

**Sumner Police Department  
Incident Report**

**Incident No. SU16000005.1**

Incident No.  
SU16000005.1

|                                     |  |                         |
|-------------------------------------|--|-------------------------|
| PDA:                                | Homeland Security:   | Subject: <b>Suicide</b> |
| IBR Disposition: <b>Active</b>      | Case Management Disposition:   |                         |
| Forensics:                          | Reporting By/Date: <b>SU124 - McDonald, Marcus 1/2/2016 16:18:50</b> |                         |
| Case Report Status: <b>Approved</b> | Reviewed By/Date: <b>SU111 - Backus, Gary 1/2/2016 17:33:52</b>      |                         |

**Related Cases:**

|                    |        |
|--------------------|--------|
| Case Report Number | Agency |
|--------------------|--------|

**Non-Electronic Attachments**

| Attachment Type                                  | Additional Distribution               | Count |
|--|---------------------------------------|-------|
| Location Address: <b>Wood Ave/Zehnder St</b>     | Location Name:                        |       |
| City, State, Zip: <b>Sumner, WA 98390</b>        | Cross Street:                         |       |
| Contact Location:                                | City, State, Zip:                     |       |
| Recovery Location:                               | City, State, Zip:                     |       |
| CB/Grid/RD: <b>062 - Sumner</b>                  | District/Sector: <b>SU04 - Sumner</b> |       |
| Occurred From: <b>1/2/2016 10:07:00 Saturday</b> | Occurred To:                          |       |
| Notes:   |                                       |       |

**Offense Details: 0801 - Suicide - Completed**

|                              |  |                                  |              |
|------------------------------|--|----------------------------------|--------------|
| Domestic Violence: <b>No</b> | Child Abuse:   | Gang Related: <b>No/Unknown</b>  | Juvenile:    |
| Completed: <b>Completed</b>  | Crime Against:                                       | Hate/Bias: <b>None (No Bias)</b> | Using Tools: |
| Criminal Activity:           | Location Type: <b>Railroad Tracks / Right of Way</b> | Type of Security:                |              |
| Total No. of Units Entered:  | Evidence Collected:                                  |                                  |              |
| Entrance Compromised:        |  |                                  |              |
| Entry Method:                |  |                                  |              |
| Suspect Description:         |  |                                  |              |
| Suspect Actions:             |  |                                  |              |
| Notes:                       |  |                                  |              |

I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56, PUBLIC DISCLOSURE ACT, PREPARED BY SUMNER PD # 903 RELEASED TO: WA Utilities & Transportation Commission

PDA: 4b

**Witness W1: Kellogg, Shannon E**

|                    |                 |                |                    |                      |                                |
|--------------------|-----------------|----------------|--------------------|----------------------|--------------------------------|
| Aliases:           | DOB: [REDACTED] | Age: <b>34</b> | Sex: <b>Female</b> | Race: <b>Unknown</b> | Ethnicity: <b>Non-Hispanic</b> |
| Height:            | Weight:         | Hair Color:    | Eye Color:         | Phone: <b>4b</b>     |                                |
| Address: <b>4b</b> | County:         |                |                    |                      |                                |

|                                       |   |
|---------------------------------------|---|
| Call Source:                          | Assisted By:                                |
| Phone Report:                         | Notified:                                   |
| Insurance Letter:                     | Entered By: <b>SU124 - McDonald, Marcus</b> |
| Entered On: <b>1/2/2016 14:59:42</b>  | Approved By: <b>SU903 - Duggan, Sherrie</b> |
| Approved On: <b>1/4/2016 08:05:43</b> | Exceptional Clearance:                      |
| Adult/Juvenile Clearance:             | Exceptional Clearance Date:                 |
| Additional Distribution:              | Other Distribution:                         |

|                       |                    |                    |          |       |          |             |
|-----------------------|--------------------|--------------------|----------|-------|----------|-------------|
| Validation Processing | Distribution Date: | County Pros. Atty. | Juvenile | Other | CPS      | Supervisor: |
| By:                   |                    | City Pros. Atty.   | Military | DSHS  | PreTrial |             |

**For Law Enforcement Use Only - No Secondary Dissemination Allowed**  
Records has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are incorporated in the report.

**Printed: September 07, 2016 - 10:26 AM**  
**Printed By: Duggan, Sherrie**

**Sumner Police Department Incident Report**

**Incident No. SU160000005.1**

Page 2 of 4

|                                       |                       |                         |
|---------------------------------------|-----------------------|-------------------------|
| City, State Zip: <b>4b</b>            | Country:              | Business Phone:         |
| Other Address:                        |                       | Other Phone:            |
| Resident: <b>Full - Time Resident</b> | Occupation/Grade:     | Employer/School:        |
| SSN:                                  |                       | Place Of Birth:         |
| Driver License No:                    | Driver License State: | Driver License Country: |
| Attire:                               |                       | Complexion:             |
| SMT:                                  |                       | Facial Hair:            |
| Testify:                              |                       | Facial Shape:           |
| Witness Notes:                        |                       |                         |

I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56, PUBLIC DISCLOSURE ACT.  
 PREPARED BY SUMNER PD # \_\_\_\_\_  
 RELEASED TO: \_\_\_\_\_ PDA: \_\_\_\_\_

**Witness W2: Matlock, Thomas S**

|                  |                                   |                    |                                |                         |                                |
|------------------|-----------------------------------|--------------------|--------------------------------|-------------------------|--------------------------------|
| Aliases:         | DOB: <b>4b</b>                    | Age: <b>53</b>     | Sex: <b>Male</b>               | Race: <b>White</b>      | Ethnicity: <b>Non-Hispanic</b> |
| Height:          | Weight:                           | Hair Color:        | Eye Color:                     | Phone: <b>4b</b>        |                                |
| Address:         | County:                           | Country:           | Business Phone:                | Other Phone:            |                                |
| City, State Zip: | County:                           | Country:           | Employer/School: <b>AMTRAK</b> | Place Of Birth:         |                                |
| Other Address:   | Occupation/Grade: <b>Engineer</b> | Driver License No: | Driver License State:          | Driver License Country: |                                |
| Resident:        |                                   | Attire:            | Complexion:                    | Facial Hair:            |                                |
| SSN:             |                                   | SMT:               | Facial Shape:                  | Witness Notes:          |                                |

**Witness W3: Clubb, Archie T**

|                              |                                    |                    |                                |                         |                                |
|------------------------------|------------------------------------|--------------------|--------------------------------|-------------------------|--------------------------------|
| Aliases:                     | DOB: <b>4b</b>                     | Age: <b>62</b>     | Sex: <b>Male</b>               | Race: <b>White</b>      | Ethnicity: <b>Non-Hispanic</b> |
| Height:                      | Weight:                            | Hair Color:        | Eye Color:                     | Phone:                  |                                |
| Address: <b>4b</b>           | County:                            | Country:           | Business Phone:                | Other Phone:            |                                |
| City, State Zip: <b>4b</b>   | County:                            | Country:           | Employer/School: <b>AMTRAK</b> | Place Of Birth:         |                                |
| Other Address:               | Occupation/Grade: <b>Conductor</b> | Driver License No: | Driver License State:          | Driver License Country: |                                |
| Resident: <b>Nonresident</b> |                                    | Attire:            | Complexion:                    | Facial Hair:            |                                |
| SSN:                         |                                    | SMT:               | Facial Shape:                  | Witness Notes:          |                                |

**Other Entity O1: Tortorete, Michael P**

|                                       |                    |                    |                        |                         |                                |
|---------------------------------------|--------------------|--------------------|------------------------|-------------------------|--------------------------------|
| Aliases:                              | DOB: <b>4b</b>     | Age: <b>53</b>     | Sex: <b>Male</b>       | Race: <b>White</b>      | Ethnicity: <b>Non-Hispanic</b> |
| Height: <b>5' 3"</b>                  | Weight: <b>220</b> | Hair Color:        | Eye Color: <b>Blue</b> | Phone:                  |                                |
| Address: <b>4b</b>                    | County:            | Country:           | Business Phone:        | Other Phone:            |                                |
| City, State Zip: <b>4b</b>            | County:            | Country:           | Employer/School:       | Place Of Birth:         |                                |
| Other Address:                        | Occupation/Grade:  | Driver License No: | Driver License State:  | Driver License Country: |                                |
| Resident: <b>Full - Time Resident</b> |                    | Attire:            | Complexion:            | Facial Hair:            |                                |
| SSN:                                  |                    | SMT:               | Facial Shape:          | Witness Notes:          |                                |

**Sumner Police Department Incident Report**

**Incident No. SU160000005.1**

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|                    |                         |                               |  |                         |  |
|--------------------|-------------------------|-------------------------------|--|-------------------------|--|
| SSN:               |                         | Driver License State:         |  | Place Of Birth:         |  |
| Driver License No: |                         | Driver License State:         |  | Driver License Country: |  |
| Attire:            |                         |                               |  | Complexion:             |  |
| SMT:               |                         |                               |  | Facial Hair:            |  |
| Entity Type:       | <b>Other Individual</b> | Reporting Statement Obtained: |  | Facial Shape:           |  |
| Entity Notes:      |                         |                               |  |                         |  |

**Other Entity O2: Tortorete, Jacalyn L**

PDA:

|                    |                             |         |                               |                       |               |             |                         |                 |                     |
|--------------------|-----------------------------|---------|-------------------------------|-----------------------|---------------|-------------|-------------------------|-----------------|---------------------|
| Aliases:           |                             | Age:    | <b>57</b>                     | Sex:                  | <b>Female</b> | Race:       | <b>White</b>            | Ethnicity:      | <b>Non-Hispanic</b> |
| DOB:               | [REDACTED]                  | Height: | <b>5' 6"</b>                  | Weight:               | <b>210</b>    | Hair Color: |                         | Eye Color:      |                     |
| Address:           | <b>4b</b>                   |         |                               | County:               |               | Country:    |                         | Phone:          |                     |
| City, State Zip:   | <b>4b</b>                   |         |                               | County:               |               | Country:    |                         | Business Phone: |                     |
| Other Address:     |                             |         |                               |                       |               |             |                         |                 |                     |
| Resident:          | <b>Full - Time Resident</b> |         | Occupation/Grade:             |                       |               |             |                         |                 |                     |
| SSN:               |                             |         |                               |                       |               |             |                         |                 |                     |
| Driver License No: |                             |         |                               | Driver License State: |               |             | Driver License Country: |                 |                     |
| Attire:            |                             |         |                               |                       |               |             |                         |                 |                     |
| SMT:               |                             |         |                               |                       |               |             |                         |                 |                     |
| Entity Type:       | <b>Other Individual</b>     |         | Reporting Statement Obtained: |                       |               |             |                         |                 |                     |
| Entity Notes:      |                             |         |                               |                       |               |             |                         |                 |                     |

I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56, PUBLIC DISCLOSURE ACT.

PREPARED BY SUMNER PD # \_\_\_\_\_

RELEASED TO: \_\_\_\_\_

**Investigative Information**

|                   |                                    |                               |  |
|-------------------|------------------------------------|-------------------------------|--|
| Means:            |                                    | Motive:                       |  |
| Vehicle Activity: |                                    | Direction Vehicle Travelling: |  |
| Synopsis:         | <b>Death Investigation/Suicide</b> |                               |  |

**Narrative:**

On 01/02/2016 Officer Houselog and I, Officer M. McDonald, responded to the railroad crossing located at Wood Ave and Zehnder St in Sumner, WA, for a report of an apparent suicide by train. Communications advised the reporting party, Shannon E. Kellogg [REDACTED], witnessed the man walk onto the tracks as the train was approaching and stop on the southbound track facing the oncoming train.

Officer Houselog contacted the AMTRAK train (Engine No. 510) conductor, Archie T. Clubb [REDACTED], who estimated the trains speed at 70MPH at the time of the collision. He also had East Pierce Fire and Rescue (EPFR) cover the body and took a statement from W1/Kellogg (see attached written statement). I contacted the Engineer, Thomas S. Matlock [REDACTED]. W3/Matlock advised he observed the subject walk from the northbound track to the southbound track and stand in front of the train. He advised it looked to him as if it were intentional.

Officer Houselog relayed to me that Jacalyn L. Tortorete [REDACTED] walked over to his patrol vehicle from 4b [REDACTED] and advised she believed the subject to be her husband, Michael P. Tortorete [REDACTED]. She advised her husband was battling mental health issues and had recently threatened to commit suicide via train. The description she provided of her husband and his clothing matched that of the deceased.

Detective Temple of Sumner Police Department, Special Agent Brandon Bean of BNSF Railway Police and representatives from AMTRAK responded to the scene. I took photographs of the scene and was able to review the video of the collision captured by AMTRAK. On the video you can see O1/M. Tortorete

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**Incident No. SU160000005.1**

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walk onto the southbound tracks, stop and face the oncoming train prior to impact. The medical examiner responded to the scene and picked up the remains. The photographs were later uploaded into Case Images.

Officer M. McDonald #124

File Report.

Forward Report to Special Agent Brandon Bean of BNSF Police- NW Corridor.

Reviewed By:

Reviewed Date:

**COPIES**

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PREPARED BY SUMNER PD # \_\_\_\_\_  
RELEASED TO: \_\_\_\_\_

**Sumner Police Department  
Supplemental Report**

**Incident No. SU16000005.2**

|                                     |   |                         |                                     |
|-------------------------------------|---|-------------------------|-------------------------------------|
| PDA:                                | Homeland Security:  | Subject: <b>Suicide</b> | Incident No.<br><b>SU16000005.2</b> |
| IBR Disposition: <b>Active</b>      | Case Management Disposition:                                      |                         |                                     |
| Forensics:                          | Reporting By/Date: <b>SU113 - Temple, Jason 1/4/2016 08:45:59</b> |                         |                                     |
| Case Report Status: <b>Approved</b> | Reviewed By/Date: <b>SU102 - Engel, Jeffrey 1/4/2016 09:07:47</b> |                         |                                     |

**Related Cases:**

|                                       |   |
|---------------------------------------|---|
| Case Report Number<br><b>16000053</b> | Agency<br><b>Amtrak Police Department</b> |
| <b>1600012</b>                        | <b>Pierce County Medical Examiner</b>     |

**Non-Electronic Attachments**

| Attachment Type                                  | Additional Distribution               | Count |
|--|---------------------------------------|-------|
| Location Address: <b>Wood Ave/Zehnder St</b>     | Location Name                         |       |
| City, State, Zip: <b>Sumner, WA 98390</b>        | Cross Street                          |       |
| Contact Location:                                | City, State, Zip                      |       |
| Recovery Location:                               | City, State, Zip                      |       |
| CB/Grid/RD: <b>062 - Sumner</b>                  | District/Sector: <b>SU04 - Sumner</b> |       |
| Occurred From: <b>1/2/2016 10:07:00 Saturday</b> | Occurred To:                          |       |
| Notes:   |                                       |       |

**Offense Details: 0801 - Suicide - Completed**

|  |                     |   |           |
|--|---------------------|---|-----------|
| Domestic Violence: <b>No</b>                         | Child Abuse:        | Gang Related: <b>No/Unknown</b>   | Juvenile: |
| Completed: <b>Completed</b>                          | Crime Against:      | Hate/Bias: <b>None (No Bias)</b>  |           |
| Criminal Activity:                                   | Type of Security:   | Using:  | Tools:    |
| Location Type: <b>Railroad Tracks / Right of Way</b> | Evidence Collected: | <p style="color: red; font-weight: bold;">I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56. PUBLIC DISCLOSURE ACT.<br/>PREPARED BY SUMNER PD # _____<br/>RELEASED TO: _____</p> |           |
| Total No. of Units Entered:                          |                     |   |           |
| Entrance Compromised:                                |                     |   |           |
| Entry Method:  |                     |   |           |
| Suspect Description:                                 |                     |   |           |
| Suspect Actions:                                     |                     |   |           |
| Notes:   |                     |   |           |

**Other Entity 03: Jones, Jacob D**

PDA:

|                                       |   |                    |                  |                    |                                |             |
|---------------------------------------|---|--------------------|------------------|--------------------|--------------------------------|-------------|
| Aliases:                              | DOB: [REDACTED]                             | Age: <b>32</b>     | Sex: <b>Male</b> | Race: <b>White</b> | Ethnicity: <b>Non-Hispanic</b> |             |
| Call Source:                          | Assisted By:                                |                    |                  |                    |                                |             |
| Phone Report:                         | Notified:                                   |                    |                  |                    |                                |             |
| Insurance Letter:                     | Entered By: <b>SU113 - Temple, Jason</b>    |                    |                  |                    |                                |             |
| Entered On: <b>1/4/2016 08:42:20</b>  | Approved By: <b>SU903 - Duggan, Sherrie</b> |                    |                  |                    |                                |             |
| Approved On: <b>1/4/2016 09:12:10</b> | Exceptional Clearance:                      |                    |                  |                    |                                |             |
| Adult/Juvenile Clearance:             | Exceptional Clearance Date:                 |                    |                  |                    |                                |             |
| Additional Distribution:              | Other Distribution:                         |                    |                  |                    |                                |             |
| Validation Processing                 | Distribution Date:                          | County Pros. Atty. | Juvenile         | Other              | CPS                            | Supervisor: |
|                                       | By:   | City Pros. Atty.   | Military         | DSHS               | PreTrial                       |             |

**For Law Enforcement Use Only - No Secondary Dissemination Allowed**  
Records has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are incorporated in the report.

**Printed: September 07, 2016 - 10:33 AM**  
**Printed By: Duggan, Sherrie**

**Sumner Police Department Supplemental Report**

**Incident No. SU160000005.2**

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|                                       |                               |                         |            |
|---------------------------------------|-------------------------------|-------------------------|------------|
| Height:                               | Weight:                       | Hair Color:             | Eye Color: |
| Address: <b>4b</b>                    | County:                       | Phone:                  |            |
| City, State Zip:                      | Country:                      | Business Phone:         |            |
| Other Address:                        |                               | Other Phone:            |            |
| Resident: <b>Full - Time Resident</b> | Occupation/Grade:             | Employer/School:        |            |
| SSN:                                  |                               | Place Of Birth:         |            |
| Driver License No:                    | Driver License State:         | Driver License Country: |            |
| Attire:                               |                               | Complexion:             |            |
| SMT:                                  |                               | Facial Hair:            |            |
| Entity Type: <b>Other Individual</b>  | Reporting Statement Obtained: | Facial Shape:           |            |
| Entity Notes:                         |                               |                         |            |

I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56, PUBLIC DISCLOSURE ACT.  
 PREPARED BY SUMNER PD # \_\_\_\_\_  
 RELEASED TO: \_\_\_\_\_

**Investigative Information**

|                   |                              |
|-------------------|------------------------------|
| Means:            | Motive:                      |
| Vehicle Activity: | Direction Vehicle Traveling: |

Synopsis: Responded to a suicide by train.

**Narrative:**

On 01-02-2016 at approximately 1030hrs I, Detective Temple, was called out for a pedestrian vs train at the Zehnder St, crossing resulting in the death of the pedestrian. It was determined to be a suicide.

I arrived on scene and made contact with Officer Houselog who briefed me on the situation. He said he had been contacted by Jacalyn "Jackie" Tortorete who thought the deceased subject was her husband, Michael P Tortorete. Mrs. Tortorete had provided a clothing description and that information concerning her husband's mental health situation. Officer Houselog noted there was a witness that was stopped for the crossing arms that reported the subject (Michael Tortorete) had walked out onto the tracks, looked at the train and stopped on the tracks in front of the train. Officer Houselog noted that Tortorete's apartment was across the street from the train crossing.

East Pierce Fire & Rescue Chaplain Adam June was on scene so he and I walked over to Tortorete's apartment. At approximately 1110hrs we made contact with Jacob D Jones (step-son) at **4b** and I introduced us to Jones. Jones said that his mother and M. Tortorete had moved up to Washington from California last year. He said his mother had moved up in March of 2015 and Tortorete had moved up about a month later. He did not know if Tortorete was diagnosed with a mental illness but he knew Tortorete took medication related to mental health. He noted Tortorete had not been able to get his medication since he moved to Washington from California. He knew Tortorete received a retirement check but also knew the whole family was struggling financially. Jones had seen Tortorete around 0830hrs and did not notice anything unusual about him at that time. Tortorete went for a walk. Jones heard the train braking around 1000hrs and then noticed the police activity in the area.

I asked Jones if he wanted to talk with Chaplain June about the incident. Jones said he would be OK. I asked Jones if his mother, J. Tortorete, was willing to speak with us. He said she would and brought her to the front door. Our contacts with Jones and J. Tortorete both occurred on the front porch area because Jones' children (Tortorete's grandchildren) were in the apartment.

At approximately 1115hrs Chaplain June and I spoke with J. Tortorete. I introduced us and told Tortorete that I was looking for some background information and that Chaplain June was available to speak with her concerning her well-being. She asked if it was her husband involved with the train. I told her that had not been confirmed but based on the information she had provided it appeared very likely. Tortorete agreed to speak with us.

Tortorete said her husband was being treated in California for depression. He had retired from the department of corrections. He was being seen by the county mental health which provided someone for him to talk to about his depression. Unfortunately his counselors rotated so he did not see the same person

every time. He had been on Paxil and Xanax while in California but was unable to get help in Washington. He made too much money to qualify for assistance but too little money to pay for assistance. She said he fell through the cracks. He had been trying to get set up with Good Samaritan Mental Health but was unsuccessful. When asked Tortorete revealed her husband had talked about committing suicide the week prior. He said she would be better off if he jumped in front of a train. She did not believe her husband of 21 years would commit suicide when he made that statement.

This morning Michael Tortorete told her that he was going for a walk so she went back to sleep. She woke up the train and police activity with a bad feeling so she contacted the police on scene.

J. Tortorete said in addition to the normal stressor was feeling anxious about attending church with her on the following day. He didn't believe he could handle it. She told him they could sneak in the back and tried to calm him about it but he didn't think he would be able to do attend. J. Tortorete was asked if she wanted anyone from her church contacted so she could speak with them. She said she would be fine until she attended church the following day. Another one of Tortorete's sons arrived as we were speaking with her and she requested to end our contact shortly thereafter. I thanked Tortorete for her time and told her that I probably wouldn't need any more information from her but would contact her later if I need additional information.

At approximately 1130hrs Medicolegal Death Investigator James Eggleston of the Pierce County Medical Examiner's Office arrived on scene. He was briefed on the situation.

Amtrak Police Detective Travers arrived a short time later and was briefed. He said he was having the video from the engine downloaded so we would be able to view it on scene.

I assisted Investigator Eggleston and remained on scene until I could view the video.

At approximately 1235hrs Detective Travers contacted me to view the video from the engine. The video showed the crossing arms down. It showed M. Tortorete cross the first set of track and stop in the middle of the second set of tracks (west side). It appeared Tortorete was facing the train and braces for impact. It appeared to be an intentional act as Tortorete stepped onto the tracks and stopped knowing the train was coming. He did not make any attempt to move out of the way of the oncoming train.

File

Temple #S-113

Reviewed By: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_

I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56. PUBLIC DISCLOSURE ACT. PREPARED BY SUMNER PD # \_\_\_\_\_ RELEASED TO: \_\_\_\_\_





**Sumner Police Department  
Supplemental Report**

**Incident No. SU16000005.3**

|                     |                 |                              |  |          |                |
|---------------------|-----------------|------------------------------|--|----------|----------------|
| PDA:                | <b>No</b>       | Homeland Security:           | <b>No</b>  | Subject: | <b>Suicide</b> |
| IBR Disposition:    | <b>Active</b>   | Case Management Disposition: |  |          |                |
| Forensics:          |                 | Reporting By/Date:           | <b>SU116 - Houselog, Loren 1/7/2016 06:20:20</b> |          |                |
| Case Report Status: | <b>Approved</b> | Reviewed By/Date:            | <b>SU0101 - Moericke, Brad 1/8/2016 15:10:30</b> |          |                |

Incident No. SU16000005.3

**Related Cases:**

|                    |        |
|--------------------|--------|
| Case Report Number | Agency |
|--------------------|--------|

**Non-Electronic Attachments**

| Attachment Type                                  | Additional Distribution               | Count |
|--|---------------------------------------|-------|
| Location Address: <b>Wood Ave/Zehnder St</b>     | Location Name:                        |       |
| City, State, Zip: <b>Sumner, WA 98390</b>        | Cross Street:                         |       |
| Contact Location:                                | City, State, Zip:                     |       |
| Recovery Location:                               | City, State, Zip:                     |       |
| CB/Grid/RD: <b>062 - Sumner</b>                  | District/Sector: <b>SU04 - Sumner</b> |       |
| Occurred From: <b>1/2/2016 10:07:00 Saturday</b> | Occurred To:                          |       |
| Notes:   |                                       |       |

**Offense Details: 0801 - Suicide - Completed**

|                             |                                       |                     |  |               |                   |           |                       |
|-----------------------------|---------------------------------------|---------------------|--|---------------|-------------------|-----------|-----------------------|
| Domestic Violence:          | <b>No</b>                             | Child Abuse:        |  | Gang Related: | <b>No/Unknown</b> | Juvenile: |                       |
| Completed:                  | <b>Completed</b>                      | Crime Against:      |  | Hate/Bias:    |                   | Using:    | <b>None (No Bias)</b> |
| Criminal Activity:          |                                       | Type of Security:   |  | Tools:        |                   |           |                       |
| Location Type:              | <b>Railroad Tracks / Right of Way</b> | Evidence Collected: |  |               |                   |           |                       |
| Total No. of Units Entered: |                                       |                     |  |               |                   |           |                       |
| Entrance Compromised:       |                                       |                     |  |               |                   |           |                       |
| Entry Method:               |                                       |                     |  |               |                   |           |                       |
| Suspect Description:        |                                       |                     |  |               |                   |           |                       |
| Suspect Actions:            |                                       |                     |  |               |                   |           |                       |
| Notes:                      |                                       |                     |  |               |                   |           |                       |

I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56, PUBLIC DISCLOSURE ACT.  
PREPARED BY SUMNER-PD # \_\_\_\_\_  
RELEASED TO: \_\_\_\_\_

**Witness W1: Kellogg, Shannon E**

PDA:

|             |                     |
|-------------|---------------------|
| Aliases:    |                     |
| DOB:        | [Redacted]          |
| Age:        | <b>34</b>           |
| Sex:        | <b>Female</b>       |
| Race:       | <b>Unknown</b>      |
| Ethnicity:  | <b>Non-Hispanic</b> |
| Height:     |                     |
| Weight:     |                     |
| Hair Color: |                     |
| Eye Color:  |                     |
| Address:    | <b>4b</b>           |
| County:     |                     |
| Phone:      | <b>4b</b>           |

|                           |                          |                             |                                |
|---------------------------|--------------------------|-----------------------------|--------------------------------|
| Call Source:              |                          | Assisted By:                |                                |
| Phone Report:             |                          | Notified:                   |                                |
| Insurance Letter:         |                          | Entered By:                 | <b>SU116 - Houselog, Loren</b> |
| Entered On:               | <b>1/7/2016 05:27:44</b> | Approved By:                | <b>SU905 - Medina, Dan</b>     |
| Approved On:              | <b>1/8/2016 15:55:08</b> | Exceptional Clearance:      |                                |
| Adult/Juvenile Clearance: |                          | Exceptional Clearance Date: |                                |
| Additional Distribution:  |                          | Other Distribution:         |                                |
| Validation Processing     | Distribution Date:       | County Pros. Atty.          | Juvenile                       |
|                           | By:                      | City Pros. Atty.            | Military                       |
|                           |                          | Other                       | CPS                            |
|                           |                          | DSHS                        | PreTrial                       |
|                           |                          |                             | Supervisor:                    |

**For Law Enforcement Use Only - No Secondary Dissemination Allowed**  
Records has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are incorporated in the report.

**Printed: September 07, 2016 - 10:38 AM**  
Printed By: Duggan, Sherrle

**Sumner Police Department Supplemental Report**

**Incident No. SU160000005.3**

Page 2 of 5

|                    |                             |                       |                         |
|--------------------|-----------------------------|-----------------------|-------------------------|
| City, State Zip:   | <b>Sumner, WA 98390</b>     | Country:              | Business Phone:         |
| Other Address:     |                             |                       | Other Phone:            |
| Resident:          | <b>Full - Time Resident</b> | Occupation/Grade:     | Employer/School:        |
| SSN:               |                             |                       | Place Of Birth:         |
| Driver License No: |                             | Driver License State: | Driver License Country: |
| Attire:            |                             |                       | Complexion:             |
| SMT:               |                             |                       | Facial Hair:            |
| Testify:           |                             |                       | Facial Shape:           |
| Witness Notes:     |                             |                       |                         |

**Witness W2: Matlock, Thomas S**

PDA:

|                    |            |                   |                 |                       |             |                         |                     |
|--------------------|------------|-------------------|-----------------|-----------------------|-------------|-------------------------|---------------------|
| Aliases:           |            |                   |                 |                       |             |                         |                     |
| DOB:               | [REDACTED] | Age:              | <b>53</b>       | Sex:                  | <b>Male</b> | Race:                   | <b>White</b>        |
| Height:            |            | Weight:           |                 | Hair Color:           |             | Ethnicity:              | <b>Non-Hispanic</b> |
| Address:           |            | County:           |                 | Eye Color:            |             | Phone:                  | <b>4b</b>           |
| City, State Zip:   |            | Country:          |                 | Business Phone:       |             |                         |                     |
| Other Address:     |            |                   |                 | Other Phone:          |             | Employer/School:        | <b>AMTRAK</b>       |
| Resident:          |            | Occupation/Grade: | <b>Engineer</b> | Place Of Birth:       |             |                         |                     |
| SSN:               |            |                   |                 | Driver License State: |             | Driver License Country: |                     |
| Driver License No: |            |                   |                 | Complexion:           |             | Facial Hair:            |                     |
| Attire:            |            |                   |                 | Facial Shape:         |             |                         |                     |
| SMT:               |            |                   |                 |                       |             |                         |                     |
| Testify:           |            |                   |                 |                       |             |                         |                     |
| Witness Notes:     |            |                   |                 |                       |             |                         |                     |

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 PREPARED BY SUMNER PD # \_\_\_\_\_  
 RELEASED TO: \_\_\_\_\_

**Witness W3: Clubb, Archie T**

PDA:

|                    |                    |                   |                  |                       |             |                         |                     |
|--------------------|--------------------|-------------------|------------------|-----------------------|-------------|-------------------------|---------------------|
| Aliases:           |                    |                   |                  |                       |             |                         |                     |
| DOB:               | [REDACTED]         | Age:              | <b>62</b>        | Sex:                  | <b>Male</b> | Race:                   | <b>White</b>        |
| Height:            |                    | Weight:           |                  | Hair Color:           |             | Ethnicity:              | <b>Non-Hispanic</b> |
| Address:           | <b>4b</b>          | County:           |                  | Eye Color:            |             | Phone:                  | <b>4b</b>           |
| City, State Zip:   |                    | Country:          |                  | Business Phone:       |             |                         |                     |
| Other Address:     |                    |                   |                  | Other Phone:          |             | Employer/School:        | <b>AMTRAK</b>       |
| Resident:          | <b>Nonresident</b> | Occupation/Grade: | <b>Conductor</b> | Place Of Birth:       |             |                         |                     |
| SSN:               |                    |                   |                  | Driver License State: |             | Driver License Country: |                     |
| Driver License No: |                    |                   |                  | Complexion:           |             | Facial Hair:            |                     |
| Attire:            |                    |                   |                  | Facial Shape:         |             |                         |                     |
| SMT:               |                    |                   |                  |                       |             |                         |                     |
| Testify:           |                    |                   |                  |                       |             |                         |                     |
| Witness Notes:     |                    |                   |                  |                       |             |                         |                     |

**Other Entity O1: Tortorete, Michael P**

PDA:

|                  |                             |                   |            |                 |             |                  |                     |
|------------------|-----------------------------|-------------------|------------|-----------------|-------------|------------------|---------------------|
| Aliases:         |                             |                   |            |                 |             |                  |                     |
| DOB:             | [REDACTED]                  | Age:              | <b>53</b>  | Sex:            | <b>Male</b> | Race:            | <b>White</b>        |
| Height:          | <b>5' 3"</b>                | Weight:           | <b>220</b> | Hair Color:     |             | Ethnicity:       | <b>Non-Hispanic</b> |
| Address:         | <b>4b</b>                   | County:           |            | Eye Color:      | <b>Blue</b> | Phone:           | <b>4b</b>           |
| City, State Zip: |                             | Country:          |            | Business Phone: |             |                  |                     |
| Other Address:   |                             |                   |            | Other Phone:    |             | Employer/School: |                     |
| Resident:        | <b>Full - Time Resident</b> | Occupation/Grade: |            |                 |             |                  |                     |

**Sumner Police Department Supplemental Report**

**Incident No. SU160000005.3**

Page 3 of 5

|                    |                         |                               |                         |
|--------------------|-------------------------|-------------------------------|-------------------------|
| SSN:               |                         |                               | Place Of Birth:         |
| Driver License No: |                         | Driver License State:         | Driver License Country: |
| Attire:            |                         |                               | Complexion:             |
| SMT:               |                         |                               | Facial Hair:            |
| Entity Type:       | <b>Other Individual</b> | Reporting Statement Obtained: | Facial Shape:           |
| Entity Notes:      |                         |                               |                         |

**Other Entity O2: Tortorete, Jacalyn L**

PDA:

|                    |                             |                               |            |                         |                     |
|--------------------|-----------------------------|-------------------------------|------------|-------------------------|---------------------|
| Aliases:           |                             |                               |            | Ethnicity:              | <b>Non-Hispanic</b> |
| DOB:               | [REDACTED]                  | Age:                          | <b>57</b>  | Sex:                    | <b>Female</b>       |
|                    |                             |                               |            | Race:                   | <b>White</b>        |
| Height:            | <b>5' 6"</b>                | Weight:                       | <b>210</b> | Hair Color:             |                     |
| Address:           | <b>4b</b>                   |                               | County:    | Eye Color:              |                     |
| City, State Zip:   | <b>4b</b>                   |                               | Country:   | Phone:                  | <b>4b</b>           |
| Other Address:     |                             |                               |            | Business Phone:         |                     |
| Resident:          | <b>Full - Time Resident</b> | Occupation/Grade:             |            |                         |                     |
| SSN:               |                             |                               |            | Employer/School:        |                     |
| Driver License No: |                             | Driver License State:         |            | Place Of Birth:         |                     |
| Attire:            |                             |                               |            | Driver License Country: |                     |
| SMT:               |                             |                               |            | Complexion:             |                     |
| Entity Type:       | <b>Other Individual</b>     | Reporting Statement Obtained: |            | Facial Hair:            |                     |
| Entity Notes:      |                             |                               |            | Facial Shape:           |                     |

**Other Entity O3: Jones, Jacob D**

PDA:

|                    |                             |                               |           |                         |                     |
|--------------------|-----------------------------|-------------------------------|-----------|-------------------------|---------------------|
| Aliases:           |                             |                               |           | Ethnicity:              | <b>Non-Hispanic</b> |
| DOB:               | [REDACTED]                  | Age:                          | <b>32</b> | Sex:                    | <b>Male</b>         |
|                    |                             |                               |           | Race:                   | <b>White</b>        |
| Height:            |                             | Weight:                       |           | Hair Color:             |                     |
| Address:           | <b>4b</b>                   |                               | County:   | Eye Color:              |                     |
| City, State Zip:   | <b>4b</b>                   |                               | Country:  | Phone:                  | <b>4b</b>           |
| Other Address:     |                             |                               |           | Business Phone:         |                     |
| Resident:          | <b>Full - Time Resident</b> | Occupation/Grade:             |           |                         |                     |
| SSN:               |                             |                               |           | Employer/School:        |                     |
| Driver License No: |                             | Driver License State:         |           | Place Of Birth:         |                     |
| Attire:            |                             |                               |           | Driver License Country: |                     |
| SMT:               |                             |                               |           | Complexion:             |                     |
| Entity Type:       | <b>Other Individual</b>     | Reporting Statement Obtained: |           | Facial Hair:            |                     |
| Entity Notes:      |                             |                               |           | Facial Shape:           |                     |

**Investigative Information**

|  |                             |                                |  |
|--|-----------------------------|--------------------------------|--|
| Means:   |                             | Motive:                        | <b>AND PROVIDED PURSUANT TO RCW 42.56.</b> |
| Vehicle Activity:  |                             | Direction Vehicle Traveling:   | <b>PUBLIC DISCLOSURE ACT.</b>              |
| Synopsis:  | <b>Supplemental Report.</b> | <b>PREPARED BY SUMNER PD #</b> |  |
| Narrative:   | <b>RELEASED TO:</b>         |                                |  |
| <p>At about 1007 hrs. 01-02-16, I arrived at the Zehnder St. and Wood Ave. train crossing. Upon arrival I observed a S/B AMTRAK train stopped between Zehnder St. and Main St., Sumner, WA 98390. I observed a vehicle parked on the N/W side of the tracks with a female outside the car on her cell phone.</p> |                             |                                |  |

I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56. PUBLIC DISCLOSURE ACT. PREPARED BY SUMNER PD # RELEASED TO:

This was the R/P identified as Shannon E. Kellogg [REDACTED]. I exited my car and told Ms. Kellogg that I would be right back. I observed that the AMTRAK was stopped on the west tracks and that there was a body about 50 yards south of Zehnder St. between the west and east tracks. I walked to the body and I observed a male later identified as the AMTRAK Conductor, Archie T. Clubb [REDACTED], walking from the rear of the AMTRAK towards the body. I got to the body and saw that it was obvious that he was deceased. He was wearing white appeared to be a white tee shirt, blue hoody and black sweat pants. His body was contorted in un-natural ways. I did not recognize the man. I spoke to Mr. Clubb who advised me that he was the Conductor and he was notified by the Engineer that the train had struck a pedestrian and performed an emergency stop. Mr. Clubb told me that the train was traveling at 70 MPH. East Pierce Fire and Rescue (EPFR) arrived on scene and confirmed that he was deceased.

I notified CITYCOMM to stop train traffic on both tracks and to call Sgt. Backus in early. I further requested Officer McDonald who was returning to the city from Fire run code to return. I returned to my patrol car and spoke to Ms. Kellogg. Ms. Kellogg stated that she was waiting to cross the tracks at Zehnder St. and was behind the crossing arms when she observed the victim cross the arms and walk to the east tracks. She said that he was looking north and realized that the train was on the west tracks and he moved over to the west tracks and stood looking north as the train struck him. She stated that he was on the west track, north of Zehnder St. She stated that it was obvious to her that he committed suicide. Ms. Kellogg completed a handwritten statement. I asked if she wanted to speak to a chaplain since she had witnessed something that no one needs to see. Ms. Kellogg told me that she had a background in psychology and that she knew where to turn to for help if she needed it. I provided her with a business card and case number and told her that if we needed to we would contact her again that we would.

While waiting for Sgt. Backus to respond I was approached by a woman identified as Jacalyn L. Tortorete [REDACTED]. Mrs. Tortorete asked me if someone was struck by a train and I told her that there was and she started crying and said that she thought it might be her husband, identified as Michael P. Tortorete [REDACTED]. I asked Mrs. Tortorete if her husband had been depressed lately and she said yes that they had recently moved here from California and he hadn't been able to receive services or medication for depression. I had Mrs. Tortorete sit in the rear of my patrol car where it was warm. I asked her to describe her husband to me and she said that he was a white male, about 5'4" and weighing over 200 lbs, and he was bald wearing glasses and he was wearing black sweat pants and blue sweat shirt. She said that he had left the apartment and was going to get some fresh air. I explained to her that I was not sure if he was the victim of the accident or not because it didn't appear the victim was identifiable. Ms. Tortorete's son, Jacob D. Jones [REDACTED] arrived on scene and I explained the situation to him and asked that he take his mother back to her home at 4b [REDACTED], Sumner, WA 98390 and I would have someone come over in a bit and speak to them. Mr. Jones took Mrs. Tortorete back to the residence.

Sgt. Backus called me and asked that I contacted the CDO. I attempted to call DC Engel on his cell and home number and was unable to reach him. I called Sgt. Backus back and briefed him on this situation and he stated that he would try to get a hold of him. He called me back and said that he was unable to get a hold of him also, Sgt. Backus stated that he called Chief Moericke and briefed him. DC Engel called me back and he was briefed about the situation and he stated that he would call out a detective even though it was an obvious suicide. I then re-contacted Sgt. Backus and briefed him. He said that he would be there shortly. EPFR requested their chaplain respond to the scene, and Officer McDonald arrived on scene and identified and spoke to the AMTRAK Engineer.

Officer McDonald further took photos of the scene from the point of impact to the body of the deceased. A BNSF Railroad Police Officer arrived on scene and was briefed. Det. Temple arrived on scene and was briefed and he and the EPFR Chaplain went over to Mrs. Tortorete's apartment to speak to her. They returned and stated that as recent as this morning Mr. Tortorete spoke of suicide by standing in front of a train. The Pierce County Medical Examiner (ME) arrived on scene. He and Det. Temple processed the scene and we helped load the deceased into a body bag and place him on a gurney and load him.

I summoned EPFR back to scene at the request of AMTRAK Special Agent who had arrived on scene to hose off the front of the train and hose off the Zehnder St. crossing.

Officer McDonald agreed to complete the initial report as I was leaving for the weekend.

RELEASED TO: \_\_\_\_\_  
PREPARED BY SUMNER PD # \_\_\_\_\_  
PUBLIC DISCLOSURE ACT.  
AND PROVIDED PURSUANT TO RCW 42.56.  
COPY OF A REPORT MAINTAINED IN THE FILES  
OF THE SUMNER POLICE DEPARTMENT  
CERTAIN THAT THIS A TRUE AND CORRECT  
REPRESENTATION OF THE FACTS

**Sumner Police Department Supplemental Report**

**Incident No. SU16000005.3**

Page 5 of 5

File report.

Reviewed By:

Reviewed Date:

**COPIES**

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PREPARED BY SUMNER PD # \_\_\_\_\_  
RELEASED TO: \_\_\_\_\_



**Sumner Police Department  
Supplemental Report**

**Incident No. SU16000005.4**

|                     |                 |                              |  |          |                |
|---------------------|-----------------|------------------------------|--|----------|----------------|
| PDA:                | <b>No</b>       | Homeland Security:           | <b>No</b>  | Subject: | <b>Suicide</b> |
| IBR Disposition:    | <b>Active</b>   | Case Management Disposition: |  |          |                |
| Forensics:          |                 | Reporting By/Date:           | <b>SU113 - Temple, Jason 2/16/2016 13:50:40</b>  |          |                |
| Case Report Status: | <b>Approved</b> | Reviewed By/Date:            | <b>SU102 - Engel, Jeffrey 2/22/2016 09:06:32</b> |          |                |

Incident No.  
**SU16000005.4**

**Related Cases:**

|                    |  |
|--------------------|--|
| Case Report Number | Agency   |
| <b>16-0012</b>     | <b>Pierce County Medical Examiner's Office</b> |

**Non-Electronic Attachments**

| Attachment Type                                      | Additional Distribution | Count |
|--|-------------------------|-------|
| <b>MER - Medical Examiners Report (copy/digital)</b> |                         |       |

|                    |                                   |                   |                      |
|--------------------|-----------------------------------|-------------------|----------------------|
| Location Address:  | <b>Wood Ave/Zehnder St</b>        | Location Name:    |                      |
| City, State, Zip:  | <b>Sumner, WA 98390</b>           | Cross Street:     |                      |
| Contact Location:  |                                   | City, State, Zip: |                      |
| Recovery Location: |                                   | City, State, Zip: |                      |
| CB/Grid/RD:        | <b>062 - Sumner</b>               | District/Sector:  | <b>SU04 - Sumner</b> |
| Occurred From:     | <b>1/2/2016 10:07:00 Saturday</b> | Occurred To:      |                      |
| Notes:             |                                   |                   |                      |

**Offense Details: 0801 - Suicide - Completed**

|                             |                  |                     |                                       |                   |                   |  |                       |
|-----------------------------|------------------|---------------------|---------------------------------------|-------------------|-------------------|--|-----------------------|
| Domestic Violence:          | <b>No</b>        | Child Abuse:        |                                       | Gang-Related:     | <b>No/Unknown</b> | Juvenile:  |                       |
| Completed:                  | <b>Completed</b> | Crime Against:      |                                       | Hate/Bias:        |                   | Hate/Bias:   | <b>None (No Bias)</b> |
| Criminal Activity:          |                  | Location Type:      | <b>Railroad Tracks / Right of Way</b> | Type of Security: |                   | Using:   |                       |
| Total No. of Units Entered: |                  | Evidence Collected: |                                       | Tools:            |                   | <p style="color: red;">I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56, PUBLIC DISCLOSURE ACT.<br/>PREPARED BY SUMNER PD # _____<br/>RELEASED TO: _____</p> |                       |
| Entrance Compromised:       |                  |                     |                                       |                   |                   |  |                       |
| Entry Method:               |                  |                     |                                       |                   |                   |  |                       |
| Suspect Description:        |                  |                     |                                       |                   |                   |  |                       |
| Suspect Actions:            |                  |                     |                                       |                   |                   |  |                       |
| Notes:                      |                  |                     |                                       |                   |                   |  |                       |

**Investigative Information**

|                           |                             |                                |          |       |          |             |
|---------------------------|-----------------------------|--------------------------------|----------|-------|----------|-------------|
| Means:                    | Motive:                     |                                |          |       |          |             |
| Call Source:              | Assisted By:                |                                |          |       |          |             |
| Phone Report:             | Notified:                   |                                |          |       |          |             |
| Insurance Letter:         | Entered By:                 | <b>SU113 - Temple, Jason</b>   |          |       |          |             |
| Entered On:               | Approved By:                | <b>SU903 - Duggan, Sherrie</b> |          |       |          |             |
| Approved On:              | Exceptional Clearance:      |                                |          |       |          |             |
| Adult/Juvenile Clearance: | Exceptional Clearance Date: |                                |          |       |          |             |
| Additional Distribution:  | Other Distribution:         |                                |          |       |          |             |
| Validation Processing     | Distribution Date:          | County Pros. Atty.             | Juvenile | Other | CPS      | Supervisor: |
|                           | By:                         | City Pros. Atty.               | Military | DSHS  | PreTrial |             |

**For Law Enforcement Use Only - No Secondary Dissemination Allowed**  
Records has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are incorporated in the report.

**Printed: September 07, 2016 - 10:42 AM**  
Printed By: Duggan, Sherrie

**Sumner Police Department Supplemental Report**

**Incident No. SU160000005.4**

Page 2 of 2

Vehicle Activity:

Direction Vehicle Traveling:

Synopsis:

ME report listing as suicide.

Narrative:

On 02-16-2016 I, Detective Temple, received a copy of case #16-0012 from the Pierce County Medical Examiner's Office concerning Michael Paul Tortorete's death. I reviewed the report which provided the following information. The cause of death was multiple traumatic injuries and the manner of death was suicide.

File this matter as closed.

Temple #S-113

Reviewed By:

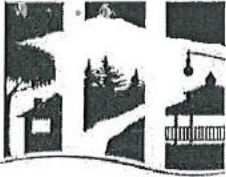
Reviewed Date:

I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56, PUBLIC DISCLOSURE ACT.

PREPARED BY SUMNER PD # \_\_\_\_\_

RELEASED TO: \_\_\_\_\_





CITY OF SUMNER WASHINGTON

1104 Maple Street, Sumner WA 98390

POLICE DEPARTMENT Chief Brad Moericke

STATEMENT FORM

Case # Sub 000005 .1

Date/Time of Report 1/12/16

Last Name: Kellogg First: Shannon Middle: E

Date of Birth: [redacted] Home Phone: 4b [redacted] Work Phone: [redacted]

Address: 4b [redacted]

DESCRIBE BELOW WHAT HAPPENED

I was driving on Wood, turning right on Behnder when the crossing bar lowered. I had seen a man walking across Wood just as I approached towards the crossing. I stopped at the crossing and saw the man pause for a second. He then continued crossing - walking over the first set of tracks. He then walked to the second set of tracks and looked down towards the train. He did not walk further, but stopped in the middle. The train hit him within seconds. The train braked and stopped just beyond the crossing and I called 911.

I CERTIFY THAT THIS A TRUE AND CORRECT COPY OF A REPORT MAINTAINED IN THE FILES OF THE SUMNER POLICE DEPARTMENT AND PROVIDED PURSUANT TO RCW 42.56. PUBLIC DISCLOSURE ACT.

PREPARED BY SUMNER PD #

RELEASED TO:

I have read each page of this statement consisting of 1 page/s. Each page bears my signature, and all corrections, if any, bear my initials. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the entire statement is true and correct to the best of my knowledge. My statement has been made freely, voluntarily and without threats or promises of any kind.

Page 1 of 1 Pages

Officer's Signature: [Signature]

Date: 1/12/16

Signature of Person Making Statement: Shannon Kellogg Date: 1/12/16

