

AGENCY: Seattle PD	WASPD0000	CASE NUMBER 2019-25444	FILE NUMBER	PCN NUMBER	SUPERFORM
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ARREST INFORMATION		
DATE & TIME OF VIOLATION 1/22/2019 2:56 PM	CRIMINAL TRAFFIC CITATION ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOMPLICES
DATE OF ARREST/TIME 1/22/2019 2:56 PM	ARREST LOCATION	

SUSPECT INFORMATION							
NAME (LAST, FIRST, MIDDLE/JR, SR, 1st, 2nd) CLEMANS, TIMOTHY ANDREW		DOB 7/19/1990	ALIAS, NICKNAMES				
ARMED/DANGEROUS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IDENTITY IN DOUBT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CITIZENSHIP					
PHYSICAL DETAILS							
SEX M	HEIGHT 509	WEIGHT 130	SKIN TONE FAR	RACE W	EYE BLU	HAIR BRO	SCARS, MARKS, TATTOOS, DEFORMITIES
IDENTIFICATION DETAILS							
CCN 1969447	PRIOR BA # 219001867	AFIS # 01015976	FBI # 678712AF9	STATE ID # WA48030257	DRIVER'S LICENSE #		STATE SSN
RESIDENCE				EMPLOYMENT / SCHOOL			
LAST KNOWN ADDRESS 11448 12 AV SW SEATTLE, WA 98146				EMPLOYER, SCHOOL (ADDRESS, SHOP/UNION NUMBER)			
RESIDENCE PHONE				BUSINESS PHONE		OCCUPATION	
EMERGENCY CONTACT							
PERSON TO BE CONTACTED IN CASE OF EMERGENCY			RELATIONSHIP	Address		PHONE	

CHARGE INFORMATION				
OFFENSE <input type="checkbox"/> DV <input type="checkbox"/> FUGITIVE	I - ASSAULT INV	RCW / ORD# 1399	COURT / CAUSE # /	CITATION #
OFFENSE <input type="checkbox"/> DV <input type="checkbox"/> FUGITIVE		RCW / ORD#	COURT / CAUSE #	CITATION #

WARRANT / OTHER				
WARRANT DATE	WARRANT NUMBER	OFFENSE	AMOUNT OF BAIL	WARRANT TYPE
ORIGINATING POLICE AGENCY		ISSUING AGENCY	WARRANT RELEASED TO: (SERIAL # / UNIT / DATE / TIME)	

PROPERTY INFORMATION		
LIST VALUABLE ITEMS OR PROPERTY LEFT FOR ARRESTEE AT JAIL		
LIST VALUABLE ITEMS OR PROPERTY ENTERED INTO EVIDENCE (SIMPLE DESCRIPTION, IDENTIFYING MARKS, SERIAL #)		
LIST ITEMS ENTERED INTO SAFEKEEPING		
TOTAL CASH OF ARRESTEE \$0.00	WAS CASH TAKEN INTO EVIDENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SIGNATURE OF JAIL STAFF RECEIVING ITEMS / SERIAL #
AMOUNT: \$0.00		

OFFICER INFORMATION		
ARRESTING OFFICER / SERIAL # Wight, Julie L 6877	TRANSPORTING OFFICER / SERIAL #	SUPERVISOR SIGNATURE / SERIAL #
SUPERFORM COMPLETED BY (SIGNATURE/SERIAL #) Wight, Julie		CONTACT PERSON FOR ADDITIONAL INFORMATION (NAME/SERIAL#/PHONE)

COURT FILE		
SUPERIOR COURT FILING INFO	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE <input type="checkbox"/> OUT ON BOND	COURT CAUSE (STAMP OR WRITE)
COURT/DIST. CT.NO.	DIST. CT. BOND \$	SUP. CT. DATE

EXTRADITE				
PERSON APPROVING EXTRADITION	SEAKING-LOCAL ONLY WACIC-STATE WIDE <input type="checkbox"/>	NCIC-WILL EXTRADITE FROM ID & OR ONLY <input type="checkbox"/>	NCIC-WILL EXTRADITE FROM OR, ID, MT, WY, CA, NV, UT, CO, AZ, NM, HI, AK <input type="checkbox"/>	NCIC-WILL EXTRADITE FROM FROM ALL 50 STATES <input type="checkbox"/>
CCN _____	DOE _____	DOC _____		
WAC _____	TOE _____	TOC _____		
NCIC _____	OP _____	OP _____		

PROBABLE CAUSE INFORMATION	
STATEMENT OF PROBABLE CAUSE: NON-VUCSA	
CONCISELY SET FORTH FACTS SHOWING PROBABLE CAUSE FOR EACH ELEMENT OF THE OFFENSE AND THAT THE SUSPECT COMMITTED THE OFFENSE. IF NOT PROVIDED, THE SUSPECT WILL BE AUTOMATICALLY RELEASED. INDICATE ANY WEAPONS INVOLVED. (DRUG CRIME CERTIFICATE BELOW.)	