



TRINITY COUNTY

Office of the County Counsel

Margaret E. Long, County Counsel
P.O. BOX 1613, WEAVERVILLE, CALIFORNIA 96093-1613
PHONE (530) 623-1382 FAX (530) 623-8365

June 30, 2015

Edward J. Guenette
P.O. Box 157
Hayfork, CA 96041

Re: California Public Records Act Request – Reports Submitted by Carson Harris

Dear Mr. Guenette:

This letter is in response to your Public Records Act Request regarding a report submitted by Carson Harris for an incident which occurred June 12, 2015, at Mile Marker 5 on Hyampom Road. Your letter was accompanied by a copy of the Peace Officer's Authorization Consent Form provided by Sheriff Haney for Officer Carson Harris to undertake law enforcement within Trinity County. Please note that the grant of authority does not require that all law enforcement activity be reported to our department. Instead, the agreement requires that felony arrest reports be forwarded to the Sheriff's Office.

With that clarification in mind, we have conducted a search of our files, and find that we are not in possession of any records that are responsive to your request. Therefore, your request should be directed to the United States Forest Service.

If you need further assistance or have any other questions, please feel free to contact me at

Sincerely,

Margaret Long
COUNTY COUNSEL
COUNTY OF TRINITY

cc: Lynn Ward

Prentice, Long & Epperson
1716 Court Street, Suite B
Redding, CA 96001

Edward J. Guenette
P.O. Box 157
Hayfork, CA 96041



Edward J. Guenette
c/o P.O. Box 157
Hayfork 96041-0157
CALIFORNIA STATE, USA

June 19, 2015

Bruce Haney
dba Sheriff/Coroner
101 Memorial Drive, P.O. Box 1228
Weaverville, CA 96093-1228

CERTIFIED MAIL 7014 2120 0004 0507 1048

RE: California Public Records Act Request
GOVT. CODE Section 6250 - 6276.48

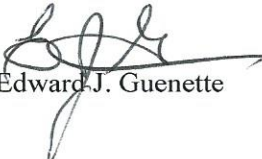
Greetings Sheriff Haney:

With reference to the enclosed copy of the PEACE OFFICE AUTHORIZATION CONSENT FORM which you executed for Carson Harris #2063 and pursuant to rights secured via the California Public Records Act, I am requesting the following which I understand to be a matter of public record:

A copy of any and all reports submitted by one Carson Harris #2063, in which "granted authority" was used in the issuance of a United States District Court Violation Notice which occurred on or about 06/12/2015 on Hyampom Road, Hayfork in Trinity County @Mile Marker 5. Include all such submissions from whatever medium source the reports were originally transmitted; to include, but not limited to, U.S. Mail, FAX, video recording and/or electronic transmission such as e-mail.

With appreciation for your assistance and compliance with this request, I remain

Respectfully,


Edward J. Guenette

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ENCLOSURE

2. Emergency situations such as wild land fires may require additional USFS law enforcement officers. In the event of an emergency and additional USFS law enforcement personnel are needed the Sheriff will consent temporary law enforcement authority to those officers' with the condition that the USFS area Patrol Captain or his designee provide the Sheriff with the names and regular duty assignments of these officers' as soon as practical.

The Trinity County Sheriff's Office is not the dispatch center for the Shasta Trinity, Six Rivers and Mendocino National Forests. Though the USFS may use the Sheriff's main dispatch frequency for some routine traffic, abuse of this service may result in the following limitations:

1. Emergency traffic only.
2. Mutual aid operation(s).
3. During a multi-jurisdictional operation involving Trinity County Sheriff Personnel.

This authorization may be amended or revoked by The Sheriff at any time without prior notice.

Date: 07/25/13

Signature: _____


Agent/Officer

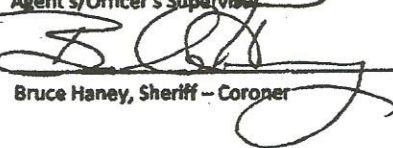
Date: 7/23/13

Signature: _____


Agent's/Officer's Supervisor

Date: 08/07/2013

Signature: _____


Bruce Haney, Sheriff - Coroner

**United States District Court
Violation Notice**

CVB Location Code

CA49

INSTRUCTIONS
- KEEP THIS COPY FOR YOUR RECORDS -

If BOX A on the face of this Violation Notice is checked, YOU MUST APPEAR IN COURT at the date, time and place shown. If no date, time and place are shown then you will be notified by mail of when and where to appear. You must notify the Central Violations Bureau (CVB) in writing if you change your address. If you have not received a "Notice to Appear" within 45 days, call the CVB at 800-827-2982.

If BOX B is checked on the face of this Violation Notice, YOU MUST DO ONE OF THE FOLLOWING:

1. **PAY A FINED SUM IN LIEU OF APPEARING IN COURT.** If you wish to end your case without appearing in court, submit payment by check, money order or credit card. Use the enclosed envelope. Include the stub from this violation notice with your payment. **DO NOT SEND CASH.** Write the violation number and location code that appear on the top front portion of the violation notice on your check or money order and make it payable to the "Central Violations Bureau." Alternatively, you may submit payment online at www.cvb.uscourts.gov. Make your payment within 30 days.

By paying the amount due you may be waiving the right to contest the offense and a conviction may occur in a public hearing with adverse consequences to you. You have a right to know more about the charge against you and may obtain a complete statement of the charge by calling the Central Violations Bureau at 800-827-2982. By paying the amount due you waive your right (1) to contest this violation notice, (2) to a trial, and (3) to be represented by counsel.

If you are charged with a motor vehicle violation, your payment may be reported to your state's motor-vehicle or driver-licensing agency. As a result, points may be assessed against your driving record, your license or registration may be suspended, and additional fees may be imposed by your state. A drivers-education course may be an option to avoid these consequences. If you are interested in a driver education course, do not pay the amount due. Call the Central Violations Bureau at 800-827-2982 for further information.

OR

2. **APPEAR IN COURT.** If a date, time, and place for you to appear in court is shown on the front of this Violation Notice, you must appear in court at that time. If no date is shown, you will be notified by mail of the date and time to appear. You must notify the Central Violations Bureau in writing if you change your address. If you have not received a "Notice to Appear" within 45 days, call the Central Violations Bureau at 800-827-2982. If you appear before the court and plead guilty, or are convicted after trial, the court may impose any penalty the law authorizes, not limited to the amount due shown on the violation notice, and will add a special assessment of \$5, \$10, or \$25 for each offense.

NOTICE

If you fail to pay the amount due or to appear in court on the date and time scheduled, the United States District Court may issue a summons ordering you to appear or issue a warrant for your arrest. If you are charged with a motorvehicle violation, the court may also report your failure to pay or appear to your state's motor-vehicle or driver-licensing agency, which may affect your driving privileges, or your vehicle registration, or both.

Payment address:
Central Violations Bureau
P.O. Box 71363
Philadelphia, PA 19176-1363
Phone Number 800-827-2982

Correspondence address:
Central Violations Bureau
P.O. Box 780549
San Antonio, TX 78278-0549
Website: www.cvb.uscourts.gov

| | | |
|------------------------------|------------------------|---------------------|
| Violation Number FATW002Q | Officer Name HARRIS | Officer No. 2063 |
|------------------------------|------------------------|---------------------|

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

| | |
|-----------------------------------------------------------|----------------------------------|
| Date and Time of Offense (mm/dd/yyyy) 06/12/2015 09:12 | Offense Charged FED 21USC 844 |
|-----------------------------------------------------------|----------------------------------|

Place of Offense
HAYPOM RD AT MM 5

Offense Description, Factual Basis for Charge
POSSESSION OF A CONTROLLED SUBSTANCE, MARIJUANA

DEFENDANT INFORMATION Phone: (530) 7398621

| | | |
|------------------------|-----------------------|--------|
| Last Name REMINGTON | First Name WALLACE | M B |
|------------------------|-----------------------|--------|

Street Address
GENERAL DELIVERY

| | | | |
|-----------------|-------------|-------------------|------------------------------------------|
| City HAYFORK | State CA | Zip Code 96041 | Date of Birth (mm/dd/yyyy) 07/18/1961 |
|-----------------|-------------|-------------------|------------------------------------------|

| | | |
|---------------------------------|-----------------------------------------------|----------------------------------|
| Drivers License No. D9635104 | CDL <input type="checkbox"/> D.L. State CA | Social Security No. 548174913 |
|---------------------------------|-----------------------------------------------|----------------------------------|

| | | | | | | |
|------------------------------------------------------------------|----------------------------------------------------------------------|---------------|-------------|-------------|------------------|---------------|
| <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Race WHITE | Hair BLN | Eyes BLU | Height 5' 10" | Weight 140 |
|------------------------------------------------------------------|----------------------------------------------------------------------|---------------|-------------|-------------|------------------|---------------|

VEHICLE VIN: CMV

| | | | | | |
|--------------------|-------------|--------------|--------------------|-------------------------------|--------------|
| Tag No. 1LBT229 | State CA | Year 1977 | Make/Model UNKN | PASS <input type="checkbox"/> | Color WHI |
|--------------------|-------------|--------------|--------------------|-------------------------------|--------------|

A IF BOX A IS CHECKED, YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS (opposite).

B IF BOX B IS CHECKED, YOU MUST PAY AMOUNT INDICATED BELOW OR APPEAR IN COURT. SEE INSTRUCTIONS (opposite).

| | |
|-----------------|-----------------------------|
| \$150.00 | Forfeiture Amount |
| \$25.00 | Processing Fee |
| \$175.00 | Total Collateral Due |

PAY THIS AMOUNT →

YOUR COURT DATE

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

| | | |
|-------------------------------------------------------------------------------|-----------------|--------------|
| Court Address U.S. District Court 2986 Bechelli Lane, Redding, CA 96002 | Date (mm/dd/yy) | Time (hh:mm) |
|-------------------------------------------------------------------------------|-----------------|--------------|

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or pay the total collateral due.

X Defendant Signature _____

Defendant Copy For Your Records

English Customer Service USPS Mobile



USPS Tracking™

Tracking Number: 7014212000405071048

Updated Delivery Day: Saturday, June 20, 2015

Product & Tracking Information

Postal Product: First-Class Mail®
 Features: Certified Mail™

| DATE & TIME | STATUS OF ITEM | LOCATION |
|--------------------------------------------------------------------------------|----------------------|-----------------------|
| June 23, 2015, 11:15 am | Delivered | WEAVERVILLE, CA 96093 |
| Your item was delivered at 11:15 am on June 23, 2015 in WEAVERVILLE, CA 96093. | | |
| June 19, 2015, 4:05 pm | Available for Pickup | WEAVERVILLE, CA 96093 |
| June 19, 2015, 4:05 pm | Arrived at Unit | WEAVERVILLE, CA 96093 |
| June 19, 2015, 1:19 pm | Departed Post Office | HAYFORK, CA 96041 |
| June 19, 2015, 11:07 am | Acceptance | HAYFORK, CA 96041 |

Track Another Package

Tracking (or receipt) number

Track It

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

| | | |
|------------------------------------------------|---------|---------------|
| Postage | \$ 3.45 | 0041 |
| Certified Fee | \$0.00 | 07 |
| Return Receipt Fee (Endorsement Required) | \$0.00 | Postmark Here |
| Restricted Delivery Fee (Endorsement Required) | N/A | 06/19/2015 |
| Total Postage & Fees | \$ 3.94 | |

Sent To
 BIZUCE HANAY dba SHERIFF
 Street & Apt. No.,
 or PO Box No. 101 MEMORIAL DR. Box 1228
 City, State, ZIP+4
 WEAVERVILLE, CA 96093 - 1228

PS Form 3800, July 2014 See Reverse for Instructions

Issue Postage: \$3.94

Total: \$3.94

Paid by: Cash \$5.00
 Change Due: -\$1.06

For tracking or inquiries go to USPS.com or call 1-800-222-1811.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

 Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.

Bill#: 1000200362837
 Clerk: 07

All sales final on stamps and postage
 Refunds for guaranteed services only
 Thank you for your business

HELPFUL LINKS

- Contact Us
- Site Index
- FAQs

ON ABOUT.USPS.COM

- About USPS Home
- Newsroom
- USPS Service Updates
- Forms & Publications
- Government Services
- Careers

OTHER USPS SITES

- Business Customer Gateway
- Postal Inspectors
- Inspector General
- Postal Explorer
- National Postal Museum
- Resources for Developers

LEGAL INFORMATION

- Privacy Policy
- Terms of Use
- FOIA
- No FEAR Act EEO Data