



# Rail Incident Investigation Report

Docket No: TR-		Report Date:	
Railroad Owning Track:		Railroad Operating on Track:	
FRA Investigation: Yes      No		Inspector:	
<b>I. Type of Accident</b>			
Public Crossing	Private Crossing	Trestle	Pedestrian at Crossing
Pedestrian Not at Crossing	Other (explain)		
<b>II. Time and Location of Accident</b>			
Date:		Time:	
USDOT Crossing No.:		UTC Crossing No.:	
Railroad Milepost:		GPS Identifier: Lat:	Lon:
Number of Tracks:		City:	County:
Road name, yard name, bridge:			
<b>III. Conditions Surrounding the Accident</b>			
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:			
<b>IV. Pedestrian, Driver, or Passenger Fatalities</b>			
<b>Does this section apply?</b>		<b>Yes      No</b>	
Number of Fatalities:		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	Suicide: Yes      No      Undetermined
Alcohol: Yes	No	Undetermined	Information supplied by:
Drugs: Yes	No	Undetermined	Information supplied by:
Names of additional fatalities:			

Docket No: TR-

**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:

Previous collisions at or near site? Yes No

If yes, describe:

**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):

Docket No: TR-

**IX. Comments**

**Event Summary:**

**Site Description:**

**Inspector Recommendations:**

Docket No: TR-

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

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

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk \* denotes an optional field.

<b>A. Revision Date</b> (MM/DD/YYYY) 04 / 15 / 2020	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 085730J
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> BNSF Railway Company [BNSF]		<b>2. State</b> WASHINGTON		<b>3. County</b> PIERCE	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In TACOMA <input type="checkbox"/> Near		<b>5. Street/Road Name &amp; Block Number</b> MCCARVER ST   3000 (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> Not Yet Reported by State	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR: ATK, UP		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NORTHWEST		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SEATTLE		<b>11. Branch or Line Name</b> <input type="checkbox"/> None SEATTLE-VANC WA	
<b>12. RR Milepost</b> 0002.690 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 52		<b>14. Nearest RR Timetable Station</b> * TACOMA	
<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input type="checkbox"/> N/A BNSF			
<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		<b>19. Crossing Position</b> <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	
<b>20. Public Access (if Private Crossing)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>21. Type of Train</b> <input checked="" type="checkbox"/> Freight <input checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<b>23. Type of Land Use</b> <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone (FRA provided)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 47.275522		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -122.465287	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b> This crossing has additional warning sign: additional trains ma			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b> Wayside horn installation date is estimated			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. Railroad Use *</b>		<b>31.D. State Use *</b>			
<b>32.A. Narrative (Railroad Use) *</b> (1.27 1.28 1.29) Value Provided by Railroad, Not Ye			<b>32.B. Narrative (State Use) *</b>		
<b>33. Emergency Notification Telephone No. (posted)</b> 800-832-5452		<b>34. Railroad Contact (Telephone No.)</b> 817-352-1549		<b>35. State Contact (Telephone No.)</b> 360-664-1262	

## Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains (6 AM to 6 PM)</b> 23	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 23	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b> 0	<b>1.E. Check if Less Than One Movement Per Day</b> <input type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b> 2019		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 57 3.B. Typical Speed Range Over Crossing (mph) From 1 to 57		
<b>4. Type and Count of Tracks</b> Main 2 Siding 0 Yard 0 Transit 0 Industry 0				
<b>5. Train Detection (Main Track only)</b> <input checked="" type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
<b>6. Is Track Signaled?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

# U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 04/15/2020		PAGE 2		D. Crossing Inventory Number (7 char.) 085730J		
<b>Part III: Highway or Pathway Traffic Control Device Information</b>						
1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing				
2.A. Crossbuck Assemblies (count) 4		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None <input checked="" type="checkbox"/> W10-1 1 <input checked="" type="checkbox"/> W10-3 2 <input type="checkbox"/> W10-11 0 <input type="checkbox"/> W10-2 0 <input type="checkbox"/> W10-4 0 <input type="checkbox"/> W10-12 0		
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input checked="" type="checkbox"/> No		2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input checked="" type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type R8-8      Count 1 Specify Type R15-8      Count 2 Specify Type R15-2P      Count 2		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>						
3.A. Gate Arms (count) Roadway 2 Pedestrian 2	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 4 <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 6	
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input checked="" type="checkbox"/> Yes      Installed on (MM/YYYY) 12 / 2006 <input type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 4	
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0      Specify type _____		
4.A. Does nearby Hwy Intersection have Traffic Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input checked="" type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None		
<b>Part IV: Physical Characteristics</b>						
1. Traffic Lanes Crossing Railroad Number of Lanes 2 <input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * 23 Length * 64 <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input checked="" type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____						
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Approximate Distance (feet) 75			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part V: Public Highway Information</b>						
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit System 25 _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory	
5. Linear Referencing System (LRS Route ID) *						
6. LRS Milepost *						
7. Annual Average Daily Traffic (AADT) Year 2019    AADT 004900		8. Estimated Percent Trucks 1 _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Average Number per Day _____		10. Emergency Services Route <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>						
Submitted by _____ Organization _____ Phone _____ Date _____						
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.						

**From:** [State Emergency Operations Officer \(ML\)](#)  
**To:** [Brooks, Nannette \(ECY\)](#); [Tacoma Emergency Duty Officer](#); [Hunter, Kathy \(UTC\)](#); [Kenneth W. Holgard](#); [Mark Daniels \(FRA\)](#); [Michael Pirato](#); [Powell, John \(FRA\)](#); [Randall Boyington](#); [Stacey Thompson \(Fed Railroad Association Reg 8\)](#); [Stacey Weller](#); [Steven Travers](#); [WUTC Rail Reporting \(UTC\)](#)  
**Subject:** State Incident #20-4233, BNSF Train vs Pedestrian  
**Date:** Wednesday, December 2, 2020 1:24:16 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: Yosefa Arianto, Service Interruption Desk, 817-593-6823 #1

Time and Date Called in to the State EOC: 0116, 12/2/20

Time and Date of the Event: 0106, 12/2/20

Mile post and/or Address of Event: MP 2.690X, Seattle Subdivision; DOT #085730J, Mcarver Street, Tacoma

Circumstances of the Incident: Trespasser jumped in front of train at the crossing. Suspected suicide.

Number of Injuries and/or Fatalities: Fatality is unconfirmed.

Type of Rail Cars Involved (tank, hopper, box, flat, etc.): Freight Train #XPSALIN301M

Type and Amount of HAZMAT spilled: None

Any Additional Details That Will Assist in Identifying the Necessary Response: Emergency Services are enroute, including Tacoma Police Department and EMT.

Name and Phone Local POC: Brett Burin, Road Foreman of Engines, (303) 918-4771 (ETA 0210 hours)

Railroad Incident Number: 11575

State EOC Incident Number: 20-4233

Jerald "Jaye" Compton  
State Emergency Operations Officer  
Washington State Emergency Management Division  
Washington Military Department  
Building 20, MS: TA-20

Camp Murray, WA 98430-5122  
1-800-258-5990



## **Elliott, Vicki (UTC)**

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**From:** State Emergency Operations Officer (MIL)  
**Sent:** Wednesday, December 2, 2020 2:41 AM  
**To:** Brooks, Nannette (ECY); Tacoma Emergency Duty Officer; Hunter, Kathy (UTC); Kenneth W. Holgard; Mark Daniels (FRA); Michael Pirato; Powell, John (FRA); Randall Boyington; Stacey Thompson (Fed Railroad Association Reg 8); Stacey Weller; Steven Travers; WUTC Rail Reporting (UTC)  
**Subject:** FW: NRC#1293351 - Train vs Trespasser

Forwarded for your action/information as required. Please note, the below refers to an incident reported to you about an hour ago.

Please reply with confirmation of receipt.

Jerald "Jaye" Compton  
State Emergency Operations Officer  
Washington State Emergency Management Division Washington Military Department Building 20, MS: TA-20 Camp  
Murray, WA 98430-5122  
1-800-258-5990

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

From: HQS-SMB-NRC@uscg.mil <HQS-SMB-NRC@uscg.mil>  
Sent: Wednesday, December 2, 2020 2:38 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#1293351

This message has originated from an External Source. Please use caution when opening attachments, clicking links, or responding to this email. Contact your desktop support or IT security staff for assistance and to report suspicious messages.

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 # 1293351

### INCIDENT DESCRIPTION

\*Report taken by NRC on 02-DEC-20 at 05:30 ET.

Incident Type: RAILROAD NON-RELEASE

Incident Cause: TRESPASSER

Affected Area:

Incident occurred on 02-DEC-20 at 01:06 local incident time.

Affected Medium: NON-RELEASE (N/A) / GRADE CROSSING INCIDENT  
(TRESPASSER FATALITY)

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### REPORTING PARTY

Name: BROCK CLIFTON

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

MP: 2.6 County: PIERCE  
SD: SEATTLE  
City: TACOMA State: WA  
CROSS STREET: MCCARVER STREET

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RELEASED MATERIAL(S)

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DESCRIPTION OF INCIDENT

CALLER STATED A FREIGHT TRAIN STRUCK AND KILLED A TRESPASSER AT A GRADE CROSSING ON A PASSENGER LINE. CALLER STATED THERE ARE NO PASSENGER TRAIN LINE DELAYS EXPECTED.

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SENSITIVE INFORMATION

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INCIDENT DETAILS

Grade Crossing: YES  
Location Subdivision: SEATTLE  
Railroad Milepost: 2.6  
Type of Vehicle Involved: NONE  
Crossing Device Type: GATES/LIGHTS/BELLS  
Device Operational: YES  
DOT Crossing Number: 085730J  
Date and Time Service was/will be Restored:  
Brake Failure: UNKNOWN  
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: XPSALIN301  
Train Type: FREIGHT Train Direction: E  
Train Speed: Track Speed:

Locomotives: 4 Cars: 100 Derailed:  
Suspected DOT Regulation Non Compliance: UNKNOWN

DERAILED CARS:

Pos. Carnumber Type Cargo

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IMPACT

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES: NO Sent to Hospital: Empl/Crew: Passenger:

FATALITIES: YES 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 (DOUBLE MAIN) MAIN TRACK 2 3 ALL

Passengers Transferred: NO

Environmental Impact: UNKNOWN

Media Interest: UNKNOWN

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REMEDIAL ACTIONS

INVESTIGATION UNDERWAY

Release Secured: UNKNOWN

Release Rate:

Estimated Release Duration:

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WEATHER

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ADDITIONAL AGENCIES NOTIFIED

Federal:

State/Local: WASH EMERGENCY OPERATIONS

State/Local On Scene: FIRST RESPONDERS

State Agency Number: 20-4233

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NOTIFICATIONS BY NRC

CENTERS FOR DISEASE CONTROL (GRASP)

02-DEC-20 05:37 (770)4887100

CGIS D13 FIELD OFFICE (CGIS D13 COMMAND CENTER)

02-DEC-20 05:37 (206)2207141

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

02-DEC-20 05:37

NATIONAL COORDINATING CTR FOR COMMS (NCC COMM-ISAC)  
02-DEC-20 05:37 (703)2355626  
DHS CYBER & INFRASTRUCTURE SECURITY (OFC OF INFRASTRUCTURE PROTECTION RGN X)  
02-DEC-20 05:37 (202)8215301  
OFFICE OF INFRASTRUCTURE PROTECTION (WA STATE PROTECTIVE SECURITY ADVISOR)  
02-DEC-20 05:37 (202)8053379  
DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)  
02-DEC-20 05:37 (202)3661863  
FEDERAL RAILROAD ADMIN. (MAIN OFFICE (AUTO))  
02-DEC-20 05:37 (202)4930636  
FEMA REGION 10 (MAIN OFFICE)  
02-DEC-20 05:37 (425)4874704  
NATIONAL HWY TRANS SAFETY ADMIN (MAIN OFFICE)  
02-DEC-20 05:37 (202)4412924  
NATIONAL INFRASTRUCTURE COORD CTR (MAIN OFFICE)  
02-DEC-20 05:37 (202)2829201  
NOAA RPTS FOR WA (MAIN OFFICE)  
02-DEC-20 05:37 (206)5264911  
NTSB RAIL (MAIN OFFICE)  
02-DEC-20 05:37 (202)3146293  
OREGON TITAN FUSION CENTER (FUSION COMMAND CENTER)  
02-DEC-20 05:37 (877)6204702  
OCCUPATIONAL SAFETY & HEALTH ADMIN (MAIN OFFICE)  
02-DEC-20 05:37 (801)9180995  
PUYALLUP TRIBE OF THE PUYALLUP RES (EMERGENCY MANAGEMENT)  
02-DEC-20 05:37 (253)3826075  
WA STATE EMERGENCY MANAGEMENT (MAIN OFFICE)  
02-DEC-20 05:37 (800)2585990  
TSA OFFICE OF SECURITY OPERATIONS (SURFACE OPS/PSAT - OREGON OFFICE)  
02-DEC-20 05:37 (614)7328440  
TSA SURFACE TRANSPORTATION SECURITY (TWIC ENFORCEMENT)  
02-DEC-20 05:37 (206)3875236  
USCG DISTRICT 13 (DISTRICT THIRTEEN (DRAT - DRMM))  
02-DEC-20 05:37 (206)2207221  
VOLPE CENTER (TRANSPORTATION HUMAN FACTORS)  
02-DEC-20 05:37 (617)4942000  
WASHINGTON STATE FUSION CENTER (FUSION COMMAND CENTER)  
02-DEC-20 05:37 (877)8439522  
WA UTILITIES & TRANSPORTATION COMM (RAILROAD SAFETY)  
02-DEC-20 05:37 (360)6641160

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ADDITIONAL INFORMATION

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\*\*\* END INCIDENT REPORT #1293351 \*\*\*

Report any problems by calling 1-800-424-8802

PLEASE VISIT OUR WEB SITE AT

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fncr.uscg.mil%2F&data=04%7C01%7C%7C5cd ec0c2ab514d03ab9f08d896aed210%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637425024871322122%7 CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C1000& amp;sdata=y0E1B9DcCJHOeWdVHDR2KcKxm1CRFn4u8h%2BXLOY8aNm%3D&reserved=0>

**From:** [Service, Interruption Desk](#)  
**To:** [OPR DL \(SI Desk Use ONLY\) North Region Incident](#)  
**Cc:** [Service, Interruption Desk](#)  
**Subject:** 120220 XPSALIN301 Train/Trespasser Seattle Sub  
**Date:** Wednesday, December 2, 2020 7:27:43 AM

---

Ticket #: 11575  
Create D/T: 12/2/2020 3:06:56 AM  
Resource: Seattle Sub - MP 2.690X  
Division: Northwest  
Subdivision: Seattle  
MilePost: 2.690X  
Line Segment: 51  
City: Tacoma  
County: Pierce  
State: WA  
D Code: 20M008  
Train Symbol: X PSALIN3 01M (BNSF7777 -N)

Trouble Code: HGX (Highway Grade Crossing)  
Trouble Desc: 0306 CT the X PSALIN3 01M reported hitting a trespasser at MP 2.690X (McCarver Street) on the Seattle Subdivision.

There are no injuries to the crew. At time of notification occupant status is unknown.

The Lead Locomotive (BNSF 7777) is camera equipped. The crossing is equipped with (Cross bucks, Gate arms, Flashing lights, and Bells). Crew is not requesting Trauma Relief at this time.

There are 03 trains potentially impacted as a result and 01 expected DOL.

Division personnel are responding with an ETA of 0400CT

Closeout Out 0841CT

Train Soup: 0-100-3205-6099  
Train Direction: East  
Lead Locos: BNSF 7777- BNSF 8388- BNSF 8031- BNSF 6576  
DP Locos:  
Conductor Name: G N COOPER  
Engineer Name: J C POHLL  
Other Name:  
On Duty Time and Date: 12/2/2020 5:30:00 PM  
Crew Origin/Destination: TACOMA PD

Name of Law Enforcement Agency on scene: TACOMA PD  
FRA Post Accident Testing Required: No  
Crossing DOT: 085730J  
Crossing Equipped With: Cross bucks, Gate arms, Flashing lights, and Bells

Haz Material: No  
Haz Material Commodity: N/A  
Amount Released: N/A  
Impact to Waterway: N/A  
Evacuations: N/A

Weather: 39\*-Clear-4mph winds- NE

State Report number: 20-4233

NRC Report Number: 129-3351

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

Contractor Expense: 0.00 USD

Estimated Lading Recovery Costs: 0.00 USD

Prelim. Lading Loss Estimates: 0.00 USD

Trailer/Container 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):

12/02/20 04:37:13 NOTIFIED - MOW Desk --> Phil

12/02/20 04:36:29 NOTIFIED - NRC --> Kevin Williams

12/02/20 03:28:42 NOTIFIED - State --> 20-4233

12/02/20 03:13:40 NOTIFIED - MDPR --> REMEDY

12/02/20 03:13:33 NOTIFIED - Passenger Service --> REMEDY

12/02/20 03:13:29 NOTIFIED - Signal Desk --> REMEDY

12/02/20 03:13:21 NOTIFIED - Mechanical Desk --> REMEDY

12/02/20 03:12:27 NOTIFIED - RFE --> Brett burin

12/02/20 03:10:33 NOTIFIED - NOC GDT --> Gwen

12/02/20 03:10:30 NOTIFIED - ROC --> Pedro



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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>	NW1220201
<b>DATE:</b>	12 /02 /2020	<b>TIME:</b>	1:06AM
<b>STATE:</b>	Washington	<b>COUNTY:</b>	PIERCE
<b>TYPE PERSON:</b>	Nontrespasser on rr property	<b>AGE:</b>	
<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>	YES

CIRCUMSTANCES	
<b>PHYSICAL ACT:</b>	Walking
<b>EVENT:</b>	Highway-rail collision/impact
<b>RESULT:</b>	Highway, street, road
<b>CAUSE:</b>	Human factor
LOCATION	
<b>SITE:</b>	Main/branch
<b>ON TRK EQP:</b>	Freight train - moving
<b>WHERE:</b>	On highway-rail crossing
<b>NARRATIVE</b>	TRAIN REPORTED HITTING AND FATALLY INJURED A PEDESTRIAN ON CROSSING. AGE UNKNOWN

**U.S. DEPARTMENT OF TRANSPORTATION**

1200 New Jersey Avenue, SE, Washington, DC  
 20590  
 855-368-4200



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1. Name of Reporting Railroad BNSF Railway Company [BNSF]				1a. Alphabetic Code BNSF		1b. Railroad Accident/Incident No. NW 1220201	
2. Name of Other Railroad or Other Entity Filing for Equipment Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) BNSF Railway Company [BNSF]				3a. Alphabetic Code BNSF		3b. Railroad Accident/Incident No. NW 1220201	
4. U.S. DOT Grade Crossing ID No. <b>085730J</b>				5. Date of Accident/Incident month   day   year 1   2   0   2   2020		6. Time of Accident/Incident 1:06 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station TACOMA		8. Subdivision SEATTLE		9. County PIERCE		10. State Abbr. WA Code 53	
11. City (if in a city) TACOMA			12. Highway Name or No. MCCARVER ST			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) K				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 1		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3 3. Moving over crossing		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1					
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 30 °F		22. Visibility (single entry) Code 4 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) Code 2 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name MAIN 2 TRACK	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 4		29. Number of Cars 100		30. Consist Speed (Recorded speed if available) R. Recorded 18 mph   R E. Estimated	
31. Time Table Direction 1. North 3. East Code 1 2. South 4. West				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 01 03 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code A			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1	
38. Highway User's Gender 1. Male Code 1 2. Female		39. Highway User's Age		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 1	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code		43. View of Track Obscured by (primary obstruction) Code 8 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured	
46. Highway-Rail Crossing Users 1 0		47. Highway Vehicle Property Damage (est. dollar damage) \$0		45. Was Driver in the Vehicle? 1. Yes 2. No			
49. Railroad Employees 0 0		50. Total Number of People on Train (include passengers and train crew) ?		48. Total Number of Vehicle Occupants (including driver) 0			
52. Passengers on Train 0 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2					
53a. Special Study Block Video Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary) X PSALIN3 01M ON MAIN TWO TRACK STRUCK A PEDESTRIAN AT A HGX. FATALITY. USER'S AGE UNKNOWN							
55. Typed Name and Title				56. Signature		57. Date	



**Tacoma Police Department  
Incident Report**

**Incident No. 2033700065.1**  
Jurisdiction Agency: Tacoma Police Department

PDA:	Homeland Security:	Subject:	<b>Agency Assist</b>	<b>Incident No. 2033700065.1</b>
IBR Disposition:	<b>Not Applicable</b>	Case Management Disposition:		
Forensics:	<b>Forensics Responded</b>	Reporting By/Date:	<b>212961 - Hobbs, Zachery 12/2/2020 04:20:46</b>	
Case Report Status:	<b>Approved</b>	Reviewed By/Date:	<b>T205358 - Myhre, Dustin 12/2/2020 05:18:50</b>	

**Related Cases:**

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

**Non-Electronic Attachments**

Attachment Type	Additional Distribution	Count
-----------------	-------------------------	-------

Location Address:	<b>Mccarver St/N Schuster Pkwy</b>	Location Name:	
City, State, Zip:	<b>Tacoma, WA 98402</b>	Cross Street:	<b>N Ruston Way</b>
Contact Location:		City, State, Zip:	
Recovery Location:		City, State, Zip:	
CB/Grid/RD:	<b>151 - Tacoma</b>	District/Sector:	<b>TA21 - Tacoma</b>
Occurred From:	<b>12/2/2020 01:09:00 Wednesday</b>	Occurred To:	
Notes:			

**Offense Details: 7699 - Assist Other Jurisdiction / Agency**

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>
Cargo Theft:		Criminal Activity:				Using:	
Location Type:	<b>Railroad Tracks / Right of Way</b>	Type of Security:				Tools:	
Total No. of Units Entered:		Evidence Collected:					
Entrance Compromised:							
Entry Method:							
Suspect Description:							
Suspect Actions:							
Notes:							

**Witness W1: Cooper, George Norman**

**PDA:**

Aliases:									
DOB:	<b>4/2/1966</b>	Age:	<b>54</b>	Sex:	<b>Male</b>	Race:	<b>White</b>	Ethnicity:	<b>Non-Hispanic</b>

Call Source:	<b>Dispatched</b>	Assisted By:				
Phone Report:		Notified:				
Insurance Letter:		Entered By:	<b>212961 - Hobbs, Zachery</b>			
Entered On:	<b>12/2/2020 01:43:57</b>	Approved By:	<b>Automated Policy</b>			
Approved On:	<b>12/2/2020 05:23:02</b>	Exceptional Clearance:				
Adult/ Juvenile Clearance:		Exceptional Clearance Date:				
Additional Distribution:		Other Distribution:				
<b>Validation Processing</b>	Distribution Date: 12/2/2020	County Pros. Atty.	Juvenile	Other	CPS	Supervisor:
	By: AUTOMATED POLICY	City Pros. Atty.	Military	DSHS	PreTrial	

Records has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are incorporated in the report.

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# Tacoma Police Department Incident Report

Jurisdiction Agency: Tacoma Police Department

Incident No. 2033700065.1

Page 2 of 5

Height:	<b>5' 8"</b>	Weight:	<b>171</b>	Hair Color:		Eye Color:	<b>Hazel</b>	
Address:	<b>20204 73RD Ave E</b>			County:		Phone:	<b>253-831-6476</b>	
City, State Zip:	<b>Spanaway, WA 98387-5293</b>			Country:		Business Phone:		
Other Address:							Other Phone:	
Resident:	<b>Nonresident</b>		Occupation/Grade:			Employer/School:		
SSN:							Place Of Birth:	
Driver License No:	<b>DOLDOLDOL</b>		Driver License State:	<b>Washington</b>		Driver License Country:		
Attire:							Complexion:	
SMT:							Facial Hair:	
Testify:							Facial Shape:	
Witness Notes:	<b>Conductor of the BNSF train, witnessed the collision</b>							

## Witness W2: Pohll, Jared Charles

PDA:

Aliases:									
DOB:	<b>3/9/1998</b>	Age:	<b>22</b>	Sex:	<b>Male</b>	Race:	<b>White</b>	Ethnicity:	<b>Non-Hispanic</b>
Height:	<b>5' 6"</b>	Weight:	<b>160</b>	Hair Color:			Eye Color:	<b>Blue</b>	
Address:	<b>9009 W Mall Dr Apt 1405</b>			County:			Phone:	<b>360-270-2732</b>	
City, State Zip:	<b>Everett, WA 98208-2142</b>			Country:			Business Phone:		
Other Address:							Other Phone:		
Resident:	<b>Nonresident</b>		Occupation/Grade:			Employer/School:			
SSN:							Place Of Birth:		
Driver License No:	<b>DOLDOL</b>		Driver License State:	<b>Washington</b>		Driver License Country:			
Attire:							Complexion:		
SMT:							Facial Hair:		
Testify:							Facial Shape:		
Witness Notes:	<b>Inside of the train, witnessed the collision</b>								

## Other Entity O1: Subject, Unknown

PDA:

Aliases:									
DOB:		Age:	<b>50</b>	Sex:	<b>Male</b>	Race:	<b>White</b>	Ethnicity:	<b>Non-Hispanic</b>
Height:	<b>5' 8"</b>	Weight:	<b>200</b>	Hair Color:			Eye Color:		
Address:				County:			Phone:		
City, State Zip:				Country:			Business Phone:		
Other Address:							Other Phone:		
Resident:	<b>Unknown</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:	<b>Victim who collided with train</b>								

## Other Entity O2: Wojtanowicz, Joseph

PDA:

Aliases:	<b>WELLS,MATT J WOJTANAWICZ,JOSEPH WOJTANONICZ,JOSEPH</b>								
DOB:	<b>5/21/1966</b>	Age:	<b>54</b>	Sex:	<b>Male</b>	Race:	<b>White</b>	Ethnicity:	<b>Non-Hispanic</b>
Height:	<b>5' 9"</b>	Weight:	<b>200</b>	Hair Color:	<b>Black</b>		Eye Color:	<b>Brown</b>	

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# Tacoma Police Department Incident Report

Jurisdiction Agency: Tacoma Police Department

Incident No. 2033700065.1

Page 3 of 5

Address:	<b>10411 Se 273RD Rd PI</b>	County:		Phone:	
City, State Zip:	<b>Kent, WA 98030-2352</b>	Country:		Business Phone:	
Other Address:				Other Phone:	
Resident:	<b>Full - Time Resident</b>	Occupation/Grade:		Employer/School:	
SSN:	<b>SSN</b>			Place Of Birth:	
Driver License No:		Driver License State:	<b>Washington</b>	Driver License Country:	
Attire:				Complexion:	
SMT:	<b>MC ACNE</b>			Facial Hair:	
Entity Type:	<b>Other Individual</b>	Reporting Statement Obtained:		Facial Shape:	
Entity Notes:	Did not witness the collision, but heard the train horn and slam on their breaks from a block away				

## Other Entity O3: Melendez, Jacob Paul

PDA:

Aliases:					
DOB:	<b>3/1/1987</b>	Age:	<b>33</b>	Sex:	<b>Male</b>
		Race:	<b>White</b>	Ethnicity:	<b>Non-Hispanic</b>
Height:	<b>5' 9"</b>	Weight:	<b>230</b>	Hair Color:	
		Eye Color:	<b>Brown</b>		
Address:	<b>802 45TH St Ne Apt 10-203</b>		County:		Phone:
					<b>253-329-7075</b>
City, State Zip:	<b>Auburn, WA 98002-1386</b>		Country:		Business Phone:
Other Address:				Other Phone:	
Resident:	<b>Nonresident</b>	Occupation/Grade:		Employer/School:	<b>BNSF</b>
SSN:				Place Of Birth:	
Driver License No:	<b>DOLDOL</b>	Driver License State:	<b>Washington</b>	Driver License Country:	
Attire:				Complexion:	
SMT:				Facial Hair:	
Entity Type:	<b>Other Individual</b>	Reporting Statement Obtained:		Facial Shape:	
Entity Notes:	BNSF Employee				

## Other Entity O4: Ostlund, Brent

PDA:

Aliases:					
DOB:		Age:	<b>00</b>	Sex:	<b>Unk now n</b>
		Race:	<b>Unknown</b>	Ethnicity:	<b>Non-Hispanic</b>
Height:		Weight:		Hair Color:	
		Eye Color:			
Address:	<b>2454 Occidental Ave S (1A)</b>		County:		Phone:
					<b>206-625-6295</b>
City, State Zip:	<b>Seattle, WA</b>		Country:		Business Phone:
Other Address:				Other Phone:	
Resident:	<b>Nonresident</b>	Occupation/Grade:	<b>BNSF General Claims</b>	Employer/School:	<b>BNSF Railway</b>
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:	General Claims, email address: brent.ostlund@bnsf.com				

## Investigative Information

Means:		Motive:	
Vehicle Activity:		Direction Vehicle Traveling:	

Synopsis:	
-----------	--

Narrative:

On December 2, 2020 at approximately 0113 dispatch informed north end units that a BNSF crew believes they just struck a pedestrian at the railroad crossing at N McCarver St and N Ruston Way. The crew could not confirm whether or not they hit someone.

Units arrived on scene at the railroad crossing where the BNSF train was now stopped on the tracks. Units began doing an area check for a possible victim of the collision. I started walking along the west side of the train towards the front end where the conductor was seated. Approximately 75-100 feet south of the railroad crossing I located a male lying face down in the shrubbery next to the train. Both of the subject's feet were severed near the ankle but were still attached by skin and ligaments. PPO Lawless arrived, rolled the subject onto his back and began CPR after not feeling a pulse. PPO Lawless performed CPR for approximately thirty seconds until Tacoma Fire arrived on scene and took over the scene.

Tacoma Fire pronounced the male as deceased at approximately 0120 hours.

At this time I went to the front of the train and spoke with the conductor and his assistant. The conductor, W/GEORGE COOPER stated that the train was moving at approximately 18 mph when it was approaching the railroad crossing. W/COOPER and his partner, W/JARED POHLL, were discussing paperwork and when they looked up at the upcoming crossing (N McCarver and N Ruston Way), they could see a male standing near the train tracks. W/POHLL then began using the air horn to alert the male of their incoming travel. The man motioned his finger across his throat, then stepped directly in front of the train, onto their track. At this time W/POHLL utilized the train's break system. W/COOPER said the train took approximately 250 feet to come to a complete stop. The man appeared to shrug his shoulders and remained on the tracks until the impact occurred, making no attempt to get out of the way. At this time they called 911 to report the incident.

I provided W/COOPER with an Incident Notification Report card with the case number attached.

An employee of BNSF, O/JACOB MELENDEZ arrived on scene. O/MELENDEZ was in charge of the train's travel and the initial investigation into the collision. O/MELENDEZ was informed of our procedure in regards to our forensics team and medical examiner responding to the scene before any trains were able to travel again. I provided O/MELENDEZ an Incident Notification Report card with the case number attached and he stood by while we continued our investigation.

The general claims handler for BNSF, O/BRENT OSTLUND arrived on scene and spoke with PPO Ventura. O/OSTLUND informed PPO Ventura that he was unable to retrieve video footage at this time but provided an email address if we required it at a later time. Because of this we were unable to view the footage of the incident at this time.

As I was standing near my vehicle a man later identified as O/JOSEPH WOJTANOWICZ walked up and began asking what happened. O/WOJTANOWICZ said that he was about a block away when he heard a commotion. O/WOJTANOWICZ stated that he heard the train's horn begin sounding and then it slammed on its breaks, coming to a screeching halt. O/WOJTANOWICZ did not hear the actual collision between the subject and the train.

At this time Forensics (I928) arrived and began processing the scene.

The medical examiner, Kate Hagan (ME35) arrived a short time later. I informed Kate of the circumstances of the collision and provided her with the contact information for both W/COOPER and W/POHLL.

After the medical examiner and forensics were done processing the scene, units assisted with placing the subject into a medical bag for transport to the medical examiner's office.

O/MELENDEZ was informed that the area was clear and they could resume travel. The train began running a short time later and units cleared the area.

**Tacoma Police Department Incident Report**

**Jurisdiction Agency: Tacoma Police Department**

**Incident No. 2033700065.1**

Page 5 of 5

BNSF Railways will conduct their own investigation into the collision.

End of report.

Reviewed By:

Reviewed Date:

# Tacoma Police Department Supplemental Report

**Incident No. 2033700065.2**  
Jurisdiction Agency: Tacoma Police Department

PDA:	Homeland Security:	Subject:	<b>Agency Assist</b>	<b>Incident No. 2033700065.2</b>
IBR Disposition:	<b>Not Applicable</b>	Case Management Disposition:		
Forensics:		Reporting By/Date:	<b>210981 - Jones-Rush, Meaghan 12/2/2020 18:30:07</b>	
Case Report Status:	<b>Approved</b>	Reviewed By/Date:	<b>210976 - Schmitz, Anna 12/3/2020 06:39:24</b>	

### Related Cases:

Case Report Number	Agency
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### Non-Electronic Attachments

Attachment Type	Additional Distribution	Count
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Location Address:	<b>Mccarver St/N Schuster Pkwy</b>	Location Name:	
City, State, Zip:	<b>Tacoma, WA 98402</b>	Cross Street:	
Contact Location:	<b>Schuster Pkwy. &amp; Mccarver St.</b>	City, State, Zip:	
Recovery Location:		City, State, Zip:	
CB/Grid/RD:	<b>151 - Tacoma</b>	District/Sector:	<b>TA21 - Tacoma</b>
Occurred From:	<b>12/2/2020 01:09:00 Wednesday</b>	Occurred To:	
Notes:			

### Offense Details: 7699 - Assist Other Jurisdiction / Agency

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>
Cargo Theft:		Criminal Activity:				Using:	
Location Type:	<b>Railroad Tracks / Right of Way</b>	Type of Security:				Tools:	
Total No. of Units Entered:		Evidence Collected:					
Entrance Compromised:							
Entry Method:							
Suspect Description:							
Suspect Actions:							
Notes:							

### Property Item No. 1/1: 1406 - Clothing - Shoes

Other Common Item:	Photographed:
--------------------	---------------

Call Source:	<b>Dispatched</b>	Assisted By:	
Phone Report:		Notified:	
Insurance Letter:		Entered By:	<b>210981 - Jones-Rush, Meaghan</b>
Entered On:	<b>12/2/2020 18:25:10</b>	Approved By:	<b>Automated Policy</b>
Approved On:	<b>12/3/2020 06:43:02</b>	Exceptional Clearance:	
Adult/ Juvenile Clearance:		Exceptional Clearance Date:	
Additional Distribution:		Other Distribution:	
<b>Validation Processing</b>	Distribution Date: 12/3/2020	County Pros. Atty.	Juvenile
	By: AUTOMATED POLICY	City Pros. Atty.	Military
		Other	CPS
		DSHS	PreTrial
			Supervisor:

Records has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are incorporated in the report.

**Printed: 12/3/2020 06:43:02**  
**Printed By: Automated Policy**

# Tacoma Police Department Supplemental Report

Jurisdiction Agency: Tacoma Police Department

Incident No. 2033700065.2

Page 2 of 3

Description:	<b>Pair black "ANDI" slip on athletic shoes; from railroad tracks E of decedent</b>	Fingerprinted:	
Quantity:	<b>2</b>	Contents Sampled:	
Finding Location:		Owner:	
Status:	<b>E - Evidence (Including Other Seized Property And Tools)</b>	Value:	
Recovered Date:		Make/Brand:	
Recovered Value:		Model:	
Field Tested:		Serial No:	
Field Test Results:		OAN:	
Property Disposition:	<b>Booked into Property</b>	Insurance Company:	
Disposition Location:	<b>Tacoma Police</b>	Policy No:	

### Vehicle Information:

License:		Locked:	
License State:		Keys in Vehicle:	
License Country:		Delinquent Payment:	
Vehicle Year:		Victim Consent:	
Make:		Drivable:	
Model:		Estimated Damage:	
Vehicle Style:		Damage:	
Primary Vehicle Color:		Damaged Area:	
Secondary Vehicle Color:		Tow Company:	
VIN:		Tow Consent:	
Special Features:		Hold Requested By:	

### Drug Information:

Drug Type:		Drug Measure:	
Drug Quantity:		Drug Measure Type:	

### Jewelry Information:

Metal Color:		Total # of Stones:	
Metal Type:		Inscription:	
Stone Color:		Generally Worn By:	

### Firearm Information:

Caliber:		Length:	
Gauge:		Finish:	
Action:		Grips:	
Importer:		Stock:	

Property Notes: Finding Officer: M. Jones-Rush 210981

Enter	Date	Time	WACIC	LESA	Initial	Release Info.	Date	Time	Release No.	Release Authority
Clear						Owner Notified			Operators Name	

### Investigative Information

Means:		Motive:	
Vehicle Activity:		Direction Vehicle Traveling:	

Synopsis:

**Tacoma Police Department Supplemental Report**

Jurisdiction Agency: Tacoma Police Department

**Incident No. 2033700065.2**

Page 3 of 3

Narrative:

This report was created with Evidence Collection Tool for the sole purpose of documenting evidence items.

Reviewed By:

Reviewed Date:



**Tacoma Police Department  
Supplemental Report**

**Incident No. 2033700065.3**  
Jurisdiction Agency: Tacoma Police Department

PDA:	Homeland Security:	Subject:	<b>Agency Assist   Victim Identification</b>	<b>Incident No. 2033700065.3</b>
IBR Disposition:	<b>Not Applicable</b>	Case Management Disposition:		
Forensics:		Reporting By/Date:	<b>T59817 - Nasworthy, Jack 12/14/2020 07:45:59</b>	
Case Report Status:	<b>Approved</b>	Reviewed By/Date:	<b>T04140 - Larkin, Patricia 12/15/2020 07:48:26</b>	

**Related Cases:**

Case Report Number	Agency
<b>2033901790</b>	<b>Tacoma Police Department</b>

**Non-Electronic Attachments**

Attachment Type	Additional Distribution	Count
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Location Address:	<b>Mccarver St/N Schuster Pkwy</b>	Location Name:	
City, State, Zip:	<b>Tacoma, WA 98402</b>	Cross Street:	
Contact Location:		City, State, Zip:	
Recovery Location:		City, State, Zip:	
CB/Grid/RD:	<b>151 - Tacoma</b>	District/Sector:	<b>TA21 - Tacoma</b>
Occurred From:	<b>12/2/2020 01:09:00 Wednesday</b>	Occurred To:	
Notes:			

**Offense Details: 7699 - Assist Other Jurisdiction / Agency**

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>
Cargo Theft:		Criminal Activity:				Using:	
Location Type:	<b>Railroad Tracks / Right of Way</b>		Type of Security:		Tools:		
Total No. of Units Entered:		Evidence Collected:					
Entrance Compromised:							
Entry Method:							
Suspect Description:							
Suspect Actions:							
Notes:							

**Other Entity O1: Cockrell, Steven E**

**PDA:**

Aliases:									
DOB:	<b>12/26/1960</b>	Age:	<b>59</b>	Sex:	<b>Male</b>	Race:	<b>White</b>	Ethnicity:	<b>Non-Hispanic</b>

Call Source:	<b>Dispatched</b>	Assisted By:				
Phone Report:		Notified:				
Insurance Letter:		Entered By:	<b>T59817 - Nasworthy, Jack</b>			
Entered On:	<b>12/14/2020 07:41:59</b>	Approved By:	<b>Automated Policy</b>			
Approved On:	<b>12/15/2020 07:53:03</b>	Exceptional Clearance:				
Adult/ Juvenile Clearance:		Exceptional Clearance Date:				
Additional Distribution:		Other Distribution:				
<b>Validation Processing</b>	Distribution Date: 12/15/2020	County Pros. Atty.	Juvenile	Other	CPS	Supervisor:
	By: AUTOMATED POLICY	City Pros. Atty.	Military	DSHS	PreTrial	

Records has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are incorporated in the report.

**Printed: 12/15/2020 07:53:03**  
**Printed By: Automated Policy**

# Tacoma Police Department Supplemental Report

Jurisdiction Agency: Tacoma Police Department

Incident No. 2033700065.3

Page 2 of 2

Height:	<b>5' 8"</b>	Weight:	<b>200</b>	Hair Color:		Eye Color:		
Address:	<b>2112 N 29th St</b>			County:		Phone:	<b>253-226-3527</b>	
City, State Zip:	<b>Tacoma, WA 98403</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:	
Entity Type:	<b>Other Individual</b>		Reporting Statement Obtained:			Facial Shape:		
Entity Notes:								

## Investigative Information

Means:		Motive:	
Vehicle Activity:		Direction Vehicle Traveling:	

Synopsis:	
-----------	--

Narrative:	<p>I am a detective with the Tacoma Police Department, assigned to Missing Persons. The listed subject Steven Cockrell was reported missing by his daughter under TPD 2033901790. The Pierce County Medical Examiner confirmed that the deceased in this case was Steven Cockrell, on 12/11/20. See associated report for more information.</p> <p>Manner of death is suicide, but full case report will be finished when toxicology screening is returned.</p>		
Reviewed By:		Reviewed Date:	

**Tacoma Police Department**

**FORENSIC SPECIALIST REPORT**

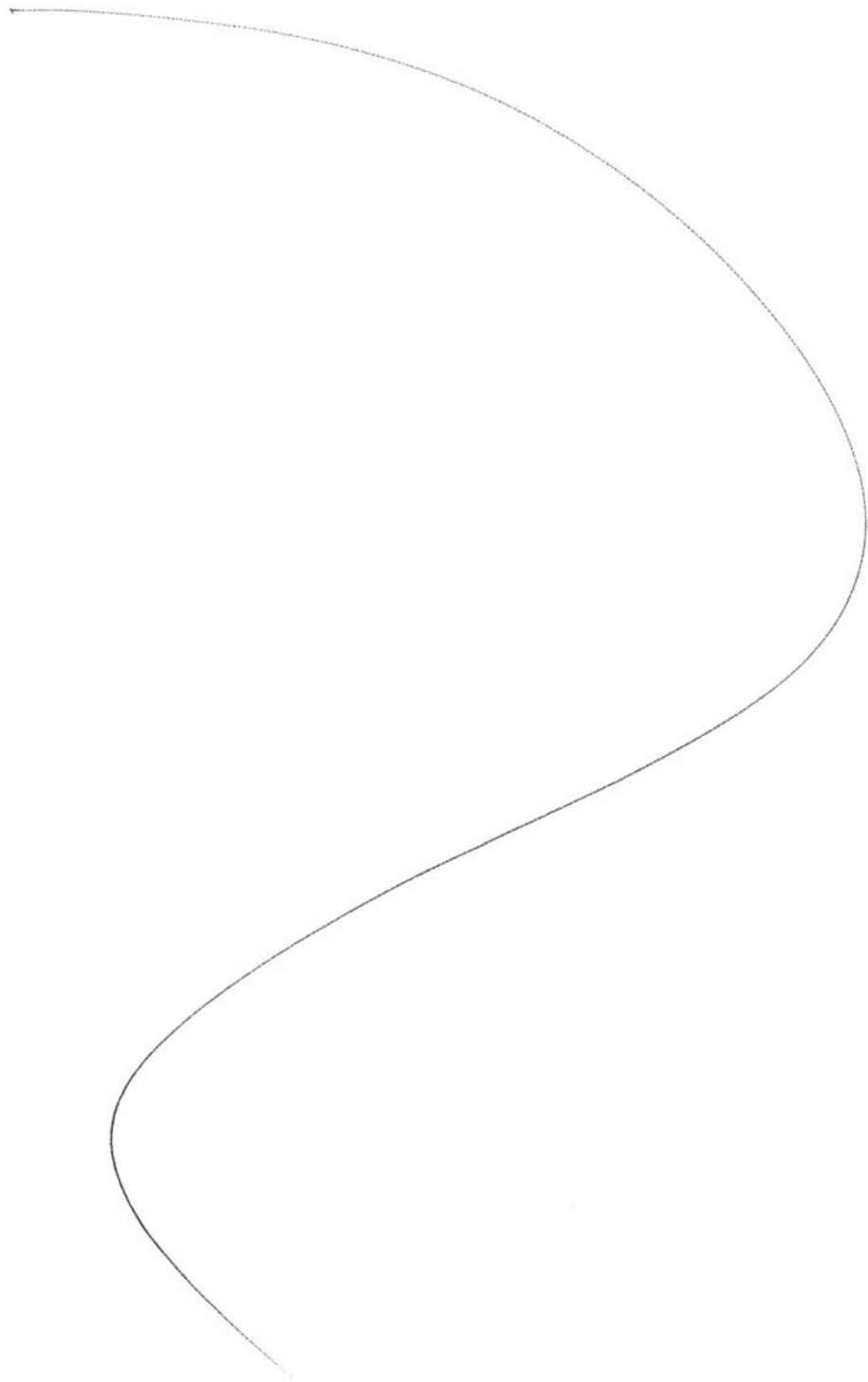
<b>Crime</b>	MVC - FATALITY	<b>Case No</b>	2033700065	<b>CB</b>	151	<b>District</b>	21
<b>Dispatch Date</b>	12/2/2020	<b>Time</b>	01:36	<b>Arrived</b>	01:51	<b>Cleared</b>	03:19
<b>Call Location</b>	Schuster Pkwy. & McCarver St.						
<b>Victim</b>	Unidentified White Male			<b>Address</b>			

**Details**

<b>Latent Search Made</b>	No	<b>Results</b>		
<b>Evidence Recovered</b>	<input checked="" type="checkbox"/>	<b>Property Form</b>	<input checked="" type="checkbox"/>	<b>Diagram</b> <input type="checkbox"/>
<b>Photos Taken</b>	Color <input checked="" type="checkbox"/>	B & W <input type="checkbox"/>	Video <input type="checkbox"/>	
<b>Prints Found On</b>				
<b>Showing</b>	<p>Photo slate; views of railroad crossing west of intersection of Schuster Pkwy. and McCarver St. to include functioning crossing guards and signals on both east and west sides; views of BNSF train northbound route, facing south, to include, from south to north, engine "7777", engine "8031" to north, and car "ADMX 64520", with additional cars to north, with blue striped fabric on front connector of engine "7777", black "ANDI" right slip on athletic shoe on track and suspected tissue on west rail under south end of car "ADMX 64520" and black "ANDI" left slip on athletic shoe on track to east of north end of engine "8031"; decedent (unidentified white male) in supine position, with and without yellow sheet, on embankment to east of south end of car "ADMX 64520", with head to northwest and feet to southeast, with "Marlboro" cigarette carton near left hand, clothed in black jacket, blue buttoned shirt, grey pants with black belt and black pouch on belt, and blue socks, with injuries to head and feet.</p>			
<b>Narrative</b>	<p>At the request of Sgt. D. Mhyre I responded to the above location to document a fatality collision involving a BNSF train and a pedestrian. Upon my arrival Sgt. Mhyre provided me with an overview of the incident and PPO C. Ventura showed me the decedent's location on an embankment near car "ADMX 64520" of the train. He also showed me two black shoes on the railroad tracks nearby. I took the above listed photographs. I searched for additional evidence along the tracks south of the decedent and toward the front/south end of the train, including on the leading engine "7777" but did not locate any. Pierce County Medicolegal Death Investigator K. Hagan arrived at the scene and I took additional photographs of the unidentified decedent. I collected the two black shoes as evidence, which I transported to the secure Forensic Services Evidence Storage Room prior to sealing and submitting them to the Pierce County Property Room. PPS C. Lawless and PPO Z. Hobbs were also present at the scene.</p>			

*11/2/2020*

20337 00065



<b>Date :</b>	12/2/2020	<b>Crime Scene Technician :</b>	M. JONES-RUSH #210981	<i>MJR</i>	<b>Approval :</b>	<i>BR90000</i>
<b>Distr Date :</b>		<b>By :</b>		<b>Microfilmed :</b>		<b>By :</b>
<b>Indexed :</b>		<b>By :</b>		<b>Copy To :</b>		

This inspection is accredited under the forensic unit's ISO/IEC 17020 accreditation issued by ANSI-ASQ National Accreditation Board. Refer to certificate and scope of accreditation AI-1968

**Tacoma Police Department Forensic Services Section**  
**SUPPLEMENTAL REPORT**

Crime	MVC - FATALITY	Case No	<b>2033700065</b>	CB	151	District	21
Victim	Unidentified White Male	Address					

**Narrative**

On December 3, 2020, a set of inked fingerprints from an unidentified male, taken by the Pierce County Medical Examiner's Office, was received in the Tacoma Police Department Forensic Services Section. The fingerprints were searched as a latent print through the following AFIS databases: The Western Identification Network (WIN) database, which includes the states of Washington, Oregon, Idaho, Utah, Wyoming, Nevada, Montana, and Alaska; the Federal Bureau of Investigation (FBI) Next Generation Identification (NGI) database; the California Department of Justice (CAL-DOJ) database; and the Department of Homeland Security (DHS CABIS) database.

In addition, tenprint searches were conducted through the following AFIS databases: The WIN database, which includes the states of Washington, Oregon, Idaho, Utah, Wyoming, Nevada, Montana, and Alaska; the FBI NGI database; the CAL-DOJ database; and the DHS Office of Biometric Identity Management database.

All searches conducted through the above mentioned databases were met with negative results.

<u>Date:</u>	12/09/2020	<u>Latent Print Examiner:</u>	Stacy Gordon #213200 <i>St</i>	<u>Approval:</u>	<i>AS 2020</i>
<u>Distr Date:</u>		<u>By:</u>		<u>Microfilmed:</u>	<u>By:</u>
<u>Indexed:</u>		<u>By:</u>		<u>Copy To:</u>	<u>By:</u>

FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV

---



Date: 12/4/2020

TO: POLICE DEPARTMENT

ATTN: STACY GORDON

FROM: FBI - CJIS DIVISION  
SPECIAL PROCESSING CENTER  
BTC  
1000 CUSTER HOLLOW ROAD CLARKSBURG,  
WV 26306

PHONE: 304-625-5584 (24 HOUR - VOICE)  
304-625-5587 (24 HOUR - AUTO FAX)

EMAIL: spc@leo.gov

SUBJECT: UNKNOWN DECEASED,XX

CASE #: 2033700065

DOB:

RACE: WHITE

SEX: MALE

DATE PRINTS SUBMITTED: 12/4/2020

**A search of the facsimile/email fingerprints that you transmitted on the above-listed subject has failed to locate any prior Identity History record in our files**

**Please Note:** Facsimile/email media is not a true and accurate method of submitting fingerprint images for search in Next Generation Identification (NGI). The transmission of fingerprints via facsimile/email can, at times, reduce the quality of the fingerprint images received. It is recognized, however, that there may be circumstances in which there is no alternative because of the immediacy of the situation. Although we were able to submit the fingerprint images we received on this subject into NGI for a search, accurate results cannot be guaranteed based on a submission received via facsimile/email. The only approved method of submitting fingerprints for an accurate search of NGI is through electronic submission.

COMMENTS:

AUTHORIZATION: SAR/JEN

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Case Number: 0673-21

For Office Use Only: \_\_\_\_\_

**EXAMINATION REPORT**  
**Latent Print Unit**  
**DHS Biometric Support Center - West**  
**9275 Sky Park Ct, Suite 150**  
**San Diego, CA 92123**  
**(858-609-2666)**  
**Bscwest-lpu@obim.dhs.gov**

**Submitting Agency:** Tacoma Police Department Tacoma, WA  
**Submitting Official:** Stacy Gordon  
**Date Submitted:** 12/4/2020  
**Case Synopsis:** Deceased  
**Agency Case Number:** 2033700065

**Items:**  
 Postmortem strips

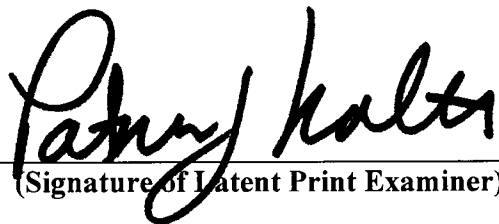
**Examination Requested:**

Comparison  
 AFIS Search  
 Other \_\_\_\_\_

X


**Results:**

A search was conducted through the DHS IDENT database with negative results.

**Examined By:**   
 (Signature of Latent Print Examiner)<sup>1</sup>

**Examined By:** Patrick J. Nolte  
 (Printed name of Latent Print Examiner)

**DATE:** 12/11/2020

**Verifier:** 

<sup>1</sup> Email – patrick.j.nolte@associates.obim.dhs.gov



## Gordon, Stacy

---

**From:** Nolte, Patrick J (CTR) <Patrick.J.Nolte@associates.obim.dhs.gov>  
**Sent:** Wednesday, December 9, 2020 1:17 PM  
**To:** Gordon, Stacy  
**Cc:** BSCWEST-LPU  
**Subject:** RE: Request for database(s) search # 0673-21

20 337 00065

Good Day,  
Your Search request for Case 2033700065 was assigned DHS BSCWest Case# 0673-21

A search was conducted through the DHS-IDENT database with negative results.

Please reach out to us if you require anything additional.

Thanks,  
Pat

Patrick J. Nolte  
Sr. Latent Print Examiner  
Support Contractor - BAE Systems  
Biometric Support Center  
Office of Biometric Identity Management-DHS  
San Diego, CA 92123

Office: 858-609-2666 (Tuesday-Friday, 5am to 3pm)  
Fax: 858-609-2600

WARNING: The information disclosed may be subject to specific nondisclosure provisions and other limitations on use under existing law and policy, including but not limited to sections 222(f) (Department of State visa records) and 244(c)(6) (temporary protected status) of the Immigration and Nationality Act; 8 U.S.C. § 1367 (Violence Against Women Act claims and T and U non-immigrant claims); and 8 C.F.R. § 208.6 (asylum information; protections afforded to refugee data as a matter of DHS policy). You must receive permission from OBIM before (1) sharing this information outside of your organization or (2) sharing this information with individuals within your organization who will use it for a purpose other than your original approved purpose (e.g., law enforcement identification).

**Positive results of identification in IDENT is not an indication of immigration or citizenship status.**

---

**From:** Gordon, Stacy <SGordon2@cityoftacoma.org>  
**Sent:** Friday, December 4, 2020 3:23 PM  
**To:** BSCWEST-GENERAL <Bscwest-general@obim.dhs.gov>  
**Subject:** Request for database(s) search

**CAUTION:** This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact [ICE SOC SPAM](#) with questions or concerns.

Good afternoon,



I am emailing to request a database search for the attached fingerprints. Please also find the attached cover sheet with known case information. Any reports may be directed to myself via email or fax, as provided. Your assistance is greatly appreciated in this matter.

Thank you,

***Stacy E. Gordon, Certified Latent Print Examiner***

*Forensic Services Section*

*Tacoma Police Department*

*3701 South Pine Street*

*Tacoma, Washington 98409*

*Office: 253-830-6558*

*FAX: 253-272-4078*