

FILED
COURT OF APPEALS
DIVISION II
2019 APR 15 PM 1:09
STATE OF WASHINGTON
BY NC
CLERK

COURT OF APPEALS
DIVISION TWO
OF THE STATE OF WASHINGTON

STATE OF WASHINGTON,
Respondent,
vs.
BRIAN TERWILLEGER,
Appellant

Case No.: 51367-6-II

STATEMENT OF ADDITIONAL
GROUNDS FOR REVIEW

I, Brian Terwilleger, swear under perjury of law that the fore going it true and correct to the best of my knowledge.

Court of appeals thank you for reviewing my case. I bring to you grounds to consider. I have included items only from court file,

- 1.) I filed a motion to allow a third-party witness on 02/17/2017. This motion was mailed to Grays Harbor Superior court. The clerk of court distributed a copy to Judge Brown, my court appointed attorney Mr. Soriano, and to the Prosecutor Mr. Walker. I asked to have Rachel from Columbia wellness of Grays Harbor County, a mental health professional to testify for me at trial. Rachel treated me during my stay at Grays Harbor County Jail. Grays Harbor County file number GHC000210 and GHC000222

1 I filed a motion to reconsideration on 08/15/2017. Which was received, and
2 clerk of court distributed to all parties. Again, asking the court for a third-
3 party witness, mental health professional, Rachel from Columbia Wellness.
4 Grays Harbor County number GHC00360 – GHC000364.
5

6 I was in a terrible motor cycle crash in 2014. I was paralyzed and
7 subsequently diagnosed with a traumatic brain injury also know as TBI and
8 post-traumatic stress disorder or PTSD. I believe therefore I said what was
9 said in a moment of shock brought on by these factors. Only a mental health
10 professional can explain these factors. In officers Holmes original narrative
11 and at trial he states that, Mr. Terwilleger said his clutch stuck, page 158 yet
12 when officer Holmes observed my vehicle, he noted there is no clutch. I
13 believe this was another moment of PTSD brought on from my motorcycle
14 crash, which does have a clutch. A new trial should be ordered allowing a
15 third-party professional witness from the mental health profession.
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18 2.) I would ask that my statement given to Detective Ramarize less than 24 hours
19 after my crash/accident on 09/12/16 was not given by me in a normal state of
20 mind, as I was still in shock and still experiencing PTSD brought on from my
21 TBI and the incident on 9/11/16. In his own words, (attached case file #
22 GHC004231) Detective Ramarize states at trial and in his narrative “During
23 the interview it seemed to me that Mr. Terwilleger was having mental health
24 issues”. More evidence that I was not in a “normal state of mind”. Which I
25 believe can only be explained by a mental heath professional as it is believed
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1 to be brought on from the incident and Mr. Terwillegers Post Traumatic Stress
2 Disorder and Traumatic Brain Injury from the motorcycle crash.

3 3.) Approximately a month after being detained in the Grays Harbor County
4 facility I wrote to the evidence custodian asking where my vehicle was located
5 so I could retrieve medical records and medication that was in my trunk. She
6 responds to me stating "vehicle was not entered into evidence" signed Polly.
7 See attached case file # GHC004260 and GHC004261. If it was never entered
8 into evidence, then it should not be admissible at trial, due to being "Tainted
9 evidence"
10

11 4.) The damage Mr. Terwilleger did to the Mr. Holloway blazer was only
12 \$400.00. Mr. Hartly the specialist states at trial the estimate given was to fix
13 and paint the entire vehicle and all damage to vehicle. I only damaged a small
14 portion of the rear quarter panel nothing else. The Specialist stated he went off
15 what the owner said needed to be fixed therefor a estimate was given to fix
16 entire vehicle and it was done over a month later. This was not handled
17 properly and so stated at trial. Malicious mischief 2nd must be over \$750.
18 damage. My portion of damage was only \$400. Vehicle was not taken as
19 evidence nor did prosecutor show or explain damage to repair shop only using
20 owner who said to paint the whole vehicle. I am not responsible for painting
21 the entire vehicle and fixing all previous damage. \$400 would be a lesser
22 charge of Malicious mischief 3rd. A new estimate should be ordered and a new
23 trial. Pages 132-139
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1 Thank you for your consideration and time. I ask that you please allow for a
2 new trial. I had a accident this should be a civil case not criminal.

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5 Dated this 12th of April 2019.

6 
7 Brian Terwilleger

D I R E C T E X A M I N A T I O N

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BY MR. WALKER:

Q Deputy, I want to take you back to the day of the incident, and when you contacted the defendant, what did he tell you that the cause of the collision was?

A He told me the vehicles clutch had stuck.

Q And did you do any investigation to see, to verify or disprove this?

A Yes.

Q What did you do?

A On seizure of the vehicle to apply for a search warrant, once securing the vehicle, I noticed that there was no clutch in the vehicle, just two pedals, so it was an automatic.

THE COURT: Thank you. Nothing further.

MR. SORIANO: No questions, Your Honor.

THE COURT: Okay. You may step down.

MR. WALKER: Your Honor, I apologize. If I can step out for a moment. I just received a message that I need to check back on.

THE COURT: All right.

MR. WALKER: Thank you. I apologize. The State rests.

THE COURT: All right. Counsel?

MR. SORIANO: Your Honor, defense would waive

JEREMY HOLMES/Direct by Mr. Walker

1 opening argument, and the defense will rest.

2 THE COURT: All right. Members of the jury, I am
3 going to ask you to step out for a while.

4 That concludes the evidentiary portion of the case.
5 There is still some things to do here. So, you are
6 going to be instructed regarding the law, and you will
7 hear closing arguments. So, before we do that, we have
8 to make sure that we have the right instructions
9 regarding the law, so that will take a few minutes to
10 prepare. So, you need to step out with Mr. Fuller, and
11 we will call you back in when we are ready. It will be
12 probably at least 15 minutes.

13 (The jury exits the courtroom.)

14 THE COURT: So, Mr. Soriano, I see the defense
15 submitted a proposed lessor-included instruction for
16 assault in the fourth degree --

17 MR. SORIANO: That's correct, Your Honor.

18 THE COURT: So, you are still pursuing that?

19 MR. SORIANO: No. Actually --

20 THE COURT: I am just trying to figure out how the
21 evidence supports assault in the fourth degree.

22 MR. SORIANO: And I did speak to the State this
23 morning about that. I am going to rescind the request
24 to add the lessor-included crime of assault in the
25 fourth degree.

1 vehicle? Go ahead and refresh your recollection if you
2 need to.

3 A \$3,136.16.

4 Q And is that -- does that repair the -- that's a
5 replacement of the bumper, the plastic cover, I mean?

6 A Yes.

7 Q And, once you get in there, you can find more; is that
8 correct?

9 A Yes, generally you can.

10 Q Now, just, you are probably going to have to refresh
11 your recollection here, but do you recall the license
12 plate number of that vehicle?

13 A I do not.

14 Q Go ahead and refresh your recollection.

15 A It does not look like I took note of that.

16 Q Oh, you didn't take note of that? That's fine.

17 I am going to show you what's been admitted as
18 eight, you have already identified the back quarter
19 panel, now there are two cars in that, what would you
20 describe those cars as?

21 A Pontiac Grand Prix and a Chevy S-10 Blazer.

22 Q All right. And is that the vehicle that you estimated
23 there in that picture?

24 A Yeah, it does appear to be.

25 Q Now, what does that \$3,000 do, repair, in that Chevy

1 Blazer? What does it fix, other than what we have
2 already discussed?

3 A If I recall, it's both rear quarter panels, the rear
4 bumper, the left rear door, and that looks like, minus
5 a few minor parts here and there, the major panels that
6 would be repaired.

7 Q Now, you mentioned the door, was that damage, did that
8 appear to from the same incident?

9 A Like I said, it's real hard to tell. I didn't see any
10 indicators that would lead me either way. Basically I
11 was taking the customer who has brought it in, word at
12 the time.

13 Q Now, and you said the other quarter panel, is that the
14 quarter panel on the other side?

15 A Correct. That would be the driver's side or the
16 passenger side.

17 Q And, is there any way for you to tell if that damage is
18 from the same incident or not?

19 A I don't necessarily know. We would have to have the
20 vehicle and look at it.

21 Q A tear-down again?

22 A Or I would have -- I would get the opinion of my
23 foreman, as well, to take a look at it.

24 Q Now, let's say, I want you -- I understand if you have
25 to think about this a little bit, but the -- just the

1 bumper and the quarter panel on the side the bumper
2 damage was at, that was the driver's side, correct?
3 A Looks like the quarter panel that had the most damage
4 would have been the passenger side.
5 Q The passenger side?
6 A Yes.
7 Q And that's the quarter panel that the bumper was
8 damaged on, correct?
9 A I would say yes, because every bumper bracket that is
10 listed on here is the -- for the passenger.
11 Q So that estimate of \$3,000 possibly, arguably, could
12 cover some damage that didn't come from the same
13 incident as the bumper, is that fair?
14 A I would say that's a fair assessment.
15 Q So, I am just going to ask you, and again, if you need
16 a few moments to figure it out and think in your head,
17 just talking about the damage to the bumper and the
18 rear quarter panel on the driver's side, basically, the
19 damage that you can see in this photograph, the damage
20 that you can say pretty certainly all came from the
21 same incident, is that going to be over or under \$750?
22 A I would say over if you include the rear quarter panel
23 for sure over.
24 Q Including the rear quarter panel?
25 A Yes.

1 MR. WALKER: Okay. Thank you. Nothing further.

2 C R O S S E X A M I N A T I O N

3 BY MR. SORIANO:

4 Q Good afternoon, Mr. Hartley.

5 A Hello.

6 Q So, you testified that there were damage to not only
7 the passenger side quarter panel, but also the driver's
8 side quarter panel?

9 A Yes.

10 Q And you also testified that you are unsure if the
11 driver's side quarter panel was caused in the same
12 accident that occurred on September 11th, of what
13 happened on the passenger side?

14 A Correct.

15 Q Okay, and this is the only vehicle you inspected in
16 this accident, correct?

17 A You know, as far as I know.

18 Q I know the prosecutor briefly mentioned some dents that
19 were on the passenger side of the Chevy, to your
20 knowledge is that part of the accident, or is that
21 something that may be pre-existing?

22 A On the passenger side?

23 Q Yes.

24 A You know, I would -- I would think that it would be
25 part of the accident, because the most affected area

KYLE HARTLEY/Cross by Mr. Soriano

R E D I R E C T E X A M I N A T I O N

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BY MR. WALKER:

Q So, Mr. Hartley, just going in to a little bit to what you were just asked. You said that the majority of the labor hours were on that rear quarter panel, is that right?

A Yeah, refreshing my memory and looking at this, it looks like five repair and labor hours on the passenger rear quarter panel, opposed to very few on the driver's side.

Q And, so, just the labor on that, what did that come to?

A Well, five hours, plus paint, it would be 7.8 hours total, it's probably low 50 dollars an hour -- 52 dollars an hour.

Q So what does that come out to? Go ahead and refresh your recollection?

A Just in labor time, not counting materials, that's a little over \$400.00 dollars probably.

Q Four hundred? And then the bumper there, was -- that's a complete replace; is that correct?

A Yes, it is.

Q So again, just to replace -- just to repair the damage to that quarter panel and the bumper, was that the majority of the dollars, the absolute dollars in your estimate?

1 would have been the rear bumper on the passenger side.

2 Q So where would you say the point of impact would be,
3 based on your inspection of the vehicle?

4 A Well, getting my memory refreshed by those pictures,
5 and seeing that right rear bumper, and noticing on the
6 estimate that the majority of the labor hours is for
7 the passenger side, I would say it's pretty likely it
8 would have been on the passenger's rear.

9 Q Would you agree that it's kind of hard to determine
10 pre-existing dents or damages on a vehicle as opposed
11 to what was damaged in a particular accident when you
12 are inspecting these types of vehicles that's coming in
13 your shop?

14 A It is definitely more difficult to do older vehicles.

15 Q And you did indicate that you have to rely on the
16 owner's, basically word on that, right?

17 A Correct.

18 MR. SORIANO: I have nothing further, Your Honor.

19 THE COURT: Anything else for this witness?

20 MR. WALKER: Just briefly.

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/ / / / /

1 A For the rear portion of the vehicle, yes, it appears
2 that way.

3 MR. WALKER: Thank you. Nothing further.

4 THE COURT: Anything else for this witness, Counsel?

5 MR. SORIANO: Nothing further.

6 THE COURT: Okay. You may step down.

7 Any more for today?

8 MR. WALKER: Yes, it might be a few moments, though,
9 Your Honor, if I could just check.

10 THE COURT: All right.

11 MR. WALKER: If I may ask for ten minutes, Your
12 Honor? I think that will be enough?

13 THE COURT: Okay. We will have the jury step out
14 for ten minutes. We will let you know as soon as we
15 are ready to proceed.

16 (The jury exits the courtroom.)

17 (A brief recess was taken.)

18 THE COURT: We will have the jurors return.

19 (The jury enters the courtroom.)

20 THE COURT: Counsel?

21 MR. WALKER: The State calls Jeff Holloway.

22 THE COURT: Step up over here. Raise your right
23 hand.

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JEFF HOLLOWAY,

a witness called by the PLAINTIFF herein, being first duly
sworn, testified as follows:

D I R E C T E X A M I N A T I O N

BY MR. WALKER:

Q Please state your name for the record and spell your
last name.

A Jeffrey Holloway, H-o-l-l-o-w-a-y.

Q Where do you live, sir.

A In Elma. Ten South Bank Road.

Q And is that actually in the city limits of Elma, or is
it a little out?

A I think it's just outside.

Q Now, do you live there alone?

A No.

Q Who else lives there.

A My nephew, Aaron, and his wife, Sunshine, and their
daughter Gracey.

Q Describe the property, briefly for the jury, since they
don't know?

A It's about an acre and a half. Small house, two
bedroom, a shop, garage, it's about 50 by 30.

Q And you live in the residence?

A I live in the shop.

JEFF HOLLOWAY/Direct by Mr. Walker

State of Washington
vs
Brian Terwilliger

Case # 16-1-408-C
motion to Allow
Third Party

A motion to allow a Expert or
a Third Party witness/testimony or
Knowledge of such was given to
Courts and Mr. Soriano Jr on
2/17/18 Mr. Terwilliger request
the action that was taken on
this motion be sent to him
@ PO Box 6030 Montesano WA.
98543 217-31

Mark yes 1/18/18
2/18/17

Rule 14a motion to bring in a
Third Party;

1.) Columbia wellness "Rachel"
Mental Health Professional.

A) P.T.S.D.

B) T.B.I.

C) P.T.S.D. / T.B.I. Overlap

D) Post Acute Withdrawal Syndrome.

E) Wernicke's encephalopathy: Also known as
Wernicke Korsakoff Syndrome

2.) For these reasons a "Third"
Party should be allowed. And it is
requested all be done in a timely
manner thus keeping with MR. Terwilliger
Speedy trial rights rules and regulations
under no circumstances is MR Terwilliger

Superior Court of Washington, County of Crows Harbor

In re:

Petitioner/s (person/s who started this case):

State of Washington

No. 16-1-00408-Ce

Motion for Reconsideration:

And Respondent/s (other party/parties):

Brian Terwilliger

(MTRC)

Motion for Reconsideration

To both parties:

Deadline! Your papers must be filed and served by the deadline in your county's Local Court Rules, or by the State Court Rules if there is no local rule. Court Rules and forms are online at www.courts.wa.gov.

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND

1. Relief Requested

My name is: Brian Terwilliger. I ask the court to reconsider the following orders (specify):

Dismissing charges against me and/or reduce them if not.

2. Statement of Issues

I ask the court to decide the following issues (specify):

Motion for third party witness was never considered and motion to Dismiss for speed trial violation -

3. Statement of Facts/Grounds

These facts support my request (list supporting facts):

On 2/18/17 motion to have a 3rd party witness, 2/18/17 motion to Dismiss for Speedy Trial Violations. Originals in case DC 14-1-400-C

4. Evidence Relied Upon

I ask the court to consider this evidence (list all declarations and other documents that support this request):

My Verical was not Entered into evidence for months after being taken

5. Legal Authority

I have the right to ask for these orders according to the law (describe the legal authority that supports your request):

I was denied Law Library and Access to Courts while being detained At (GHC) From 9/11/14 - 3/31/17

Person making this motion fills out below

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true. I have attached (number of): _____ pages.

Signed at (city and state) ~~Grayson WA~~ Date: 8/15/17


Person making this motion signs here

Brian Terwilliger
Print name here

I agree to accept legal papers for this case at (check one):

my lawyer's address, listed below.

the following address (this does **not** have to be your home address):

PO Box 630 montrose wa 98053
street address or PO box city state zip

(Optional) email: brianterwilliger@hotmail.com

(If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the Notice of Address Change form (FL All Family 120). You must also update your Confidential Information form (FL All Family 001) if this case involves parentage or child support.)

Superior Court of Washington, County of Grays Harbor

In re: State of Washington
Petitioner/s (person/s who started this case):

No. 16-1-00408-C

Declaration in Support of Motion For
Reconsideration

And Respondent/s (other party/parties):

Brian Jewilleg

(DCLR)

Declaration of (name): Brian Jewilleg

1. I am (age): 49 years old and I am the (check one): Petitioner Respondent
 Other (relationship to the people in this case): _____

2. I declare: That I have on several occasion
dates turned in letters and motions
to have my case dismissed under
Speedy Trial Violations on 2/18/17
a motion was done. on 2/18/17
a motion was done to have a
third party at my TRIAL Based
from Columbia Wellness, These
are two main reasons to have
a reconsideration granted to either
a Dismissal of case and charges
or Trial redone

I have also been denied access to courts and law library. I have asked to have a new attorney for my case my existing one refuses to do this motion I have asked him several times I have been denied my speedy trial rights and did a motion which has been ignored by my attorney Mr Walker and Superior Court Judges Mr Braun Mr Edwards and Mr McCauley I have wrote several (over 10) letters to courts in Grays Harbor County about this issue.

Please grant me a new attorney. ORIGINALS are in case # 16-1-468-0 file and in 3:17 CY 05360 Federal Court Tacoma.

(Number any pages you attach to this Declaration. Page limits may apply.)

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true. I have attached (number): ___ pages.

Signed at (city and state): ~~For Montezuma Wyo.~~ Date: 8/15/17


Sign here

Brian Leavelle
Print name

Warning! Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, must be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a Sealed cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents

Gray Harbor County Sheriff's Office
Corrections Division

PREA - Victim/Predator Screening Form (Page 1)

TERWILLEGER, BRIAN KEITH

Name # 122006

BK # 223801

A. Reason For Screening: Circle One
New Admission Regular Review Special Referral Identified Victim

B. Possible Victim Factors: Circle Yes or No

- | | | |
|---|--------------------------------------|-------------------------------------|
| 1. Former Victim of In-custody Sexual Assault | Yes | <input checked="" type="radio"/> No |
| 2. Youthful Age (Under 25 years old) | Yes | <input checked="" type="radio"/> No |
| 3. Elderly Age (Over 65 years old) | Yes | <input checked="" type="radio"/> No |
| 4. Physical Stature
(Male: <5'7" or <140 Lbs, Female: <5'1" or <100 lbs) | Yes | <input checked="" type="radio"/> No |
| 5. Developmental Disability/Mental Illness | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No |
| 6. Lesbian/Gay/Bisexual/Transgender (Claimed or perceived) | Yes | <input checked="" type="radio"/> No |
| 7. First Incarceration or prior offenses exclusively non-violent | Yes | <input checked="" type="radio"/> No |
| 8. History of Sexual Abuse | Yes | <input checked="" type="radio"/> No |
| 9. History of Sexual Activity While Incarcerated | Yes | <input checked="" type="radio"/> No |
| 10. History of Protective Custody/Civil or immigration hold only | Yes | <input checked="" type="radio"/> No |

C. Victim Designation Process: Check Applicable Status (One Only)

- Known Victim: If yes to question 1 in Section B
 Potential Victim: If yes to one or more questions in Section B
 Non-Victim: No applicable factors in Section B

D. Victim Override:

Potential Victim to Non-Victim or Non-Victim to Potential Victim
Justification/Explanation _____

Gray Harbor County Sheriff's Office
Corrections Division

929 95% 87 126/98

(KS) ✓

Medical Intake Screening Form

TERWILLEGGER, BRIAN KEITH

Name # 122006

BK # 223801

DOB: 4/13/1968 Race: W Sex: M Height: 6'00" Weight: 185

188.6

N/FLU
WETA N/A misc 2

Medical questionnaire (check all that apply):

- No known medical problems
- High blood pressure
- Heart problems/chest pain
- Tuberculosis: INH? Y N
- Seizures
- Diabetes
- Bad teeth False teeth
- Lice/Crabs/Scabies
- Asthma/Respiratory Disease
- On dialysis
- Abscess
- Hepatitis: _____

Other medical problems: Left paralyzed / Needs Hand Rails for Shower

Inmate is requesting to be seen by medical staff at the next available sick call.

Reason for visit: Medication

Mental Health questionnaire (check all that apply):

- No known problems
- Previous suicide attempt/suicidal now
- Hospitalized for mental illness - When/Where: _____
- Appears psychotic

Reported mental health diagnosis: PTSD / TBI

Substance abuse questionnaire (check all that apply):

- Under the influence
- Alcoholic
- Been in detox before
- DT's
- History of substance abuse - Meth Heroin Prescription Other: _____

Allergies/Special Diet:

- No known allergies
- Additional allergies listed on back of form

1 pint daily & what ever is cheapest - last 8-14-17

Medication Allergies	Food Allergies	Other Allergies	Special Diet
<u>None</u>	<u>Potatoes here</u>	<u>None</u>	<u>None</u>

Medications:

- No medications currently prescribed
- Additional medications listed on back of form

Harbor View

Medication	Dosage	Med with inmate	Last taken
<u>Seroquel</u>	<u>160mg q day</u>	<u>NO</u>	<u>8/13/17</u>
<u>Pain medication</u>	<u>gabapentin</u>	<u>NO</u>	<u>8/13/17</u>
<u>Anti depressant</u>	<u>(Celexa) 20 mg q day @ HS</u>	<u>NO</u>	<u>8/13/17</u>
<u>ASA (Chambale)</u>	<u>81mg q day</u>		

Pharmacy Information (last used to fill above medications or pharmacy with medication history):

fx of drug seeking during previous incarceration

Referral to Pain Clinic and PT Surgery 10-26-17 LUE

All of the above information is correct to the best of my knowledge.

Inmate's Signature: [Signature] Deputy's Signature: [Signature] Date/Time: 8/14/17

Grays Harbor County Sheriff's Office
Continuation

ADDITIONAL

Washington Plate [REDACTED] 1998 Chevrolet, Red Blazar
[REDACTED] Victim's Vehicle

OTHER LAW

[REDACTED] Deputy R. Gibson, [REDACTED]
Officer Tuggle, [REDACTED]

REPORTING:

Det. Ramirez, [REDACTED]

NARRATIVE

On September 12th, 2016, I interviewed Brian Terwilleger in the jail interview room. Terwilleger was read his Miranda Rights from a statement form prior to the interview. He stated he understood his rights. He chose to waive them and speak with me. He initialed the form next to the suspect's rights.

I explained to Terwilleger that I wanted to speak with him about the events that took place yesterday. I asked him why he was jail. He said because he rammed his car into Jeff's car. I asked him to explain what happened and obtained a written statement.

Terwilleger stated yesterday he and his girlfriend Alicia Sackrider attended a family reunion at [REDACTED] residence on South Bank Road. He said Sackrider's uncle Jeff Holloway was also at the reunion. Terwilleger said he ran his 2002 Pontiac Grand Prix into Jeff's blazer because he thought Jeff was part of the Mexican Mafia. Terwilleger said he thought Jeff was going to hurt Alicia.

INVESTIGATING DEPUTY	ID #	REPORT REVIEWED BY	CASE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	16-15777

Grays Harbor County Sheriff's Office
Continuation

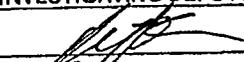
Terwilleger told me he knew Jeff was getting ready to leave but did not know that Jeff was by his Blazer. Terwilleger said he thought Jeff and the Mexican Mafia were going to take Alicia. Terwilleger said he figured he could get into his vehicle and crash into Jeff's vehicle disabling it and preventing Jeff from leaving or taking Alicia.

Terwilleger explained that he got into his vehicle, started it and made a U-turn. He told me he was parked in the lawn near the back porch. Terwilleger said he drove toward Jeff's vehicle at what he considered a normal rate of speed but accelerated at the last second just before hitting Jeff's vehicle. He told me at first he was going to block Jeff in but then made the split second decision to ram the vehicle so he did. Terwilleger stated he just wanted to disable Jeff's vehicle and was not trying to hurt Jeff. Terwilleger said after he rammed into Jeff's SUV he knew he made a mistake because Sackrider was yelling at him.

I asked Terwilleger if he was on any narcotics or if he consumed any alcohol before the incident. Terwilleger said he was not on any drugs at the time. He said he had one swig of Black Velvet and did not have any other alcohol before or after the incident.

I asked Terwilleger if there was anything mechanically wrong with his vehicle. Terwilleger said there was nothing mechanically wrong with his vehicle that would have made it do what he did. He stated, "It was all me." I asked him why he told the officer there was something wrong with his clutch. Terwilleger said he told the officer there was something wrong with his clutch because he thought the officer could be part of the Mexican Mafia. I asked him to explain why he thought the officer was in the mafia. He said because the officer could have been paid off by the Mexican Mafia.

I asked Terwilleger if there was some kind of disagreement between him and Jeff prior to him (Terwilleger) ramming his car into Jeff's SUV. Terwilleger said no. He said Jeff was actually a pretty nice guy. I asked why he thought Jeff was part of the Mexican Mafia. He said because Jeff was wearing all blue that day and he thought Jeff was a member of the Crips street gang. I asked Terwilleger how he associated the Crips with the Mexican Mafia. He said because they do business together.

INVESTIGATING DEPUTY	ID #	REPORT REVIEWED BY	CASE NUMBER
		S JAS	16-15777

Grays Harbor County Sheriff's Office
Continuation

I asked Terwilleger when was the last time he had a tune up performed on his vehicle. He told me about 2 ½ years ago. He said his vehicle ran fine and that there was nothing wrong with the brake system or gas pedal. He said, "What happened to Jeff was all me."

I asked Terwilleger if he had anything else to say. He said he wanted to say sorry and that he thought Alicia was in trouble.

I read his statement back to him. Terwilleger said his statement was correct. I had him initial by any errors or corrections. Terwilleger signed each page indicating his statement was true and correct.

During the interview it seemed to me that Terwilleger was having mental health issues. He told me he suffered from anxiety and that he did not know of any other mental health problems. I asked him if he was under the care of a mental health professional. He said no.

I showed Terwilleger a photo of his vehicle taken at the scene. I asked him to place an "X" where his vehicle was parked. He placed the "X" on the lawn near the back porch of the residence. I asked him to draw the route he drove to get to Jeff's vehicle. Terwilleger said he turned around on the lawn and drove toward Jeff's vehicle. From the "X" he drew a line making a U-Turn and then toward Jeff's vehicle which was parked in front of a shop. Terwilleger initialed the photo.

After the interview he was escorted back to his cell and I cleared.

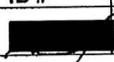
I later photo copied the photo Terwilleger initialed. I attached the copy to this report. The original initialed photo was logged into evidence.

Attached:

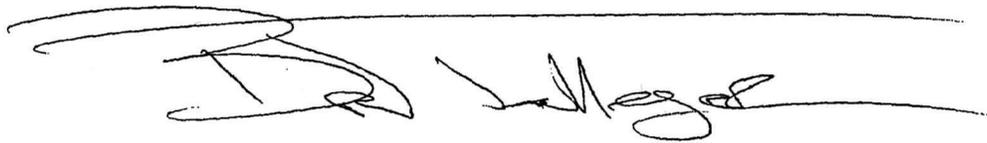
Statement – Terwilleger

Photo

MER

INVESTIGATING DEPUTY	ID #	REPORT REVIEWED BY	CASE NUMBER
		S I A S	16-15777

• Can you please tell me where
my vehicle is located? It is
A 2002 Pontiac Grand Prix,
Galaxy Silver. Taken as evidence
on 9/11/2016 Case # 16-1-004-08-6
For the case involving BRIAN
Terwilleger Inmate # 122006.
Thank you!



300 A

BRIAN TERWILLEGER

16-15777

HOLMES

VEHICLE WAS
NEVER ENTERED
INTO EVIDENCE SYSTEM

Polly

~~Sheriff's Office~~
"Evidence Custodian"

NOT IN EVIDENCE

Court

HealthPoint
26401 Pacific Highway S
Ste 101
Des Moines WA 98198-9247



Re:Brian Terwilleger
2103 Harrison Ave NW
Apt 2 402
Olympia, WA 98502-

04/04/2019

Dear Sir:

Mr Terwilleger has had a traumatic brain injury and subsequent problems with depression. He currently gets significant therapeutic benefit from an emotional support animal. I would support his living with his dog Nala who fulfils this function of an emotional support animal

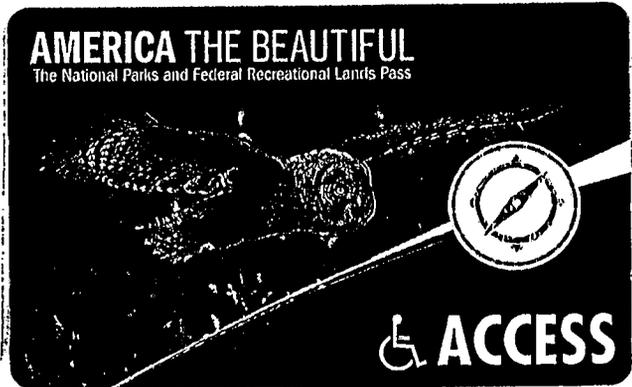
Sincerely,

A handwritten signature in black ink, appearing to read "Mark G. Peterson".

Provider:

Peterson, Mark G 04/04/2019 3:13 PM

Document generated by: Mark G. Peterson MD 04/04/2019



Regional Reduced Fare Permit



Brian Terwilleger

30423114

370

Regional Reduced Fare Permit



PERMANENT

BRIAN K TERWILLEGGER

Name



Hang this from the rearview mirror.
Remove it before you drive.

Z652553

EXPIRES

13

14

15

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JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

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NOV

DEC



State of Washington
Department of Licensing

**Individual with Disabilities
Parking Placard**

FREE

Access Pass

Lifetime Pass for U.S. Citizen or permanent resident, medically determined to have a permanent disability that severely limits one or more major life activities. Present in person. Valid at Federal recreation entrance or standard amenity fee sites for: pass holder and occupants of a single, private non-commercial vehicle OR one motorcycle OR pass holder and three persons (16 and older) where per person fees are charged. MAY entitle pass holder to some discounts. INQUIRE LOCALLY about Pass acceptance and discounts. MAY NOT cover concession facilities or activities. NOT RESPONSIBLE for misplaced, lost or stolen cards.

U.S. Fish and Wildlife Service * Forest Service * US Army Corps of Engineers
Bureau of Land Management * National Park Service * Bureau of Reclamation

BRIAN KEITH TERWILLEGER

Signature Required

VALID PHOTO ID REQUIRED

Yellowstone NP - Steven Koehler

VOID IF ALTERED • NON TRANSFERABLE • NON REFUNDABLE



Regional Reduced Fare Permit

This permit is intended for transportation purposes only and is not intended for use as legal personal identification. The permit remains the property of the issuing agency. PCA: Entitles a Personal Care Attendant to travel fare-free if he/she boards and disembarks at the same location as the permit holder.

Temp: This permit expires on the last day of the month indicated.

Senior: Age 65 years or older.

Use of this card is governed by fare policies and other terms of use established by participating ORCA transit agencies. Current policies and terms are available at www.orcard.com or from the ORCA transit agencies. Cards may be inspected on demand. For ORCA card information call 1-888-988-6722 / TTY Relay: 711 / 1-888-889-6368 or visit www.orcard.com.



This permit remains the property of the issuing agency, and entitles you to fare discounts on the following transportation systems:

- Clallam Transit
- Community Transit
- Everett Transit
- Intercity Transit
- Jefferson Transit
- Kitsap Transit
- Mason Transit
- Metro Transit
- Pierce Transit
- Skagit Transit
- Sound Transit
- Washington State Ferries
- Whatcom Transit

If temporary, this permit expires on the last day of the month indicated.

This permit is intended for transportation purposes only and is not intended for use as personal identification.

Please contact each agency for details on routes, schedules, and peak hour riding restrictions. Thank you for using public transportation.

15215

IT/PERMANENT

Hang this from the rearview mirror.
Remove it before you drive.



Z652553

EXPIRES

JAN

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State of Washington
Department of Licensing

Individual with Disabilities Parking Placard



Brian Terwilliger

DISABILITY VERIFICATION

SHA-192

DATE 5/19/18 Name Brian Terwilliger
Date of Birth: 04/13/1968 Last 4 Digits of SSN 9814

Applicant or Resident Authorization:
I, client named above, hereby authorize the release of INFORMATION requested by the Seattle Housing Authority for the purpose stated below.
Signature [Signature] Date 5/19/18

MEDICAL PROFESSIONAL:
[Checked] The above-named person has applied for residency with the Seattle Housing Authority. They have indicated that they may qualify as disabled or handicapped, as defined below*.
[] The above-name person is a resident with the Seattle Housing Authority. They have indicated that they, or a member of their household, may need an accommodation or modification which will remove a barrier to their tenancy.

DISABILITY: Is defined as the inability to engage in any substantial gainful activity, by reason of medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

HANDICAP: Is an impairment which (1) is expected to be of long-term or indefinite duration, (2) substantially impedes the ability to live independently, and (3) is of such nature that this ability could be improved by more suitable housing conditions.

- For the purposes of eligibility determinations with the Seattle Housing Authority, an individual may not be considered eligible if that individual is CURRENTLY engaging in the illegal use of drugs. An individual may be eligible, however, if he or she is currently participating in a supervised rehabilitation program or has successfully completed such a program and is NOT CURRENTLY engaging in the illegal use of drugs.

This Professional Certification of Disability must be completed by an individual licensed by the State of Washington in a discipline qualified to determine the existence of a disability or handicap as defined on the reverse side of this form. Based upon the above definitions, it is my opinion that the individual indicated above:

[Checked] IS DISABLED [] IS NOT DISABLED [] IS HANDICAPPED [] IS NOT HANDICAPPED

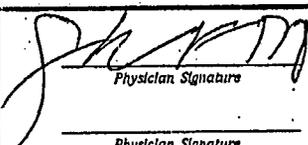
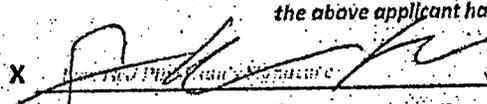
Professional's Name Jaime Kuppert Fajardo Title DO (Family medicine)
Signature [Signature] Date 5/24/18
Email [] Phone 206-876-3590

Thank you for your cooperation. SHA Representative Esquavina Spates Phone (206) 239-1683 (206) 239-1770 fax

3 of 4



WASHINGTON DEPARTMENT OF FISH AND WILDLIFE
HUNTER / FISHER DISABILITY STATUS APPLICATION
 Mail to: WDFW, Licensing Division, PO Box 43154, Olympia, WA 98504
 Fax to: (360) 902-2466

APPLICANT INFORMATION REQUIRED									
Please Print Clearly									
LAST NAME <u>Terwilliger</u>			FIRST NAME <u>Brian</u>		MIDDLE <u>K.</u>	SUFFIX JR / SR			
MAILING ADDRESS <u>5618 South Inneson Ave</u>					PHYSICAL ADDRESS <u>Same</u>				
CITY <u>Tacoma</u>		STATE <u>Wa.</u>	ZIP <u>98408</u>	CITY <u>Tacoma</u>		STATE <u>Wa.</u>	ZIP <u>98408</u>		
SEX <input checked="" type="radio"/> M <input type="radio"/> F	HEIGHT <u>6 FT. 0 IN.</u>	WEIGHT <u>200</u>	DOB <u>10/13/68</u>	EYE COLOR <u>Brown</u>	SSN <u>510-9814</u>				
WILD ID			EMAIL <u>Wildtwilli@yahoo.com</u>	PHONE <u>253 478-9244</u>					
I hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing information is true and correct.									
Please select one or both of the following applications: <input checked="" type="checkbox"/> Fishing <input checked="" type="checkbox"/> Hunting									
Physician: please check and sign one or more following boxes to describe above applicant.									
 Physician Signature			<input checked="" type="checkbox"/> Permanent non-operable physical disability: Upper Extremity Impairment						
 Physician Signature			<input type="checkbox"/> Permanent non-operable physical disability: Lower Extremity Impairment						
A person who has a permanent disability and is not ambulatory over natural terrain without a lower extremity prosthesis or must permanently use a medically prescribed assistive device for mobility, including, but not limited to, a wheelchair, crutch, cane, brace, walker, or oxygen bottle; or A person who has a permanent disability and is physically incapable of holding and safely operating a firearm or other legal hunting/fishing device; or This definition includes, but is not limited to, persons with a permanent upper or lower extremity impairment who have lost the use of one or both upper or lower extremities, or who have a diagnosed permanent disease or disorder which substantially impairs or severely interferes with mobility or the use of one or both upper or lower extremities for holding and safely operating a firearm or other legal device. Remember, physical conditions relating completely to the comfort level of the applicant are not acceptable criteria for the issuance of disability status.									
 Physician Signature			<input type="checkbox"/> Permanent non-operable physical disability: Blind / Visually Impaired						
Central visual acuity does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is not greater than 20 degrees.									
 Physician Signature			<input type="checkbox"/> Permanent Developmental disability: Mental / Physical Impairment						
A cognitive intellectual disability such as: cerebral palsy, down syndrome, epilepsy, autism, or another neurological condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. RCW 71A.10.020(4). NOT Included: PTSD, Bi-polar, ADD, ADHD, Anxiety, Parkinson's, Multiple Sclerosis.									
I am a licensed physician for the above named person, and by my signature do certify under penalty of perjury of the law, the above applicant has a permanent disability as I have indicated.									
<input checked="" type="checkbox"/>  Physician Signature			DATE <u>6/19/17</u>						
Physician's Name <u>Jaime Klippert Fajardo</u>			Title <u>DO</u>						
Address <u>26401 Pacific Hwy S. Suite 101</u>			City <u>Des Moines</u>		State <u>WA</u>	Zip <u>98198</u>			
Telephone Number: <u>(206) 870-3590</u>			Medical License Number: <u>0P00413246</u>		Mandatory				
WDFW USE ONLY									
Approved By:					Date:				

DOC →

Application for Regional Reduced Fare Permit for Senior and Disabled Persons

FRONT

This application is available in accessible format • Processing fee \$3.00

Note: Applicants must be at least 6 years old to be eligible for a Regional Reduced Fare Permit.

For Office Use Only	
ID#	_____
PCA	_____
<input type="checkbox"/> Temporary	
<input type="checkbox"/> Permanent	
Date	_____

Please Print

Name Brian Keith Teas. Mezer
First Middle Last

Address 5218 South Thompson Ave

City Tacoma State WA ZIP 98408

Date of Birth 04/13/1968 Phone No. 253-478-9246

Please read the applicant section of the Medical Eligibility Criteria and Conditions brochure before completing this application.

I am applying for a Regional Reduced Fare Permit on the following basis. Please check only one.

Permanent Permit:

- I am 65 years of age or older.
- I am providing proof of current eligibility by the Veterans Health Administration as having a disability of at least 40%.

Temporary Permit:

- I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability. (Applicant must show award letter.)
- I am presenting a valid Medicare card issued by the Social Security Administration.
- I am currently participating in a vocational career program with the Washington State Individual Educational Program (IEP).
- I am providing a Washington Department of Licensing-issued disabled parking identification in conjunction with a government-issued photo identification.

Permanent or Temporary Permit (case-by-case):

- I am providing a valid Regional ADA paratransit card or other supporting materials issued by (Agency) _____

ADA paratransit card/supporting materials expire(s) on _____

- I have an obvious physical impairment(s) meeting one or more of the medical criteria listed in the **Medical Eligibility Criteria and Conditions** brochure.

- I am medically disabled as certified by a Physician (M.D.), Psychiatrist, Psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.), Audiologist certified by the American Speech-Language-Hearing Association, Osteopathic Physician (D.O.) licensed in the State of Washington. See **Health Care Provider's Certification** form on the back side of this application. This agency reserves the right to contact your Health Care Provider for verification.

Applicants Signature Brian Teas. Mezer Date 6/8/17

Brian Terwilliger

Regional Reduced Fare Permit — Certification of Eligibility

BACK

Applicant's Release — Please Print

I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that the transit agency issuing this permit shall have the right and opportunity to verify my eligibility for a Regional Reduced Fare Permit. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the Regional Reduced Fare Permit and be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

Name Brian Keith Terwilliger
First Middle Last

Address 5618 South Thompson Ave

City Tacoma State WA ZIP 98408

Date of Birth 04/13/1968 Phone No 253-478-9246

Applicant's Signature [Signature] Date 6/2/17

This section to be completed by the following approved health care provider:

- Washington State Licensed: • Physician (M.D.) • Psychiatrist • Psychologist (Ph.D.) • Physician's Assistant (P.A.) • Advanced Registered Nurse Practitioner (A.R.N.P.) • Audiologist certified by the American Speech-Language-Hearing Association • Osteopathic Physician (D.O.) — Signatures of Health Care Providers other than these are not acceptable.

- 1. This applicant must meet at least one of the criteria and conditions listed in the Medical Eligibility Criteria and Conditions brochure.
2. The specific Medical Eligibility Criteria number must be noted in the space provided.
3. If section 6.4 is used, this person must be diagnosed by you as being "Acute-at-risk." The appropriate subsection (a, b, c, or d) must be included along with the name and phone number of the work activity center, training, or rehabilitation program in which this patient is currently a patient. Note: An applicant's enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet eligibility requirements.
4. An applicant's financial situation has no bearing on eligibility.

I certify that Brian Terwilliger meets the Medical Eligibility Criteria sec 2.3 Section, Subsection

If section 6.4 (a, b, c, or d) enter name of qualifying program: N/A

Please check the appropriate boxes:

- [] Yes [X] No The disability is temporary. Specify length of disability: _____ years _____ months. A temporary disability must be expected to last no longer than 5 years.
[X] Yes [] No The disability is permanent.
[] Yes [X] No This applicant requires a Personal Care Attendant. If yes: [] Temporary [] Permanent

Verification of Approved Health Care Provider — Please Print

Name Jaime Klippert Fajardo Phone No. (206) 870-3590

Provider or Agency Address 26401 Pacific Hwy S. Suite 101 Des Moines WA 98198

Washington State License No. OPG0413246

I understand that if any of the statements made on this application form are false or inaccurate, I will be subject to criminal prosecution if accordance with Washington State Law for fraud (RCW #9A.56.020).

Signature Jaime Klippert Fajardo MD Date 6/19/2017
Original Signature Only — No Photocopies or FAX Accepted

Title VI Notice: All participating agencies in the RRF program fully comply with Title VI of the Civil Rights Act of 1964 and related statutes and regulations in all programs and activities. For more information, or to obtain a Title VI Complaint Form, please contact the appropriate agency.

Dorian Lewis-Heggs

CONFIDENTIAL - MEDICAL INFORMATION

DISABILITY AND HANDICAP - DEFINITIONS

DISABILITY

Disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) shall mean the inability to engage in any substantial gainful activity by reason of medical determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; or in the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness" as defined in Section 416(i) (1) of the title), inability by reason of such blindness to engage in substantial gainful activity in which he or she has previously engaged with some regularity and over a substantial period of time; or;

HANDICAP

Handicap shall mean a physical or mental impairment which:

- 1. is expected to be of long continued and indefinite duration;
- 2. substantially impedes their ability to live independently in their present housing; and,
- 3. is of such nature that such ability could be improved by more suitable housing conditions.

This definition shall also include a disability attributable to mental retardation, cerebral palsy, epilepsy, or other neurological conditions of an individual found by the Secretary of Health and Human Services to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual.

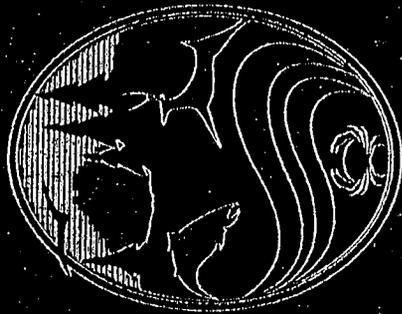
It shall also include any person who has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(7) which defines developmental disability as a severe chronic disability that:

- 1. is attributable to a mental or physical impairment or combination of mental and physical impairments;
- 2. is manifested before the person attains age twenty-two;
- 3. is likely to continue indefinitely;
- 4. results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. self-care,
 - b. receptive and responsive language,
 - c. learning,
 - d. mobility,
 - e. self-direction,
 - f. capacity for independent living, and
 - g. economic self-sufficiency; and
- 5. reflects the person's need for a combination and sequence of special, inter-disciplinary, or generic care, treatment, or to her services which are individually planned or coordinated.

4-4

Permit No. # 2762-003-5378

FISH WALKER



Washington
Department of
FISH and
WILDLIFE

WAC 232-12-828

If found, return to: Washington Department of Fish and Wildlife • Recreation License Division • PO Box 491540 Olympia, WA 98504-3154