

Monday, August 15, 2022

King County District Court Case No.: 22-1-03537-1

Re: Victim Loss Statement - Request for Restitution

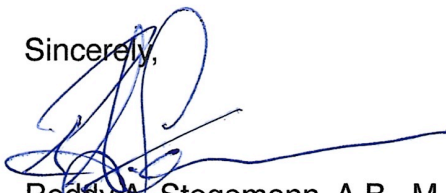
Your Honor,

Please find attached the following several documents in application for restitution.

This application is made in follow-up to an initial draft dated June 12th 2022 and sent to the prosecuting attorney's office via Elizabeth Hartley, Victim Advocate, Crime Survivor Services, City of Seattle on June 13th 2022. The packet has taken some time to assemble as there was a need to establish both my commitment and the salubrious effect of karate training on my post-incident, mental and physical well-being.

DATE	NUMBER OF PAGES	DOCUMENT TYPE	DESCRIPTION
08/11/22	1	letter	World Seidō Karate, Instructor. Cost estimate
08/13/22	1	government form	Signed Victim Loss Statement
08/12/22	1	letter	UW Hall Health Center - Endorsement for karate training.
08/13/22	2	government letter	SSA - Benefit Verification Letter
no date	2	online document	Social Security Benefits and Payments Statement (downloaded 08/13/22)
08/13/22	1	insurance card	Copy of United Healthcare Insurance Card including member ID and physician's name.

Sincerely,



Roddy A. Stegemann, A.B., M.A., M.A.
Founding Director
kiausau@me.com

The Cabrini • Suite 603
909 Boren Avenue
First Hill • Seattle • Washington
United States of America (USA) 98104

Mobile: +1 (206) 291-8468
admin@nudge.online



Tom Tanaka, Branch Chief World Seido Karate ttanaka@seattleseido.org

Aug. 11, 2022

Thomas Tanaka
Seattle Seido Karate
1414 S Weller Street Seattle, Washington 98144
Telephone: (206) 250-8255

King County District Court
Case: 22-1-03537-1
Re: Estimated Cost of Earning a Black-Belt
Thursday, 11 August 2022

Your Honor,

I am the local representative of the World Seido Karate Organization. I have been teaching for a total of 42 years in various locations and have trained dozens up to black belt.

Roddy Stegemann is a current student of mine and has asked me to prepare an estimate of the cost of obtaining a black belt certificate. This is not a fixed cost and depends of the consistency and dedication of the student and ordinary circumstances that could interfere with his practice.

Mr. Stegemann has been demonstrating consistency and enthusiasm. He supplements his training with at home practice. With this in mind, I expect that it will take him 3 years at a minimum to earn a black-belt with the estimated cost as follows:

Monthly dues @ \$50	\$1800
Uniform, gear, etc.	\$200
Seido membership fees	\$60
Black belt test fee	\$410
Preliminary test fees	\$200
Total	\$2670

Sincerely,

Tom Tanaka
Seattle Seido Karate

VICTIM LOSS STATEMENT

King County Cause Number 22-1-03537-1 SEA

PLEASE COMPLETE & RETURN TO:

Form must be returned by 06/23/22

Email: PAOVAU-Adult@kingcounty.gov

or

King County Prosecuting Attorney
Attn: Victim Assistance Unit
W554 King County Courthouse
516 Third Avenue
Seattle, WA 98104-2312
(206) 477-3743 FAX (206) 205-6104

PLEASE MAKE
A COPY
FOR YOUR RECORDS

RE: State vs. Deangelo M Arnett

UCN: 11842559 Referral: 033759043

Date of Crime: ~~01/03/2022~~ 12/30/2021

Charge: Assault In The Second Degree

1. UNRECOVERED/DAMAGED PROPERTY – List property NOT paid by insurance. Use additional sheets if necessary.

UNRECOVERED PROPERTY	VALUE	DAMAGED PROPERTY	VALUE
You must INCLUDE RECEIPTS/INVOICES AND/OR ADS for the same or similar item. Unsupported values will not be accepted.			

2. PROPERTY INSURANCE INFORMATION – Did you submit an insurance claim? Yes No

If yes, please fill out the following completely:

Insurance Company _____ Your Claim # _____
Insurance Adjuster _____ Phone Number _____
Deductible Amount _____

3. MEDICAL/DENTAL/COUNSELING COSTS – List treatment. Use additional sheets if necessary.

TREATMENT	COST	TREATMENT	COST
KARATE TRAINING	\$2,670		
You must INCLUDE ITEMIZED BILLS AND EXPLANATION OF BENEFITS (if submitted to insurance). Unsupported values will not be accepted.			

4. IF APPLICABLE - MEDICAL/DENTAL/COUNSELING INFORMATION –

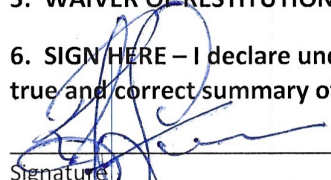
Did you have medical insurance at the time of injury? Yes No

Insurance Provider UNITED HEALTHCARE Did you miss work due to your injuries? Yes No

Do you anticipate having future medical/dental/counseling expenses? Yes No

5. WAIVER OF RESTITUTION – Please check ONLY if you have no loss or you do not wish to pursue restitution.

6. SIGN HERE – I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is a true and correct summary of the losses I incurred as a result of the crime investigated under the above cause number.

 RODNEY ALAN STEGEMANN, August 13, 2022
Signature Printed Name Date
909 BOREN AVE, 603, Seattle, WA 98104
Address City State Zip
(206) 291-8468 Judge. RP CHECK IF THIS IS A NEW ADDRESS
Contact Phone Number Business Name (if applicable)

UW Medicine
HALL HEALTH CENTER

An affiliation of UW Neighborhood Clinics.

August 12, 2022

RE: Roddy Alan Stegemann
DOB: 12/13/1949

King Country District Court Judge
Case: 22-1-03537-1

I am a family practice physician, practicing in Seattle for the past 20 years. Mr. Stegemann has been my regular patient for the past 3 years.

Recently Mr. Stegemann has requested that I endorse his karate lessons at Seido Juku Seattle located in the Japanese Cultural Center as therapy for the anxiety that he has incurred since his December 30th 2021 encounter as an assault victim. I have noted significant improvement in his mental well-being since he began karate-training. Not only has the training helped him overcome his anxiety and fear of being assaulted again, but he demonstrates a marked improvement in his overall mental and physical health since he began his training.

I recommend that he continue karate training. Restitution covering the cost of this training would be beneficial to his overall improvement as he has reported to me that he has limited financial resources.

Thank you for your time and consideration.



Tanya Smith, MD
University of Washington
Hall Health Primary Care
206 616-6997 medical assistant
206 616-2495 appointments
206 520-7511 after hours line
206 616-4683 fax

HALL HEALTH PRIMARY CARE CENTER

4060 Ne Stevens Way, Box 354410 Seattle, WA 98195-4410 206-685-1011 Fax 206-616-4683