

= Oct. 9, 2013 =

Prison Infraction

Attached you will see:

- 1) Initial Serious Infraction Report (this tells you what happened)
- 2) Infraction Review Checklist (this gets reviewed prior to us getting our copy)
- 3) Disciplinary Hearing Notice/Appearance Waiver (this is for our rights and when we can ask for witness statements)

NOTE: This was a MALE officer who wrote this Notice how he admits he's not sure what I said?

The major (659) was reduced to a minor (202) "offensive behavior."

The WSP property % fabricated the Gay comment. That's how easy it is to get in trouble, all they have to do is mix fact with fiction.

Always
Jim [Signature]

Date of Infraction 10-1-13	Offender Name (Last, First) TROUPE, David	DOC Number 765714	Housing Assignment IMU South, D11 <i>Imu S D-11</i>
Rule Violation #(s) 659 - Sexual harassment: Offensive words or actions			
Time Occurred Approx. 1028	Place of Incident (Be Specific) At cell front of D11	Date Occurred 10-1-13	
Witness (1)	Days Off	Witness (3)	Days Off
Witness (2)	Days Off	Witness (4)	Days Off

NARRATIVE
<p>State a concise description of the details of the rule violations, covering all elements and answering the questions of When? Where? Who? What? Why? and How? Describe any injuries, property damage, use of force, etc. Attach all related reports.</p> <p>While at cell front, issuing this Offender some property, he made the comment to me <u>something like:</u></p> <p>Just because Washington State has a GAY Law, That doesn't mean you have to be so gay. I looked at him and asked him to repeat his self and he said : you heard what i said.</p> <p>I finished issuing this offender his property and walked away.</p> <p>Behavior was reported to the Unit Manager [REDACTED]</p>

Reporting Staff Name (Last, First) (Print Name) [REDACTED]	Shift 0800-1600	Days Off Sat-Sun
Evidence Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Evidence Case Number	Evidence Locker Number
Disposition Of Evidence (If Not Placed In Locker)		Photo Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No
Placed in:		
Pre-Hearing Confinement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date _____
Administrative Segregation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date _____
NAME(S) OF ALLEGED VICTIMS OF THIS INCIDENT		
Last, First	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer/Visitor/Other
1)		<input type="checkbox"/> Offender
DOC#		
Last, First	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer/Visitor/Other
2)		<input type="checkbox"/> Offender
DOC#		
RELATED REPORTS ATTACHED		
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Medical	
<input type="checkbox"/> Staff Witness Statements	<input type="checkbox"/> Other (Specify)	

Reporting Staff Signature [REDACTED]	Date 10-3-13
Infraction Review Officer Signature [REDACTED]	Date 10/3/13

Offender Name: Troupe, David	DOC # 765714	WAC # 659
<input checked="" type="checkbox"/>	Examine the infraction to ensure that each field is filled in properly and written legibly.	
<input checked="" type="checkbox"/>	Ensure the offender's name and DOC number are recorded correctly.	
<input checked="" type="checkbox"/>	Read the infraction report narrative and ensure the following elements are included: <input type="checkbox"/> Who? <input type="checkbox"/> What? <input type="checkbox"/> Where? <input type="checkbox"/> When? <input type="checkbox"/> Why? <input type="checkbox"/> How?	
<input checked="" type="checkbox"/>	Check to be sure that the infraction violations at the top of the report correspond with the written information <i>and</i> are appropriate for the incident. NOTE: The reviewer may 1) require that the report be revised, re-written, or re-investigated by the reporting staff to ensure the alleged facts support the charges, or 2) add, dismiss, delete, or reduce the indicated WAC violations as appropriate, based upon the information and/or evidence provided by the reporting staff and any mitigating factors.	
<input checked="" type="checkbox"/>	Ensure the report is factual, without assumptions, feelings, beliefs, or what the reporting staff "thinks" may have happened.	
<input checked="" type="checkbox"/>	Ensure alleged victims, if any, of the incident are recorded and accurately documented in the "Name(s) of alleged victims of this incident" fields.	
<input checked="" type="checkbox"/>	Ensure the report includes supporting documentation if the incident included: <input type="checkbox"/> Injuries? Medical Response? <input type="checkbox"/> Witnesses? <input type="checkbox"/> Property Damage? <input type="checkbox"/> Other Supplemental Information?	
<input checked="" type="checkbox"/>	Ensure all evidence has been collected, secured, and logged properly in accordance with policy and facility procedures. Did you document: <input type="checkbox"/> Evidence taken? <input type="checkbox"/> Evidence Case Number assigned? <input type="checkbox"/> Evidence was placed in an evidence locker? <input type="checkbox"/> Disposition of evidence if not placed in locker? <input type="checkbox"/> Photos submitted? <input type="checkbox"/> Video collected?	
<input checked="" type="checkbox"/>	Complete the "Placed in Pre-hearing Confinement" or "Administrative Segregation" field by checking the "Yes" or "No" and date boxes.	
<input type="checkbox"/>	If confidential information has been submitted, have you: <input type="checkbox"/> Reviewed the information to ensure it is consistent with other reports? <input type="checkbox"/> Checked to ensure the documents are marked or stamped as "Confidential"? <input type="checkbox"/> Requested that the staff who received the information initiate DOC 05-392 Confidential Information Report and forward it to designated facility staff? <input type="checkbox"/> Included a summary of confidential information with the infraction report?	
<input checked="" type="checkbox"/>	The DOC 17-076 Initial Serious Infraction Report, with attachments if any, is complete. Sign and date on the line labeled "Infraction Review Officer Signature". Signature must be legible.	
<input checked="" type="checkbox"/>	Send the infraction report and any supporting documents to the Hearing Clerk or designated facility staff.	
<input type="checkbox"/>	The infraction report has been reviewed and is being returned for the following reason(s):	
<input type="checkbox"/>	An investigation is required. Investigation assigned to: _____ (Ensure DOC 02-077 is completed) Name Date Time	
<input type="checkbox"/>	Promptly resubmit the infraction report with the corrected/appropriate information, including this Infraction Review Checklist.	

[Redacted Signature]
[Redacted Name]
10/3/13
 Reviewer's Signature Print Name Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

DISCIPLINARY HEARING NOTICE/APPEARANCE WAIVER

Infraction Group Number: 283

Offender Name TROUPE, David	DOC Number 765714	Facility WSP-IMU	Date 10/4/2013
Type of Review	Hearing Scheduled Date 10/9/2013	Location WSP-IMU	Time 1028
<input type="checkbox"/> Disciplinary			

Reason For Hearing (Include all Allegations of Misconduct, if Appropriate)

659 - Sexual harassment.

Interpreter Name/Date I Have Been Provided A Certified Sign Language Interpreter
 I Have Been Provided With A Spanish Translation Of The Charges Against Me On

_____ AT _____
Date Time Offender Signature

Offender Rights:

- You have the right to remain silent at the hearing. If you choose to remain silent, your silence may be used against you and the decision will be based on the evidence presented.
- You may waive your appearance at the hearing.
- You do not have a right to cross examine witnesses, have the infracting staff present at the hearing, or have a polygraph or other supplemental test.
- You may request witness statements and/or that staff, offenders, or other persons be present as witnesses, unless it is determined by the hearing officer that doing so would not be unduly hazardous to facility safety or security: (list witnesses below)

STAFF NAME	STATEMENT	WITNESS	POSITION	OFFENDER NAME	STATEMENT	WITNESS	DOC NUMBER
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>		UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	

- Criminal charges may be pending. Anything you say henceforth may be used against you in a court of law.

Status Of Criminal Charges: None Unknown Pending in _____ County _____ Charges

- You have the right to review all related reports and a summary of any confidential information.
- You may request a staff advisor. Requested Waived
- You may request an interpreter (if unable to speak and/or understand the English language). Requested Waived
- You may request a certified sign language interpreter if you are hearing impaired. Requested Waived
- You may appeal the decision and/or sanctions to the superintendent/facility supervisor within 15 working days.
- If you are an indeterminate sentence case and within 60 days of an established release date, a guilty finding could result in the cancellation of your release date.
- I, _____, DOC # _____ Waive my right to the required 24 hours notice prior to being seen by the (disciplinary) Hearing Officer and authorize the Hearing Officer to make a disposition regarding the information and evidence presented to the Hearing Officer as pertains to my particular situation.
- I, _____, DOC # _____ Waive my right to attend this scheduled hearing. I Understand that the hearing will be held in my absence.

Copy of this form and infraction, with attachments received.

UNABLE TO SIGN 10/9/13 07:11 _____ 10/8/13 07:11
 Offender/Witness Signature Date Time Staff Signature Date Time

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