

VICTIM IMPACT STATEMENT

Mail to: Victim Witness Unit	
Date Mailed: 8/18/2017 Office of the District Attorney Teller County District Attorney P O Box 958 Cripple Creek, CO 80813 Phone: (719) 520-7168 Fax: (719) 520-7090	Next Event: 08/21/2017 9:00AM First Appearance Notification Person: Matthew P. Walker Defendant: ROBERT E ARMSTRONG Case Number: D0602017CR000178 Primary Charge: ASSAULT 2-STRANGULATION Division: 11 Prosecutor: Victim Advocate: Offense Number: 17-24854

Name of Victim MATTHEW PAUL WALKER
 Name / Relationship to Victim of Person Filling Out Form SELF

I choose not to complete this form. _____ Please initial and return this page only.

Would you like to be present at the Sentencing Hearing? Yes No

Part 1: Effects of the Crime & Recommendations for Sentencing (Please attach additional paper if necessary.)

- A. Please describe how this crime has affected your life and/or family. AS A PERSON WHO SPENT 23 YEARS OF MY LIFE RECOVERING FROM A FOOTBALL RELATED SPINAL CORD INJURY, I HAVE BEEN MORE SERIOUSLY IMPACTED THAN EXPECTED. BOB COULD HAVE PARALYZED ME WHEN HE GRABBED ME BY MY INJURY. HE THREATENED FURTHER VIOLENCE IF I DIDN'T MOVE OUT IMMEDIATELY WITH MY HANDS CUFFED AROUND MY THROAT... AND SO I HAVE BEEN HOMELESS EVER SINCE, TRYING TO FIND A NEW HOME.
- B. Please describe any physical injuries sustained as a result of this crime. MY SPINAL CORD INJURY WAS IRRITATED (VERTIBRAE C5-6), AND I HAD NUMBNESS IN MY LEFT ARM, HAND + LEFT FOOT FOR 3 DAYS. THIS INJURY IS VERY EASY TO AGGRAVATE. SLEEPING IN MY CAR HASN'T HELPED MY CURRENT STATE.
- C. What do you believe could be done to assist in repairing the harm inflicted on you and your family? BOB DOES NOT BELIEVE HE HAS RAGE, OR VIOLENCE PROBLEMS. I HAVE TO HIDE FROM HIM IN TOWN BECAUSE I AM UNSURE THAT HE WILL NOT LOSE CONTROL AGAIN. BOB NEEDS MENTAL CARE, RAGE THERAPY, AND TO BE RESTRICTED FROM HIS EXTREMELY RAGE-FILLED "INSANE SIDE", WHICH HE CANNOT CONTROL (YET).
- D. Are there any conditions you would like to see the court impose on the defendant? This may include no contact with you or your family, jail, probation, alcohol or drug treatment, community service, apology letter, etc. PLEASE FORCE BOB TO TAKE ANGER MANAGEMENT + MENTAL HEALTH RELATED CLASSES + GROUPS. PLEASE RESTRICT HIM FROM EVER BEING ABLE TO COME CLOSE TO ME, AND REQUIRE HIM TO RETURN MY BODY TO "LAST MONTH'S WEIGHT" WHICH I PAID AND BOB IS PRETENDING HE DOESN'T CARE.. ESPECIALLY GIVEN THAT I ACCEPTED HIS ILLEGAL EVICTION DUE TO ASSAULT VIOLENCE + FUTURE THREATS.

PART 2: Restitution-Loss and Insurance Information
 RESTITUTION does NOT include damages for physical or mental pain and suffering, loss of consortium, loss of enjoyment of life, loss of future earnings, or punishment.

Please remember to include copies of bills/estimates/receipts. Please print your total costs below, taking into consideration if items were recovered. If the defendant disagrees with the amount you are claiming they may request a Restitution Hearing. If a Restitution Hearing is set, you may be subpoenaed to testify and will need to provide documentation of your losses. Please keep copies of any documentation provided to this office for your records.

RECEIVED

SEP 26 2017

CP

A. Was there any property stolen or damaged during the commission of this crime?
 Yes No If yes, please list the recovered items and indicate if the items were returned to you in good or damaged condition: _____

B. Did you apply for Crime Victim Compensation and if so, have you been approved?"
 Yes No If yes, please list: _____

C. Have any expenses been paid by insurance/Medicaid? Yes No If yes, please complete:
Insurance Company _____ **N/A**
Claim Number _____ Phone Number _____
Address _____
Deductible _____ Amount Paid by Insurance/Medicaid _____

D. Please list any other monetary costs you had because of this crime. Documentation of these losses must be provided.
I AM HOMELESS AND CANNOT FIND HOUSING DUE TO A MARKET SHORTAGE IN WOODLAND PARK.

PART 3: Restitution Requested

I am asking for restitution in the amount of \$ _____
 I am not asking for restitution. — **JUST DEAL W/ BOB'S INSANITY (PLEASE)**

CERTIFICATION AND RELEASE:

I do hereby swear that the above information regarding monetary losses is true and correct to the best knowledge and belief. Further, I authorize release of information by the above-named insurance companies/medical providers to the District Attorney's Office for purposes of establishing restitution.

Signature _____ Date **9/13/17**

Printed Name **MATTHEW PAUL WALKER** Phone Number **714-592-7446**

NEW MAILING ADDRESS: **1067 E. US Hwy 24 PMB# 234, WOODLAND PARK 8086.**

IMPORTANT INFORMATION

The defendant / or defense counsel is entitled to a copy of your completed Victim Impact Statement and any attached documentation.

SO THAT YOU CAN CONTINUE TO BE INFORMED ABOUT THE CASE, PLEASE KEEP THE DISTRICT ATTORNEY'S OFFICE NOTIFIED OF ANY CHANGES IN ADDRESS OR PHONE NUMBERS, EVEN AFTER THE CASE HAS BEEN RESOLVED.

If you are unable to speak or read English and require translation assistance, please have an English speaking friend or family member contact the VW Unit PHONE # (719) 520-7168

Return VICTIM IMPACT STATEMENT FORM to:
Victim Witness Services Unit
Office of the District Attorney
Teller County District Attorney
P O Box 958
Cripple Creek, CO 80813

5/29/16

CABIN RENTAL AGREEMENT
28124 HWY 67; Woodland Park, Colorado.

I, Bob Armstrong, agree to rent the cabin located at 28124 Highway 67 in Woodland Park Colorado to Matthew Paul Walker & his 2 dogs for an agreed price of \$500/mo (utilities & internet included). Matt Walker has already provided me a deposit of \$500, which will serve as "last month's rent" whenever he decides to move out of the cabin.

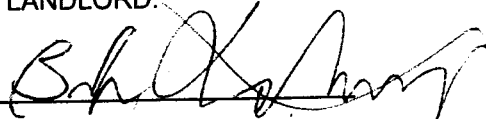
As a part of this agreement, Matt will also be able to earn up to \$250/mo in "Earned-Rental-Credit" by doing chores and work around the property. The agreed rate for this is \$15/hr, not to exceed a total more than \$250 rental credit per month.

Cabin Rent of \$500.00(including "earned-rental-credit") is due on the 1st of every month & is late by the 5th of each month.

This document also serves as receipt of payment in full of June 2016 rent for the cabin:)
(\$500.00 chk # ___)

LANDLORD:

Bob Armstrong



TENANT:

Matthew Paul Walker

