



# Rail Incident Investigation Report

Docket No: TR-  Report Date:

Railroad Owning Track:  Railroad Operating on Track:

FRA Investigation: Yes  No  Inspector:

**I. Type of Accident**

Public Crossing  Private Crossing  Trestle  Pedestrian at Crossing

Pedestrian Not at Crossing  Other (explain)

**II. Time and Location of Accident**

Date:  Time:

USDOT Crossing No.:  UTC Crossing No.:

Railroad Milepost:  GPS Identifier: Lat:  Lon:

Number of Tracks:  City:  County:

Road name, yard name, bridge:

**III. Conditions Surrounding the Accident**

Weather: Clear to cloudy  Fog  Rain  Snow

Road Condition: Dry  Wet  Snow  Ice

Visibility Due to Weather: Daylight  Darkness  Unknown

Train Type: Freight  Passenger  Locomotive only  Cars only  Train Speed:

Haz-Mat on Train: Yes  No  N/A  Remote Control: Yes  No  N/A

Type of Haz-Mat:

**IV. Pedestrian, Driver, or Passenger Fatalities** Does this section apply? Yes  No

Number of Fatalities:  of a vehicle accident, number of passengers:

Name:

Driver:  Passenger  Pedestrian  Age:  Gender: Male  Female  non-binary

Pedestrian trying to get on/off train? Yes  No  Suicide: Yes  No  Undetermined

Alcohol: Yes  No  Undetermined  Information supplied by:

Drugs: Yes  No  Undetermined  Information supplied by:

Names of additional fatalities:

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**V. Pedestrian, Driver, or Passenger Injuries**

Does this section apply? Yes  No

Number of people injured:

If a vehicle accident, number of passengers:

Name:

Driver: Passenger: Pedestrian: Age: Gender: Male Female non-binary

Pedestrian trying to get on/off train? Yes No

Drugs: Yes No Undetermined Alcohol: Yes No Undetermined

Names of additional injured persons:

**VI. Pedestrian Access (not at a Crossing)**

Does this section apply? Yes  No

Obvious signs of consistent pedestrian trespass? Yes  No

If yes, describe:

Pedestrian (not at a crossing) information: Accessing public area? Yes  No

If yes, describe:

Deterrents at site, e.g. fence, signs, other? Yes  No

If yes, describe: Fences surrounding local businesses

Previous collisions at or near site? Yes  No

If yes, describe: MP 56.8 property damage only 7/25/1989, MP 56.5 fatality 4/9/1987

**VII. Crossing History**

Does this section apply? Yes  No

Prior accidents at this crossing? Yes No How many?

Dates of prior accidents:

Description of prior accidents (fatalities, injuries, property damage)

Last inspection date?

Defects? Yes No If yes, describe:

**VIII. Attachments**

Railroad incident report? Yes  No

Local law enforcement report? Yes  No

Coroner/medical examiner report? Yes  No

Pictures? Yes  No

Death Certificate? Yes  No

Copy of most current inventory? Yes  No

Other (describe):

**IX. Comments**

**Event Summary:**

On August 23, 2020, at approximately 01:35 an individual was struck by a northbound BNSF freight train in Chehalis, WA. According to the engineer, he had to dim his lights and reduce speed for a southbound train when the male appeared with his head down standing on the tracks. The train crew did not see him until right before impact, so they were unable to sound the horn. According to the police report the individual suffered from mental disorders and was reported missing from Canyon County, Idaho. The individual was transported from the scene with injuries and on August 26, 2020, died as a result of the injuries.

**Site Description:**

The surrounding area is fenced off for the local businesses and there is no apparent access for pedestrian traffic. There is an overpass just south of the incident location.

**Inspector Recommendations:**

No recommendations

Docket No: TR-200830

**Rail Safety Supervisor Comments/Sign Off:**

Reviewed and approved 5/18/2021 - EE

**Director of Transportation Safety Comments/Sign Off:**

Reviewed and approved to close 6/16/2021 - KH

**From:** [State Emergency Operations Officer \(MIL\)](#)  
**To:** [Lewis County DEM - Duty officer](#); [Lewis County DEM - Kangas](#); [Hunter, Kathy \(UTC\)](#); [Kenneth W. Holgard](#); [Mark Daniels \(FRA\)](#); [Michael Pirato](#); [Randall Boyington](#); [Stacey Thompson \(Fed Railroad Association Reg 8\)](#); [Stacey Weller](#); [Steven Travers](#); [WUTC Rail Reporting \(UTC\)](#)  
**Subject:** BNSF Train Incident State Incident #20-2840  
**Date:** Sunday, August 23, 2020 2:06:54 AM

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Please see the below information involving a railroad incident that has been reported to the State Emergency Operations Center (EOC). Please reply to this email upon confirmation of receipt. Thank you

Name of the Railroad(s) involved: BNSF

Reporting Party Name, Position and Contact Number: Steve Yost 817-593-6823

Time and Date Called in to the State EOC: 08/23/20 20 at 0155

Time and Date of the Event: 08/23/2020 at 0135

Mile post and/or Address of Event: M/P #56.8 on the Seattle sub-division near Centralia

Circumstances of the Incident: Northbound freight train struck a trespasser, not at a crossing.

Number of Injuries and/or Fatalities: Injuries are unknown at this point

Type of Rail Cars Involved (tank, hopper, box, flat, etc.): Mixed freight train

Type and Amount of HAZMAT spilled: None

Any Additional Details That Will Assist in Identifying the Necessary Response: Centralia Police Department and BNSF Trainmaster are enroute

Name and Phone Local POC: BNSF Trainmaster: Justin Smith 206-423-6641

Railroad Incident Number: 208161

State EOC Incident Number: 20-2840

**Dan Fox**  
**State Emergency Operations Officer**  
**Washington Emergency Management Division**  
**Building 20: MS: TA-20**  
**Camp Murray, WA 98430-5122**  
[dutyofficer@mil.wa.gov](mailto:dutyofficer@mil.wa.gov)

**24-hr contact number:**

1-800-258-5990

**From:** [State Emergency Operations Officer \(MIL\)](#)  
**To:** [WUTC Rail Reporting \(UTC\)](#); [Lewis County DEM - Duty officer](#); [Lewis County DEM - Kangas](#)  
**Subject:** NRC#1285314 - BNSF Rail Incident 082320  
**Date:** Sunday, August 23, 2020 2:12:30 AM

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Please see NRC report #1285314 for the BNSF rail incident in Centralia

Dan Fox  
State Emergency Operations Officer  
Washington Emergency Management Division  
Building 20: MS: TA-20  
Camp Murray, WA 98430-5122  
dutyofficer@mil.wa.gov

24-hr contact number:  
1-800-258-5990

-----Original Message-----

From: HQS-SMB-NRC@uscg mil <HQS-SMB-NRC@uscg mil>  
Sent: Sunday, August 23, 2020 2:10 AM  
To: State Emergency Operations Officer (MIL) <Dutyofficer@mil.wa.gov>; State Emergency Operations Officer (MIL) <Dutyofficer@mil.wa.gov>; Clark, Anthony B (MIL) <Anthony.Clark@mil.wa.gov>  
Subject: NRC#1285314

NATIONAL RESPONSE CENTER 1-800-424-8802

\*\*\*GOVERNMENT USE ONLY\*\*\*GOVERNMENT USE ONLY\*\*\*

Information released to a third party shall comply with any applicable federal and/or state Freedom of Information and Privacy Laws

Incident Report # 1285314

#### INCIDENT DESCRIPTION

\*Report taken by NRC on 23-AUG-20 at 05:00 ET.  
Incident Type: RAILROAD NON-RELEASE  
Incident Cause: TRESPASSER  
Affected Area:  
Incident occurred on 23-AUG-20 at 01:35 local incident time.  
Affected Medium: RAIL REPORT (N/A)

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#### REPORTING PARTY

Name: STEVE YOST  
Organization: BNSF RAILROAD  
Address: 2600 LOU MENK DRIVE  
FORT WORTH, TX 76131  
Email Address:

PRIMARY Phone: (817)5936823  
Type of Organization: PRIVATE ENTERPRISE

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#### SUSPECTED RESPONSIBLE PARTY

Name: UNKNOWN

Organization:  
Address:

Type of Organization: UNKNOWN

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INCIDENT LOCATION

MILE POST 56.8 County: LEWIS  
City: CENTRALIA State: WA

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RELEASED MATERIAL(S)

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DESCRIPTION OF INCIDENT

CALLER IS REPORTING THAT A FREIGHT TRAIN STRUCK A PERSON ON THE TRACKS. THE PERSON WAS INJURED AND TAKEN TO A HOSPITAL.

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SENSITIVE INFORMATION

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INCIDENT DETAILS

Grade Crossing: NO  
Location Subdivision: SEATTLE  
Railroad Milepost: 56.8  
Type of Vehicle Involved:  
Crossing Device Type:  
Device Operational: YES  
DOT Crossing Number:  
Date and Time Service was/will be Restored:  
Brake Failure: NO  
Federal Post-Accident 219.201 Sub Part C Testing Required: NO  
Passenger Train Route: YES  
Passenger Train Delay Expected: NO  
Passenger Train Delay Handling:  
---RAILROAD INFORMATION---  
Railroad Involved: BNSF RAILROAD  
Train Number: HROOINB122  
Train Type: FREIGHT Train Direction: N  
Train Speed: Track Speed:  
Locomotives: 2 Cars: 50 Derailed:  
Suspected DOT Regulation Non Compliance: UNKNOWN  
DERAILED CARS:  
Pos. Car number Type Cargo

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IMPACT

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES: YES 1 Sent to Hospital:1 Empl/Crew: Passenger:  
FATALITIES: NO Empl/Crew: Passenger: Occupant:  
EVACUATIONS:NO Who Evacuated: Radius/Area:

Damages: NO

Hours Direction of  
Closure Type Description of Closure Closed Closure



Air: NO

Road: NO Major Artery:NO

Waterway:NO

Track: YES MAIN TRACKS 2,1 1 N/S

Passengers Transferred: NO

Environmental Impact: NO

Media Interest: UNKNOWN

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#### REMEDIAL ACTIONS

INVESTIGATION UNDERWAY BY LOCAL PD.

Release Secured: UNKNOWN

Release Rate:

Estimated Release Duration:

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#### WEATHER

Weather: CLEAR, 53°F Wind speed: 5 MPH Wind direction: NNW

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#### ADDITIONAL AGENCIES NOTIFIED

Federal:

State/Local: PD

State/Local On Scene: PD

State Agency Number:

---

#### NOTIFICATIONS BY NRC

CENTERS FOR DISEASE CONTROL (GRASP)

23-AUG-20 05:09 (770)4887100

CGIS D13 FIELD OFFICE (CGIS D13 COMMAND CENTER)

23-AUG-20 05:09 (206)2207141

DEPT OF HEALTH AND HUMAN SERVICES (SECRETARY OPERATION CENTER (SOC))

23-AUG-20 05:09

DHS DEFENSE THREAT REDUCTION AGENCY (CHEMICAL AND BIOLOGICAL TECHNOLOGIES DEPARTMENT)

23-AUG-20 05:09 (703)7673477

NATIONAL COORDINATING CTR FOR COMMS (NCC COMM-ISAC)

23-AUG-20 05:09 (703)2355626

DHS CYBER & INFRASTRUCTURE SECURITY (OFC OF INFRASTRUCTURE PROTECTION RGN X)

23-AUG-20 05:09 (202)8215301

OFFICE OF INFRASTRUCTURE PROTECTION (WA STATE PROTECTIVE SECURITY ADVISOR)

23-AUG-20 05:09 (202)8053379

DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)

23-AUG-20 05:09 (202)3661863

FEDERAL RAILROAD ADMIN. (MAIN OFFICE (AUTO))

23-AUG-20 05:09 (202)4930636

FEMA REGION 10 (MAIN OFFICE)

23-AUG-20 05:09 (425)4874704

NATIONAL INFRASTRUCTURE COORD CTR (MAIN OFFICE)

23-AUG-20 05:09 (202)2829201

NOAA RPTS FOR WA (MAIN OFFICE)

23-AUG-20 05:09 (206)5264911

NTSB RAIL (MAIN OFFICE)

23-AUG-20 05:09 (202)3146293

OREGON TITAN FUSION CENTER (FUSION COMMAND CENTER)

23-AUG-20 05:09 (877)6204702  
SECTOR COLUMBIA RIVER (MSU PORTLAND)  
23-AUG-20 05:09 (503)2409339  
WA STATE EMERGENCY MANAGEMENT (MAIN OFFICE)  
23-AUG-20 05:09 (800)2585990  
TSA OFFICE OF SECURITY OPERATIONS (SURFACE OPS/PSAT - OREGON OFFICE)  
23-AUG-20 05:09 (614)7328440  
TSA SURFACE TRANSPORTATION SECURITY (TWIC ENFORCEMENT)  
23-AUG-20 05:09 (206)3875236  
USCG DISTRICT 13 (DISTRICT THIRTEEN (DRAT - DRMM))  
23-AUG-20 05:09 (206)2207221  
VOLPE CENTER (TRANSPORTATION HUMAN FACTORS)  
23-AUG-20 05:09 (617)4942000  
WASHINGTON STATE FUSION CENTER (FUSION COMMAND CENTER)  
23-AUG-20 05:09 (877)8439522  
WA UTILITIES & TRANSPORTATION COMM (RAILROAD SAFETY)  
23-AUG-20 05:09 (360)6641160

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ADDITIONAL INFORMATION

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\*\*\* END INCIDENT REPORT #1285314 \*\*\*  
Report any problems by calling 1-800-424-8802  
PLEASE VISIT OUR WEB SITE AT <http://nrc.uscg.mil>

**From:** [ServiceInterruptionDesk@BNSF.com](mailto:ServiceInterruptionDesk@BNSF.com)  
**To:** [CORPDLPublicAffairs@BNSF.com](mailto:CORPDLPublicAffairs@BNSF.com); [OPRDLSDNRIcident@BNSF.com](mailto:OPRDLSDNRIcident@BNSF.com); [Halstead, Lori \(UTC\)](#); [WUTC Rail Reporting \(UTC\)](#)  
**Cc:** [ServiceInterruptionDesk@BNSF.com](mailto:ServiceInterruptionDesk@BNSF.com)  
**Subject:** 082320 H ROOINB1 22 Trespasser Seattle subdivision  
**Date:** Sunday, August 23, 2020 3:47:47 AM

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Ticket #: 10588  
Create D/T: 8/23/2020 3:38:59 AM  
Resource: MP 57.00 Main 1 Int Sig  
Division: Northwest  
Subdivision: Seattle  
MilePost: 56.8  
Line Segment: 52  
City: Centralia  
County: Lewis  
State: WA  
D Code: 208161  
Train Symbol: H ROOINB1 22A

Trouble Code: Trespasser

Description:

0335CT H ROOINB1 22 travelling north on MT2 reported striking a trespasser at MP 56.8. not at a crossing. No crew injuries reported. Trespasser injuries unknown at this time. Holding trains on both main tracks, no route around.

Closeout:

0532 Central Time; train and track released for normal operations. Trespasser was transported to local hospital with non-life threatening injuries.

04 trains delayed as a result with no impact to high priority traffic.

Train Soup: 50-0-1717-3695'

Train Direction: North

Lead Locos: BNSF 9271, BNSF 6547

Conductor Name: RJ Dixon

Engineer Name: J Hodges

On Duty Time and Date: 8/22/2020 11:15:00 PM

Crew Origin/Destination: VAW/AUB

Name of Law Enforcement Agency on scene: Lewis County SD

FRA Post Accident Testing Required: No

Haz Material: No

Weather: 53\*, clear, NNW winds 5 mph

State Report number: 20-2840

NRC Report Number: 128 5314

Derailed Equipment:

\*\*\*Estimated Costs & Damages\*\*\*

Track: 0.00 USD

Signal: 0.00 USD

Other: 0.00 USD

Car Damages: 0.00 USD

Locomotive Damages: 0.00 USD

FRA Reportable Subtotal: 0.00 USD

Not FRA Reportable Subtotal: 0.00 USD

Estimated Grand Total: 0.00 USD

NOTIFIED event(s):

08/23/20 04:36:33 NOTIFIED - Signal Desk --> Via Remedy

08/23/20 04:10:15 NOTIFIED - MDPH --> Remedy ticket

08/23/20 04:09:06 NOTIFIED - State --> WA EO: 20-2840 (Dan)

08/23/20 03:57:11 NOTIFIED - NRC --> 128 5314 (Ganther)

08/23/20 03:46:12 NOTIFIED - Passenger Service --> Claire Held

08/23/20 03:44:36 NOTIFIED - Trainmaster --> Justin Smith

08/23/20 03:43:09 NOTIFIED - NOC GDT --> Tyrone Fitzgerald

08/23/20 03:42:58 NOTIFIED - ROC --> Claire Adams, by others



# Federal Railroad Administration

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Content-type: text/html

FROM FORM FRA F 6180.55A

CASUALTY RECORD			
<b>RAILROAD:</b>	BNSF Rwy Co. [BNSF]	<b>INCIDENT NUMBER:</b>	NW0820112
<b>DATE:</b>	08 /23 /2020	<b>TIME:</b>	1:35AM
<b>STATE:</b>	Washington	<b>COUNTY:</b>	LEWIS
<b>TYPE PERSON:</b>	Trespassers	<b>AGE:</b>	31
<b>INJURY:</b>	Fatality		

<b>EMPLOYEES TESTED FOR ALCOHOL USE:</b>	NONE REPORTED
<b>NUMBER OF POSITIVE TESTS:</b>	
<b>EMPLOYEES TESTED FOR DRUG USE:</b>	NONE REPORTED
<b>NUMBER OF POSITIVE TESTS:</b>	
<b>EMPLOYEE TERMINATION/PERMANENT TRANSFER:</b>	UNK/NA
<b>EXPOSURE TO HAZARDOUS MATERIAL:</b>	NO
<b>FRA FORM 6180-54 FILED:</b>	NO
<b>FRA FORM 6180-57 FILED:</b>	NO

CIRCUMSTANCES	
<b>PHYSICAL ACT:</b>	Sitting
<b>EVENT:</b>	Struck by on-track equipment
<b>RESULT:</b>	Ground
<b>CAUSE:</b>	Trespassing
LOCATION	
<b>SITE:</b>	Main/branch
<b>ON TRK EQP:</b>	Freight train - moving
<b>WHERE:</b>	On track
<b>NARRATIVE</b>	TRAIN STRUCK AND FATALLY INJURED A TRESPASSER IN THE MIDDLE OF THE TRACK, NOT AT A GRADE CROSSING.



# Chehalis Police Department

## Incident Report

**Incident #:** 20B4680

**Incident:** Department Assist\Non-Criminal

**Area:** Chehalis North

**Location:** NATIONAL & COAL CREEK

**When Reported:** 01:38:56 08/23/20

**Occurred Between:** 01:37:23 08/23/20

**And:** 01:37:23 08/23/20

### COMPLAINANTS:

1) **Name:** BURLINGTON NORTHERN SANTA FE,  
**DOB:** \*\*/\*\*/\*\* **Race/Sex:** /  
**Address:**  
Fort Worth, TX  
**Home Phone:** (800)832-5452 **Work Phone:** () -  
**Employer:**

### DECEASED:

1) **Name:** MARTIN, PAUL MICHAEL  
**DOB:** 05/26/89 **Race/Sex:** W/M  
**Address:** 77618 Valen Loop  
Enterprise, OR 97828  
**Home Phone:** () - **Work Phone:** () -  
**Employer:**

### MENTIONED IN REPORT:

1) **Name:** HODGES, JOHN W  
**DOB:** 05/21/80 **Race/Sex:** /M  
**Address:**  
,  
**Home Phone:** () - **Work Phone:** () -  
**Employer:**

2) **Name:** DIXON, ROWEN  
**DOB:** \*\*/\*\*/\*\* **Race/Sex:** /M  
**Address:**  
,  
**Home Phone:** () - **Work Phone:** () -  
**Employer:**

3) **Name:** DIMMIT, MATT  
**DOB:** 11/10/87 **Race/Sex:** /M  
**Address:** 1515 W. 39th Street, Bld F  
VANCOUVER, WA 98660  
**Home Phone:** () - **Work Phone:** (308)764-7047

**Employer:****PROPERTY INFORMATION:**

- |  |                              |
|--|------------------------------|
| 1) <b>Status:</b> SAFE KEEPING                         | <b>Item Type:</b> MISC ITEMS |
| <b>Item/Brand:</b>                                     | <b>Model:</b>                |
| <b>Serial Number:</b>                                  | <b>Color:</b> /              |
| <b>Quantity:</b> 4                                     | <b>Total Value:</b> \$100    |
| <b>Description:</b> Tent, clothes, sleeping bag, phone |                              |
| 2) <b>Status:</b> SAFE KEEPING                         | <b>Item Type:</b> cash       |
| <b>Item/Brand:</b> american                            | <b>Model:</b>                |
| <b>Serial Number:</b>                                  | <b>Color:</b> /              |
| <b>Quantity:</b>                                       | <b>Total Value:</b> \$182.28 |
| <b>Description:</b>                                    |                              |

**NARRATIVE:****Name:** Shields N

**INFORMATION:** On 08-23-20 at approx 0138 hours Chehalis patrols were dispatched to the area of N National Ave and NE Coal Creek Rd for a reported train vs pedestrian accident. Note: this was the closest re fence as the train was northbound and was stopped north of the NW Chamber of Commerce Way.

**INVESTIGATION:** Upon our arrival we were contacted by John Hodge who Identified himself as the engineer. Hodge directed us to a male located in the ditch that runs parallel to the railroad tracks and is on the east side of the tracks. Hodge also advised the male was concious and talking.

Hodge stated that they, the train, was northbound and had dimmed its lights for an oncoming train when a person suddenly came into view. Hodge stated the person was wearing dark clothing and appeared to be leaned over while standing in the middle of the track. Hodge said that he didn't have time to sound the trains horn before striking the male.

As aide was with the male, later identified as Paul M. Martin, I walked to the locomotive and photographed the train numbers as well as checked for any signs of impact, which was negative.

Martin was unable to provide any information due to injury however he was communicating with medical personal however was argumentive with them. Martin was transported to the hospital by aid crew.

**EVIDENCE/PROPERTY:** Martin's personal property was logged into evidence for safekeeping by Ofc Kelton.

**STATUS:** Closed

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT (RCW 9A.72.085).

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Electronically Signed: Yes      Signature: N Shields #125  
Chehalis/Lewis/Washington      Date: 08-23-20

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**SUPPLEMENTAL NARRATIVE:****Name:** Dozois D**Date:** 13:16:32 08/26/20

SUPPLEMENTAL INFORMATION/Follow-up:

While within the city limits of Chehalis on August 26th 2020 at 0930 hrs I, Detective DOZOIS was asked to review this case by Dep Chief KAUT, as Paul MARTIN has been listed as deceased.

\*\*\*Note: Paul MARTIN was listed as missing by the Canyon County SO. A note was attached stated that he left home without his medications\*\*\*

## INVESTIGATION:

At 0930 hrs, I contacted John HODGES (BNSF Engineer) to inquire about any investigation being conducted by BNSF. He provided me with a contact for the Centralia office at 206-423-6641. I spoke to staff there who explained that they did not conduct any investigation as their officer recently retired and the position has not been filled yet. I was advised that the BNSF Claims Adjuster visited the scene and I was provided with his contact information: Matt DIMMIT 308-764-7047.

At 1000 hrs I contacted DIMMIT by phone and he advised that the was on scene after the collision. DIMMITT confirmed the BNSF employees who were operation the BNSF Locomotive (#9271) as:

-John HODGES (Engineer) 253-509-3494  
-Rowen DIXON (Conductor) 206-992-8774

DIMMIT stated that no statements were taken from HODGES or DIXON and nor were they required to do so. DIMMIT stated he collected basic data from the locomotive to include its speed (39 mph). DIMMIT explained that 39 mph was under the recommended travel speed for that location. He also confirmed that the locomotive had its lights dimmed, which was standard procedure for when they are going to pass another train. DIMMIT explained that the trains video is available for viewing, but I could not obtain a copy without a warrant.

I later contacted the King County Medical Examiner's Office who were inquiring about an autopsy. The investigator was interested if there was any suicide note left behind, to which I explained that one was not listed. King County advised that they had no reason to conduct an autopsy and would not be doing one. They provided their case number as: 20-2564.

I requested a copy of the death certificate and they explained that I had to send an email to: admin.meo@kingcounty.gov to request this. I subsequently sent an email to request this.

At 1110 hrs, I attempted to contact Deputy Chief Tyler NIES (BNSF Police) at 206-794-8233, but had to leave a voice mail. He returned my call at 1300 hrs and



advise that reports will be done in some fashion in regards to the incident. NIES also stated that I will have access to those reports when completed.

DISPOSTION:

Pending King County Medical Examiner's report and statements from HODGES and DIXON.

EVIDENCE:

No evidence to submit on this report.

STATUS:

Active pending above reports.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT (RCW 9A.72.085).

Electronically Signed: Yes      Signature: D. DOZOIS 115

Chehalis/Lewis/Washington      Date: 08-26-2020

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**SUPPLEMENTAL NARRATIVE:**

**Name:** Dozois D

**Date:** 12:07:00 08/27/20

SUPPLEMENTAL INFORMATION/Family Contact:

On August 27th 2020 at approximately 1030 hrs, I was contacted by Mike MARTIN (Father of Paul MARTIN), who wanted to meet and talk about his son's accident. Mike MARTIN arrived at the Chehalis PD at 1100 hrs, with other family members.

INVESTIGATION:

I answered questions for the family about the case and assisted them in getting the property that was stored for Paul MARTIN.

The family advised that Paul suffered from schizophrenia and was not taking his medication when he left home. The family speculated that he may not have even realized a train was approaching as he has hallucination.

King Co MEd office contacted me by email and explained that they would have a report for me in the next couple of days. The report will be sent via mail.

EVIDENCE:

-no evidence to submit on this report.

STATUS:

End of report

-active pending King Co ME report

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I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT (RCW 9A.72.085).

Electronically Signed: Yes      Signature: D. DOZOIS 115

Chehalis/Lewis/Washington      Date: 08-27-2020

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**SUPPLEMENTAL NARRATIVE:**

**Name:** Dozois D

**Date:** 15:03:18 09/02/20

SUPPLIMENTAL INFORMATION/Medical Examiner Report:

While within the city limits of Chehalis on September 2nd 2020 I, Detective DOZOIS received a copy of the King County Medical Examiner's Office report in regards to Paul MARTIN. The report (20-02564) was completed by Michael GUERRERO (Medicolegal Death Investigator).

The document was an investigator report only, as there was no autopsy conducted. A review of the report confirmed that MARTIN was pronounced dead at 0358 hrs on August 26th 2020. The cause of death according to Dr. DHANEKULA (Harborview Medical) was listed as: "open pelvic fracture, traumatic shock and extensive de-gloving of the gluteal area". The report also listed MARTIN as having a history of: "morbid obesity, homelessness, paranoid schizophrenia and TBI from a motor vehicle collision".

DISPOSTION:

-No evidence to support any criminal charges.

EVIDENCE:

-King Co Report (digital)

STATUS:

End of report.

-Will add BNSF reports when obtained.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT (RCW 9A.72.085).

Electronically Signed: Yes      Signature: D. DOZOIS 115

Chehalis/Lewis/Washington      Date: 09-02-2020

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**SUPPLEMENTAL NARRATIVE:**

**Name:** Dozois D

**Date:** 12:59:10 12/31/20

SUPPLEMENTAL INFORMATION/MARTIN Lab Results:

While within the city limits of Chehalis on December 31st 2020 I, Detective DOZOIS received lab results from the King County Medical Examiner's Office in regards to Paul MARTIN.

The report shows that MARTIN had 11mg/dL of Acetone in his blood and no drugs were detected.

DISPOSTION:

Lab report added to case.

EVIDENCE:

-King Co Lab report (digital)

STATUS:

-End of report

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT (RCW 9A.72.085).

Electronically Signed: Yes      Signature: D. DOZOIS 115  
Chehalis/Lewis/Washington      Date: 12-31-2020

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**Printed: 11:28:24 02/22/21**

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<b>File Name:</b>	<b>File Description:</b>	<b>File Type:</b>
20B4680 RTO.pdf		Other
20B4680.pdf		Photographs
King Co. Lab Report.pdf		Medical Report
King Co. Medical Exam Report.pdf		Outside Agency Report
Paul Martin Canyon County report.pdf		Outside Agency Report

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**Printed: 11:28:24 02/22/21**













Chehalis Police Department  
Change of Custody

Case # 20B4680  
Incident: Department  
Assist\Non-Criminal

Incident Location: NATIONAL & COAL CREEK

Incident Date: 8/23/20 1:38

---

Item # **280100**                      Make:                                      Model:                                      Ser. #  
Description: **Tent, clothes, sleeping bag, phone**

---

Item # **280101**                      Make: **american**                                      Model:                                      Ser. #  
Description:

---

I hereby acknowledge receipt of the listed items from the Chehalis Police Department.

*[Signature]*  
Signature

8-27-2020  
Date

MIRE MARTIN  
Printed Name

---

Releasing Officer: *[Signature]* Date/Time: 8/27/20 11:10 Purpose: RTO

---


NOK

**OREGON** CLASS C  
**DRIVER LICENSE**

**4b** Expires 01-27-2026  
MARTIN, MICHAEL LEROY

DOB 01-27-1947 Issue Date 07-05-2018

Endorsements	Sex	Record Created
M	M	1980
Restrictions	Height	Weight
	5'09"	225



MARTIN, MICHAEL LEROY  
3940 BRUSH COLLEGE RD NW  
SALEM, OR 97304



# CANYON COUNTY SHERIFF

*Kieran Donahue*  
Sheriff

*Marv Dashiell*  
Chief Deputy

AUGUST 28, 2020

CHEHALIS POLICE DEPT  
350 N MARKET BLVD RM 201  
CHEHALIS, WA 98532

JULIE HAMPSON \_\_\_\_\_:

<b>How we handled your request</b>
<b>Request date:</b> We received your request on: <u>08/26/2020</u>
<b>Request content:</b> Your full request is attached. We understood you to be asking for: <u>REPORT C20-23361 ALSO INCLUDED RELATED REPORT C20-23889</u>
<b>Attorney review:</b> <input type="checkbox"/> A county attorney reviewed your request and our response on _____. <input checked="" type="checkbox"/> We had the opportunity and chose not to consult a county attorney.
<b>NCIC:</b> CCSO provided the Canyon County Prosecutor's Office with _____ pages of potentially responsive documents for review and potential redaction, which did not criminal history record information created by the Idaho State Police, Federal Bureau of Investigation, and Department of Justice.

<b>Why you received unredacted information</b>
<input checked="" type="checkbox"/> <b>Government entity.</b> Although the information you requested may typically be exempt from disclosure, as a government entity, you are subject to the same or similar legal obligations as our office regarding the dissemination of these records.
<input type="checkbox"/> <b>Court order.</b> You need the requested records in order to comply with a court order (e.g., domestic violence evaluator, mental health evaluator, pre-sentence investigator).
<input type="checkbox"/> <b>Involved party.</b> You have provided satisfactory information that you are requesting records about yourself or about an involved party for whom you are either an insurer, legal representative, parent (of a minor), or other authorized agent. Idaho Code §§ 74-113, 74-105(1), and 74-124(2) for records involving a motor vehicle collision; Idaho Code § 74-113 only for all other record types.
<input type="checkbox"/> <b>Other.</b>

<b>Why information was redacted or omitted – (Section 1 of 2)</b>	
<input type="checkbox"/> <b>Pending investigation or case.</b> Idaho Code §§ 74-105(1), and 74-124(1).	<input type="checkbox"/> <b>Critical infrastructure.</b> Idaho Code § 74-105(4)(b).
<input type="checkbox"/> <b>Private information in investigatory records.</b> Idaho Code §§ 74-105(1), and 74-124(1)(c).	<input type="checkbox"/> <b>Destroyed record.</b> See county records retention requirements in Idaho Code § 31-871.
<input type="checkbox"/> <b>National criminal history database information.</b> Idaho Code §§ 74-105(12) and federal statute 28 U.S.C. § 534(f)(1).	<input type="checkbox"/> <b>Attorney-client communication or attorney work-product.</b> Idaho Code § 74-104(1), Idaho Rule of Professional Conduct 1.6, Idaho Rules of Civil Procedure 26(b)(1) and (5), and Idaho Criminal Rule 16(g).


*Public Safety, Teamwork, Community*

Why information was redacted or omitted – (Section 2 of 2)	
<input type="checkbox"/> Jail inmate records by current inmate. Idaho Code § 74-113(3)(e).	<input type="checkbox"/> Motor vehicle information, and/or driver records. Idaho Code §§ 74-106(15) and 49-203
<input type="checkbox"/> Medical records. Idaho Code §§ 74-106(6) and 74-106(13).	<input type="checkbox"/> Psychiatric records. Idaho Code §§ 74-124(1), 74-106(6), and 74-106(13)
<input type="checkbox"/> Computer-generated information not in original record.	<input type="checkbox"/> No responsive records. No responsive records were found within the parameters for your request.
<input type="checkbox"/> Other.	<input checked="" type="checkbox"/> Additional grounds for the denial and/or redactions of your request may exist, and are not waived by our office.

How you may obtain additional information
<input type="checkbox"/> Proof of identity or release. Provide our office with (a) a copy of government-issued photo identification (b) information regarding your relationship to an individual in the requested records, or (c) a notarized release of information or power of attorney for such individual.
<input type="checkbox"/> Subpoena or discovery request. Provide our office with a subpoena or a discovery request. See e.g., Idaho Rules of Civil Procedure, Rules 26, 45, and Idaho Criminal Rule 16.
<input type="checkbox"/> Court order. If you need the requested information because you are preparing a report pursuant to a court order (e.g., evaluation), providing us with a copy of the order may entitle you to additional information.
<input type="checkbox"/> iCourt. Visit the iCourt Portal online at <a href="https://mycourts.idaho.gov">https://mycourts.idaho.gov</a> .
<input type="checkbox"/> Victim Services. If you are a victim, speak with a victim-witness coordinator or restitution coordinator with the Canyon County Sheriff's Office, (208) 455-5970, or the Canyon County Prosecuting Attorney's Office, (208) 454-7391.
<input type="checkbox"/> Court Support Services. Some of the records you seek may be in the custody of Canyon County Court Records, <a href="mailto:cdclerk@canyonco.org">cdclerk@canyonco.org</a> / (208) 454-7495.
<input type="checkbox"/> Discovery response from the Prosecutor's office. As a courtesy, we have directly routed your request to the Canyon County Deputy Prosecuting Attorney assigned to your case to process as a discovery request in accordance with the requirements of Idaho Criminal Rule 16.
<input type="checkbox"/> Other government entity. The contact information for a government entity that may have some or all of the requested information is as follows:

If you believe that you have been improperly denied the information you requested, you may contact our office or you have the right to institute proceedings in the district court of this county within 180 days from the date of the mailing of this letter to attempt to compel disclosure of that information.

Sincerely,

  
\_\_\_\_\_  
CCSO Record Section

\_\_\_\_\_  
\_\_\_\_\_

**Amanda Frailey**

---

**From:** Julie Hampson <jhampson@ci.chehalis.wa.us>  
**Sent:** Wednesday, August 26, 2020 03:39 PM  
**To:** CCSO Records AutoResponder  
**Subject:** Request  
**Attachments:** CANYON CO REQUEST.PDF

2020 AUG 26 PM 3:40  
CANYON COUNTY SHERIFF  
CALDWELL, IDAHO

Hello Records,  
Please see my attached records request.  
Have a great afternoon.

Julie/Records  
Chehalis Police Department  
350 N Market Blvd. Rm 201  
Chehalis, WA 98532  
360-748-8605



# City of Chehalis Police Department

Glenn R. Schaffer, Chief

350 N. Market Blvd. Rm 201 Chehalis, WA 98532  
Ph 360-748-8605, Fax 360-748-1513



8/26/2020

Dear Canyon County Records,

The Chehalis Police Department would like to request a copy of your case #C20-23361. Your missing person was hit by a train in our city. We will forward a copy of our report upon completion of the investigation.

Please email to: [jhampson@ci.chehalis.wa.us](mailto:jhampson@ci.chehalis.wa.us)

Thank you in advance for your assistance.

Sincerely,

Julie Hampson  
Records Technician

Glenn Schaffer  
Chief of Police



# Canyon County Sheriff's Office

Incident #: C20-23361

Reporting Officer: JONATHAN HERRICK

Report Time: 08/18/2020 18:16:15

## Incident

Incident Nature  
Missing Person

Address  
16251 Marsing Rd  
Caldwell, Idaho 83607

Occurred From  
08/18/2020 18:16:15

Occurred To  
08/18/2020 18:17:11

Received By  
PAIGE SUITTER

How Received  
Telephone

Contact  
jenny martin

Disposition  
Information Only

Miscellaneous Entry  
TK\*TK

Disposition Date  
08/19/2020

Cleared

Judicial Status

Cleared Date

Clearance  
REPORT TAKEN

Responding Officer(s)  
JEFF GARVEY  
JONATHAN HERRICK

Circumstances

Residence/Home

## Offenses

### PERSON, MISSING

Statute

Description

Category

## Persons



## MARTIN, PAUL M MISSING/LOCATED

Address 16251 Marsing Rd Caldwell Idaho 83607	Phone (208)598-0411	DOB 05/26/1989
Race White/Non Hispanic	Sex M	Ethnicity Caucasian
Height 5'11"	Weight 255	

## MARTIN, MICHAEL L Parent/Guardian

Address 16251 Marsing Rd Caldwell Idaho 83607	Phone (541)263-2346	DOB 01/27/1947
Race White/Non Hispanic	Sex M	Ethnicity
Height 5'09"	Weight 220	

## MARTIN, JINNY R Parent/Guardian

Address 16251 Marsing Rd Caldwell Idaho 83607	Phone (208)989-9045	DOB 06/26/1949
Race White/Non Hispanic	Sex F	Ethnicity
Height 5'01"	Weight 125	

## Narratives

### Original Narrative

**08/19/2020 01:26:26**

CASE #: C20-23361  
DATE: 08-18-20  
OFFICER: J. Herrick #5204

NATURE OF COMPLAINT: Missing Person

INITIAL RESPONSE/ CONTACT: On August 18, 2020 at approximately 1816 hours, I responded to 16251 Marsing Rd, Caldwell, Canyon County, Idaho, for a missing person report. When I arrived on scene, I spoke with Jinny Martin (06-26-49) and Michael Martin (01-27-47) who are the parents of Paul Martin (05-26-89).

OFFICER'S OBSERVATIONS/ACTIONS: Jinny stated at approximately 0500 hours this morning, Paul



was walking westbound on Marsing Rd from his residence. Jinny stopped Paul and asked him where he was going. Paul indicated he was trying to get away from a man who was trying to kill him. Paul also mentioned that the government was watching him and he was trying to get away. Jinny said Paul suffers from paranoid schizophrenia and imagines things that are not true. Jinny continued to try and talk Paul into returning home and he refused. Jinny went back home thinking if she left Paul alone for a few moments, he would come back home. Jinny went back outside after approximately 10 minutes and Paul was gone. Jinny is worried for Paul because she said he has not been taking his medication. Jinny Said Paul has never gone missing before and believes the thoughts he is having are not real.

Paul was last seen on 08-18-20 at approximately 0515, wearing green pants, black shirt, black vest, a hat, aviator style sunglasses, and a red bandanna around his face. Paul was carrying a backpack, a suitcase, and had a tent with him. It is unknown where Paul could have gone, or where his possible destination was. Paul did not take his vehicle when he left (1997 white Ford Explorer Idaho Lic# E152410) and it is unknown if he would return to get it. Paul does not have any family or friends in the immediate area. Paul does have some associates in Mountain Home, Idaho but it is unknown if he would go there. Paul is currently not working and is on disability.

ADDITIONAL INFORMATION: Paul was entered into NCIC.

ATTACHMENTS: NCIC Entry, HIPA Form

**Supplemental Narrative** **08/18/2020 19:50:37 JONATHAN HERRICK**

CAD Call info/comments

=====

18:17:09 08/18/2020 - SUITTER P  
la 0500 today- son paul martin, 05/26/89 left home  
18:20:40 08/18/2020 - SUITTER P

paranoid schizophrenia, having an epesoid, left with back pack, tent and suitcase, left on foot, unk dob, lsw blk leater harley vest, red baseball cape, red sunglasses and bandana over his face, 511 300 lbs, green eyes, bro hair, not on his meds

19:50:37 08/18/2020 - HERRICK J  
PAUL M. MARTIN (05-26-89) SUFFERS FROM PARANOID SCHIZOPHRENIA AND HAS NOT BEEN TAKING HIS MEDICATION. AT APPROXIMATELY 0515 HOURS THIS MORNING, PAUL WAS SEEN WALKING WESTBOUND ON MARSING RD FROM HIS RESIDENCE. PAUL WAS PULLING A SUITCASE AND HAD A BACKPACK WITH A TENT. PAUL SAID HE WAS TRYING TO GET AWAY FROM SOMEONE WHO WAS TRYING TO KILL HIM. PAUL'S MOTHER TRIED TO GET HIM TO GO BACK HOME AND PAUL REFUSED. PAUL BECAME UPSET SAYING THE GOVERNEMENT IS WATCHING HIM. PAUL WAS LAST SEEN WEARING GREEN PANTS, BLACK SHIRT, BLACK VEST, HAT, AVIATOR STYLE SUNGLASSES, AND A RED BANDANNA. PAUL IS CURRENTLY ON PROBATION AND HIS PROBATION OFFICER INTRUCTED RP TO REPORT PAUL MISSING. UNKNOWN POSSIBLE DESTINATION. PHOTO OF PAUL EMAILED. ENTERED INTO NCIC.

**Supplemental Narrative** **08/23/2020 04:11:20 JONATHAN HERRICK**

CASE #: C20-23361  
DATE: 08-23-20  
OFFICER: Herrick #5204

NATURE OF COMPLAINT: Supplemental

INITIAL RESPONSE/CONTACT: On August 23 2020, at approximately 0320 hours I was advised that Chehalis Police Department in Chehalis Washington, had located Paul Martin. I contacted Chehalis Police over the phone for further information.

OFFICER'S OBSERVATIONS/ACTIONS: I was advised by Officer Shields #125 that Paul had been hit by a train while kneeling near the train tracks. Pau sustained non life threatening injuries and was transported to a local hospital. The collision was documented under Chehalis Police report # 20B-4680. A locate was sent by Chehalis PD and Paul was removed from NCIC.

ADDITIONAL INFORMATION: None

ATTACHMENTS: None

15  
8-19-20

VWC

This form will be attached to ALL Reports or Supplements

Completed \_\_\_\_\_ Suspect PAUL MARTIN

Incident: MISSING PERSON 670 23361 Felony \_\_\_\_\_ Misd \_\_\_\_\_ CR: C20-23361



**Canyon County Sheriff Initial Discovery Checklist**

Date: 8-18-20 In Custody: Yes \_\_\_\_\_ No  New Case  Supplement \_\_\_\_\_

<b>Responsible Officer:</b>	<b>Report/Rec</b>	<b>PC/Rec</b>	<b>BodyVid/Rec</b>	<b>CarVid/Rec</b>	<b>Photos/Rec</b>	<b>Email</b>
<u>HERRICK 5209</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Assist Officer Checklist:</b>	<b>Canceled</b>	<b>N/A</b>	<b>Photos</b>	<b>Supp</b>	<b>BodyVid</b>	<b>CarVid</b>	<b>Emailed</b>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Additional Forms:**

<input type="checkbox"/> Summons/Citation	<input type="checkbox"/> Juvenile Petition	<input type="checkbox"/> Diagrams	<input type="checkbox"/> Witness Statement(s)
<input type="checkbox"/> Domestic Violence Form	<input type="checkbox"/> Strangulation	<input type="checkbox"/> Criminal History	<input type="checkbox"/> Evidence & Property
<input checked="" type="checkbox"/> Release of Medical Records	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Permission to Search	<input type="checkbox"/> RTN Search Warrant
<input type="checkbox"/> Officers Arrest Sheet	<input type="checkbox"/> Lab Results	<input type="checkbox"/> DUI Documents	<input type="checkbox"/> Miranda Rights
<input type="checkbox"/> Vehicle Impound Sheet	<input type="checkbox"/> ALS Form	<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> EV Request Sheet
<input type="checkbox"/> NCO Orders	<input type="checkbox"/> (serving deputy)	<input type="checkbox"/> Radio Log/911	Other: <u>MISSING PERSON Form</u>

**ASSIGN OR ROUTE TO:**

CCPA  CID  Admin  CCNU  File  Other \_\_\_\_\_

**CASE STATUS:**

Cleared by Arrest  Citation Issued  Summons Requested  Warrant Requested  
 Juvenile Petition  Inactive  Informational  Unfounded

For Records Use ONLY				
<b>Crime Lab Checklist:</b>	<b>Audio/Rec</b>	<b>Video or Photos/Rec</b>	<b>Supps/Rec</b>	<b>Workflow</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Dispatch Checklist:</b>	<b>Radio Traffic/Rec</b>	<b>911/Phone Call/Rec</b>	<b>Cad Logs/Rec</b>	<b>Workflow</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Merrick Herrick 5209 / 8-18-2020  
Responsible Officer Signature/Badge/Date

\_\_\_\_\_  
Supervisor Signature/Badge/Date

It is the responsibility of the Investigating Officer to identify all discoverable evidence and turn this form into Records.



# Canyon County Sheriff's Office

(Runaway/beyond control juvenile & missing person report)

NCIC#		NIC#		Case#	
ENTRY				C20-23361	
Enter Date	OR# DO 14000	Offense	UCR Code	County/Idaho Code	M I Incident Action Area Location Code
B-18-20		MISSING PERSON			X PERM 12 40 25
<input type="checkbox"/> Disability <input type="checkbox"/> Disaster Victim			<input checked="" type="checkbox"/> Endangered <input type="checkbox"/> Involuntary <input type="checkbox"/> Juvenile <input type="checkbox"/> Cautions		
Name (L, F, M)		Race	Sex	POB	DOB
MARTIN, PAUL MICHAEL		W	M	CALIFORNIA	5-26-89
HGT	WGT	EYES	HAIR	County of Birth	Mother's maiden name
5-11	325	HAZ	BRO	ALAMEDA	GRIFFIN
Date last seen		Date 18		Cell Phone # and Provider	
B-18-2020		N/A		208-519-0607 (SMART TALK)	
License #		VIN		Year	
E152410		IFMDU35P9VZB29B35		1997	
Make		Model		Style	
FORD		EXPLORER		SUV	
Color		WHITE			
Current residential address			Work Information		
16251 MARSINK RD			DISABILITY		
Associates			Gang Affiliation		
FRIENDS IN MOUNTAIN HOME					
Place last seen		Time seen	Last seen by	Medical condition(s)	
MARSINK RD		0515	JINNY MARTIN	BIPOLAR SCHIZOPHRENIA	
Medications					
<input type="checkbox"/> Prior runaway <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Photo attached (REQUIRED) Date of Photo _____ <input checked="" type="checkbox"/> Narrative attached (REQUIRED) <input type="checkbox"/> HIPAA Attached (REQUIRED)					
School				Student ID card #	
				208-555-5992	
Last seen wearing					
GREEN PANTS, BLACK SHIRT, BLACK VEST					
Scars, marks, Tattoos					
SCAR DOWN SPINE, SCARS ON BOTH KNEES					
Jewelry type (Describe if checked)					
<input type="checkbox"/> Ankle bracelet <input type="checkbox"/> Belt buckle <input type="checkbox"/> Backpack <input type="checkbox"/> Broach or Pin <input type="checkbox"/> Cigarette lighter, holder, or case <input type="checkbox"/> Comb <input type="checkbox"/> Cuff links <input type="checkbox"/> Earrings <input type="checkbox"/> Key chain <input type="checkbox"/> Money clip <input type="checkbox"/> Necklace <input type="checkbox"/> Pocket knife <input type="checkbox"/> Pocket watch/wallet chain <input type="checkbox"/> Ring <input type="checkbox"/> Tie chain, clasp, or tack <input checked="" type="checkbox"/> Wallet or purse BACK ON CHAIN <input type="checkbox"/> Watch <input type="checkbox"/> Wrist bracelet having pendant					
Mother/Guardian		Address		home phone	work phone
JINNY R. MARTIN (6-26-49)		16251 MARSINK RD		971-209-5254	
Father		Address		home phone	work phone
MICHAEL L. MARTIN (1-27-47)		16251 MARSINK RD		541-265-2346	

I, JINNY MARTIN Being the parent or other legal guardian of PAUL MARTIN a juvenile aged \_\_\_\_\_ years, do declare said child to be in violation of County Ordinance 03-01-03, declaring it a misdemeanor for a child under 18 years to runaway from home or be beyond control of his/her parents, guardian, or other legal custodian. I agree, when the above named juvenile is located, I will furnish all necessary transportation at my expense to bring the above named juvenile back to the City of Caldwell, Canyon County Idaho, charging said child with violation. When above named has returned home or is in my control, I will notify the Canyon County Sheriff's Office immediately. I further authorize the Canyon County Sheriff's Office to cause an order to pickup and hold to be placed nationwide on the above named juvenile.

Signed Jinny Martin Relationship MOTHER Date 8/18/20  
 Reporting/Witnessing Officer OFFICER HERRICK 5204 Supervisor Initials \_\_\_\_\_

White - Dispatch  
 Yellow - Records

# AUTHORIZATION FOR DISCLOSURE OF MEDICAL, DENTAL, OR OPTICAL INFORMATION

## PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-759), the notice informs you of the purpose of the form and how it will be used.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN);

**PRINCIPAL PURPOSE:** This form is used to provide authorization to the below named healthcare entity to release / disclose an individual's Protected Health Information (PHI).

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of requested information.

This form will be used for medical, dental or optical records and information only. It will not be used for Alcohol and Drug Abuse treatment records or psychotherapy notes.

## SECTION I - PATIENT DATA

Name (Last, First, MI) <i>MARTIN, PAUL M.</i>	Date of Birth <i>5-26-89</i>	Patient's SSAN <b>4b</b>
Name of person authorizing release <i>JOHNNY MARTIN</i>	Authority for release (Parent, Legal Guardian, Court Appointed) <i>PARENT</i>	

## SECTION II - DISCLOSURE

I hereby authorize release of medical, dental, or optical records or information from the records of the above named individual to the law enforcement representative bearing this authorization. The purpose of this disclosure will be to assist in locating or identifying a missing person. A copy of this authorization will be maintained by the facility providing the information. By signing this authorization, I am certifying that I have authority to authorize this release by law or by court appointment.

J (Initials) *JM*

Name and address of facility or practitioner in possession of the patient's records:

*ST. LUISES  
NANPA ID*

Information to be released:

X-Rays     Photographic Images     Dental Charts     Other (Specify)

Authorization Start Date (YYYYMMDD)

*8-18-2020*

Expiration:  Date (YYYYMMDD) \_\_\_\_\_

(Select One):  Request Complete *WHEN LOCATED*

## SECTION III - RELEASE AUTHORIZATION

I understand that:

- A. I have a right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the above named facility will have disclosed the requested Protected Health Information as specified on the basis of this authorization.
- B. If I authorize Protected Health Information to be disclosed to someone not required to comply with federal privacy regulations, such as information may be redisclosed and no longer protected.
- C. I have a right to inspect and receive a copy of my own PHI, in accordance with the Privacy Act and 45 CFR 164.524.
- D. Original Medical Records are the property of the facility. Authorization for access to the records is valid until no longer maintained at the named facility, revoked in writing, or the request has been completed.
- E. Treatment will not be conditioned on the signing of this release.

Signature of Parent/Legal Representative <i>Johnny Martin</i>	Relationship to Patient <i>Mother</i>	Date (YYYYMMDD) <i>8-18-20</i>
Investigating Agency Name <i>CANYON COUNTY SHERIFF</i>	Investigating Officer <i>HERRICK 5204</i>	
Agency Case Number <i>C20-23361</i>		

## SECTION IV - FOR FACILITY STAFF USE ONLY

Date Request Completed	Completed By:	
<input checked="" type="checkbox"/> If applicable: Authorization revoked in writing <input type="checkbox"/>	Revocation completed by:	Date (YYYYMMDD)

Middleton Police Dept

Caldwell Police Dept

Wilder Police Department

Canyon County Sheriff

Parma Police Department

### RUNAWAY/MISSING PERSONS ENTRY CHECK LIST

Name: Martin, Paul M. 5/26/89  
(Last, First, Middle and DOB)

OCA: C20-23361 NCIC# M535921669

- |   | Initials  | 2 <sup>nd</sup> Check |
|---|-----------|-----------------------|
| 1. Ensure signed missing person report<br>On file. Ensure proper reason is<br>Included in report and signed by Next<br>Of kin, physician etc.         | <u>PS</u> | <u>JW</u>             |
| 2. Complete DQ/DNQ on subject   | <u>PS</u> | <u>JW</u>             |
| 3. Complete QH on Subject   | <u>PS</u> | <u>JW</u>             |
| If positive, Do QR  | <u>PS</u> | <u>JW</u>             |
| 4. Do an IQ   | <u>PS</u> | <u>JW</u>             |
| If a positive response is found do a FQ   | <u>PS</u> | <u>JW</u>             |
| 5. Enter missing person/juvenile and<br>Place a copy of all inquires, actual<br>Entry, with initials, date and time on<br>The report                  | <u>PS</u> | <u>JW</u>             |
| 6. Digital image of missing person<br>uploaded to NCIC  | <u>PS</u> | <u>JW</u>             |
| 7. Complete an ATLC   | <u>PS</u> | <u>JW</u>             |
| 8. Make sure HIPA form is complete<br>And is with the missing persons form  | <u>PS</u> | <u>JW</u>             |
| 9. Keep hard copy of report in Dispatch<br>With parents/contact names and phone<br>Numbers. Place in appropriate file<br>Draws in alphabetical order. | <u>PS</u> | <u>JW</u>             |





# Canyon County Sheriff's Office

(Runaway/beyond control juvenile & missing person report)

NCIC/NIC# ENTRY		Case# C70-23361							
Date 8-18-20	ORM IDC 14000	Offense MISSING PERSON	UCR Code	County/Idaho Code	M	Incident X PERM	Action 12	Area 40	Location Code 25
<input type="checkbox"/> Disability Disaster Victim		<input checked="" type="checkbox"/> Endangered		<input type="checkbox"/> Involuntary		<input type="checkbox"/> Juvenile		<input type="checkbox"/> Cautions	
Name (L, F, M) MARTIN, PAUL MICHAEL				Race W	Sex M	POB CALIFORNIA	DOB 5-26-89		
HGT 5-11	WGT 325	EYES HAZ	HAIR BRN	County of Birth ALAMEDA	Mother's maiden name GRIFFIN	Date last seen 8-18-2020	Date 18 N/A		
4b				4b		Cell Phone # and Provider 208-519-0609 (SMART TALK)			
License # E152410	State ID	VIN 1FMDU35P9VZB29B35	Year 1997	Make FORD	Model EXPLORER	Style SUV	Color WHITE		
Current residential address 16251 MARSING RD				Work Information DISABILITY					
Associates FRIENDS IN MOUNTAIN HOME				Gang Affiliation					
Place last seen MARSING RD		Time seen 0515	Last seen by JINNY MARTIN		Medical condition(s) BIPOLAR SCHIZOPHRENIA				
<input type="checkbox"/> Prior runaway <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Photo attached (REQUIRED)				Date of Photo		<input type="checkbox"/> Case worker <input checked="" type="checkbox"/> Probation officer JANIE CORNELL			
<input checked="" type="checkbox"/> Narrative attached (REQUIRED) <input type="checkbox"/> HIPAA Attached (REQUIRED)				Student ID card #		208-455-5992			
Last seen wearing GREEN PANTS, BLACK SHIRT, BLACK VEST									
Scars, marks, Tattoos SCAR DOWN SPINE, SCARS ON BOTH KNEES									
Jewelry type (Describe if checked)									
<input type="checkbox"/> Ankle bracelet <input type="checkbox"/> Belt buckle <input type="checkbox"/> Backpack <input type="checkbox"/> Broach or Pin <input type="checkbox"/> Cigarette lighter, holder, or case <input type="checkbox"/> Comb <input type="checkbox"/> Cuff links <input type="checkbox"/> Earrings <input type="checkbox"/> Key chain <input type="checkbox"/> Money clip <input type="checkbox"/> Necklace <input type="checkbox"/> Pocket knife <input type="checkbox"/> Pocket watch/wallet chain <input type="checkbox"/> Ring <input type="checkbox"/> Tie chain, clasp, or tack <input checked="" type="checkbox"/> Wallet or purse BLACK ON CHAIN <input type="checkbox"/> Watch <input type="checkbox"/> Wrist bracelet having pendant									
Mother/Guardian <input type="checkbox"/> step parent JINNY R. MARTIN (6-26-49)		Address 16251 MARSING RD		home phone 971-209-5254		work phone			
Father <input type="checkbox"/> step parent MICHAEL L. MARTIN (1-27-47)		Address 16251 MARSING RD		home phone 541-263-2346		work phone			

I, JINNY MARTIN Being the parent or other legal guardian of PAUL MARTIN a juvenile aged \_\_\_\_\_ years, do declare said child to be in violation of County Ordinance 03-01-03, declaring it a misdemeanor for a child under 18 years to runaway from home or be beyond control of his/her parents, guardian, or other legal custodian. I agree, when the above named juvenile is located, I will furnish all necessary transportation at my expense to bring the above named juvenile back to the City of Caldwell, Canyon County Idaho, charging said child with violation. When above named has returned home or is in my control, I will notify the Canyon County Sheriff's Office immediately. I further authorize the Canyon County Sheriff's Office to cause an order to pickup and hold to be placed nationwide on the above named juvenile.

Signed Jinny Martin Relationship MOTHER Date 8-18-20  
 Reporting/Witnessing Officer POVIC HERRICK 5204 Supervisor Initials \_\_\_\_\_

White - Dispatch  
 Yellow - Records

# AUTHORIZATION FOR DISCLOSURE OF MEDICAL, DENTAL, OR OPTICAL INFORMATION

## PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-759), the notice informs you of the purpose of the form and how it will be used.  
AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN):  
PRINCIPAL PURPOSE: This form is used to provide authorization to the below named healthcare entity to release / disclose an individual's Protected Health Information (PHI).  
DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of requested information.  
This form will be used for medical, dental or optical records and information only. It will not be used for Alcohol and Drug Abuse treatment records or psychotherapy notes.

### SECTION I - PATIENT DATA

Name (Last, First, Mi) <b>MARTIN, PAUL M.</b>	Date of Birth <b>5-26-89</b>	Patient's SSAN <b>4b</b>
Name of person authorizing release <b>JERRY MARTIN</b>	Authority for release (Parent, Legal Guardian, Court Appointed, etc.) <b>PARENT</b>	

### SECTION II - DISCLOSURE

I hereby authorize release of medical, dental, or optical records or information from the records of the above named individual to the law enforcement representative bearing this authorization. The purpose of this disclosure will be to assist in locating or identifying a missing person. A copy of this authorization will be maintained by the facility providing the information. By signing this authorization, I am certifying that I have authority to authorize this release by law or by court appointment.

J (Initials) **JM**

Name and address of facility or practitioner in possession of the patient's records:

**ST. LUKE'S  
Nampa ID**

Information to be released:

- X-Rays     Photographic Images     Dental Charts     Other (Specify)

Authorization Start Date (YYYYMMDD) <b>8-18-2020</b>	Expiration: <input type="checkbox"/> Date (YYYYMMDD) _____ (Select One): <input checked="" type="checkbox"/> Request Complete <b>WHEN LOCATED</b>
---	--

### SECTION III - RELEASE AUTHORIZATION

I understand that:

- A. I have a right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the above named facility will have disclosed the requested Protected Health Information as specified on the basis of this authorization.
- B. If I authorize Protected Health Information to be disclosed to someone not required to comply with federal privacy regulations, such as information may be redisclosed and no longer protected.
- C. I have a right to inspect and receive a copy of my own PHI, in accordance with the Privacy Act and 45 CFR 164.524.
- D. Original Medical Records are the property of the facility. Authorization for access to the records is valid until no longer maintained at the named facility, revoked in writing, or the request has been completed.
- E. Treatment will not be conditioned on the signing of this release.

Signature of Parent/Legal Representative <b>Jerry Martin</b>	Relationship to Patient <b>Mother</b>	Date (YYYYMMDD) <b>8-18-20</b>
Investigating Agency Name <b>CARSON COUNTY SHERIFF</b>	Investigating Officer <b>HERRICK 5204</b>	
Agency Case Number <b>C20-23361</b>		

### SECTION IV - FOR FACILITY STAFF USE ONLY

Date Request Completed	Completed By:	Date (YYYYMMDD)
<input checked="" type="checkbox"/> If applicable: Authorization revoked in writing <input type="checkbox"/>	Revocation completed by:	



Middleton Police Dept

(5) CID  
8.24.20

Caldwell Police Dept

Wilder Police Department

Canyon County Sheriff








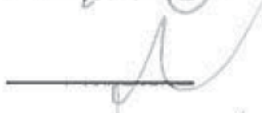

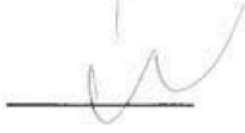


Parma Police Department

### RUNAWAY/MISSING PERSONS CANCELLATION CHECK LIST

Name: Martin, Paul Michael DOB: 05261989  
(Last, First, Middle and DOB)

ORIGINAL OCA: C20-23361

NCIC# M535921669

	Initials	2 <sup>nd</sup> Check
1. Ensure signed missing person report On file. Ensure proper reason is Included in report and signed by Next Of kin, physician etc.		
2. Make CAD Call with original CR, Agency and any other information To locate the person, include hit of Missing person record being removed		
3. Clear missing persons and place a copy Of the screen, and clear data with the Report. Remember to initial, date and Time the clear sheets		
4. Send out Cancel ATLC		
5. Tie all CAD calls together		
6. Removed hard copy from the Files and shred. If there is a picture Attached to the hard copy forward The hard copy and picture to records For the original files		



# Canyon County Sheriff's Office

(Runaway/beyond control juvenile & missing person report)

NCIC#		ENTRY		Case#		C20-23361			
Enter Date	OR#	Offense	ICR Code	County/Idaho Code	M	Incident	Action	Area	Location Code
8-18-20	DO 14000	MISSING PERSON				X PERM	12	40	25
<input type="checkbox"/> Disability		<input checked="" type="checkbox"/> Endangered	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Cautions				
<input type="checkbox"/> Disaster Victim									
Name (L, F, M)		Race	Sex	POB	DOB				
MARTIN, PAUL MICHAEL		W	M	CALIFORNIA	5-26-89				
HGT	WGT	EYES	HAIR	County of Birth	Mother's maiden name	Date last seen	Date 18		
5-11	325	HAZ	BRO	ALAMEDA	GRIFFIN	8-18-2020	N/A		
SN	4b		OTN	4b		Cell Phone # and Provider			
						208-519-0609 (SMART TALK)			
License #	State	VIN	Year						
E152410	ID	IFMDU35P9VZB29A35	1997						
Make	Model	Style	Color						
FORD	EXPLORER	SUV	WHITE						
Current residential address				Work Information					
16251 MARSING RD				DISABILITY					
Associates				Gang Affiliation					
FRIENDS IN MOUNTAIN HOME									
Place last seen	Time seen	Last seen by	Medical condition(s)						
MARSING RD	0515	JINNY MARTIN	BIPOLAR SCHIZOPHRENIA						
Medications									
<input type="checkbox"/> Prior runaway <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Photo attached (REQUIRED) Date of Photo _____ <input type="checkbox"/> Case worker <input checked="" type="checkbox"/> Probation officer <input checked="" type="checkbox"/> Narrative attached (REQUIRED) <input type="checkbox"/> HIPAA Attached (REQUIRED) Julie CORNELL									
School	Student ID card #					208-455-5992			
Last seen wearing									
GREEN PANTS, BLACK SHIRT, BLACK VEST									
Scars, marks, Tattoos									
SCAR DOWN SPINE, SCARS ON BOTH KNEES									
Jewelry type (Describe if checked)									
<input type="checkbox"/> Ankle bracelet	<input type="checkbox"/> Belt buckle	<input type="checkbox"/> Backpack	<input type="checkbox"/> Broach or Pin						
<input type="checkbox"/> Cigarette lighter, holder, or case	<input type="checkbox"/> Comb	<input type="checkbox"/> Cuff links							
<input type="checkbox"/> Earrings	<input type="checkbox"/> Key chain	<input type="checkbox"/> Money clip							
<input type="checkbox"/> Necklace	<input type="checkbox"/> Pocket knife	<input type="checkbox"/> Pocket watch/wallet chain							
<input type="checkbox"/> Ring	<input type="checkbox"/> Tie chain, clasp, or tack	<input checked="" type="checkbox"/> Wallet or purse	BLACK ON CHAIN						
<input type="checkbox"/> Watch	<input type="checkbox"/> Wrist bracelet having pendant								
Mother/Guardian <input type="checkbox"/> step parent	Address		home phone	work phone					
JINNY R MARTIN (6-26-49)	16251 MARSING RD		971-209-5254						
Father <input type="checkbox"/> step parent	Address		home phone	work phone					
MICHAEL L MARTIN (1-27-47)	16251 MARSING RD		541-263-2346						

I, JINNY MARTIN Being the parent or other legal guardian of PAUL MARTIN a juvenile aged \_\_\_\_\_ years, do declare said child to be in violation of County Ordinance 03-01-03, declaring it a misdemeanor for a child under 18 years to runaway from home or be beyond control of his/her parents, guardian, or other legal custodian. I agree, when the above named juvenile is located, I will furnish all necessary transportation at my expense to bring the above named juvenile back to the City of Caldwell, Canyon County Idaho, charging said child with violation. When above named has returned home or is in my control, I will notify the Canyon County Sheriff's Office immediately. I further authorize the Canyon County Sheriff's Office to cause an order to pickup and hold to be placed nationwide on the above named juvenile.

Signed Jinny Martin Relationship MOTHER Date 8-18-20

Reporting/Witnessing Officer Alexander HERRICK 5209 Supervisor Initials \_\_\_\_\_

White - Dispatch  
Yellow - Records

# AUTHORIZATION FOR DISCLOSURE OF MEDICAL, DENTAL, OR OPTICAL INFORMATION

## PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-759), the notice informs you of the purpose of the form and how it will be used.

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DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of requested information.

This form will be used for medical, dental or optical records and information only. It will not be used for Alcohol and Drug Abuse treatment records or psychotherapy notes.

## SECTION I - PATIENT DATA

Name (Last, First, Mi) <i>MARTIN, PAUL M.</i>	Date of Birth <i>5-26-89</i>	Patient's SSAN <b>4b</b>
Name of person authorizing release <i>JUNNY MARTIN</i>	Authority for release (Parent, Legal Guardian, Court Appointed) <i>PARENT</i>	

## SECTION II - DISCLOSURE

I hereby authorize release of medical, dental, or optical records or information from the records of the above named individual to the law enforcement representative bearing this authorization. The purpose of this disclosure will be to assist in locating or identifying a missing person. A copy of this authorization will be maintained by the facility providing the information. By signing this authorization, I am certifying that I have authority to authorize this release by law or by court appointment.

J (Initials) *JM*

Name and address of facility or practitioner in possession of the patient's records:

*ST. LUKES*

*NAMPA ID*

Information to be released:

X-Rays     Photographic Images     Dental Charts     Other (Specify)

Authorization Start Date (YYYYMMDD)

*8-18-2020*

Expiration:  Date (YYYYMMDD) \_\_\_\_\_

(Select One):  Request Complete *WHEN LOCATED*

## SECTION III - RELEASE AUTHORIZATION

I understand that:

- I have a right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the above named facility will have disclosed the requested Protected Health Information as specified on the basis of this authorization.
- If I authorize Protected Health Information to be disclosed to someone not required to comply with federal privacy regulations, such as information may be redisclosed and no longer protected.
- I have a right to inspect and receive a copy of my own PHI, in accordance with the Privacy Act and 45 CFR 164.524.
- Original Medical Records are the property of the facility. Authorization for access to the records is valid until no longer maintained at the named facility, revoked in writing, or the request has been completed.
- Treatment will not be conditioned on the signing of this release.

Signature of Parent/Legal Representative <i>Jenny Martin</i>	Relationship to Patient <i>MOTHER</i>	Date (YYYYMMDD) <i>8-18-20</i>
Investigating Agency Name <i>CANYON COUNTY SHERIFF</i>	Investigating Officer <i>HERRICK 5204</i>	
Agency Case Number <i>C20-23361</i>		

## SECTION IV - FOR FACILITY STAFF USE ONLY

Date Request Completed	Completed By:	
<input checked="" type="checkbox"/> if applicable: Authorization revoked in writing <input type="checkbox"/>	Revocation completed by:	Date (YYYYMMDD)

08/28/20  
15:13

Canyon County Sheriff's Office  
CALL DETAIL REPORT

2529  
Page: 1

Call Number: 2171740

Nature: Missing Person  
Reported: 18:16:15 08/18/20  
Rcvd By: SUITTER P How Rcvd: T  
Occ Btwn: 18:16:15 08/18/20 and 18:17:11 08/18/20  
Type: 1  
Priority: 2

Address: 16251 Marsing Rd  
City: Caldwell

Alarm:

COMPLAINANT/CONTACT

Complainant: , Name#:   
Race: Sex: DOB: \*\*/\*\*/\*\*   
Address: ,   
Home Phone: Work Phone:

Contact: jenny martin  
Address:  
Phone: (971)209-5254

RADIO LOG

Dispatcher	Time/Date	Unit	Code	Zone	Agnc	Description
SUITTER P	18:10:00 08/18/20	5215	ENRT	CCSN	CCS	incid#=C20-23361 Enroute to a call call=2331
SUITTER P	18:32:26 08/18/20	5204	ENRT	CCSN	CCS	incid#=C20-23361 c=2331
SUITTER P	18:32:32 08/18/20	5204	ENRT	CCSN	CCS	Assigned as Responsible Unit for call 2171740
SUITTER P	18:32:37 08/18/20	5215	8	CCSN	CCS	
SUITTER P	18:32:39 08/18/20	5204	23	CCSN	CCS	call=2331
SUITTER P	18:43:41 08/18/20	5204	4	CCSN	CCS	Acknowledgement incid#=C20-23361 call=2331
SUITTER P	18:57:39 08/18/20	5204	4	CCSN	CCS	Acknowledgement incid#=C20-23361 call=2331
HERRICK J	19:07:52 08/18/20	5204	76	CCSN	CCS	(MDC) 25 NCIC ENTRY incid#=C20-23361 call=2331
HERRICK J	19:09:55 08/18/20	5204	NMIN	CCSN	CCS	MDC: name=MARTIN, PAUL M dob=05/26/1989
HERRICK J	19:25:48 08/18/20	5204	VHIN	CCSN	CCS	MDC: pl=E152410 st=ID
HERRICK J	19:28:06 08/18/20	5204	NMIN	CCSN	CCS	MDC: name=MARTIN, JINNY R dob=06/26/1949
HERRICK J	19:29:01 08/18/20	5204	NMIN	CCSN	CCS	MDC: name=MARTIN, MICHAEL L dob=01/27/1947
HERRICK J	19:31:43 08/18/20	5204	ARRV	CCSN	CCS	(MDC) Arrived on scene incid#=C20-23361 call=2331
HERRICK J	19:34:41 08/18/20	5204	ARRV	CCSN	CCS	(MDC) 25 NCIC incid#=C20-23361 call=2331
HERRICK J	19:50:37 08/18/20	5204	CMPL	CCSN	CCS	(MDC) Completed call incid#=C20-23361 call=2331

08/28/20  
15:13

Canyon County Sheriff's Office  
CALL DETAIL REPORT

2529  
Page: 2

COMMENTS

-----  
18:17:09 08/18/2020 - SUITTER P  
la 0500 today- son paul martin, 05/26/89 left home  
18:20:40 08/18/2020 - SUITTER P  
paranoid schizophrenia, having an epesoid, left with back pack, tent and  
suitcase, left on foot, unk dob, lsw blk leater harley vest, red baseball cape,  
red sunglasses and bandana over his face, 511 300 lbs, green eyes, bro hair, not  
on his meds  
19:50:37 08/18/2020 - HERRICK J  
PAUL M. MARTIN (05-26-89) SUFFERS FROM PARANOID SCHIZOPHRENIA AND HAS NOT BEEN  
TAKING HIS MEDICATION. AT APPROXIMATELY 0515 HOURS THIS MORNING, PAUL WAS SEEN  
WALKING WESTBOUND ON MARSING RD FROM HIS RESIDENCE. PAUL WAS PULLING A SUITCASE  
AND HAD A BACKPACK WITH A TENT. PAUL SAID HE WAS TRYING TO GET AWAY FROM SOMEONE  
WHO WAS TRYING TO KILL HIM. PAUL'S MOTHER TRIED TO GET HIM TO GO BACK HOME AND  
PAUL REFUSED. PAUL BECAME UPSET SAYING THE GOVERNEMENT IS WATCHING HIM. PAUL WAS  
LAST SEEN WEARING GREEN PANTS, BLACK SHIRT, BLACK VEST, HAT, AVIATOR STYLE  
SUNGLASSES, AND A RED BANDANNA. PAUL IS CURRENTLY ON PROBATION AND HIS PROBATION  
OFFICER INTRUCTED RP TO REPORT PAUL MISSING. UNKNOWN POSSIBLE DESTINATION. PHOTO  
OF PAUL EMAILED. ENTERED INTO NCIC.

UNIT HISTORY

-----  
Unit Time/Date Code  
-----  
5204 18:32:26 08/18/20 ENRT  
5204 18:32:32 08/18/20 ENRT  
5204 18:32:39 08/18/20 23  
5204 18:43:41 08/18/20 4  
5204 18:57:39 08/18/20 4  
5204 19:07:52 08/18/20 76  
5204 19:09:55 08/18/20 NMIN  
5204 19:25:48 08/18/20 VHIN  
5204 19:28:06 08/18/20 NMIN  
5204 19:29:01 08/18/20 NMIN  
5204 19:31:43 08/18/20 ARRV  
5204 19:34:41 08/18/20 ARRV  
5204 19:50:37 08/18/20 CMPL  
5215 18:10:00 08/18/20 ENRT  
5215 18:32:37 08/18/20 8

RESPONDING OFFICERS

-----  
Unit Officer  
-----  
5204 HERRICK J  
5215 GARVEY J

INVOLVEMENTS

-----  
Type Record# Date Description Relationship  
-----  
LW C20-23361 08/18/20 Missing Person C20-23361 162 Initiating Call



# Canyon County Sheriff's Office

Incident #: C20-23889

Reporting Officer: JONATHAN HERRICK

Report Time: 08/23/2020 03:20:23

## Incident

Incident Nature Returned Missing Person	Address CHEHALIS PD; WASHINGTON	Occurred From 08/23/2020 03:20:23
Occurred To 08/23/2020 03:23:45	Received By MELINDA CHYNOWETH	How Received Telephone
Contact	Disposition Call for Service(No Report)	Miscellaneous Entry
Disposition Date 08/23/2020	Cleared	Judicial Status
Cleared Date	Clearance ACTIVITY COMPLETED	

Responding Officer(s)  
JONATHAN HERRICK

## Offenses

### PERSON, FOUND

Statute	Description	Category
---------	-------------	----------

## Narratives

### Supplemental Narrative

**08/23/2020 04:19:46 JONATHAN HERRICK**

CAD Call info/comments

=====

03:22:25 08/23/2020 - CHYNOWETH M  
 REF 20B-4680 - PAUL MICHAEL MARTIN 05-26-89 REPORTED MISSING REF TO C20-23361  
 ON 08-18-20  
 03:22:32 08/23/2020 - CHYNOWETH M  
 MARTIN  
 03:23:38 08/23/2020 - CHYNOWETH M

MARTIN WAS HIT BY A TRAIN IN THE AREA AND IS BEING TRANSPORTED TO CENTRILLIA PROVIDENCE HOSPITAL 360-330-8516 - SUBJECT WAS C/B AND TALKING AT TIME OF TRANSPORT.

04:16:46 08/23/2020 - SAULLS L

Nature change from Follow Up to Return Miss Per for Active call 401

04:19:46 08/23/2020 - HERRICK J

PAUL MARTIN 05-26-89 LOCATED IN CHEHALIS WASHINGTON. SUPP DONE UNDER ORIGINAL REPORT (C20-23361)



08/28/20  
15:13

Canyon County Sheriff's Office  
CALL DETAIL REPORT

2529  
Page: 1

Call Number: 2171740

Nature: Missing Person  
Reported: 18:16:15 08/18/20  
Rcvd By: SUITTER P How Rcvd: T  
Occ Btwn: 18:16:15 08/18/20 and 18:17:11 08/18/20  
Type: 1  
Priority: 2

Address: 16251 Marsing Rd  
City: Caldwell

Alarm:

COMPLAINANT/CONTACT

Complainant: , Name#:   
Race: Sex: DOB: \*\*/\*\*/\*\*  
Address: ,  
Home Phone: Work Phone:

Contact: jenny martin  
Address:  
Phone: (971)209-5254

RADIO LOG

Dispatcher	Time/Date	Unit	Code	Zone	Agnc	Description
SUITTER P	18:10:00 08/18/20	5215	ENRT	CCSN	CCS	incid#=C20-23361 Enroute to a call call=2331
SUITTER P	18:32:26 08/18/20	5204	ENRT	CCSN	CCS	incid#=C20-23361 c=2331
SUITTER P	18:32:32 08/18/20	5204	ENRT	CCSN	CCS	Assigned as Responsible Unit for call 2171740
SUITTER P	18:32:37 08/18/20	5215	8	CCSN	CCS	
SUITTER P	18:32:39 08/18/20	5204	23	CCSN	CCS	call=2331
SUITTER P	18:43:41 08/18/20	5204	4	CCSN	CCS	Acknowledgement incid#=C20-23361 call=2331
SUITTER P	18:57:39 08/18/20	5204	4	CCSN	CCS	Acknowledgement incid#=C20-23361 call=2331
HERRICK J	19:07:52 08/18/20	5204	76	CCSN	CCS	(MDC) 25 NCIC ENTRY incid#=C20-23361 call=2331
HERRICK J	19:09:55 08/18/20	5204	NMIN	CCSN	CCS	MDC: name=MARTIN, PAUL M dob=05/26/1989
HERRICK J	19:25:48 08/18/20	5204	VHIN	CCSN	CCS	MDC: pl=E152410 st=ID
HERRICK J	19:28:06 08/18/20	5204	NMIN	CCSN	CCS	MDC: name=MARTIN, JINNY R dob=06/26/1949
HERRICK J	19:29:01 08/18/20	5204	NMIN	CCSN	CCS	MDC: name=MARTIN, MICHAEL L dob=01/27/1947
HERRICK J	19:31:43 08/18/20	5204	ARRV	CCSN	CCS	(MDC) Arrived on scene incid#=C20-23361 call=2331
HERRICK J	19:34:41 08/18/20	5204	ARRV	CCSN	CCS	(MDC) 25 NCIC incid#=C20-23361 call=2331
HERRICK J	19:50:37 08/18/20	5204	CMPL	CCSN	CCS	(MDC) Completed call incid#=C20-23361 call=2331



08/28/20  
15:13

Canyon County Sheriff's Office  
CALL DETAIL REPORT

2529  
Page: 2

COMMENTS

-----  
18:17:09 08/18/2020 - SUITTER P  
la 0500 today- son paul martin, 05/26/89 left home  
18:20:40 08/18/2020 - SUITTER P  
paranoid schizophrenia, having an epesoid, left with back pack, tent and  
suitcase, left on foot, unk dob, lsw blk leater harley vest, red baseball cape,  
red sunglasses and bandana over his face, 511 300 lbs, green eyes, bro hair, not  
on his meds  
19:50:37 08/18/2020 - HERRICK J  
PAUL M. MARTIN (05-26-89) SUFFERS FROM PARANOID SCHIZOPHRENIA AND HAS NOT BEEN  
TAKING HIS MEDICATION. AT APPROXIMATELY 0515 HOURS THIS MORNING, PAUL WAS SEEN  
WALKING WESTBOUND ON MARSING RD FROM HIS RESIDENCE. PAUL WAS PULLING A SUITCASE  
AND HAD A BACKPACK WITH A TENT. PAUL SAID HE WAS TRYING TO GET AWAY FROM SOMEONE  
WHO WAS TRYING TO KILL HIM. PAUL'S MOTHER TRIED TO GET HIM TO GO BACK HOME AND  
PAUL REFUSED. PAUL BECAME UPSET SAYING THE GOVERNEMENT IS WATCHING HIM. PAUL WAS  
LAST SEEN WEARING GREEN PANTS, BLACK SHIRT, BLACK VEST, HAT, AVIATOR STYLE  
SUNGLASSES, AND A RED BANDANNA. PAUL IS CURRENTLY ON PROBATION AND HIS PROBATION  
OFFICER INTRUCTED RP TO REPORT PAUL MISSING. UNKNOWN POSSIBLE DESTINATION. PHOTO  
OF PAUL EMAILED. ENTERED INTO NCIC.

UNIT HISTORY

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Unit	Time/Date	Code
5204	18:32:26 08/18/20	ENRT
5204	18:32:32 08/18/20	ENRT
5204	18:32:39 08/18/20	23
5204	18:43:41 08/18/20	4
5204	18:57:39 08/18/20	4
5204	19:07:52 08/18/20	76
5204	19:09:55 08/18/20	NMIN
5204	19:25:48 08/18/20	VHIN
5204	19:28:06 08/18/20	NMIN
5204	19:29:01 08/18/20	NMIN
5204	19:31:43 08/18/20	ARRV
5204	19:34:41 08/18/20	ARRV
5204	19:50:37 08/18/20	CMPL
5215	18:10:00 08/18/20	ENRT
5215	18:32:37 08/18/20	8

RESPONDING OFFICERS

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Unit	Officer
5204	HERRICK J
5215	GARVEY J

INVOLVEMENTS

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Type	Record#	Date	Description	Relationship
LW	C20-23361	08/18/20	Missing Person C20-23361 162	Initiating Call

JOB4680



**Public Health**   
Seattle & King County

**King County Medical Examiner's Office**

Harborview Medical Center  
325 Ninth Avenue, Box 359792  
Seattle, WA 98104-2499  
**206-731-3232** Fax 206-731-8555  
TTY Relay: 711  
[www.kingcounty.gov/health](http://www.kingcounty.gov/health)

12/29/2020

Dear: Detective Don Dozios

We are pleased to respond to your records request. Enclosed please find the following items:

**KCMEO Case: 20-2564 Paul Martin**

Description	Quantity
Toxicology Report	1

Thank you for your records request.

KCMEO  
325 Ninth Avenue, Box 359792  
Seattle, WA 98104

R



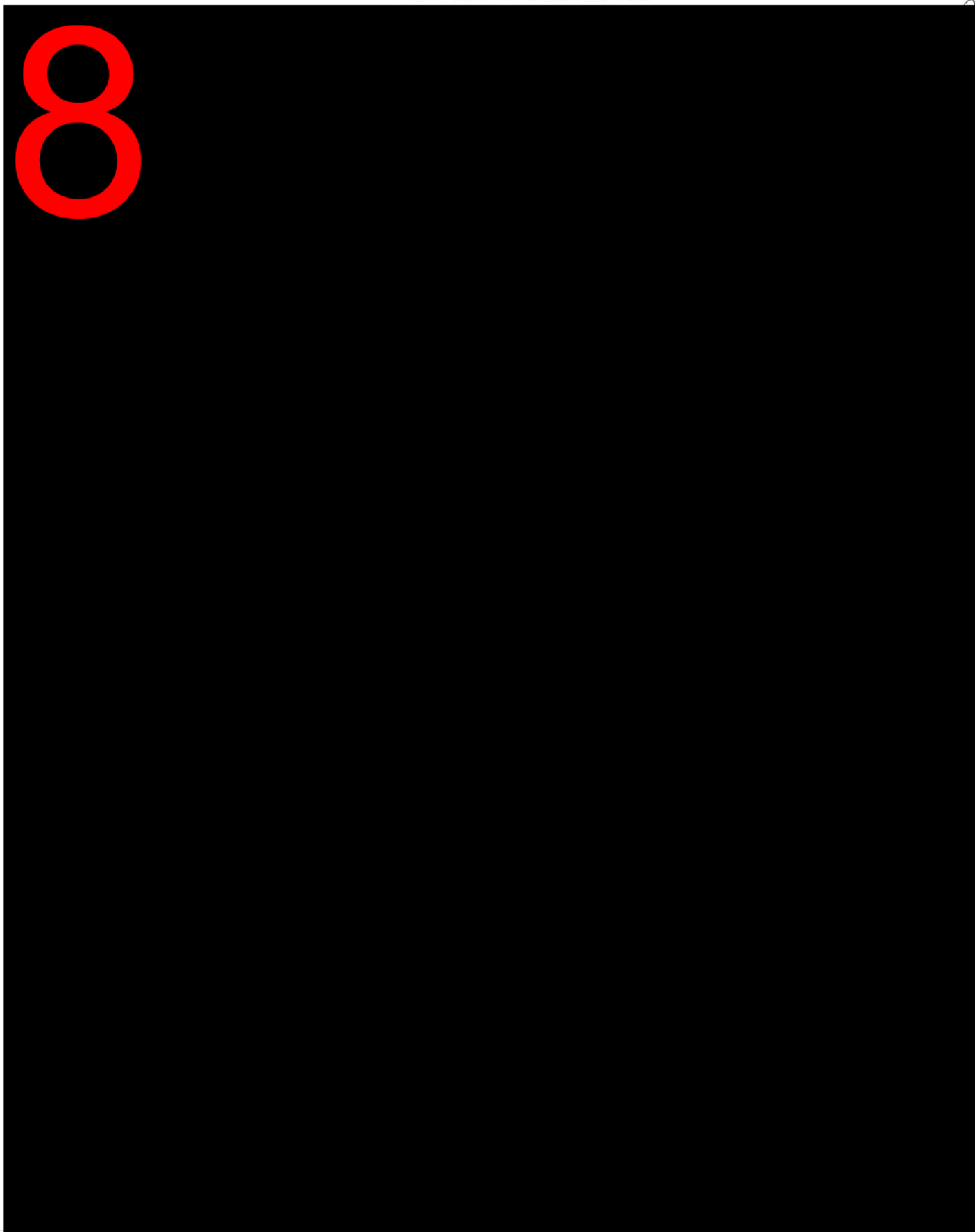
**TOXICOLOGY LABORATORY  
WASHINGTON STATE PATROL**

2203 Airport Way South Suite 360 Seattle, WA 98134  
(206) 262-6100, toxlab@wsp.wa.gov, www.wsp.wa.gov/forensics/toxicology.htm

DEC 22 2020 *CW*

**TOXICOLOGY TEST REPORT**

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**King County Medical Examiner's Office**

Harborview Medical Center  
325 Ninth Avenue, Box 359792  
Seattle, WA 98104-2499

**206-731-3232** Fax 206-731-8555  
TTY Relay: 711

[www.kingcounty.gov/health](http://www.kingcounty.gov/health)

08/27/2020

Dear: Detective Dan Dozois

We are pleased to respond to your records request. Enclosed please find the following items:

**KCMEO Case: 20-02564 Paul Martin**

Description	Quantity
Body View Worksheet (no autopsy)	1
Investigator's Report	1

Thank you for your records request.

KCMEO  
325 Ninth Avenue, Box 359792  
Seattle, WA 98104

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