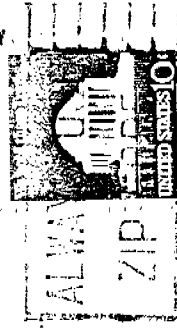


Dr. Charles P. Larson  
TACOMA GENERAL HOSPITAL  
POST OFFICE BOX 5277  
315 SOUTH K STREET  
TACOMA, WASHINGTON 98405



Mr. Jack Crawford  
Thurston County Sheriff's Office  
Olympia, Washington



# Thurston County

## HOMICIDE INVESTIGATION CHECK LIST

Case # 74-9255-6

1. Detective Assigned: H. V. BAESSEN, LT.  
(name) (dept) (car no)
2. Call received as: CASUALTY  
(homicide, suicide, assault, etc.)
3. Notified by: PHONE - CRIME CHECK 4. Date & Time notified: 6-17-74 12 L
5. How notified: PHONE  
(radio, phone, person)
6. Location when notified: SHERIFF'S OFFICE 7. Co. Veh: \_\_\_\_\_  
(license)
- 7a. Address of Offense: County Road off McCorkle Road 7b. Time of Arrival: \_\_\_\_\_
8. Weather conditions: Sunny, clear  
(cloudy, sunny, clear, rain, snow, wind vel.)
9. Lighting condition: bright 10. Temp: Hot 80's ° F
11. Name of first officer who explained the case on your arrival:  
MIKE CLELAND Sgt. Sheriff's Office 21  
(name) (rank) (dept) (no.)
12. Name of citizen or complainant first contacted if not an officer:  
MR. THOMAS ISMAY 4314 Cleveland Avenue Tumwater  
(name) (address) (phone)
13. In the event that death has been established by a competent source, i.e. policeman, fireman, doctor or ambulance attendant, do not proceed to following steps until the official crime photographer arrives or until you as officer in charge have prepared your camera equipment for use. Photograph each area leading to the crime scene prior to entering each area.
14. Notify crime lab if applicable 15. Method of notification: \_\_\_\_\_  
(phone, radio)
16. Time called: \_\_\_\_\_ hrs. 17. Person notified: \_\_\_\_\_  
(name)
18. Time crime lab arrived if applicable: \_\_\_\_\_ hrs.

19. While waiting for photographer, if applicable, obtain names and addresses of all officers and citizens who entered the crime scene prior to your arrival (see Item #2 at this time).

A. MIKE CLELAND  
(name) (address) (phone)

B. HAROLD BADE  
(name) (address) (phone)

c. PAUL BARCLIFT  
(name) (address) (phone)

D. \_\_\_\_\_  
          (name)                      (address)                      (phone)

E. \_\_\_\_\_  
          (name)                      (address)                      (phone)

F. \_\_\_\_\_  
          (name)                      (address)                      (phone)

Above information is for elimination of footprints, fingerprints and other contamination elements not related to the crime.

20. The following guide is for the purpose of the detective directing the crime scene photography.

Photographer: Paul Barclift, Harold Bade and Joe West

(name)

(dept)

(car)

The first photograph outline will describe each blank, the following outlines will be without description.

A. Overall outside area from roadway or perimeter and should include house number, street sign, pole number, etc.

1. Shutter speed: 1/60-1/250-1/500 2. Lens opening: F2:8, 5, 6 etc.

3. Distance in feet from objective: (Inf., 30, 20, 10, 8, 6 etc)

4. Lighting source: (strobe, flash, natural, electric bulb)

5. Direction facing: (N,E,W,S,NW,etc.) 6. Time: Hours

7. Object of picture: (victim, house, room, evidence, etc.)

B. Doorway, gate, path leading into scene:

1. Shutter speed: 2. Lens:  
3. Distance: 4. Light:  
5. Direction: 6. Time:  
7. Object:

C. Initial crime scene: (room, field, less than 30 feet).

1. Shutter speed: 2. Lens:  
3. Distance: 4. Light:  
5. Direction: 6. Time:  
7. Object:

D. Crime scene from a different direction other than initial.

1. Shutter speed: 2. Lens:  
3. Distance: 4. Light:  
5. Direction: 6. Time:  
7. Object:

E. Crime scene from a different direction.

1. Shutter speed: 2. Lens:  
3. Distance: 4. Light:  
5. Direction: 6. Time:  
7. Object:

F. Crime scene from a different direction.

1. Shutter speed: 2. Lens:  
3. Distance: 4. Light:  
5. Direction: 6. Time:  
7. Object:

## G. Crime scene from different direction.

- |                         |                 |
|-------------------------|-----------------|
| 1. Shutter speed: _____ | 2. Lens: _____  |
| 3. Distance: _____      | 4. Light: _____ |
| 5. Direction: _____     | 6. Time: _____  |
| 7. Object: _____        |                 |

## H. Closeup of the body, first view.

- |                         |                 |
|-------------------------|-----------------|
| 1. Shutter speed: _____ | 2. Lens: _____  |
| 3. Distance: _____      | 4. Light: _____ |
| 5. Direction: _____     | 6. Time: _____  |
| 7. Object: _____        |                 |

## I. Closeup of body, second view, different direction.

- |                         |                 |
|-------------------------|-----------------|
| 1. Shutter speed: _____ | 2. Lens: _____  |
| 3. Distance: _____      | 4. Light: _____ |
| 5. Direction: _____     | 6. Time: _____  |
| 7. Object: _____        |                 |

## J. Closeup of body, third view, different direction.

- |                         |                 |
|-------------------------|-----------------|
| 1. Shutter speed: _____ | 2. Lens: _____  |
| 3. Distance: _____      | 4. Light: _____ |
| 5. Direction: _____     | 6. Time: _____  |
| 7. Object: _____        |                 |

## K. Closeup of body, fourth view, different angle.

- |                         |                 |
|-------------------------|-----------------|
| 1. Shutter speed: _____ | 2. Lens: _____  |
| 3. Distance: _____      | 4. Light: _____ |
| 5. Direction: _____     | 6. Time: _____  |
| 7. Object: _____        |                 |

## L. Closeup of wound, if applicable.

- |                         |                 |
|-------------------------|-----------------|
| 1. Shutter speed: _____ | 2. Lens: _____  |
| 3. Distance: _____      | 4. Light: _____ |
| 5. Direction: _____     | 6. Time: _____  |
| 7. Object: _____        |                 |

## M. Closeup of second wound or defense wounds, if applicable.

- |                         |                 |
|-------------------------|-----------------|
| 1. Shutter speed: _____ | 2. Lens: _____  |
| 3. Distance: _____      | 4. Light: _____ |
| 5. Direction: _____     | 6. Time: _____  |
| 7. Object: _____        |                 |

## N. Closeup of evidence (i.e. weapon, bullet, casing, cartridge, blood-stain, blood pool, bullet hole, footprint, etc.).

- |                         |                 |
|-------------------------|-----------------|
| 1. Shutter speed: _____ | 2. Lens: _____  |
| 3. Distance: _____      | 4. Light: _____ |
| 5. Direction: _____     | 6. Time: _____  |
| 7. Object: _____        |                 |

SUPPLEMENTAL PHOTOGRAPH LOG

74-9255-6\_BAKER, BRENDA - Page 63 of 1570

21. Delegate the responsibility of obtaining the following information to a patrolman or fellow detective while the photography is in progress. He is to record names of all persons related to the crime scene.

A. Policemen

(name)	(dept)	(car)
(name)	(dept)	(car)
(name)	(dept)	(car)
(name)	(dept)	(car)
(name)	(dept)	(car)
(name)	(dept)	(car)

B. Detectives

(name)	(dept)	(car)
(name)	(dept)	(car)
(name)	(dept)	(car)
(name)	(dept)	(car)

C. Doctor

(name)	(address)	(phone)
--------	-----------	---------

D. Ambulance driver and attendants

Tim Bergman	Lacey Funeral Home	Lacey, Wash.
(name)	(address)	(phone)
(name)	(address)	(phone)

E. Medical Examiners deputies (fill in on arrival)

(name)	(address)	(car)
(name)	(address)	(car)

F. Newsmen

(name)	(company)	(phone)
(name)	(company)	(phone)
(name)	(company)	(phone)

G. Witnesses

(name)	(address)	(bus/home ph)
(name)	(address)	(bus/home ph)

Witnesses (continued)

(name)	(address)	(bus/home phone)
(name)	(address)	(bus/home phone)
(name)	(address)	(bus/home phone)
(name)	(address)	(bus/home phone)

H. Suspect No. 1

(name)	(address)	(phone)		
(age)	(DOB)	(height)	(weight)	
(complex)	(hair)	(eyes)	(nationality)	
(vehicle make)	(color)	(year)	(model)	
(lic. plate)	(state)	(other identifiable marks)		
(coat)	(hat)	(shirt)	(trousers)	(shoes)
(gloves)	(mask)	(under influence?)	(other)	

Suspect No. 2

(name)	(address)	(phone)		
(age)	(DOB)	(height)	(weight)	
(complex)	(hair)	(eyes)	(nationality)	
(coat)	(hat)	(shirt)	(trousers)	(shoes)
(gloves)	(mask)	(under influence?)	(other)	

Suspect No. 3

(name)	(address)	(phone)		
(age)	(DOB)	(height)	(weight)	
(complex)	(hair)	(eyes)	(nationality)	
(coat)	(hat)	(shirt)	(trousers)	(shoes)
(gloves)	(mask)	(under influence?)	(other)	



74-9255-6\_BAKER, BRENDA - Page 66 of 1570

**Scene sketcher:** Co. Engineer Dept., Thurston County, Richard Larson

(name) (dept) (car)

**Sketching assistant:** and Mike Murphy

(name) (dept) (car)

23. Description, position and condition of the body.

A. Position of body: Feet to North and head to South  
(prone, back, side)

B. Position of legs: rather spread apart  
(bent, straight, twisted, etc.)

C. Position of arms: right arm along side of body  
(folded, straight, twisted, bruised)

D. How did you establish death? sight - means not known

E. Obvious wounds including defense wounds: unknown

F. Clothing (condition and arrangement): shoes, socks, slacks were arranged - no other clothing dressed on body

G. Apparent bloodstains on or near the body:

H. Lividity and rigidity of body: NA

I. Temperature of body: Hot Degrees F-

J. Temperature of room where body was located, or out of doors as applicable NA F

K. Doors/windows, open or closed? NA

L. Heat/On or Off: NA                      Type: NA

24. Pick evidence. Photograph each piece of evidence prior to picking, marking or packaging. Assign evidence item number on scene and carry same number through all correspondence on this case. Search for additional evidence.

A. Item No. 1: \_\_\_\_\_ Serial No: \_\_\_\_\_ (if applicable)  
Location: \_\_\_\_\_ Photo by: \_\_\_\_\_  
Picked up by: \_\_\_\_\_ (name) Marked by: \_\_\_\_\_ (name)  
How marked: \_\_\_\_\_ (scribe, ink, stamp) Packed by: \_\_\_\_\_ (name)  
How packed: \_\_\_\_\_ (box, vial, cotton batting, wire suspension)  
Transported by: \_\_\_\_\_ (name) (dept) (car no)  
Turned over to: \_\_\_\_\_ (name) (dept) (date/time)

B. Item No. 2: \_\_\_\_\_ Serial No: \_\_\_\_\_ (if applicable)  
Location: \_\_\_\_\_ Photo by: \_\_\_\_\_  
Picked up by: \_\_\_\_\_ (name) Marked by: \_\_\_\_\_ (name)  
How marked: \_\_\_\_\_ (scribe, ink, stamp) Packed by: \_\_\_\_\_ (name)  
How packed: \_\_\_\_\_ (box, vial, cotton batting, wire suspension)  
Transported by: \_\_\_\_\_ (name) (dept) (car no)  
Turned over to: \_\_\_\_\_ (name) (dept) (date/time)

C. Item No. 3: \_\_\_\_\_ Serial No: \_\_\_\_\_ (if applicable)  
Location: \_\_\_\_\_ Photo by: \_\_\_\_\_  
Picked up by: \_\_\_\_\_ (name) Marked by: \_\_\_\_\_ (name)  
How marked: \_\_\_\_\_ (scribe, ink, stamp) Packed by: \_\_\_\_\_ (name)  
How packed: \_\_\_\_\_ (box, vial, cotton batting, wire suspension)  
Transported by: \_\_\_\_\_ (name) (dept) (car no)  
Turned over to: \_\_\_\_\_ (name) (dept) (date/time)

SUPPLEMENTAL EVIDENCE SHEET

Additional evidence items may be listed in the same manner as previous page.

74-9255-6\_BAKER, BRENDA - Page 68 of 1570

25. Prior to making the proper notification to the Medical Examiner, ask for a meeting of all officers assigned to the case. They should meet close to the crime scene to discuss the overall situation thoroughly, attempting to reconstruct the crime physically and mentally. Check through the evidence, make additional search if it appears something is missing. Do Not Hurry Beyond This Point. Be prepared to make a press release if working alone, or provide the information to your immediate supervisor. Refer to General Order #71-4 Alpha Index R-1.
26. Notify the Medical Examiner: Time: Late afternoon of 6-17-74 Hours.

Method of notification: Phone

Who you contacted in Medical Examiner's Office: Coroner Hollis Fultz

Time M.E. deputies arrived: 1930 hours 6-17-74 Hours.

Prior to Medical Examiner's removal of the body, chalk an outline of the form. Be present when M.E. deputy identifies the victim by removing wallet, purse, etc. When body is turned or moved by M.E., photograph the underside. When removed, photograph the surface under the body and any evidence in that location. Log photos in same manner on a supplemental photo page.

27. Secure the crime scene at this time. In the event it is necessary to return, an officer can be left on the scene. Once the house or area is vacated, it may be necessary to obtain a search warrant for re-entry or a voluntary permission form if a spouse is involved or present. Be sure all evidence, equipment, and personal belongings are removed. Either lock the door and windows securely or turn the building or area over to the owner or responsible agents of owner (relatives, neighbor or close friend) after authorized verification by some member of the immediate family.

A. Scene turned over to: \_\_\_\_\_  
(name)

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ADDITIONAL NOTES