

Enclosed please find records responsive to your request.

Please note that there are black boxes (redactions) on various pages of the responsive documents. The black box may be small or large depending on the amount of information that is redacted. There may also be multiple redactions on one page. Within the redaction is a red code – for example, **1A**, **1B**, etc. That code designates the statutory exemption applicable to the redacted information. If there is only one code on the page, but there are numerous redactions, that one statutory exemption applies to all of the redactions on that page. Otherwise, the code printed within the redaction designates the exemption for that redaction.

Also provided with these records is a key to the codes. This key identifies the statutory basis for the exemption as well as a brief explanation for why the exemption applies to the redacted information. As you review these responsive documents, you can refer to the key to identify the exemption and its applicability.

We have attempted to apply consistent redactions on document that contain the same information. In the event you locate documents that contain redactions that are not applied consistently, please let me know.

Finally, the disclosure of information in the records being produced does not in any way constitute a waiver of attorney-client and/or work product privileges.

If you have any questions, please don't hesitate to contact me directly.

Code	Applicable Exemption	The cited exemption applies because the redacted/withheld information includes the following:
41B	RCW 42.56.230(1). Personal information in any files maintained for students in public schools, patients, or clients of public institutions, or public health agencies, or welfare recipients	Personal information in files maintained for patients or clients of public institutions or public health agencies
41C	RCW 42.56.230(1). Personal information in any files maintained for students in public schools, patients, or clients of public institutions, or public health agencies, or welfare recipients	Personal information in files maintained for welfare recipients
42	RCW 42.56.070(1), RCW 74.04.060. Public assistance records for programs administered under Title 74 are confidential, except under certain circumstances	Public assistance records
43A	RCW 42.56.230(5). Credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law	Credit or debit card number
43B	RCW 42.56.230(5). Credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law	Electronic check number
43C	RCW 42.56.230(5). Credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law	Credit expiration dates
43D	RCW 42.56.230(5). Credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law	Bank/other financial account numbers and balances
43E	RCW 42.56.230(5). Credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law	Bank or financial account codes and passwords
43F	RCW 42.56.230(5). Credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law	Tax identification number
43G	RCW 42.56.230(5). Credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law	Driver's license or permit numbers
43H	RCW 42.56.230(5). Credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law	State identicard numbers issued by the department of licensing
44A	RCW 42.56.420(4). Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities	Computer networks – security passwords
44B	RCW 42.56.420(4). Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities	Computer networks – security access codes
44C	RCW 42.56.420(4). Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities	Computer networks – security access programs
44D	RCW 42.56.420(4). Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities	Computer networks – access codes for secure software applications
44E	RCW 42.56.420(4). Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities	Computer networks – security and service recovery plans

Case # C20002778 - Summary Report

REPORT DATE / TIME Jan 22, 2020 18:50	AGENCY / DISTRICT / REPORTING AREA Agency WOODINVILLE / District W2 / Reporting Area W02006	OFFENSE/INCIDENT START DATE / TIME - OFFENSE/INCIDENT END DATE / TIME Jan 21, 2020 21:30 - 21:35
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PRIMARY REPORTER MITCHELL COUNTRYMAN #000096529	WEATHER Unknown
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REPORT TAKEN LOCATION WOODINVILLE CITY HALL, 17301 133RD AVE NE, WOODINVILLE, WA 98072

IS TRANSIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SHOOTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EMS / FIRE / OTHER AGENCIES ON SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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EVENT STATISTICS	
<input type="checkbox"/> 6 - Problem Solving Related	<input type="checkbox"/> 8 - Pursuit Involved
<input type="checkbox"/> CC - Use of Force	<input type="checkbox"/> CC - Suicidal
<input type="checkbox"/> 9 - Domestic Violence	<input type="checkbox"/> Juvenile Involved
<input type="checkbox"/> Drugs Involved	<input type="checkbox"/> 3 - Deputy Assaulted - No Weapon
<input type="checkbox"/> 1 - Hazard Existed	<input type="checkbox"/> Alcohol Involved
<input type="checkbox"/> 4 - Deputy Assaulted - Weapon	<input type="checkbox"/> 2 - Gang Related
<input type="checkbox"/> CC - Crisis Call	<input type="checkbox"/> Aid Required
<input type="checkbox"/> 5 - Hate Crime	<input type="checkbox"/> Weapons Involved
<input type="checkbox"/> 7 - Anti-Harrassment, Non-DV Only	<input type="checkbox"/> CC - Mental Health Related
<input checked="" type="checkbox"/> 0 - No Apparent Hazard	<input type="checkbox"/> King County Parks

NARRATIVE

V-1/ Nicolas Duchastel was threatened. Duchastel not wishing to be a victim at this time.

REPORTING PARTY 1

REPORTING PARTY- (PERSON) R-1 Boundy-Sanders, Susan Quin	SEX Female	RACE / ETHNICITY White (W) / Unknown
PHONE NUMBER (425) 591-3672 (primary, Cell)	HOME ADDRESS 17859 149TH AVE NE, WOODINVILLE, WA 98072	
REPORTING PARTY SIGNATURE		

OFFENSE-1

OFFENSE CODE 234 - THREATS			
OFFENSE START DATE Jan 21, 2020 21:30	OFFENSE END DATE Jan 21, 2020 21:35	OFFENSE COMPLETION <input checked="" type="checkbox"/> COMPLETED <input type="checkbox"/> ATTEMPTED	SUSPECTED HATE CRIME <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DOMESTIC VIOLENCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GANG INFORMATION None/Unknown		

OFFENSE LOCATION

LOCATION NAME / STREET ADDRESS/LOCATION NAME / APT, UNIT, STE / DESCRIPTION WOODINVILLE CITY HALL, 17301 133RD AVE NE, Parking Lot

REPORTING OFFICER SIGNATURE / DATE MITCHELL COUNTRYMAN #000096529 Jan 29, 2020 20:53 (e-signature)	SUPERVISOR SIGNATURE / DATE BENJAMIN MYERS #000081652 Jan 29, 2020 22:08 (e-signature)
PRINT NAME MITCHELL COUNTRYMAN #000096529	PRINT NAME BENJAMIN MYERS #000081652

CITY WOODINVILLE	STATE WA	ZIP 98072	COUNTRY CODE US
LOCATION CATEGORY Government/ Public Building	AGENCY / DISTRICT / REPORTING AREA Agency WOODINVILLE / District W2 / Reporting Area W02006		PUBLIC / PRIVATE Public

VICTIMS 1

VICTIMS- NAME (LAST, FIRST MIDDLE) V-1 Duchastel, Nicolas	DOB / ESTIMATED AGE RANGE 1971-12-07
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SEX Male	RACE / ETHNICITY White (W) / Unknown	PHONE NUMBER (425) 408-3911 (primary, Cell)
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HOME ADDRESS
12415 NE 154TH PL, WOODINVILLE, WA 98072

VICTIM IS OFFICER
 YES NO

SUSPECTS 1

SUSPECTS- NAME (LAST, FIRST MIDDLE) S-1 Best, Donn Alan	DOB / ESTIMATED AGE RANGE 1949-10-31
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SEX Male	RACE / ETHNICITY White (W) / Not Hispanic Or Latino	PHONE NUMBER (425) 318-6032 (primary, Cell)
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HOME ADDRESS
10215 302ND WAY NE, CARNATION, WA 98014

WITNESS 1

WITNESS- NAME (LAST, FIRST MIDDLE) W-1 Boundy-Sanders, Susan Quin	SEX Female	RACE / ETHNICITY White (W) / Unknown
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PHONE NUMBER (425) 591-3672 (primary, Cell)	HOME ADDRESS 17859 149TH AVE NE, WOODINVILLE, WA 98072
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INVOLVED OTHER 1

INVOLVED OTHER- (PERSON) O-1 Best-Campbell, Rachel Ann	SEX Female	RACE / ETHNICITY White (W) / Unknown
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HOME ADDRESS
19320 160TH AVE NE, WOODINVILLE, WA 98072

PERSON ADDENDUM

FIRST NAME Susan	LAST NAME Boundy-Sanders	MIDDLE NAME Quin
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RACE / ETHNICITY White (W) / Unknown	SEX Female	DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESIDENT OF JURISDICTION? Resident
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HOME ADDRESS-
17859 149TH AVE NE, WOODINVILLE, WA 98072

PHONE NUMBER (425) 591-3672 (primary, Cell)	HEIGHT 5 6"	WEIGHT 124 lbs	EYE COLOR Brown
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DL ID # 43G	DL STATE Washington	DL STATUS Clear
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DL TYPE
Personal Driver License

PERSON ADDENDUM

FIRST NAME Rachel	LAST NAME Best-Campbell	MIDDLE NAME Ann
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RACE / ETHNICITY White (W) / Unknown	SEX Female	DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESIDENT OF JURISDICTION? Resident
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REPORTING OFFICER SIGNATURE / DATE MITCHELL COUNTRYMAN #000096529 Jan 29, 2020 20:53 (e-signature)	SUPERVISOR SIGNATURE / DATE BENJAMIN MYERS #000081652 Jan 29, 2020 22:08 (e-signature)
PRINT NAME MITCHELL COUNTRYMAN #000096529	PRINT NAME BENJAMIN MYERS #000081652

HOME ADDRESS-

19320 160TH AVE NE, WOODINVILLE, WA 98072

HEIGHT 5 2"	WEIGHT 195 lbs	EYE COLOR Hazel	DL ID # 43G	DL STATE Washington
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DL STATUS Clear	DL TYPE Personal Driver License
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PERSON ADDENDUM

FIRST NAME Donn	LAST NAME Best	MIDDLE NAME Alan
DOB / ESTIMATED AGE RANGE 1949-10-31	RACE / ETHNICITY White (W) / Not Hispanic Or Latino	SEX Male
RESIDENT OF JURISDICTION? Non Resident		DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

HOME ADDRESS-

10215 302ND WAY NE, CARNATION, WA 98014

PHONE NUMBER (425) 318-6032 (primary, Cell)	HEIGHT 5 9"	WEIGHT 250 lbs	EYE COLOR Blue
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DL ID # 43G	DL STATE Washington	DL STATUS Clear
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DL TYPE Personal Driver License

PERSON ADDENDUM

FIRST NAME Nicolas	LAST NAME Duchastel	DOB / ESTIMATED AGE RANGE 1971-12-07
RACE / ETHNICITY White (W) / Unknown	SEX Male	DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
RESIDENT OF JURISDICTION? Resident		

HOME ADDRESS-

12415 NE 154TH PL, WOODINVILLE, WA 98072

PHONE NUMBER (425) 408-3911 (primary, Cell)	HEIGHT 6 0"	WEIGHT 215 lbs	EYE COLOR Blue
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DL ID # 43G	DL STATE Washington	DL STATUS Clear
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DL TYPE Personal Driver License

RELATIONSHIPS ADDENDUM

NAME	RELATIONSHIP	SUBJECT
Nicolas Duchastel	STRANGER OF	Donn Alan Best
Nicolas Duchastel	COWORKER OF	Rachel Ann Best-Campbell
Rachel Ann Best-Campbell	CHILD OF	Donn Alan Best
Susan Quin Boundy-Sanders	RELATIONSHIP UNKNOWN	Donn Alan Best
Susan Quin Boundy-Sanders	COWORKER OF	Nicolas Duchastel

REPORTING OFFICER SIGNATURE / DATE MITCHELL COUNTRYMAN #000096529 Jan 29, 2020 20:53 (e-signature)	SUPERVISOR SIGNATURE / DATE BENJAMIN MYERS #000081652 Jan 29, 2020 22:08 (e-signature)
PRINT NAME MITCHELL COUNTRYMAN #000096529	PRINT NAME BENJAMIN MYERS #000081652

NAME	RELATIONSHIP	SUBJECT
Susan Quin Boundy-Sanders	COWORKER OF	Rachel Ann Best-Campbell

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

ELECTRONICALLY SIGNED	DATE	PLACE
MITCHELL COUNTRYMAN	01/29/2020	Woodinville Police Department, WA

REPORTING OFFICER SIGNATURE / DATE
MITCHELL COUNTRYMAN #000096529 Jan 29, 2020 20:53 (e-signature)
PRINT NAME
MITCHELL COUNTRYMAN #000096529

SUPERVISOR SIGNATURE / DATE
BENJAMIN MYERS #000081652 Jan 29, 2020 22:08 (e-signature)
PRINT NAME
BENJAMIN MYERS #000081652

Case # C20002778 - Officer Witness Statement - 1 Report

REPORT DATE / TIME Jan 22, 2020 19:31	AGENCY / DISTRICT / REPORTING AREA Agency WOODINVILLE / District W2 / Reporting Area W02006	OFFENSE/INCIDENT START DATE / TIME - OFFENSE/INCIDENT END DATE / TIME Jan 21, 2020 21:30 - 21:35
PRIMARY REPORTER MITCHELL COUNTRYMAN #000096529	WEATHER Unknown	
REPORT TAKEN LOCATION WOODINVILLE CITY HALL, 17301 133RD AVE NE, WOODINVILLE, WA 98072		
IS TRANSIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SHOOTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EMS / FIRE / OTHER AGENCIES ON SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
EVENT STATISTICS		
<input type="checkbox"/> 6 - Problem Solving Related	<input type="checkbox"/> 8 - Pursuit Involved	
<input type="checkbox"/> CC - Use of Force	<input type="checkbox"/> CC - Suicidal	
<input type="checkbox"/> 9 - Domestic Violence	<input type="checkbox"/> Juvenile Involved	
<input type="checkbox"/> Drugs Involved	<input type="checkbox"/> 3 - Deputy Assaulted - No Weapon	
<input type="checkbox"/> 1 - Hazard Existed	<input type="checkbox"/> Alcohol Involved	
<input type="checkbox"/> 4 - Deputy Assaulted - Weapon	<input type="checkbox"/> 2 - Gang Related	
<input type="checkbox"/> CC - Crisis Call	<input type="checkbox"/> Aid Required	
<input type="checkbox"/> 5 - Hate Crime	<input type="checkbox"/> Weapons Involved	
<input type="checkbox"/> 7 - Anti-Harrassment, Non-DV Only	<input type="checkbox"/> CC - Mental Health Related	
<input checked="" type="checkbox"/> 0 - No Apparent Hazard	<input type="checkbox"/> King County Parks	

NARRATIVE

On 01-22-2020 at approximately 1715 hours I contacted reporting party R-1/ Susan Boundy-Sanders on the phone regarding a threats incident detailed to me by Sergeant Myers. Susan told me on 01-21-2020 at approximately 2130 hours she was leaving the city council meeting and was approached in the parking lot by someone she believes to be the father of fellow city council member O-1/ Rachel Best-Campbell. Susan believes the subject who approached her in the parking lot's last name is Best but did not have any further identifying information. Susan explained Best then threatened to come after V-1/ Nicolas Duchastel with a gun. Nicolas is a coworker of Susan's.

Susan explained on August 16th Rachel's son ran a 5k event race in the city of Woodinville. Susan said Nicolas was present for the 5k event and was displayed a middle finger by Rachel's son. Susan explained the middle finger gesture occurred because of past disagreements and tension between Rachel and Nicolas. Susan then told me there was another 5k running event on 12-07-2019 which Rachel's son and Nicolas were present. Susan said Nicolas used his cell phone to film Rachel's son at this event due to the middle finger gesture he received previously. Susan said Rachel's son yelled, "Fucking asshole" at Nicolas during this occurrence.

Susan told me on 01-21-2020 when she was approached in the Woodinville City Hall parking lot by Best he asked her if she knew Nicolas and if she knew Nicolas was a pedophile due to filming Rachel's son in short shorts. Susan said Best yelled many times that Nicolas was a pedophile. Susan said as this occurred Best kept getting closer to her until he was, "Belly to belly" with her and touching her. Susan said Best claimed he was going to sue her. Susan believes the threat of lawsuit was due to her defending Nicolas in the past from fellow council member Rachel. Susan stated Best then said, "I'm going to come after him with a gun". Susan understood this to mean that Best was going to shoot Nicolas. Susan said she then told Best she was going to get in her car and leave, which she did without further incident. Susan did not wish to pursue any criminal charges against Best.

I then contacted Nicolas on the phone who confirmed he was not present for the threat incident described above. Nicolas said he learned about the incident from Susan. Nicolas stated he does not know Best but believes he might have met him at an event a year or two prior. Nicolas was not sure if he believed the threat made against him was legitimate or something said in anger. Nicolas stated he had not decided how and if he wanted to proceed with any police action regarding the threat.

This case is for information only at this time.

REPORTING PARTY 1

REPORTING OFFICER SIGNATURE / DATE MITCHELL COUNTRYMAN #000096529 Jan 22, 2020 20:50 (e-signature)	SUPERVISOR SIGNATURE / DATE BENJAMIN MYERS #000081652 Jan 23, 2020 16:41 (e-signature)
PRINT NAME MITCHELL COUNTRYMAN #000096529	PRINT NAME BENJAMIN MYERS #000081652

REPORTING PARTY- (PERSON) R-1 Boundy-Sanders, Susan Quin		SEX Female	RACE / ETHNICITY White (W) / Unknown
PHONE NUMBER (425) 591-3672 (primary, Cell)	HOME ADDRESS 17859 149TH AVE NE, WOODINVILLE, WA 98072		

PERSON ADDENDUM

FIRST NAME Susan	LAST NAME Boundy-Sanders		MIDDLE NAME Quin
RACE / ETHNICITY White (W) / Unknown	SEX Female	DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESIDENT OF JURISDICTION? Resident
HOME ADDRESS- 17859 149TH AVE NE, WOODINVILLE, WA 98072			
PHONE NUMBER (425) 591-3672 (primary, Cell)	HEIGHT 5 6"	WEIGHT 124 lbs	EYE COLOR Brown
DL ID # 43G	DL STATE Washington	DL STATUS Clear	
DL TYPE Personal Driver License			

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

ELECTRONICALLY SIGNED MITCHELL COUNTRYMAN	DATE 01/22/2020	PLACE Woodinville Police Department, WA
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REPORTING OFFICER SIGNATURE / DATE MITCHELL COUNTRYMAN #000096529 Jan 22, 2020 20:50 (e-signature)	SUPERVISOR SIGNATURE / DATE BENJAMIN MYERS #000081652 Jan 23, 2020 16:41 (e-signature)
PRINT NAME MITCHELL COUNTRYMAN #000096529	PRINT NAME BENJAMIN MYERS #000081652

Case # C20002778 - Officer Witness Statement - 2 Report

REPORT DATE / TIME Jan 29, 2020 20:53	AGENCY / DISTRICT / REPORTING AREA Agency WOODINVILLE / District W2 / Reporting Area W02006	OFFENSE/INCIDENT START DATE / TIME - OFFENSE/INCIDENT END DATE / TIME Jan 21, 2020 21:30 - 21:35
PRIMARY REPORTER MITCHELL COUNTRYMAN #000096529	WEATHER Unknown	
REPORT TAKEN LOCATION WOODINVILLE CITY HALL, 17301 133RD AVE NE, WOODINVILLE, WA 98072		
IS TRANSIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SHOOTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EMS / FIRE / OTHER AGENCIES ON SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

EVENT STATISTICS

- | | |
|--|---|
| <input type="checkbox"/> 6 - Problem Solving Related | <input type="checkbox"/> 8 - Pursuit Involved |
| <input type="checkbox"/> CC - Use of Force | <input type="checkbox"/> CC - Suicidal |
| <input type="checkbox"/> 9 - Domestic Violence | <input type="checkbox"/> Juvenile Involved |
| <input type="checkbox"/> Drugs Involved | <input type="checkbox"/> 3 - Deputy Assaulted - No Weapon |
| <input type="checkbox"/> 1 - Hazard Existed | <input type="checkbox"/> Alcohol Involved |
| <input type="checkbox"/> 4 - Deputy Assaulted - Weapon | <input type="checkbox"/> 2 - Gang Related |
| <input type="checkbox"/> CC - Crisis Call | <input type="checkbox"/> Aid Required |
| <input type="checkbox"/> 5 - Hate Crime | <input type="checkbox"/> Weapons Involved |
| <input type="checkbox"/> 7 - Anti-Harrassment, Non-DV Only | <input type="checkbox"/> CC - Mental Health Related |
| <input checked="" type="checkbox"/> 0 - No Apparent Hazard | <input type="checkbox"/> King County Parks |

NARRATIVE

On 01-29-2020 I contacted V-1/ Nicolas Duchastel on the phone. Nicolas confirmed he did not wish to press charges and simply wanted to know if the threat was real. Nicolas asked I contact the subject who threatened him and tell him not to do so again as well as try to determine if the threat was real or something said out of anger.

Using police databases Sergeant Myers was able to identify the subject who threatened Nicolas as most likely being S-1/ Donn Best.

On 01-29-2020 at approximately 1927 hours I contacted Donn on the phone. Donn immediately demanded to know where I got his information from. Donn then told me he has been advised to obtain a lawyer and he should not talk to me. I asked Donn if he would at least listen to me and I'm not asking him to say anything. I told Donn I was calling in regards to an incident which occurred between him and a council member in the Woodinville City Hall parking lot. I explained during that incident he allegedly made a threat against someone. I told Donn the person he made a threat against is not intending to press charges. Additionally, I told Donn I was calling to suggest he does not threaten this person again and to determine if the threat he made was real or something said out of anger. Donn then told me it was not him and ended the phone call.

REPORTING PARTY 1

REPORTING PARTY- (PERSON) R-1 Boundy-Sanders, Susan Quin	SEX Female	RACE / ETHNICITY White (W) / Unknown
PHONE NUMBER (425) 591-3672 (primary, Cell)	HOME ADDRESS 17859 149TH AVE NE, WOODINVILLE, WA 98072	

PERSON ADDENDUM

FIRST NAME Susan	LAST NAME Boundy-Sanders	MIDDLE NAME Quin
RACE / ETHNICITY White (W) / Unknown	SEX Female	DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		RESIDENT OF JURISDICTION? Resident

REPORTING OFFICER SIGNATURE / DATE MITCHELL COUNTRYMAN #000096529 Jan 29, 2020 20:56 (e-signature)	SUPERVISOR SIGNATURE / DATE BENJAMIN MYERS #000081652 Jan 29, 2020 22:09 (e-signature)
PRINT NAME MITCHELL COUNTRYMAN #000096529	PRINT NAME BENJAMIN MYERS #000081652

HOME ADDRESS-

17859 149TH AVE NE, WOODINVILLE, WA 98072

PHONE NUMBER

(425) 591-3672 (primary, Cell)

HEIGHT

5 6"

WEIGHT

124 lbs

EYE COLOR

Brown

DL ID

43G

DL STATE

Washington

DL STATUS

Clear

DL TYPE

Personal Driver License

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

ELECTRONICALLY SIGNED

MITCHELL COUNTRYMAN

DATE

01/29/2020

PLACE

Woodinville Police Department, WA

REPORTING OFFICER SIGNATURE / DATE

MITCHELL COUNTRYMAN #000096529 Jan 29, 2020 20:56 (e-signature)

PRINT NAME

MITCHELL COUNTRYMAN #000096529

SUPERVISOR SIGNATURE / DATE

BENJAMIN MYERS #000081652 Jan 29, 2020 22:09 (e-signature)

PRINT NAME

BENJAMIN MYERS #000081652