

CONFIDENTIAL

**Washington State Correction
Center for Women**



**Intelligence & Investigations
Case File
11-047-04-F01**

CONFIDENTIAL

0728

GSR

POLYGRAPH SERVICES

INVOICE # 04-022

Federal ID 532626194

William D. Tufts
1409 18th Ave Court SW
Puyallup, WA 98371

11/9/04

Department of Corrections
Office of Correctional Operations
Attn: Steve Baxter
9601 Bujacich Road NW
Gig Harbor, WA 98335-0017

Attn: Investigator Baxter

A polygraph examination was requested for the following subject:

11-9-04

[REDACTED]

\$200.00

Total Examination Fee

\$200.00

0729

We appreciate your business!

GSR
POLYGRAPH SERVICES

William D. Tufts
1409 18th Ave CT. SW
Puyallup, WA 98371

POLYGRAPH EXAMINATION REPORT

TO: Investigator Steve Baxter
Department of Corrections
Washington Corrections Center for Women
9601 Bujacich Road NW
Gig Harbor, WA 98335

Subject: [REDACTED]	Examination Date: 11/9/04
DOB: [REDACTED] 1980	Offense: Statement Verification
Requested by: Investigator Steve Baxter	

Purpose of Examination: To verify or refute the subject's allegations that AC Cook Ron Blannon never grabbed her butt.

Prior to the polygraph examination, the subject was advised of his Polygraph Rights and waived these rights by signing the attached form.

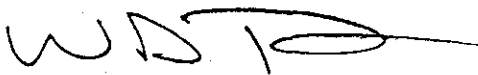
CONCLUSIONS

A polygraph examination was administered to the subject on the above issues.

Based on the physiological responses produced by the subject on two (2) polygraph charts, in the opinion of this examiner, she was not attempting deception when she answered "no" to the following relevant questions:

1. Has AC Cook Ron ever grabbed your butt?
2. Regarding AC Cook Ron, has he ever grabbed your butt?

Note: [REDACTED] relayed the following statement on how this situation occurred. According to [REDACTED] inmate [REDACTED] told [REDACTED] that she (inmate [REDACTED]) was going to get both AC Cook Ron Blannon and [REDACTED] in trouble. This occurred approximately one week before this complaint was made. [REDACTED] was not sure why inmate [REDACTED] was the one who verbalized the incident.



Examiner: William D. Tufts

November 9, 2004
Date of Report

POLYGRAPH EXAMINATION STATEMENT OF CONSENT

Date 11-9-04 Time 1745 Place Purdy

Examination of [REDACTED]

I, [REDACTED], understand a polygraph examination administered by **GSR** polygraph services for the WCCW is being conducted concerning Statement Verification. I also understand that I cannot be required to submit to a polygraph examination without my consent. Additionally, that if the answers during the examination show deception, I may be asked to explain.

I hold **GSR** polygraph services and William Tufts harmless and free from any liability for any acts or omission by any other parties or agencies and release and hold harmless any persons or agencies from any and all claims or liabilities alleged to result from or arise out of this examination.

Understanding that I have the unqualified right to refuse, [REDACTED] do hereby, this date, voluntarily and without duress, coercion, unlawful inducement, or promise of reward, agree to submit to a polygraph examination. I further understand that the information obtained during this process will not be released to me.

Witness [Signature] Signature [REDACTED]

Date 11-9-04

Form
A 19-2A
(REV. 1/81)

State of Washington
VOUCHER DISTRIBUTION

Vendor Name and Address

**GSR POLYGRAPH SERVICES
1409 18th AVE COURT SW
PUYALLUP, WA 98371**

AGENCY NUMBER **3100** LOCATION CODE **LTO**

AGENCY P.R. OR AUTHORIZATION NUMBER
G1

AGENCY NAME AND LOCATION
**WA CORR CENTER FOR WOMEN
PO BOX 17
GIG HARBOR, WA 98335-0017**

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

532626194

RECEIVED BY

Inv. Baxter

DATE RECEIVED

11/19/04

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

Payment for Polygraph conducted on 11/9/04 on Inmate [REDACTED]

PREPARED BY Steven B. Baxter				TELEPHONE NUMBER 253-858-4690				DATE 11/19/04				AGENCY APPROVAL				DATE																																																																																																																																															
DOC. DATE				PMT DUE DATE				CURRENT DOC. NO. 72401				REF. DOC. NO.				VENDOR NUMBER				VENDOR MESSAGE WCCW				UBI NUMBER																																																																																																																																							
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0732



INCIDENT REPORT

PLACE / AREA OCCURRED <i>MI Kitchen</i>
DATE / TIME OF INCIDENT <i>10/17/04 1200</i>
USE OF FORCE INCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WITNESSES

OFFENDERS INVOLVED <i>I/M</i>	DOC NUMBER	LIVING UNIT
<i>[REDACTED]</i>		
<i>I/M</i>		
<i>[REDACTED]</i>		
<i>I/M</i>		
<i>[REDACTED]</i>		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

*ON 10/17/04 AT 1200 hours I/m [REDACTED] WAS getting
loud AND venting about A/C COOK BLANNON. I Approached
Her Told HER TO CALM DOWN, She WAS upset AT A/C
Blannon Because she HAD BEEN Singing Loudly AND
He told Her to Stop. I/m [REDACTED] made A Statement
About A/C Blannon Saying "Just CAUSE I'm not His
FAVORITE Like [REDACTED] AND let Him touch my
ASS I cant Do shit". I ASKED I/m [REDACTED] TO CLARIFY HER
Statement AND she stated That I/m [REDACTED]
SAW A/C Blannon touching I/m [REDACTED] AND Told
Her About the Incident.*

IMMEDIATE ACTION TAKEN:

REPORTING STAFF SIGNATURE <i>Alvin McBrown</i>	TITLE <i>A/C COOK</i>	DATE <i>10/17/04</i>
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ORIGINAL REPORT TO ASSOCIATE SUPERINTENDENT'S OFFICE

DATE / TIME RECEIVED	INCIDENT NUMBER
INVESTIGATION ASSIGNED TO	BY
	DATE

Distribution by Associate Superintendent:

- Superintendent
- Shift Commander
- Safety Officer
- Intelligence Officer
- Clinical Director
- Other
- Other
- Other

0733



INCIDENT REPORT

PLACE / AREA OCCURRED MI Kitchen
DATE / TIME OF INCIDENT 10-17-04 11:55 am
USE OF FORCE INCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WITNESSES

OFFENDERS INVOLVED	DOC NUMBER	LIVING UNIT
[REDACTED]		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On the date, place, and time noted above I/m [REDACTED] came to me A/c cook Brennan and asked if she could talk to me privately. She told me she was sick and tired of being treated like a dog by A/c cook Blannon. Clearly I/m [REDACTED] was upset and made a remark about A/c cook Blannon rubbing I/m [REDACTED] butt. I then gave I/m [REDACTED] a tissue to wipe her tears and she went on to say how I/m [REDACTED] got special treatment such as the whole 10-4 shift got vanilla ice cream but I/m [REDACTED] was given chocolate ice cream by A/c cook Blannon. I/m [REDACTED] relaxed and said she was going to talk with the food manager Ms Chandler in the morning. ~~I felt [REDACTED] with this~~

IMMEDIATE ACTION TAKEN:

yes, wrote incident report

REPORTING STAFF SIGNATURE Chris R Brennan	TITLE A/c cook	DATE 10-17-04
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ORIGINAL REPORT TO ASSOCIATE SUPERINTENDENT'S OFFICE

DATE / TIME RECEIVED	INCIDENT NUMBER
INVESTIGATION ASSIGNED TO	BY
	DATE

Distribution by Associate Superintendent:

- Superintendent
- Shift Commander
- Safety Officer
- Intelligence Officer
- Clinical Director
- Other
- Other
- Other

0734