

# Marysville Police Department

## Use of force Report

### Incident Details

Date Received 10/30/2022

Entered By Police Officer  
Nicholas Buell -  
0179

Date/Time of Occurrence 10/29/2022 23:30

Date/Time Entered 10/30/2022 21:42

Record ID Number 2271

Case No 2022-00051923

IA No 22UOF-042

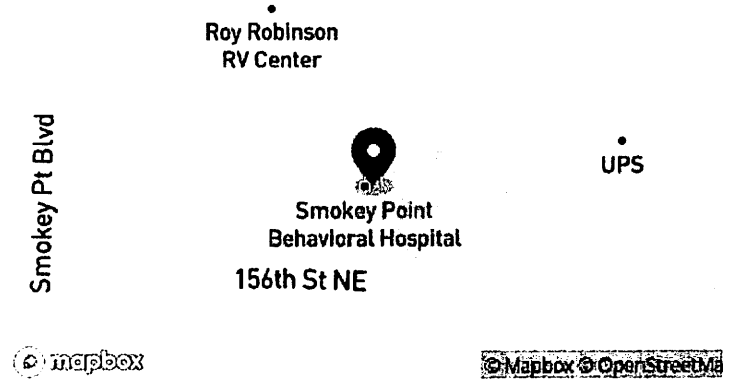
Marysville PD [Pending  
BlueTeam Assigned assignment]  
Investigator

IAPro Assigned Un-assigned  
Investigator

### Incident Location

Location of Occurrence Marysville

3955 156th Street Northeast  
Marysville, WA, 98271  
-122.17940, 48.13864



### Incident Summary

Physically assaultive patient at behavioral hospital placed into WRAP device.

### Use of Force Details

|                              |                 |                              |                   |
|------------------------------|-----------------|------------------------------|-------------------|
| More Than 1 Citizen Involved | No              | Reason For Using Force       | Active Resistance |
| Citizen Arrested             | Yes             | Distance to Citizen          | Contact           |
| Officer(s) Injured           | No              | Citizen Injured              | No                |
| Officer(s) Taken to Hospital | No              | Citizen Taken to Hospital    | No                |
| Service Being Rendered       | Dispatched Call | Citizen Build                | Small             |
| Weather Condition            | Clear           | Citizen Height               | 5'7" to 5'9"      |
| Light Condition              | Indoor          | Citizen Influence Assessment | Mentally unstable |

## Reporting/Involved Citizen

Shelby Charles Johnston

|               |   |               |                |
|---------------|---|---------------|----------------|
| Date of Birth | 04/05/1997                                      | Gender        | Male           |
| Race          | White   | Ethnicity     | Non-Hispanic   |
| Role          | —   |               |                |
| Address       | 328 East Oak<br>Street<br>Shelton, WA,<br>98584 | Phone Numbers | [None Entered] |

Type of Resistance      Active Resistant  
Citizen Used Against  
Officer

Charges Against      Felony-Person  
Citizen                  Crime

Injuries Sustained By Citizen

No injuries noted or visible —  
Points:

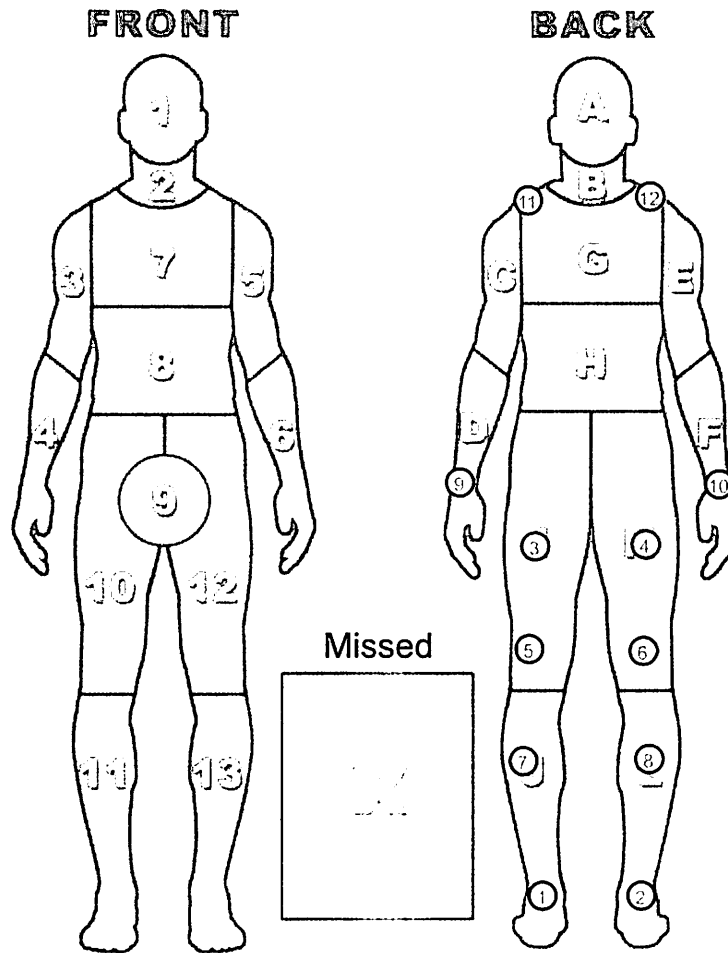
## Involved Officers

Police Officer Nicholas Buell - 0179

|                                      |   |
|--------------------------------------|---|
| Assignment<br>at time of<br>incident | Custody Officer Administrative Services/Custody |
| Role                                 | —   |

Force used by this Officer against Citizen

- o WRAP - Force Effective: Yes — Points: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12



Injuries Sustained By Officer

No injuries noted or visible —  
Points:

Police Officer Kristen Ehr - 0200

Assignment at time of incident      Police Officer Patrol Operations/Patrol/B Nights

Role      —

Force used by this Officer against Citizen

- o Taser - Force Effective: Limited — Points: Non-Contact

Serial Number —

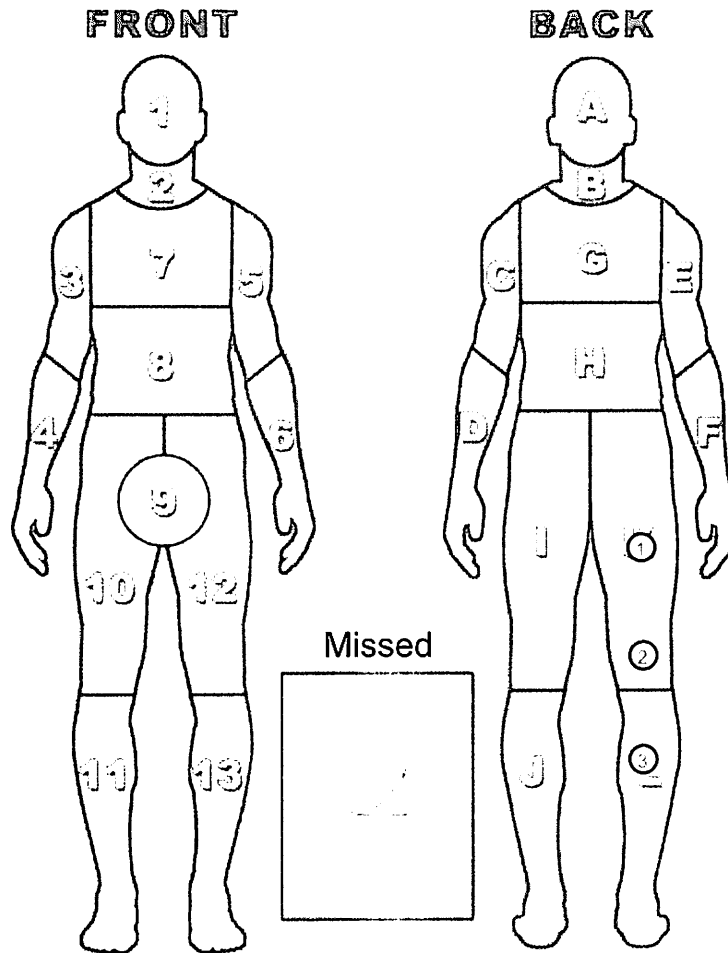
Cartridge Number —

Type of Usage Device displayed only

Arc Display No

Citizen painted with laser/red dot No

- o WRAP - Force Effective: Yes — Points: 1, 2, 3



Injuries Sustained By Officer

No injuries noted or visible —

Points:

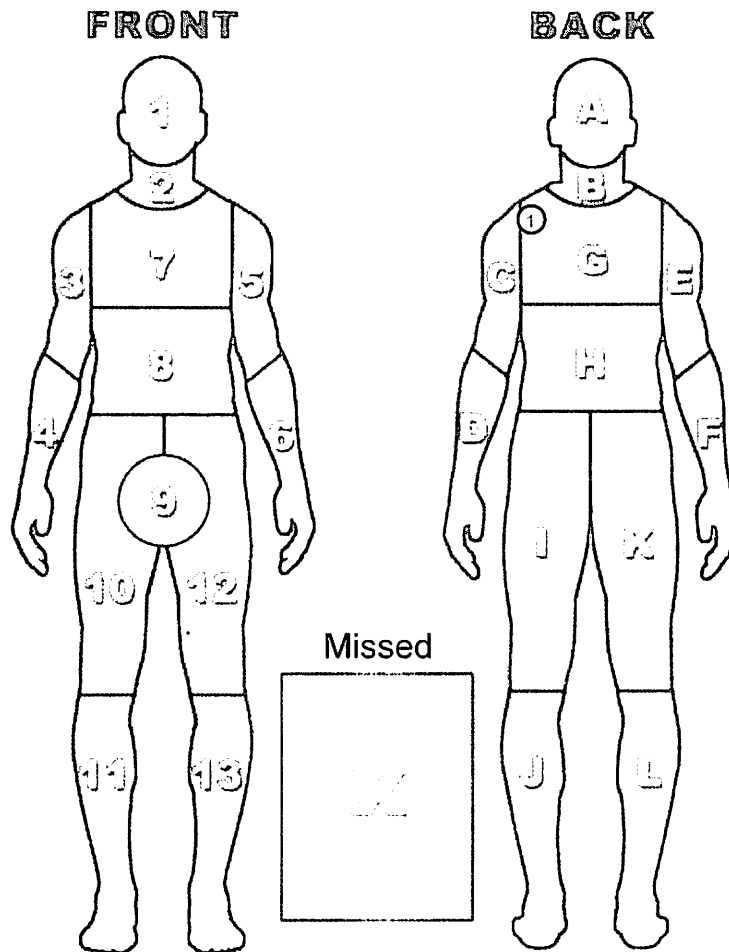
Sergeant Derek Carlile - 0097

Assignment at time of incident Sergeant Patrol Operations/Patrol/B Nights/Supervisor

Role —

Force used by this Officer against Citizen

- o WRAP - Force Effective: Yes — Points: 1



Injuries Sustained By Officer

No injuries noted or visible —  
Points:

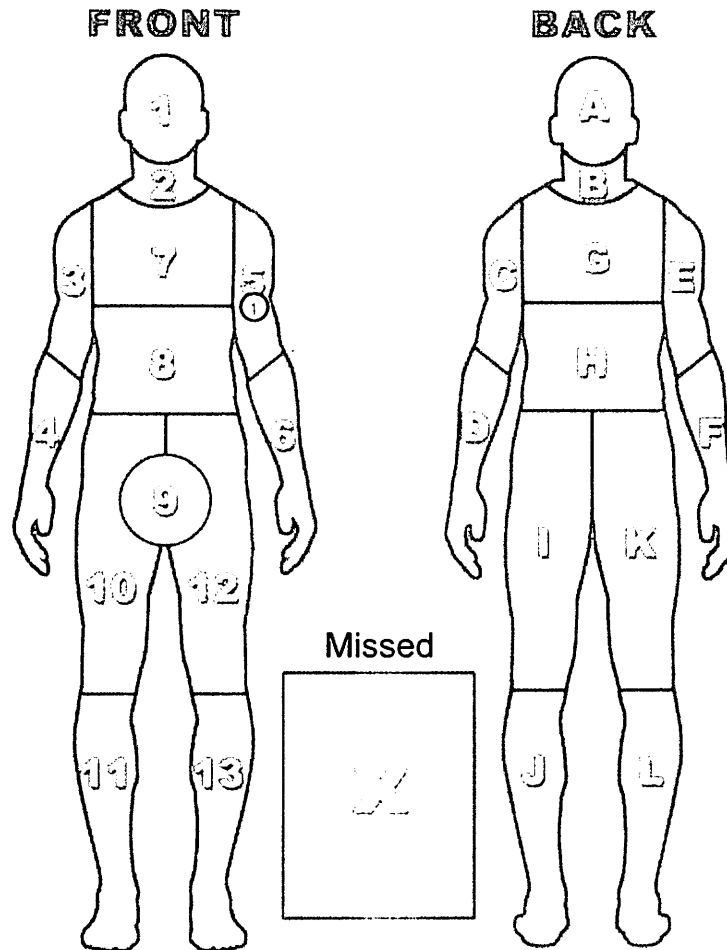
Police Officer Jerry Duemmell - 0216

Assignment at time of incident      Police Officer Patrol Operations/Patrol/B Nights

Role      —

Force used by this Officer against Citizen

- Physical Controls - Force Effective: Yes — Points: 1



Injuries Sustained By Officer

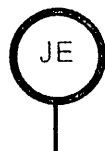
No injuries noted or visible —  
Points:

Attachments

| Date Attached | Attachment Description           | Attachment Type |
|---------------|----------------------------------|-----------------|
| 10/30/2022    | Incident Report Johnston, Shelby | doc             |
| 10/31/2022    | Sgt. Carlile Report              | pdf             |
| 10/31/2022    | Officer Ehr Report               | pdf             |
| 10/31/2022    | Officer Duemmell Report          | pdf             |

Assignment History

11/30/2022  
13:23



Pol J Elton

Field status changed in IAPro from To IA to Released

11/30/2022  
13:23



Pol J Elton  
Released back to IAPro

### Chain of Command History

10/31/2022  
05:10



Custody Officer Nicholas Buell » Sergeant Christopher Jones

11/25/2022  
11:27

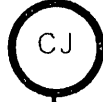


Sergeant Christopher Jones

The WRAP was used within policy and in an effort to protect the arrestee and officers involved from injury. The successful application of the WRAP system allowed staff to take the subject into custody and secure him safely and without additional force.

Signature line \_\_\_\_\_

11/25/2022  
11:27



Sergeant Christopher Jones » Police Commander Mark Thomas  
For your review.

11/28/2022  
12:20



Police Commander Mark Thomas

[Forwarded by Police Commander Mark Thomas]

Signature line \_\_\_\_\_

11/28/2022  
12:20



Police Commander Mark Thomas » Police Commander Jonathan Elton  
Ready for PSU Review

11/30/2022  
13:16



Police Commander Jonathan Elton

[Ready for IAPro by Police Commander Jonathan Elton]

Signature line \_\_\_\_\_

### Assigned Investigator Signature Line

\_\_\_\_\_

[Pending assignment]



**MARYSVILLE POLICE DEPARTMENT**  
 501 Delta Avenue  
 Marysville, WA 98270  
 (360)363-8300

**Initial Case Report**

Case Report # **2022-00051923**

|              |  |   |                  |
|--------------|--|---|------------------|
| <b>EVENT</b> | OCCURRED INCIDENT TYPE<br><p style="text-align: center;"><b>Assault - Felony</b></p> | DATE/TIME REPORTED<br><b>10/29/2022 22:35</b> | ASSOCIATED CASES |
|              | LOCATION OF OCCURRENCE<br><b>3955 156TH ST NE<br/>         MARYSVILLE, WA 98271</b>  | OCCURRED DATE/TIME<br><b>10/29/2022 22:35</b> |                  |
|              |  | OCCURRED THROUGH<br><b>10/29/2022 22:35</b>   |                  |

|                 |  |          |                |
|-----------------|--|----------|----------------|
| <b>OFFENSES</b> | STATUTE / DESCRIPTION<br><b>ASSAULT 3 [PUB OFF-STRONGARM]<br/>         9A.36.031[1309]</b> | Counts   | Attempt/Commit |
|                 |  | <b>1</b> | <b>Commit</b>  |
|                 |  |          |                |

|                |   |   |                        |                      |                    |                                      |  |
|----------------|---|---|------------------------|----------------------|--------------------|--------------------------------------|--|
| <b>SUBJECT</b> | <input type="checkbox"/> NON-DISCLOSURE                   |   |                        |                      |                    |                                      |  |
|                | SUBJECT TYPE<br><b>Arrestee</b>                           | NAME<br><b>Adult / JOHNSTON, SHELBY CHARLES</b> |                        |                      |                    | DOB / AGE RANGE<br><b>04/05/1997</b> |  |
|                | ADDRESS<br><b>328 E OAK ST<br/>SHELTON, WA 98584-3134</b> |   |                        |                      |                    | PRIMARY PHONE                        |  |
|                |   |   |                        |                      |                    | SECONDARY PHONE                      |  |
|                | RACE<br><b>White</b>                                      | SEX<br><b>Male</b>                              | HEIGHT<br><b>5' 8"</b> | WEIGHT<br><b>130</b> | HAIR<br><b>BRO</b> | EYE<br><b>BLU</b>                    |  |
|                | DL NUMBER<br><b>DRIVERS LICENSE</b>                       | DL STATE<br><b>WA</b>                           | EMPLOYER               |                      |                    |                                      |  |

|                |   |  |                        |                      |                    |                                       |  |
|----------------|---|--|------------------------|----------------------|--------------------|---------------------------------------|--|
| <b>SUBJECT</b> | <input type="checkbox"/> NON-DISCLOSURE                         |  |                        |                      |                    |                                       |  |
|                | SUBJECT TYPE<br><b>Victim</b>                                   | NAME<br><b>Adult / JIMENEZ, SANDRA DESIREE</b> |                        |                      |                    | DOB / AGE RANGE<br><b>12/21/1987</b>  |  |
|                | ADDRESS<br><b>2829 SILVER CREST DR<br/>MILL CREEK, WA 98012</b> |  |                        |                      |                    | PRIMARY PHONE<br><b>(206)981-8018</b> |  |
|                |   |  |                        |                      |                    | SECONDARY PHONE                       |  |
|                | RACE<br><b>White</b>  | SEX<br><b>Female</b>                           | HEIGHT<br><b>5' 1"</b> | WEIGHT<br><b>180</b> | HAIR<br><b>BRO</b> | EYE<br><b>BLK</b>                     |  |
|                | DL NUMBER<br><b>DRIVERS LICENSE</b>                             | DL STATE<br><b>WA</b>                          | EMPLOYER               |                      |                    |                                       |  |

|                |                       |       |      |       |
|----------------|-----------------------|-------|------|-------|
| <b>VEHICLE</b> | PROPERTY CODE         |       | YEAR | COLOR |
|                | TYPE / MAKE / MODEL / |       |      |       |
|                | PLATE                 | STATE | VIN  | VALUE |
|                | DESCRIPTION           |       |      |       |
|                |                       |       |      |       |

|                 |                       |                     |       |       |
|-----------------|-----------------------|---------------------|-------|-------|
| <b>PROPERTY</b> | PROPERTY CODE         |                     |       |       |
|                 | SERIAL NUMBER         | QTY/UNIT OF MEASURE | VALUE | COLOR |
|                 | TYPE / MAKE / MODEL / |                     |       |       |
|                 | DESCRIPTION           |                     |       |       |
|                 |                       |                     |       |       |

|  |  |
|--|--|
| REPORTING OFFICER / ID #<br><b>Duemmel, Jerry 0216</b> | APPROVING SUPERVISOR<br><b>Farley, Christopher</b> |
|--|--|

Complete report details do not print in this format.





**MARYSVILLE POLICE DEPARTMENT**  
 501 Delta Avenue  
 Marysville, WA 98270  
 (360)363-8300

**Initial Case Report**

Case Report # **2022-00051923**

**ADDITIONAL SUBJECTS**

|                         |   |                       |  |                        |                      |                                       |                                      |  |
|-------------------------|---|-----------------------|--|------------------------|----------------------|---------------------------------------|--------------------------------------|--|
| <b>SUBJECT</b>          | <input type="checkbox"/> NON-DISCLOSURE                     |                       |  |                        |                      |                                       |                                      |  |
|                         | SUBJECT TYPE<br><b>Witness</b>                              |                       | NAME<br><b>Adult / DOMINGUEZ GONZALEZ, MARTHA NONE</b> |                        |                      |                                       | DOB / AGE RANGE<br><b>01/12/1994</b> |  |
|                         | ADDRESS<br><b>507 FILBERT LN a<br/>Burlington, WA 98233</b> |                       |  |                        |                      | PRIMARY PHONE<br><b>(360)202-5370</b> |                                      |  |
|                         |   |                       |  |                        |                      | SECONDARY PHONE                       |                                      |  |
|                         | RACE<br><b>Unknown</b>                                      |                       | SEX<br><b>Female</b>                                   | HEIGHT<br><b>4' 9"</b> | WEIGHT<br><b>153</b> | HAIR<br><b>BLK</b>                    | EYE<br><b>BRO</b>                    |  |
| DL NUMBER<br>[REDACTED] |   | DL STATE<br><b>WA</b> |  | EMPLOYER               |                      |                                       |                                      |  |

|                |   |          |      |          |        |                 |                 |  |
|----------------|---|----------|------|----------|--------|-----------------|-----------------|--|
| <b>SUBJECT</b> | <input type="checkbox"/> NON-DISCLOSURE |          |      |          |        |                 |                 |  |
|                | SUBJECT TYPE                            |          | NAME |          |        |                 | DOB / AGE RANGE |  |
|                | ADDRESS                                 |          |      |          |        | PRIMARY PHONE   |                 |  |
|                |   |          |      |          |        | SECONDARY PHONE |                 |  |
|                | RACE                                    |          | SEX  | HEIGHT   | WEIGHT | HAIR            | EYE             |  |
| DL NUMBER      |   | DL STATE |      | EMPLOYER |        |                 |                 |  |

|                |   |          |      |          |        |                 |                 |  |
|----------------|---|----------|------|----------|--------|-----------------|-----------------|--|
| <b>SUBJECT</b> | <input type="checkbox"/> NON-DISCLOSURE |          |      |          |        |                 |                 |  |
|                | SUBJECT TYPE                            |          | NAME |          |        |                 | DOB / AGE RANGE |  |
|                | ADDRESS                                 |          |      |          |        | PRIMARY PHONE   |                 |  |
|                |   |          |      |          |        | SECONDARY PHONE |                 |  |
|                | RACE                                    |          | SEX  | HEIGHT   | WEIGHT | HAIR            | EYE             |  |
| DL NUMBER      |   | DL STATE |      | EMPLOYER |        |                 |                 |  |

|                |   |          |      |          |        |                 |                 |  |
|----------------|---|----------|------|----------|--------|-----------------|-----------------|--|
| <b>SUBJECT</b> | <input type="checkbox"/> NON-DISCLOSURE |          |      |          |        |                 |                 |  |
|                | SUBJECT TYPE                            |          | NAME |          |        |                 | DOB / AGE RANGE |  |
|                | ADDRESS                                 |          |      |          |        | PRIMARY PHONE   |                 |  |
|                |   |          |      |          |        | SECONDARY PHONE |                 |  |
|                | RACE                                    |          | SEX  | HEIGHT   | WEIGHT | HAIR            | EYE             |  |
| DL NUMBER      |   | DL STATE |      | EMPLOYER |        |                 |                 |  |

|                |   |          |      |          |        |                 |                 |  |
|----------------|---|----------|------|----------|--------|-----------------|-----------------|--|
| <b>SUBJECT</b> | <input type="checkbox"/> NON-DISCLOSURE |          |      |          |        |                 |                 |  |
|                | SUBJECT TYPE                            |          | NAME |          |        |                 | DOB / AGE RANGE |  |
|                | ADDRESS                                 |          |      |          |        | PRIMARY PHONE   |                 |  |
|                |   |          |      |          |        | SECONDARY PHONE |                 |  |
|                | RACE                                    |          | SEX  | HEIGHT   | WEIGHT | HAIR            | EYE             |  |
| DL NUMBER      |   | DL STATE |      | EMPLOYER |        |                 |                 |  |

|  |  |
|--|--|
| REPORTING OFFICER / ID #<br><b>Duemmell, Jerry</b> <b>0216</b> | APPROVING SUPERVISOR<br><b>Farley, Christopher</b> |
|--|--|



**MARYSVILLE POLICE DEPARTMENT**  
 501 Delta Avenue  
 Marysville, WA 98270  
 (360)363-8300

**Initial Case Report**

Case Report # **2022-00051923**

**NARRATIVE**

**Marysville Police Department**

**Officer J. Duemmell's Report #216**

**Date: 10/29/2022**

**Time: 2235 Hours**

**Address: Smokey Point Behavioral Hospital 3955 156th ST NE**

**Report Type: Assault 3**

**Case #: 2022-00051923**

**Officer Assignment:**

I, Jerry Duemmell, am a commissioned police officer in the State of Washington and employed by the City of Marysville, County of Snohomish. I was on patrol on today's date and time, in the area described above, within the city limits of Marysville, in a fully marked police vehicle with emergency lights, siren and decals and in full police uniform complete with badge and shoulder patches.

**Officer Actions:**

On the above date and time I had my department issued Axon body camera affixed to the front of my external vest. At the time of contact it was recording. Video later uploaded to .

On the above date and time I responded to the listed address for a report. "INTAKE HALWAY, PUNCHED EMPL IN FACE TWICE, IS STILL SCREAMING SUBJ STILL INSIDE, IS NOW ALONE IN ROOM, DOOR LOCKED, SUBJ TRYING TO BREAK WINDOW WITH HIS FIST."

Upon arrival I contacted Hospital intake worker Jimenez, Sandra who provided the following account: She stated that she was talking to Johnston, Shelby in the door way of the bubble room when he tried to push his way past her. Sandra was trying to pull the door closed but Shelby was holding it open with one hand and reaching at her with his other hand. Shelby pulled her face mask off and then punched her in the right side of her face with a closed fist. Sandra continued to try to close the door and Shelby grabbed her left thumb and tried to bend it all the way backwards. Sandra believed that Shelby was trying to break her thumb when he was bending it backwards. Sandra's coworker Dominguez, Martha then ran over to help and Shelby spit at her. They were then able to close the door and secure Shelby in the bubble room until officers arrived on scene. Sandra declined to be seen by aid.

This report was submitted from an electronic device owned, issued, or maintained by a law enforcement agency using my user ID and password. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

|  |   |
|--|---|
| REPORTING OFFICER / ID #<br>Duemmell, Jerry 0216 | APPROVING SUPERVISOR<br>Farley, Christopher |
| LOCATION SIGNED Snohomish County, WA             | DATE SIGNED 10/29/2022                      |



**MARYSVILLE POLICE DEPARTMENT**  
 501 Delta Avenue  
 Marysville, WA 98270  
 (360)363-8300

**Initial Case Report**

Case Report # **2022-00051923**

**NARRATIVE (continuation)**

Myself and other officers entered the room and took Shelby into custody without incident. Custody Officer Buell cuffed Shelby's hands behind his back as myself and SGT Carlile controlled his arms. Once the scene was secure I read Shelby his Miranda warnings.

Shelby was taken into custody for Assault 3 on a healthcare worker and transported to Snohomish County Jail without incident.

Sandra and Martha completed written statements that were submitted to the case jacket.

**Disposition:** Shelby booked into Snohomish County Jail for assault 3.

*This document was submitted on a device that is owned, issued or maintained by the Marysville Police Department which is an identified criminal justice agency in Washington State.*

*I certify under penalty of perjury under the laws of the State of Washington the foregoing is true and correct (RCW 9A.72.085) and I am entering my authorized user ID and password to authenticate it.*

*Officer Jerry Duemmell #0216*

*Marysville Police Department*

*Date: 10/29/2022*

This report was submitted from an electronic device owned, issued, or maintained by a law enforcement agency using my user ID and password. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

|   |   |
|---|---|
| REPORTING OFFICER / ID #<br>Duemmell, Jerry<br>0216 | APPROVING SUPERVISOR<br>Farley, Christopher |
| LOCATION SIGNED Snohomish County, WA                | DATE SIGNED 10/29/2022                      |

This officer's narrative is complete when an approving supervisor's name is attached. Complete report details do not print in this format. MP Case 2022-00051923 Page 4 OF 4

**MARYSVILLE POLICE DEPARTMENT**501 Delta Avenue  
Marysville, WA 98270  
(360)363-8300**Case Supplement Report**

Case Report # 2022-00051923

DATE/TIME REPORTED  
10/29/2022 22:35

| OFFENSES              | STATUTE / DESCRIPTION                   |  |                     |          |        |          |                 | Counts | Attempt/Commit |
|-----------------------|---|--|---------------------|----------|--------|----------|-----------------|--------|----------------|
|                       |   |  |                     |          |        |          |                 |        |                |
|                       |   |  |                     |          |        |          |                 |        |                |
|                       |   |  |                     |          |        |          |                 |        |                |
| SUBJECT               | <input type="checkbox"/> NON-DISCLOSURE |  |                     |          |        |          |                 |        |                |
|                       | SUBJECT TYPE                            |  | NAME                |          |        |          | DOB / AGE RANGE |        |                |
|                       | ADDRESS                                 |  |                     |          |        |          | PRIMARY PHONE   |        |                |
|                       |   |  |                     |          |        |          | SECONDARY PHONE |        |                |
|                       | RACE                                    |  |                     | SEX      | HEIGHT | WEIGHT   | HAIR            | EYE    |                |
|                       | DL NUMBER                               |  |                     | DL STATE |        | EMPLOYER |                 |        |                |
| SUBJECT               | <input type="checkbox"/> NON-DISCLOSURE |  |                     |          |        |          |                 |        |                |
|                       | SUBJECT TYPE                            |  | NAME                |          |        |          | DOB / AGE RANGE |        |                |
|                       | ADDRESS                                 |  |                     |          |        |          | PRIMARY PHONE   |        |                |
|                       |   |  |                     |          |        |          | SECONDARY PHONE |        |                |
|                       | RACE                                    |  |                     | SEX      | HEIGHT | WEIGHT   | HAIR            | EYE    |                |
|                       | DL NUMBER                               |  |                     | DL STATE |        | EMPLOYER |                 |        |                |
| VEHICLE               | PROPERTY CODE                           |  |                     |          |        | YEAR     | COLOR           |        |                |
|                       | TYPE / MAKE / MODEL /                   |  |                     |          |        |          |                 |        |                |
|                       | PLATE                                   |  | STATE               | VIN      |        |          | VALUE           |        |                |
|                       | DESCRIPTION                             |  |                     |          |        |          |                 |        |                |
|                       | PROPERTY CODE                           |  |                     |          |        |          |                 |        |                |
|                       | SERIAL NUMBER                           |  | QTY/UNIT OF MEASURE |          |        | VALUE    | COLOR           |        |                |
| TYPE / MAKE / MODEL / |   |  |                     |          |        |          |                 |        |                |
| DESCRIPTION           |   |  |                     |          |        |          |                 |        |                |

REPORTING OFFICER / ID #

Ehr, Kristen

0200

APPROVING SUPERVISOR



**MARYSVILLE POLICE DEPARTMENT**  
 501 Delta Avenue  
 Marysville, WA 98270  
 (360)363-8300

**Case Supplement Report**

Case Report # **2022-00051923**

**NARRATIVE**

**Marysville Police Department  
 Officer K. Ehr's Report #0200**

**Date: 10/29/2022**

**Time: 2235 hours**

**Address: 3955 156<sup>th</sup> St NE, Marysville, WA**

**Report Type: Assault supplement**

**Case #: 2022-00051923**

Officer Assignment: I, Kristen Ehr, am a commissioned police officer in the State of Washington and employed by the City of Marysville, County of Snohomish. I was on patrol on today's date and time, in the area described above, within the city limits of Marysville, in a fully marked police vehicle with emergency lights, siren and decals and in full police uniform complete with badge and shoulder patches. This incident was captured on my department issued Axon body-worn video camera, which was activated and running at the time of this incident, and was uploaded to Evidence.com. Below is a summary of the footage captured by my body worn camera.

On the above date and time I was dispatched to an assault at the Smokey Point Behavioral Hospital at 3955 156<sup>th</sup> St NE, Marysville, WA. The reporting party, Martha Dominguez, was reporting that a patient punched an employee. The reporting party also reported that the subject was still inside the Hospital, and was alone in a room with the door locked. It was also reported that the subject was trying to break the window of the room that he was locked in.

When I arrived on scene other officers were already talking with the victim, later identified as Sandra Jimenez. Once they finished interviewing her I had her fill out a statement form. On the statement form Jimenez wrote about how the male subject that was locked inside the room punched her in the face with a closed fist and bent her thumb backward. I took photographs of Jimenez's face and thumb and later uploaded the photographs to evidence.com.

I also provided a statement form to another employee, Martha Dominguez, who witnessed the incident. Dominguez wrote about how she witnessed her coworker get punched in the face and thumb pulled backward by the male subject.

Once enough officers arrived on scene we went into the room that the male was locked in to take him into custody. I provided cover with a less lethal option, my Taser, while other officers took

This report was submitted from an electronic device owned, issued, or maintained by a law enforcement agency using my user ID and password. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

|  |                           |
|--|---------------------------|
| REPORTING OFFICER / ID #<br>Ehr, Kristen<br>0200 | APPROVING SUPERVISOR      |
| LOCATION SIGNED<br>Snohomish County, WA          | DATE SIGNED<br>10/30/2022 |

This officer's narrative is complete when an approving supervisor's name is attached. Complete report details do not print in this format.

**MARYSVILLE POLICE DEPARTMENT**501 Delta Avenue  
Marysville, WA 98270  
(360)363-8300**Case Supplement Report**Case Report # **2022-00051923****NARRATIVE (continuation)**

the subject into custody. I did not use my Taser and the subject was taken into custody without incident. I then assisted other officers in placing the subject in the WRAP device and then I cleared the scene.

*This document was submitted on a device that is owned, issued or maintained by the Marysville Police Department which is an identified criminal justice agency in Washington State. I certify under penalty of perjury under the laws of the State of Washington the foregoing is true and correct (RCW 9A.72.085) and I am entering my authorized user ID and password to authenticate it.*

*Officer Kristen Ehr #0200  
Marysville Police Department  
Date: 10/30/2022*

This report was submitted from an electronic device owned, issued, or maintained by a law enforcement agency using my user ID and password. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

|   |                           |
|---|---------------------------|
| REPORTING OFFICER / ID #<br>Ehr, Kristen 0200 | APPROVING SUPERVISOR      |
| LOCATION SIGNED<br>Snohomish County, WA       | DATE SIGNED<br>10/30/2022 |

This officer's narrative is complete when an approving supervisor's name is attached. Complete report details do not print in this format.



**MARYSVILLE POLICE DEPARTMENT**  
 501 Delta Avenue  
 Marysville, WA 98270  
 (360)363-8300

**Case Supplement Report**

Case Report # **2022-00051923**

DATE/TIME REPORTED

**10/29/2022 22:35**

OFFENSES

STATUTE / DESCRIPTION

Counts

Attempt/Commit

SUBJECT

NON-DISCLOSURE

SUBJECT TYPE

NAME

DOB / AGE RANGE

ADDRESS

PRIMARY PHONE

SECONDARY PHONE

RACE

SEX

HEIGHT

WEIGHT

HAIR

EYE

DL NUMBER

DL STATE

EMPLOYER

SUBJECT

NON-DISCLOSURE

SUBJECT TYPE

NAME

DOB / AGE RANGE

ADDRESS

PRIMARY PHONE

SECONDARY PHONE

RACE

SEX

HEIGHT

WEIGHT

HAIR

EYE

DL NUMBER

DL STATE

EMPLOYER

VEHICLE

PROPERTY CODE

YEAR

COLOR

TYPE /

MAKE /

MODEL /

PLATE

STATE

VIN

VALUE

DESCRIPTION

PROPERTY

PROPERTY CODE

SERIAL NUMBER

QTY/UNIT OF MEASURE

VALUE

COLOR

TYPE /

MAKE /

MODEL /

DESCRIPTION

REPORTING OFFICER / ID #

**Carlile, Derek**

**0097**

APPROVING SUPERVISOR

**Carlile, Derek**



**MARYSVILLE POLICE DEPARTMENT**  
 501 Delta Avenue  
 Marysville, WA 98270  
 (360)363-8300

**Case Supplement Report**

Case Report # **2022-00051923**

**NARRATIVE**

**Marysville Police Department**

**Sergeant Carlile Report**

**Date:** 10-29-2022

**Time:** 2235 hrs.

**Address:** 3955 156<sup>th</sup> St NE Marysville, WA 98270

**Report Type:** Assault 3<sup>rd</sup> Degree

**Case #:** 2022-00051923

**Officer Assignment:** I, Derek Carlile am a commissioned police officer in the State of Washington and employed by the City of Marysville. On this date and time I was assigned as 85S with the Marysville Police Department. During the incident I was wearing my clearly identified police uniform and vest with patches on. I was also driving a fully marked police vehicle.

This incident was captured on my body worn camera and the footage has been uploaded to evidence.com. My narrative is a summary of the events as I perceive them and does not contain a full account. Feel free to review my BWC footage for a more detailed understanding of the events.

**Officer Action:** On 10/29/2022 around 2235 hours I responded to an assault that took place at Smokey Point Behavior health which is located at 3955 156<sup>th</sup> St Ne in Marysville, WA. I arrived on scene to assist Officer Duemmell.

I learned a male named Shelby C. Johnston 04/05/1997 had punched the intake worker in the face and attempted to break her thumb. Shelby was locked in a safe room which the employee referred to as the bubble room. When we arrive Shelby was very agitated. He was yelling and screaming at us through the glass window. Shelby stared into my eyes and stepped back and

This report was submitted from an electronic device owned, issued, or maintained by a law enforcement agency using my user ID and password. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

|  |   |
|--|---|
| REPORTING OFFICER / ID #<br><b>Carlile, Derek</b> 0097 | APPROVING SUPERVISOR<br><b>Carlile, Derek</b> |
| LOCATION SIGNED<br><b>Snohomish County, WA</b>         | DATE SIGNED<br><b>10/29/2022</b>              |

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**MARYSVILLE POLICE DEPARTMENT**  
 501 Delta Avenue  
 Marysville, WA 98270  
 (360)363-8300

**Case Supplement Report**

Case Report # **2022-00051923**

**NARRATIVE (continuation)**

punched the glass directly in front of my face with a fist. The force he punched the glass with was actually impressive taking into account his small stature. Employees advised us he was also known to spit in the faces of employees.

We called Officer Buell from the jail to come assist us in case Shelby attempted to fight with us. I had told him multiple times to lay down on the ground in order to have him in a position of disadvantage before we came in the room. Shelby wouldn't follow directions.

Once Officer Buell arrived we formulated a plan to take Shelby into custody for the assault 3. We then entered the room and Shelby was laying on the ground. We took him into custody without incident. We put the wrap device on him to protect him from harming others. He was then placed into the back of Officer Buell's vehicle and transported to Snohomish County Jail to be booked for assault 3<sup>rd</sup> degree.

This ends my involvement in the case

End Report.

*This document was submitted on a device that is owned, issued or maintained by the Marysville Police Department which is an identified criminal justice agency in Washington State.*

*I certify under penalty of perjury under the laws of the State of Washington the foregoing is true and correct (RCW 9A.72.085) and I am entering my authorized user ID and password to authenticate it.*

*Derek Carlile*

10/30/2022

Sergeant D. Carlile MP0097

Marysville, Washington

This report was submitted from an electronic device owned, issued, or maintained by a law enforcement agency using my user ID and password. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

|   |   |
|---|---|
| REPORTING OFFICER / ID #<br><b>Carlile, Derek</b> <b>0097</b> | APPROVING SUPERVISOR<br><b>Carlile, Derek</b> |
| LOCATION SIGNED<br><b>Snohomish County, WA</b>                | DATE SIGNED<br><b>10/29/2022</b>              |

This officer's narrative is complete when an approving supervisor's name is attached. Complete report details do not print in this format.

**Marysville Police Department  
Custody Officer N. Buell/ MP0179**

**CASE#: 2022-00051923**

**SUSPECT/INVOLVED: Johnston, Shelby (04/05/1997)**

**INCIDENT/CRIME: Use of WRAP**

**DATE OF OFFENSE/REPORT: 10/29/2022**

**AUTHORITY:**

I, Nicholas Buell, am a Custody Officer with a limited commission by the City of Marysville, WA.

**ASSIGNMENT:**

- I am currently assigned to the Detention Division of the Marysville Police Dept.
- During this incident, I was wearing an approved Custody Officer uniform, including department patches, badge and Custody insignia.
- On the above date, I was working within the Marysville Jail located at 601 Delta Ave within the city limits of Marysville, Snohomish County, Washington.
- **BWC:** At the time of this incident I was wearing my department issued Body Worn Camera (BWC). The camera was activated and recording. The video footage was later uploaded to Evidence.com as evidence.

**ELEMENTS OF CRIME/INCIDENT:**

At approximately 2230 hours on the above date, a call was created for an assault priority at the Smokey Point Behavioral Hospital, located at 3955 156<sup>th</sup> St NE, Marysville, WA. Corporal Stewart requested that I attach myself to the call and assist patrol with applying the WRAP to the assaulter. I alerted dispatch that I would be en route to the call location and arrived at approximately 2315.

Once on scene, I gathered with Sergeant Carlile, Officer Duemmell, and Officer Ehr to gather information and come up with a game plan. The alleged aggressor was Shelby Johnston, whom I was informed had punched and spit on hospital staff which gave us probable cause to arrest Johnston for Assault in the 3<sup>rd</sup> degree. I was told that Johnston was currently locked in an empty room called "the bubble". Sgt. Carlile informed me that the last contact he had with Johnston while in that room, Johnston was still very aggressive, punching and spitting on the door. Our plan to effect an arrest was to get Johnston in a face down position while Sgt. Carlile and Officer Duemmell control his arms, so that I could then place him into handcuffs. Officer Ehr would standby with Taser in case we were not able to gain control or compliance from Johnston.

I retrieved the WRAP device from the rear of my transport vehicle, then activated my BWC as I entered the building. I observed Johnston inside of an empty, locked room that was approximately 10 feet by 20 feet. The floors were wooden and Johnston was lying in a face down position, but he had eventually sat with his back to the wall, facing the door. After approximately 10 minutes of entering the building, we were ready to unlock the door to the room and contact Johnston.

Upon entering the room, we announced ourselves as Marysville Police and advised Johnston that he was under arrest. Johnston voiced his frustration but was not physically resisting. Sgt. Carlile and Officer Duemmell easily rolled Johnston onto his stomach while controlling his arms. I controlled Johnston's legs until I felt we had Johnston efficiently controlled, then placed him in handcuffs. The handcuffs were then checked for tightness and double locked. At approximately 2330, Sgt. Carlile advised dispatch we had one in custody.

Although Johnston was currently compliant, because of his mental state and ability to quickly become combative, I determined that the use of the WRAP would be an ideal tool to mitigate the potential use of force. I have voluntarily been placed into the WRAP in previous trainings and know from experience that the device is not painful, but is good at restricting excessive body movement. This is especially useful for subjects who are physically resisting or attempting self-harm.

After successfully placing Johnston into the WRAP, Sgt. Carlile, Officer Duemmell, and I carefully carried Johnston outside and placed him into the back seat of my unmarked transport vehicle. Officer Ehr placed Johnston's belongings (contained in a white plastic bag) in the front passenger seat of my vehicle. After getting Johnston situated into the back seat, I properly secured him with the seatbelt and made sure he was comfortable.

I alerted dispatch that I would be transporting one male to the Snohomish County Jail. I requested to have county deputies advised that I would arrive in approximately 20 minutes so that I could receive assistance getting Johnston out of my vehicle and out of the WRAP. Johnston did not make any noise for the entirety of the transport. Once I arrived at the county jail, I informed the assisting deputies of Johnston's actions and charges, but that he was currently compliant. Johnston was carried inside to the booking area by county deputies where he was successfully removed from the WRAP without incident. During the removal of the WRAP, I deactivated my BWC. Johnston was placed into a holding cell in their custody before I cleared the jail and returned to Marysville.

## **END OF REPORT**

***This document was submitted on a device that is owned, issued or maintained by the Marysville Police Department which is an identified criminal justice agency in Washington State.***

***I certify under penalty of perjury under the laws of the State of Washington the foregoing is true and correct (RCW 9A.72.085) and I am entering my authorized user ID and password to authenticate it.***

***Custody Officer N. Buell, MP0179  
Marysville Police Department  
Date: 10/29/2022***

# Redaction Log

Total Number of Redactions in Document: 3

## Redaction Reasons by Page

| Page | Reason          | Description  | Occurrences |
|------|-----------------|--|-------------|
| 8    | DRIVERS LICENSE | 18 USC 2721; 18 USC 2725 Prohibits release of driver's or identification number, photograph, social security number, name, address, phone number and medical/ disability information from DOL records. | 2           |
| 9    | DRIVERS LICENSE | 18 USC 2721; 18 USC 2725 Prohibits release of driver's or identification number, photograph, social security number, name, address, phone number and medical/ disability information from DOL records. | 1           |

# Redaction Log

## Redaction Reasons by Exemption

| Reason          | Description   | Pages<br>(Count) |
|-----------------|---|------------------|
| DRIVERS LICENSE | 18 USC 2721; 18 USC 2725 Prohibits release of driver's or identification number, photograph, social security number, name, address, phone number and medical/disability information from DOL records. | 8(2)<br>9(1)     |