, from any and all claims which might arise as a result of my election to waive impound of the described vehicle.

Signature _____ Date _____ Registered Owner Legal Owner Agent of

**KING COUNTY POLICE
PATROL OFFICERS' DEATH INVESTIGATION CHECKLIST**

DATE

| | | |
|----|----|----|
| 03 | 10 | 99 |
|----|----|----|

CASE #

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9 | 9 | 0 | 7 | 6 | 4 | 4 | 7 |
|---|---|---|---|---|---|---|---|

Refer to Training Bulletin 8.15 for the guidelines for the use of this checklist. If, after the completion of any of the following it becomes apparent that a crime has occurred, secure the scene and notify the Major Crimes Unit.

- 1. Time call received 2041
- 2. Arrival time 2056
- 3. How death was established (i.e. Skeletonized remains, Putrefaction, or Decapitated. In all other circumstances, competent medical authorities SHOULD be summoned if practical (refer to Training Bulletin 8.15 for possible exceptions)

MEDICS. 2030 & WSP - POSSIBLE DRUG OD.

- 4. Time Sergeant notified. 2115
- 5. Note the weather conditions (temperature, raining or clear, etc.) if the victim is found outdoors. Be very specific as to the effects of those noted weather conditions on the victim or on evidence items. (i.e., body warm, ground frozen, body wet, ground dry, etc.).

CLEAR - NIGHT, 40°

- 6. Obtain the names and daytime telephone numbers of any fire department or ambulance personnel at the scene. Obtain the yellow copy of the fire department report, if available, and attach it to your offense report.

- SEATTLE FIRE DEPT. - TOM WILLIAMSON (CAPTAIN).
WSP - TROOPER GOCHA #571

- 7. Identify and interview persons at the scene. Verify who found the body, describe the circumstances, and note whether the body or scene had been moved or altered prior to your arrival.

WSP - TROOPER GOCHA #571 FOUND BODY

- 8. Make a careful walk-through of the area where the body is located. Note the general conditions of the house or area where the body is/was located. Look for any signs of a struggle, forced entry, burglary, robbery, or any other evidence that would lead you to suspect a crime has occurred.

VEHICLE A21648D PIV CHEVY GREEN. CLEAN INSIDE.
FOUND NITROSTAT (NITROGLYCERIN TABLETS)

Officer's name PUM JOHN D. Pers. # 02736

ORIGINAL

9. If the victim is inside a house or building, note the inside temperature, thermostat setting, and the position of doors and windows (open or closed).

N/A

10. Without disturbing the body, carefully look for signs of trauma that may indicate a crime has occurred. Describe the location and position in which the body is found. Describe obvious wounds, injuries, blood or other stains, or torn or mused clothing. Are visible post-mortem lividity stains consistent with the present position of the body?

BODY FOUND BY WSP IN VEHICLE. DRIVERS POSITION SLUMPED TOWARD PASSENGER POSITION.

11. List the victim's name, date of birth, and address.

BARRETT, BRUCE MACEN W/M 011651 DOL# BARRERSH491BW

88250 MCNEIL ISLAND, STELLACOM WA 98388.

12. Attempt to determine if the victim is under the care of a doctor for any reason. If possible, obtain the doctor's name and telephone number. Interview available relatives, friends, and neighbors about the prior condition of the victim's physical and mental health.

UNKNOWN

13. Attempt to obtain the name, telephone number, and address of the victim's next of kin.

WSP HANBLING.

14. On all suicides, or when requested by the patrol supervisor or Major Crimes, the scene and body should be photographed; the body, physical evidence, and any weapons triangulated and diagramed.

15. Advise the Medical Examiner (223-3232) of your investigation and provide him with any information requested. If the Medical Examiner authorizes release to a private funeral home, specify which one in the narrative of the Offense Report. List the Medical Examiner's Case Number in box 63 of the Offense Report, and the name of the Medical Examiner's investigator in box 61.

M.E. HALBERG CASE # 99-0280

16. The completed death investigation Offense Report MUST fully explain your investigation and clearly articulate any information which helps classify this incident as a natural death, accidental death, or a suicide. List the description, location, and disposition and photos, weapons, suicide notes, or other physical evidence found at the scene. If a suicide note is retained by the Medical Examiner, include it's verbatim comments in the narrative of the offense report.

FIELD DIAGRAM

LOCATION: _____ MILES N E S W OF S. 200th overpass ON N/B I-5

INTERSECTING WITH _____ BETWEEN _____ AND _____
FEET N E
MILES S W OF _____ COUNTY King RURAL RESIDENTIAL BUS.

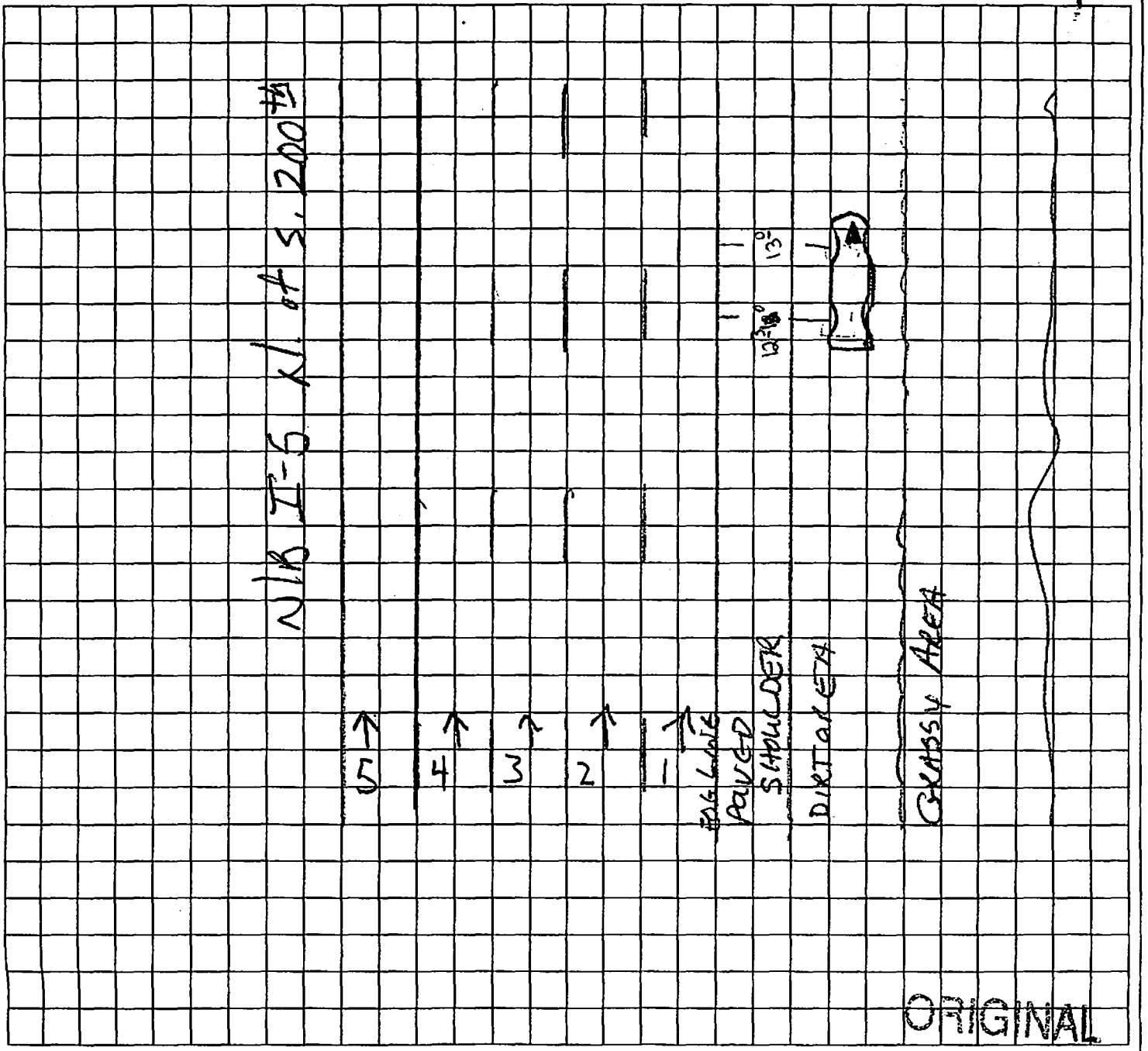
TYPE ROAD SURFACE _____ DRY WET SNOW ICE OTHER _____

WEATHER: CLEAR OVERCAST RAINING SNOWING FOG OTHER _____ TEMP. _____ °F

VISIBILITY: _____ LIGHTING _____

ROADWAY: STRAIGHT CURVED LANES _____ EACH DIRECTION _____ GRADE _____ STRIPING _____

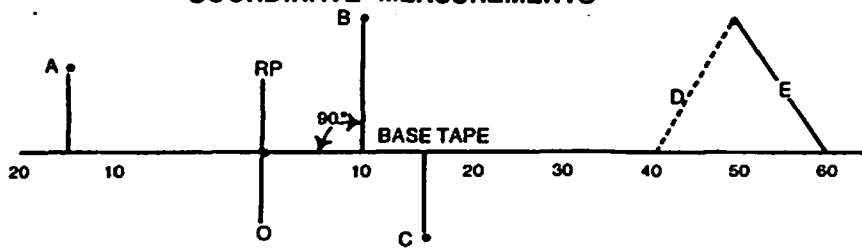
TRAFFIC CONTROL DEVICE(S) _____ LOCATION _____ POSTED SPEED _____



ORIGINAL

MEASUREMENTS BY: _____ AND _____

COORDINATE MEASUREMENTS



LEGEND (example)

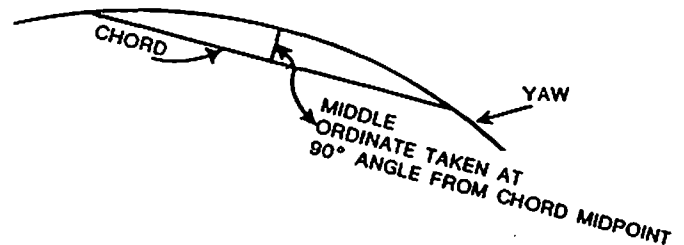
| | | |
|------------|---------|---------|
| A—IDENTIFY | W _____ | N _____ |
| B—IDENTIFY | E _____ | N _____ |
| C—IDENTIFY | E _____ | S _____ |
| D—IDENTIFY | _____ | _____ |
| E—IDENTIFY | _____ | _____ |

- 1) PLACE BASE TAPE ALONG FOG, SKIP, CENTERLINE, OR PAVEMENT EDGE.
- 2) TWO MEASUREMENTS ARE REQUIRED TO LOCATE "SPOT", ONE ALONG THE BASE TAPE FROM THE (RP) REFERENCE POINT TO THE 90° TAPE, AND ALONG THE 90° TAPE FROM THE BASE TAPE TO THE SPOT.
- 3) RECORD MEASUREMENTS IN LEGEND. IDENTIFY WHAT IS BEING MEASURED. THE BASE TAPE MEASUREMENT IS RECORDED FIRST, FOLLOWED BY THE 90° MEASUREMENT. DIRECTION IS RECORDED BY POINTS ON THE COMPASS (N,S,E,W). BASE TAPE CAN BE PLACED ON EITHER N.S. OR E.W. AXIS.
- 4) IF TRIANGULATION IS NECESSARY, USE BASE TAPE AS POINT TO MEASURE FROM.
- 5) LOCATE REFERENCE POINT (RP) TO A TANGIBLE OBJECT.

SKIDMARKS

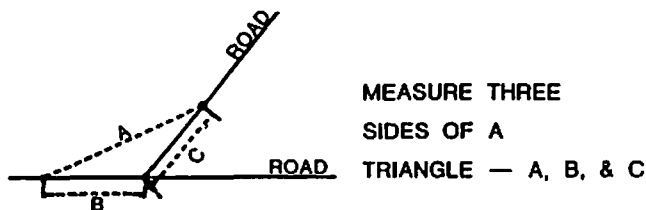
- 1) MEASURE LENGTH OF EACH SKIDMARK. DESIGNATE BEFORE OR AFTER IMPACT.
- 2) DETERMINE IF ANY OVERLAP OF FRONT AND REAR SKIDMARKS.
- 3) USE COORDINATE MEASUREMENTS TO LOCATE SKIDMARKS IN RELATIONSHIP TO ROADWAY OR LANE.

CRITICAL SPEED SCUFF (YAW) RADIUS

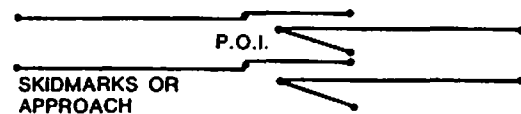


- 1) MEASURE CHORD AND MIDDLE ORDINATE USE 30 FT., 40 FT., OR 50 FT. CHORD.
- 2) OBTAIN A CHORD AND MIDDLE ORDINATE FROM EACH YAW MARK.
- 3) OBTAIN 2 CONSECUTIVE CHORDS AND MIDDLE ORDINATES FROM ONE YAW MARK.
- 4) USE COORDINATE MEASUREMENTS TO PLOT YAW MARK IN RELATIONSHIP TO ROADWAY OR LANE.

DETERMINING INTERSECTION ANGLE

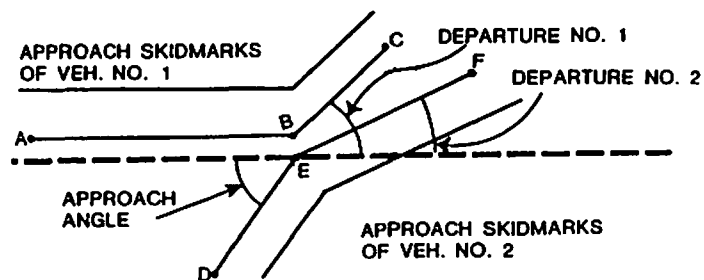


HEAD ON OR REAR END COLLISIONS



- 1) LOCATE POINT OF IMPACT.
- 2) MEASURE DISTANCE AND DIRECTION VEHICLES TRAVELED AFTER IMPACT.
- 3) DETERMINE IF WHEELS SKIDDING OR FREE WHEELING AFTER IMPACT.
- 4) MEASURE SKIDMARKS BEFORE IMPACT.
- 5) SPEED OF ONE VEHICLE PRIOR TO IMPACT.
- 6) USE COORDINATES TO PLOT SKIDMARKS IN RELATIONSHIP TO ROADWAY OR LANE.

ANGULAR COLLISION



- 1) DETERMINE ANGLE OF APPROACH AND BOTH DEPARTURE ANGLES BY PLOTTING SKIDMARKS USING COORDINATE MEASUREMENTS (SPOTS A THROUGH F)
- 2) INSURE THAT ANGLE MEASURED IS THAT OF DEPARTURE, NOT THE ANGLE FROM POINT OF IMPACT TO POINT OF REST.

WASHINGTON STATE PATROL REPORT OF INVESTIGATION

TROOPER G. A. AMY #328

REPORT OF INVESTIGATION

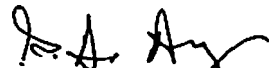
NORTHBOUND I-5 JUST NORTH OF SO 200TH ON THE RIGHT

3-10-99 2000

On 3-10-99 at approx. 2004 Seattle Communications advised of a disable northbound I-5 occupant not breathing.

I arrived at the scene at 2004 to do the measurements of the vehicle and assist Trooper J. Majala #519 with the scene measurements.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE ATTACHED REPORTS ARE TRUE AND ACCURATE.


G. A. AMY #328

3-10-99 2124


M. L. Ruppert #189
Supervisor

3-10-99 2124

ORIGINAL

- PRIMARY OFFICER'S REPORT
- ASSISTING OFFICER'S REPORT
- DETECTIVE'S REPORT

WASHINGTON STATE PATROL REPORT OF INVESTIGATION

PAGE ____ OF ____

| | | | | | |
|---------------------------------------|---------------------------------|--------------------------------|------------------------------|---|--|
| Type of Investigation FATAL | | | | Case/Evidence Number 99002203 | |
| Date of Incident 031099 | Time of Incident 1959 | Date Reported 031099 | Time Reported 1959 | Location of Incident N(BIS) IN S. 200TH | |

Charges
NONE

| SUSPECTS | | | | | | | | | | | | | | | |
|--------------------------------|-----|-------|------------------------|------------|-----------------|------|--------------------------------|------|-------|------------------------|------------|-----------------|------|------|-------|
| Suspect No. 1 (Last, First, M) | | | | | | | Suspect No. 2 (Last, First, M) | | | | | | | | |
| Street Address | | | | Home Phone | | | Street Address | | | | Home Phone | | | | |
| City, State, Zip Code | | | | Work Phone | | | City, State, Zip Code | | | | Work Phone | | | | |
| Driver's License # | | State | Social Security Number | | | | Driver's License # | | State | Social Security Number | | | | | |
| Race | Sex | DOB | Height | Weight | Eyes | Hair | Compl | Race | Sex | DOB | Height | Weight | Eyes | Hair | Compl |
| Clothing | | | | | | | Clothing | | | | | | | | |
| Scars, Marks, Tattoos | | | Date Booked | | Location Booked | | Scars, Marks, Tattoos | | | Date Booked | | Location Booked | | | |
| Employer/Occup | | | | | | | Employer/Occup | | | | | | | | |

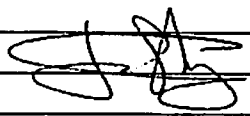
| VICTIMS | | | | | | | | | | | | | |
|-------------------------------|--|-------|-----|------------|--|--|-------------------------------|--------------------|--|-------|------------|-----|--|
| Victim No. 1 (Last, First, M) | | | | | | | Victim No. 2 (Last, First, M) | | | | | | |
| Street Address | | | | Home Phone | | | Street Address | | | | Home Phone | | |
| City, State, Zip Code | | | | Work Phone | | | City, State, Zip Code | | | | Work Phone | | |
| Driver's License # | | State | Sex | DOB | | | | Driver's License # | | State | Sex | DOB | |
| Employer/Occup | | | | | | | Employer/Occup | | | | | | |

| WITNESSES | | | | | | | | | | | | | |
|--------------------------------|--|-------|-----|------------|--|--|--------------------------------|--------------------|--|-------|------------|-----|--|
| Witness No. 1 (Last, First, M) | | | | | | | Witness No. 2 (Last, First, M) | | | | | | |
| Street Address | | | | Home Phone | | | Street Address | | | | Home Phone | | |
| City, State, Zip Code | | | | Work Phone | | | City, State, Zip Code | | | | Work Phone | | |
| Driver's License # | | State | Sex | DOB | | | | Driver's License # | | State | Sex | DOB | |
| Employer/Occup | | | | | | | Employer/Occup | | | | | | |

I certify (declare) under penalty of perjury under the laws of the state of Washington that the attached reports are true, correct, and accurate (RCW 9A.72.085).

| | | | | |
|--|-------------------|------------------|------------------------------|--------------------------------|
| Officer's Signature/Badge Number S10 | Dist 02 | Det 05 | Date Signed 031099 | Place Signed King Co |
| Supervisor MC Ruff 130 | | | Date 3-10-99 | |

ORIGINAL

| I T E M | (1) ADDITIONAL SUSPECTS (2) ADDITIONAL VICTIMS (3) ADDITIONAL WITNESSES (INCLUDE FIRE AND AID PERSONNEL) (5) VICTIM'S VEHICLE & LOCATION (6) PARTS / PROPERTY DAMAGED & APPROXIMATE DOLLAR AMOUNT | | (7) SUSPECT'S INJURIES & WHERE TREATED (8) VICTIM'S INJURIES & WHERE TREATED (9) PHYSICAL EVIDENCE, WHERE FOUND, BY WHOM AND DISPOSITION (10) PROPERTY RECOVERED (INCLUDE SERIAL NUMBERS & VALUE) (11) WEAPON USED (INCLUDE MANUFACTURER, CALIBER, STYLE & FINISH) (12) ASSISTING OFFICERS (NAME, BADGE #, WORK ADDRESS, WORK PHONE) (13) OTHER AGENCIES AND RELATED CASE NUMBERS |
|------------------|---|------|---|
| | DATE | TIME | |
| | 03/09/99 | 1959 | TROOPER GOCHA REQUESTED AID FOR SUBJECT WITH NO PULSE - SIGNED ENROUTE. |
| | | 2005 | ARRIVED AT SCENE TRPS GOCHA AND O'BRIEN IN PROCESS OF CPR |
| | | | SEARCHED VEHICLE LOCATED NO ITEMS OF INTEREST. |
| | | | PHOTOGRAPHED VEHICLE, 2 VIALS AND A SYRINGE (FOUND BY MEDICS IN SUBJECTS JACKET) AND SUBJECTS ARMS. (POSSIBLE INJECTION POINTS) |
| | | | ASSISTED TROOPER AMY IN REFORMING VEHICLE WORKUP |
| | | 2030 | INFORMED BY SCOTLAND FIRE CAPTAIN THAT SUBJECT WAS CONFIRMED DECEASED |
| | | | ADVISED SCOT RUPERT AND REQUESTED ME |
| | | 2111 | CLEARED SCENE |
| | | |  SID |

- PRIMARY OFFICER'S REPORT
- ASSISTING OFFICER'S REPORT
- DETECTIVE'S REPORT

WASHINGTON STATE PATROL REPORT OF INVESTIGATION

PAGE ____ OF ____

| | | | | | | | | | | | | | | | |
|---|-----|---------------------------------|------------------------|---------------------------------|------------------|--|-------|---|------------------------|------------|-------------|--------|-----------------|------|-------|
| Type of Investigation FATAL | | | | | | Case/Evidence Number 99-002203 | | | | | | | | | |
| Date of Incident 3-10-99 | | Time of Incident 1954 | | Date Reported 3-10-99 | | Time Reported 1954 | | Location of Incident N/B I-5 J/N S.200TH. | | | | | | | |
| Charges NONE. | | | | | | | | | | | | | | | |
| SUSPECTS | | | | | | | | | | | | | | | |
| Suspect No. 1 (Last, First, M) | | | | | | Suspect No. 2 (Last, First, M) | | | | | | | | | |
| Street Address | | | | Home Phone | | Street Address | | | | Home Phone | | | | | |
| City, State, Zip Code | | | | Work Phone | | City, State, Zip Code | | | | Work Phone | | | | | |
| Driver's License # | | State | Social Security Number | | | Driver's License # | | State | Social Security Number | | | | | | |
| Race | Sex | DOB | Height | Weight | Eyes | Hair | Compl | Race | Sex | DOB | Height | Weight | Eyes | Hair | Compl |
| Clothing | | | | | | Clothing | | | | | | | | | |
| Scars, Marks, Tattoos | | | Date Booked | | Location Booked | | | Scars, Marks, Tattoos | | | Date Booked | | Location Booked | | |
| Employer/Occup | | | | | | Employer/Occup | | | | | | | | | |
| VICTIMS | | | | | | | | | | | | | | | |
| Victim No. 1 (Last, First, M) | | | | | | Victim No. 2 (Last, First, M) | | | | | | | | | |
| Street Address | | | | Home Phone | | Street Address | | | | Home Phone | | | | | |
| City, State, Zip Code | | | | Work Phone | | City, State, Zip Code | | | | Work Phone | | | | | |
| Driver's License # | | State | Sex | DOB | | Driver's License # | | State | Sex | DOB | | | | | |
| Employer/Occup | | | | | | Employer/Occup | | | | | | | | | |
| WITNESSES | | | | | | | | | | | | | | | |
| Witness No. 1 (Last, First, M) | | | | | | Witness No. 2 (Last, First, M) | | | | | | | | | |
| Street Address | | | | Home Phone | | Street Address | | | | Home Phone | | | | | |
| City, State, Zip Code | | | | Work Phone | | City, State, Zip Code | | | | Work Phone | | | | | |
| Driver's License # | | State | Sex | DOB | | Driver's License # | | State | Sex | DOB | | | | | |
| Employer/Occup | | | | | | Employer/Occup | | | | | | | | | |
| <p style="text-align: center;">I certify (declare) under penalty of perjury under the laws of the state of Washington that the attached reports are true, correct, and accurate (RCW 9A.72.085).</p> | | | | | | | | | | | | | | | |
| Officer's Signature/Badge Number CH/Asoka 571 | | | | Dist 02 | Det 05 | Date Signed 3-10-99 | | Place Signed KING CO. | | | | | | | |
| Supervisor McRupis 130 | | | | | | Date 3-10-99 | | | | | | | | | |

ORIGINAL

- PRIMARY OFFICER'S REPORT
- ASSISTING OFFICER'S REPORT
- DETECTIVE'S REPORT

**WASHINGTON STATE PATROL
REPORT OF INVESTIGATION**

| I T E M | | DATE | TIME | | |
|------------------|--|------|------|---|---|
| | | | | ON 3-10-99 AT APPROXIMATELY 19:53 I WAS TRAVELING NORTH BOUND I-5 NORTH OF 200TH ST IN LANE #3, AS I CAME AROUND A CURVE TO THE RIGHT, I OBSERVED A GREEN PICK UP TRUCK ON THE RIGHT SHOULDER WITH THE FLASHERS ON. | (1) ADDITIONAL SUSPECTS (2) ADDITIONAL VICTIMS (3) ADDITIONAL WITNESSES (INCLUDE FIRE AND AID PERSONNEL) (5) VICTIM'S VEHICLE & LOCATION (6) PARTS / PROPERTY DAMAGED & APPROXIMATE DOLLAR AMOUNT |
| | | | | AT APPROXIMATELY 19:54 I INFORMED WASHINGTON STATE PATROL COMMUNICATIONS I WOULD BE OUT WITH A DISABLED VEHICLE. | (7) SUSPECT'S INJURIES & WHERE TREATED (8) VICTIM'S INJURIES & WHERE TREATED (9) PHYSICAL EVIDENCE, WHERE FOUND, BY WHOM AND DISPOSITION (10) PROPERTY RECOVERED (INCLUDE SERIAL NUMBERS & VALUE) (11) WEAPON USED (INCLUDE MANUFACTURER, CALIBER, STYLE & FINISH) (12) ASSISTING OFFICERS (NAME, BADGE #, WORK ADDRESS, WORK PHONE) (13) OTHER AGENCIES AND RELATED CASE NUMBERS |
| | | | | AS I APPROACHED THE VEHICLE, I OBSERVED A MALE SITTING SLUMPED OVER IN THE DRIVERS SEAT. HE WAS SLUMPED TO THE RIGHT WITH HIS HEAD BETWEEN THE SEATS AND HIS RIGHT HAND WAS OVER HIS HEART WITH HIS LEFT ARM OVER IT. | |
| | | | | I KNOCKED ON THE PASSENGER SIDE WINDOW WITH NO ANSWER. I PROCEEDED TO OPEN THE DOOR AND SAID POLICE DEPT. I FELT FOR A PULSE ON BOTH WRISTS, NONE WERE PRESENT. | |
| | | | | AT APPROXIMATELY 19:59 I INFORMED COMMUNICATIONS TO SEND AID. I REMOVED THE DRIVER AND PLACED HIM ON THE GROUND. I STARTED AND PERFORMED C.P.R. UNTIL RELIEVED BY SEATAC FIRE. | |
| | | | | ASSISTED SEATAC FIRE UNTIL MEDIC ONE ARRIVED. | |
| | | | | AT APPROXIMATELY 20:30 I WAS INFORMED BY SEATAC FIRE CAPTAIN THE SUBJECT WAS DECEASED. | |
| | | | | Cliff Aock 571 | |

- PRIMARY OFFICER'S REPORT
- ASSISTING OFFICER'S REPORT
- DETECTIVE'S REPORT

WASHINGTON STATE PATROL REPORT OF INVESTIGATION

PAGE _____ OF _____

| | | | | | |
|--|---------------------------------|---------------|---------------|---|--|
| Type of Investigation DEATH ON I-5 | | | | Case/Evidence Number 99-002230 | |
| Date of Incident 3-10-99 | Time of Incident 2000 | Date Reported | Time Reported | Location of Incident N/B I-5 NORTH OF S. 200th (R) | |

Charges

SUSPECTS

| | | | | | | | | | | | | | | | |
|--------------------------------|-----|-------|------------------------|--------|-----------------|--------------------------------|-----------------------|-------|------------------------|-------------|--------|-----------------|------|------|-------|
| Suspect No. 1 (Last, First, M) | | | | | | Suspect No. 2 (Last, First, M) | | | | | | | | | |
| Street Address | | | Home Phone | | | Street Address | | | Home Phone | | | | | | |
| City, State, Zip Code | | | Work Phone | | | City, State, Zip Code | | | Work Phone | | | | | | |
| Driver's License # | | State | Social Security Number | | | Driver's License # | | State | Social Security Number | | | | | | |
| Race | Sex | DOB | Height | Weight | Eyes | Hair | Compl | Race | Sex | DOB | Height | Weight | Eyes | Hair | Compl |
| Clothing | | | | | | Clothing | | | | | | | | | |
| Scars, Marks, Tattoos | | | Date Booked | | Location Booked | | Scars, Marks, Tattoos | | | Date Booked | | Location Booked | | | |
| Employer/Occup | | | | | | Employer/Occup | | | | | | | | | |

VICTIMS

| | | | | | | | | | | | |
|--|--|--------------------|--|-----------------------|--|-------------------------------|--|-------|------------|-----|--|
| Victim No. 1 (Last, First, M) Barrett, Bruce H | | | | | | Victim No. 2 (Last, First, M) | | | | | |
| Street Address 88250 McNeil Island* | | | Home Phone | | | Street Address | | | Home Phone | | |
| City, State, Zip Code Steilacoom WA 98388 | | | Work Phone (206) ext 588-5281 1580 | | | City, State, Zip Code | | | Work Phone | | |
| Driver's License # BarrettBH | | State WA | Sex M | DOB 1-16-51 | | Driver's License # | | State | Sex | DOB | |
| Employer/Occup McNeil Island DOC | | | | | | Employer/Occup | | | | | |

WITNESSES

| | | | | | | | | | | | |
|--------------------------------|--|-------|------------|-----|--|--------------------------------|--|-------|------------|-----|--|
| Witness No. 1 (Last, First, M) | | | | | | Witness No. 2 (Last, First, M) | | | | | |
| Street Address | | | Home Phone | | | Street Address | | | Home Phone | | |
| City, State, Zip Code | | | Work Phone | | | City, State, Zip Code | | | Work Phone | | |
| Driver's License # | | State | Sex | DOB | | Driver's License # | | State | Sex | DOB | |
| Employer/Occup | | | | | | Employer/Occup | | | | | |

I certify (declare) under penalty of perjury under the laws of the state of Washington that the attached reports are true, correct, and accurate (RCW 9A.72.085).

| | | | | | |
|---|--|-------------------|------------------|-------------------------------|------------------------------------|
| Officer's Signature/Badge Number (R) OB | | Dist 02 | Det 05 | Date Signed 3-10-99 | Place Signed King County |
| Supervisor | | | | Date | |

ORIGINAL



King County Police

Vehicle Impound Report

Incident Number
99-076447
 FCR Code **222-E-0** District **L-4**

INCIDENT

Safekeeping Only
 Hold For Investigation
 Supervisor Approving Hold

Date/Day/Time: **03/10/99**
 Month: **03** Day: **10** Year: **99**
 DOW: **WED** Time: **2200**
 Type of Incident: **DEATH INVESTIGATION**

Radio Date/Time: **031099/2200**
 Operator Number: **59**
 Address/Location of Impound: **I-5 N/B MILE MARKER 151.4**

RECEIVED

PERSONS

Driver Name (Last, First, Middle): **BARRETT, BRUCE NAGEN**
 Information provided: **DEATH**
 Residence Phone: **-** Business Phone: **-**

Residence Address: **88250 MCNEIL ISLAND STELLACOOM, WA 98388**
 City: **STELLACOOM** State: **WA** Zip: **98388**
 Occupation: **PA** **W M 011651**

Reg. Owner Name (Last, First): **-** Address: **-** City: **-** State: **-** Zip: **-**
 Same As Driver

Legal Owner Name (Last, First): **-** Address: **-** City: **-** State: **-** Zip: **-**
 Same As Reg Owner

VEHICLE

License No.: **AZ16480** State: **WA** Year: **95** Make: **CHEV** Model: **PIU** Color: **GREEN** VIN: **ZGCEC1958S1203667**

Owner Date/Time: **N/A** Notification By: **NONE** Damage: **NONE** Other Agency Case Number: **WSP 99-002203**

TOW

Towing Company: **VELVET** Storage Address: **18220 8TH AVE S SEATTLE WA 98148** Phone: **206 246-1986**

Tow Driver Signature: *[Signature]* Tow Truck License Number: **80043-V** Towing Company WACIC #: **550441** Hold For Investigating Unit: **NO**

NARRATIVE

1. Explain Reason For Impound 2. List Vehicle Inventory

1. DRIVER DEAD.

2. VARIOUS COMPACT DISKS AND TAPE CASSETTES. (U) PMR OF NEW BLACK BOOTS.

Officer Authorizing Impound: **PUGH JOHN D** Serial No.: **02736** Unit No.: **2L34** Supervisor reviewing: **ORIGINAL** Date: **MAR 17 1999**