

SNOHOMISH COUNTY SUPERIOR COURT

COURT	<input type="checkbox"/> REFERRAL <input checked="" type="checkbox"/> BOOKING		AGENCY: SNOHOMISH CO. SHERIFF		DEPUTY/OFFICER/TROOPER: D. DENNETT#1568		CASE #: SO14-10631					
	<input type="checkbox"/> SUPERIOR		<input type="checkbox"/> JUVENILE		JUV#		REF#					
DISTRICT/MUNI COURT: <input checked="" type="checkbox"/> SOUTH; <input type="checkbox"/> EVERGREEN; <input type="checkbox"/> CASCADE; <input type="checkbox"/> EVERETT; <input type="checkbox"/> OTHER:												
SUSPECT DATA	DATE AND TIME OF ARREST: 06/18/2014 - 2210		BOOKING / ADMISSION DATE/TIME: 06/19/14		DATE/TIME: 0015 Hours		RELEASE DATE / TIME:		IDENTITY IN DOUBT? YES / NO EXPLAIN:			
	NAME: LAST LAMBRIGHT			FIRST JAMES			MIDDLE R		DOB: 04/26/1942		Interpreter needed? YES / NO Lang:	
	SEX: M	RACE: W	HGT: 59	WGT: 190	HAIR: WTE	EYES: GRN	DRIVER'S L/N: LAMBRJR589J6		STATE: WA	CDL?	SSN#:	
	LAST KNOWN ADDRESS: 16632 57 AV SE					CITY: SNOHOMISH		STATE: WA		ZIP: 98296		
	HOME PHONE: (206) 799-7049		OTHER PHONE:		ALIAS(S) / AKA(S)			GANG AFFILIATION				
	EMPLOYER:			CITY:		W/PHONE:		SOURCE OF LKA & EMPLOYER INFO				
	PARENTS, GUARDIANS, CUSTODIANS NOTIFIED:											
PARENT/GUARDIAN (Juveniles only)	FATHER		ADDRESS:			CITY:		ST:	ZIP:	HOME PHONE:		
	MOTHER		ADDRESS:			CITY:		ST:	ZIP:	HOME PHONE:		
	STEP: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER		ADDRESS:			CITY:		ST:	ZIP:	HOME PHONE:		
	GUARDIAN / FOSTER / DSHS		ADDRESS:			CITY:		ST:	ZIP:	PHONE:		
FATHER'S EMPLOYER:		WORK NUMBER:			MOTHER'S EMPLOYER:		WORK NUMBER:					
DETENTION NOTIFICATION (Youth Center Use Only)		PARENTS, GUARDIANS, CUSTODIANS NOTIFIED:							HOW:			
BY WHOM:		WHY NOT?										
SUSPECT'S VEHICLE INFO	VEHICLE LICENSE NO.		STATE:	EXPIRES:	VEH YR.:	MAKE:	MODEL:		STYLE:	COLOR:		
	TRAILER #1 LICENSE:		STATE:	EXPIRES:	TR. YR.:	TRAILER #2 LICENSE:		STATE:	EXPIRES:	TR. YR.:		
	OWNER / COMPANY IF OTHER THAN DRIVER:				ADDRESS:			CITY:		STATE:	ZIP:	
	ACCIDENT: NO NR R I F	BAC READING:	COMMERCIAL VEHICLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZMAT: <input type="checkbox"/> YES <input type="checkbox"/> NO	EXEMPT VEHICLE: <input type="checkbox"/> FARM <input type="checkbox"/> R.V. <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER:			PASSENGER UNDER 16: <input type="checkbox"/> YES <input type="checkbox"/> NO				
SUICIDAL? NO EXPLAIN:					MENTAL ISSUES? NO EXPLAIN:							
DOES THE ARRESTEE HAVE ANY CHRONIC HEALTH PROBLEMS OR CONTAGIOUS DISEASES? NO EXPLAIN:												
IS THE ARRESTEE INJURED AT THIS TIME? NO EXPLAIN:												
WAS THE ARRESTEE INVOLVED IN A METHAMPHETAMINE LAB OPERATION? NO EXPLAIN:												
Suspect Data	NUMBER OF CO-SUSPECTS:		NAMES:									
OFFENSE DATA	OFFENSE LOCATION: 16632 57 AV SE				CITY: SNOHOMISH		STATE: WA		DATE AND TIME OF OFFENSE: 06/18/2014 - 2115			
	ARREST LOCATION (IF DIFFERENT):				WERE DRUGS INVOLVED IN THIS INCIDENT? NO/YES			WAS ALCOHOL INVOLVED IN THIS INCIDENT? NO / YES				
	CHARGE: (i.e. Assault 4)				IF YES, LIST DRUG(S) TYPE:		EXPLAIN:					
	CHARGE: (i.e. Assault 4)		COURT OF	CLASS	WARRANT ARREST	RCW, Municipal or County Code (I.E. 9A.36.041)		Warrant or Citation#	Bail			
	1. <input checked="" type="checkbox"/> DV	ASSAULT 4 DV	SOU	M	<input type="checkbox"/>	9A.36.041		\$	\$NO BAIL			
2. <input type="checkbox"/> DV	\$	\$	\$	\$	\$	\$	\$	\$	\$			
3. <input type="checkbox"/> DV	\$	\$	\$	\$	\$	\$	\$	\$	\$			
4. <input type="checkbox"/> DV	\$	\$	\$	\$	\$	\$	\$	\$	\$			
VICTIM INFO - DV, VIO, SAU, TRAFFIC	NOTIFY ON RELEASE? Yes		IF UNABLE TO CONTACT, NOTIFY 911? Yes		IF DV, REQUEST N.C. ORDER? YES		FIREARMS IN HOME? YES		PRIOR UNREPORTED VIOLENCE? NO		CHILDREN PRESENT?	
	VICTIM NAME: LAST		FIRST		MIDDLE		DATE OF BIRTH: 11/26/1990		PHONE:		ALT. PHONE:	
	VICTIM'S ADDRESS:				CITY: BOTHELL		STATE: WA		ZIP: 98021			
	SUSPECT RELATIONSHIP TO VICTIM: GRAND DAUGHTER			EMERGENCY / ALTERNATE CONTACT:			EMERGENCY / ALTERNATE CONTACT PHONE:					
GUARDIAN NAME AND PHONE NUMBER (IF VICTIM IS A MINOR):						NEXT OF KIN - NAME AND PHONE NUMBER (IF VICTIM IS DECEASED):						

SNOHOMISH COUNTY SUPERFORM

Suspect's Name: **LAMBRIGHT JAMES**

Case #: **SO14-10631**

SUSPECT'S PROPERTY	TOTAL CASH:		TO JAIL PROPERTY:			
	PROPERTY IMPOUNDED TO EVIDENCE:		OTHER PROPERTY:			
	SEIZED FIREARM FOR FORFEITURE? NO EXPLAIN:					
OBJECTIONS TO RELEASE	WILL LIKELY FAIL TO APPEAR FOR FURTHER PROCEEDINGS: UNK EXPLAIN:		WILL INTIMIDATE OR INTERFERE WITH ADMINISTRATION OF JUSTICE: NO EXPLAIN:			
	DETENTION REQUIRED TO PROTECT ARRESTEE FROM HERSELF/HIMSELF: NO EXPLAIN:		COMMITTED A CRIME WHILE ANOTHER CASE IS PENDING: NO EXPLAIN:			
	DESCRIBE RELATION TO VIC:	ASSAULTIVE: YES EXPLAIN: ASSAULTED FAMILY	PHYSICAL INJURY TO VICTIM / WITNESS / OFFICER: YES EXPLAIN: INJURED GRAND DAUGHTER/			
	WEAPONS INVOLVED? NO EXPLAIN: THREATS OF FIREARMS		DANGER / THREAT TO COMMUNITY IF RELEASED? NO EXPLAIN:			
	U. S. CITIZEN? YES	OTHER: (FTA, LACK OF COMMUNITY TIES, ETC.)				
PHYSICAL EVIDENCE	CONTROLLED SUBSTANCE WEIGHED AND FIELD TESTED?		TYPES & AMOUNTS (WEIGHTS)			
	VEHICLE INFORMATION STOLEN VEH. REPORT ATTACHED? / NO		SOURCE OF VALUE:	VEH. YEAR:	VEH. MAKE:	VEH. MODEL:
	FAIR MARKET VALUE: \$					
	PROPERTY (Stolen, Recovered, Damaged, Etc):					FAIR MARKET VALUE \$
	PROPERTY CONTINUED:					SOURCE OF VALUE:

Synopsis / PC for Arrest

(Include all elements of the crimes, date of violation, and location of crimes)

On 06/18/2014, I was on traffic patrol on south Snohomish County. I am currently on an FTO coaching trip, after laterally transferring from WSP. I served 6 years with the WSP. I am a fully commissioned Deputy Sheriff. I was also an FTO coach for the WSP.

At approximately 2115 hours I received a call from Snopac communications. They informed us of an assault that occurred earlier at **16632 57 AV SE**. The caller stated that the grandfather had assaulted a family member. We informed dispatch that we would be on route. We were informed that the grandfather would be outside the residence.

We arrived at the above address, a large ranch style house. Upon arrival we encountered a group of 3 females in the driveway of a ranch style property. An elderly male was also on scene about 20ft away from family members. Deputy Ter Veen made contact with the group, and I approached the male. The male, later identified as James R Lambright dob 04/26/1942.

Lambright stated that he had 2 sons in the house, and the granddaughters often stop by to see their parents. He stated he was very frustrated at their attitude and did not see their reason to visit all the time. Lambright stated he was sick of their attitude, and had asked his granddaughter to leave. Lambright stated that she had refused. Lambright stated that he had grabbed his granddaughter by the arms to force her out of the residence. He stated that she was not harmed, and did not understand why we were being called.

I then contacted the granddaughter, identified as [REDACTED] [REDACTED] dob 11/26/1990. [REDACTED] stated that Lambright had suddenly exploded on her after she had visited with her father. [REDACTED] stated that he had grabbed her by the arms and pulled her down to the kitchen floor. He then forcibly tried to drag her out of the house by clutching her right ankle. Lambright only managed to drag her 5 feet before she struggled free and ran outside to call 911. Lynne

I I certify or declare under the penalty of perjury under the laws of the State of Washington that the forgoing statement is true and correct. (RCW 9A.72.085)

OFFICER'S NAME: BENNETT PER # 1568 CONTACT #: _____ TRANSPORT OFFICER: BENNETT

OFFICER'S SIGNATURE: [Signature] VERETT, WA 06/19/14 PRECINCT / STATION: SOUTH COUNTY
Location signed: City / State Date

IBR CLEARANCE: (ONE)	<input type="checkbox"/> INSUFF / CLO	COPIES MADE FOR:	DATA ENTRY	Approved By:
<input type="checkbox"/> ARR/A	<input type="checkbox"/> EXC/A	<input type="checkbox"/> PA	<input type="checkbox"/> JUV	<input type="checkbox"/> DET: PREC / CTH / SPEC
<input type="checkbox"/> ARR/J	<input type="checkbox"/> EXC/J	<input type="checkbox"/> PAT	<input type="checkbox"/> DSHS	<input type="checkbox"/> MH
	<input type="checkbox"/> UNF		<input type="checkbox"/> OTHER:	

SNOHOMISH COUNTY SUPER. JRM

Lambright and Kelsey Mackie witnessed the assault. [REDACTED] stated that she had felt pain and was worried about the rest of her family, as this was an ongoing issue.

Lynne is Lambright's wife of 34 years. She stated that Lambright suffered from dementia, and "explosive disorder," and the condition is deteriorating. Lynne stated that Lambright has consistently pushed and shoved her over the course of their marriage. Lynne stated that she is a truly a battered wife, both physically and verbally.

I placed Lambright into custody, and read his Constitutional Rights. Lambright stated he understood, and agreed to fill out a witness statement. [REDACTED] and the witnesses also agreed to fill out witness statements. [REDACTED] Lynne and Kelsey requested a no contact order place on Lambright. They all stated that they feel threatened by the escalating level of aggression being displayed by Lambright. I documented injuries. I also gave a copy of the domestic violence pamphlets to [REDACTED] and Lynne. [REDACTED] stated that she did not require medical attention. We also confiscated 3 firearms from the property, (rifles) for safekeeping.

I transported Lambright to the Snohomish County Jail. Lambright was released into their custody.

I certify or declare under the penalty of perjury under the laws of the State of Washington that the forgoing statement is true and correct. (RCW 9A.72.085)

OFFICER'S NAME: BENNETT PER # 1568 CONTACT #: _____ TRANSPORT OFFICER: BENNETT

OFFICER'S SIGNATURE:  EVERETT, WA 06/19/14 PRECINCT / STATION: SOUTH COUNTY
Location signed: City / State Date

IBR CLEARANCE: (ONE)	<input type="checkbox"/> INSUFF / CLO	COPIES MADE FOR:	<input type="checkbox"/> JUV	<input type="checkbox"/> DET: PREC / CTH / SPEC	DATA ENTRY	Approved By:
<input type="checkbox"/> ARR/A	<input type="checkbox"/> EXC/A	<input type="checkbox"/> PA	<input type="checkbox"/> CPS	<input type="checkbox"/> MH		
<input type="checkbox"/> ARR/J	<input type="checkbox"/> EXC/J	<input type="checkbox"/> PAT	<input type="checkbox"/> DSHS	<input type="checkbox"/> OTHER:		
	<input type="checkbox"/> UNF					