

# SUPERFORM

CCN/JCN NUMBER	B/A NUMBER	PCN NUMBER
AGENCY: <input type="checkbox"/> Unincorporated King County <input checked="" type="checkbox"/> City of Kirkland	06 - 018999 CASE NUMBER	_____ FILE NUMBER
<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR		COURT KC Superior Court



DATE OF ARREST/TIME 07/19/06/1405		BOOKING DATE/TIME 07/19/06/1406		ARREST LOCATION Kirkland Police Department				
NAME (LAST, FIRST, MIDDLE/ JR., SR., 1 <sup>st</sup> , 2 <sup>nd</sup> ) Schlerman, Corner M						ALIAS, NICKNAMES		
IDENTIFY IN COURT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DOB 09/14/81	SEX M	RACE W	HGT 6'	WGT 215	EYES HAZ	HAIR BLK	SKIN TONE
SCARS, MARKS, TATTOOS, DEFORMITIES Green Dragon on left shoulder/ Pheonix on middle of back							ARMED/DANGEROUS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
LAST KNOWN ADDRESS 9523 Slater Ave NE		CITY Kirkland	STATE WA	ZIP 98033	RESIDENCE PHONE	BUSINESS PHONE	CITIZENSHIP US	
OCCUPATION Maintenance		EMPLOYER, SCHOOL (ADDRESS, SHOP/UNION NUMBER) Carillon Point Properties				SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE #		STATE WA	AFIS #	FIN # N/A	STATE ID # N/A			
VEHICLE LICENSE #	STATE	YEAR	MAKE	MODEL	VEHICLE LOCATION	TOW COMPANY		
PERSON TO BE CONTACTED IN CASE OF EMERGENCY			RELATIONSHIP	ADDRESS		CITY	STATE WA	PHONE
1) OFFENSE <input type="checkbox"/> DV Murder 1 <sup>st</sup> (4 cts)		RCWORD# 9A.32.030		COURT/CAUSE KC Superior		CITATION #		
2) OFFENSE <input type="checkbox"/> DV Arson 1 <sup>st</sup>		RCWORD# 9A.48.020		COURT/CAUSE KC Superior		CITATION #		
3) OFFENSE <input type="checkbox"/> DV		RCWORD#		COURT/CAUSE		CITATION #		
4) OFFENSE <input type="checkbox"/> DV		RCWORD#		COURT/CAUSE		CITATION #		
DATE & TIME OF VIOLATION 7/17/06			CRIMINAL TRAFFIC CITATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>		ACCOMPLICES			
LIST VALUABLE ITEMS OR PROPERTY LEFT FOR ARRESTEE AT JAIL <i>knife / shirt, shoes, belt, cuff x2, belt, necklace, earrings &amp; rings, watch</i>								
LIST VALUABLE ITEMS OR PROPERTY ENTERED INTO EVIDENCE YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES DESCRIBE: (SIMPLE DESCRIPTION, IDENTIFYING MARKS, SERIAL #)								
TOTAL CASH OF ARRESTEE \$ 65		WAS CASH TAKEN INTO EVIDENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> AMOUNT: \$		SIGNATURE OF JAIL STAFF RECEIVING ITEMS/SERIAL #				
ARRESTING OFFICER/SERIAL # J. Keesee #310		TRANSPORTING OFFICER/SERIAL # #296		SUPERVISOR SIGNATURE/SERIAL #				
SUPERFORM COMPLETED BY (SIGNATURE/SERIAL #)		296		CONTACT PERSON FOR ADDITIONAL INFORMATION (NAME/SERIAL #/PHONE) Det. J. Keesee #310 (425) 587-3504				

**MISDEMEANOR BOOKINGS:** Complete to this line. **FELONY BOOKINGS:** Complete both sides.  
**OBJECTION TO RELEASE (MISDEMEANOR OR FELONY) IS ON REVERSE SIDE.**

COURT FILE WARRANT INFO/EXTRADITION	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.	DIST. CT.	SUP. CT. DATE	WARRANT NUMBER			
	CT. NO.	BOND \$					
	WARRANT DATE	OFF CODE OFFENSE	AMOUNT OF BAIL \$	FELONY <input type="checkbox"/> MISD <input type="checkbox"/>	BENCH <input type="checkbox"/> ARREST <input type="checkbox"/>		
POLICE AGENCY ISSUING		COURT	WARRANT RELEASED TO: SERIAL UNIT DATE TIME				
PERSON APPROVING EXTRADITION		SEAKING-LOCAL ONLY WACID-STATE WIDE <input type="checkbox"/>	NDIC-WILL EXTRADITE FROM ID & OR ONLY <input type="checkbox"/>	NDIC-WILL EXTRADITE FROM OR, ID, MT, WY, CA, NV, UT, CO, AZ, NM, HI, AK <input type="checkbox"/>	NDIC-WILL EXTRADITE FROM ALL 50 STATES <input type="checkbox"/>		
CCN# _____	DOE _____	C L E A R A N C E		DOC _____			
WAC# _____	TOE _____			TOC _____			
NICK _____	OP# _____			OP# _____			

SUSPECT NAME:

Schierman, Conner M

06

018999

CASE NUMBER

## 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 WEAPON INVOLVED. (DRUG CRIME CERTIFICATE BELOW.)

ON 07/17/06 AT 1128 hrs, WITHIN THE City of Kirkland, COUNTY OF KING, STATE OF WASHINGTON, THE FOLLOWING DID OCCUR:  
Kirkland Fire and police units responded to 9540 Slater Ave Ne for a report of a house fire. Upon extinguishing the flames, four bodies were found deceased inside the residence. The bodies belonged to two adult females and two children, ages 5 and 3. On 07/18/06, during the autopsy, it was discovered that all four bodies suffered sharp edge trauma wounds. The two adult females, and the 5 year old child sustained multiple stab wounds to the upper body, neck and head area. The youngest child suffered a slit throat. Accelerant dogs located multiple areas within the burned out house where accelerant had been placed. The suspect, Conner Schierman, was contacted by police and found to have several defensive type wounds to the face and neck area as well as a puncture wound to the left forearm. Schierman claimed he suffered the injuries while breaking up a domestic incident at 8M PM on 07/18/06 around 0230 hrs. Video cameras proved this to be inaccurate. Two witnesses provided a physical description of Schierman to include the tattoo on his left arm and the scratches to the face. Post Miranda, Schierman admitted to drinking in excess Sunday night and early Monday morning and blacking out. He awoke later covered in blood in the victim's house amongst the deceased. He then admitted to pouring the house with gasoline and lighting it on fire in an attempt to conceal the murders.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

DATE AND PLACE

07/19/06/King County

SIGNATURE / AGENCY

Kirkland PD

REQUEST 72-HOUR RUSH FILE?

YES  NO 

ANTICIPATED FILING DATE

## DRUG CRIME CERTIFICATE

Part I: On (date) the suspect (suspect's name)  DELIVERED  POSSESSED WITH INTENT TO DELIVER/MANUFACTURE  POSSESSED what the undersigned officer (officer's name) based on training and experience, believes to be (approximate quantity and type of controlled substance). Approximate street value of the controlled substance is \$(value of drugs).

Part II: FACTS INDICATING THE SUSPECT  DELIVERED  POSSESSED WITH INTENT TO DELIVER/MANUFACTURE or  POSSESSED THE CONTROLLED SUBSTANCE:

ON (date) AT (time), WITHIN THE (city/unincorporated area of county), COUNTY OF KING, STATE OF WASHINGTON

My source of information about this crime (e.g., myself, other person with firsthand knowledge):

Other Facts:

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

DATE AND PLACE: /

SIGNATURE / AGENCY:

REQUEST 72-HOUR RUSH FILE?  
YES  NO SODA ZONE  
YES  NO DRUG FREE ZONE? Exact location is required:  
YES  NO 

ANTICIPATED FILING DATE

LAB WORK REQUESTED? (Date/Type)

LAW ENFORCEMENT OBJECT TO RELEASE? YES  NO  IF YES, EXPLAIN WHY SAFETY OF INDIVIDUAL OR PUBLIC WILL BE THREATENED IF SUSPECT IS RELEASED ON BAIL OR RECOGNIZANCE (CONSIDER HISTORY OF VIOLENCE, MENTAL ILLNESS, DRUG DEPENDENCY, DRUG DEALING, DOCUMENTED GANG MEMBER, FAILURE TO APPEAR, LACK OF TIES TO COMMUNITY). INCLUDE FARR GUIDELINES. DESCRIBE TYPE OF WEAPON. BE SPECIFIC. Conner Schierman has confessed to killing four people and then lighting them and the house they occupied on fire in an attempt to destroy evidence and conceal the crime. Schierman has made suicidal threats and if released it is believed he will flee or kill himself.

TIES TO COMMUNITY (MARITAL STATUS, TIME IN COUNTY, ETC.)

CONVICTION RECORD:

SUBJECT ARMED/DANGEROUS

SUSPECT IDENTITY IN QUESTION

WARRANT(S) FOR FTA

HISTORY OF FTA'S (LIST)

PRELIMINARY APPEARANCE DATE

JUDGE

BAIL AMOUNT

RETURN DATE

CONDITIONS

P.R.

Y  N 

RETURNED

Y  N 

EXCLUDED

Y  N