

UNCLASSIFIED

**FEDERAL BUREAU OF INVESTIGATION**  
**Electronic Communication****Title:** (U) GREG MICHAEL REYNOLDS; OVERT THREATS**Date:** 09/13/2012**From:** PORTLAND  
PD-15**Contact:** Yaqub Prowell, 503-460-8257**Approved By:** SSA Thomas J. Jones**Drafted By:** Yaqub Prowell**Case ID #:** 9A-PD-2489148(U) GREG MICHAEL REYNOLDS;  
OVERT THREATS**Synopsis:** (U) To request opening of full investigation into the activities of GREG MICHAEL REYNOLDS, date of birth (DOB) 08/17/1973.**Full Investigation Initiated:** 09/13/2012**Package Copy:** (U) Oregon DL Photo of REYNOLDS; Criminal History of REYNOLDS; AIRS Incident Report; Documents pertaining to REYNOLDS' threats provided by MCSO; Copy of Social Security Disability Report filed online by REYNOLDS; Forwarded copy of REYNOLDS 07/12/2012 e-mail to Nancy Cozine.**Enclosure(s):** Enclosed are the following items:

1. (U) Oregon DL Photo of REYNOLDS; Criminal History of REYNOLDS; AIRS Incident Report; Documents pertaining to REYNOLDS' threats provided by MCSO; Copy of Social Security Disability Report filed online by REYNOLDS; Forwarded copy of REYNOLDS 07/12/2012 e-mail to Nancy Cozine.

**Details:**

On 09/12/2012, FBI-Portland Division (PD) was alerted to a communication of a threatening nature sent to the Social Security Administration online by one GREG MICHAEL REYNOLDS (REYNOLDS), date of birth (DOB) 08/17/1973, social security account number (SSAN) 544-90-9915, phone number 971-645-7573.

According to AIRS Incident Report Number 57484, dated 09/12/2012,

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REYNOLDS00000531

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Title: (U) GREG MICHAEL REYNOLDS; OVERT THREATS  
Re: 9A-PD-2489148, 09/13/2012

provided to PD by the Social Security Administration, Reynolds had submitted an online form to the Social Security Administration on 09/11/2012 in which REYNOLDS made multiple threats to open fire on schools. REYNOLDS also mentioned that he contacted the governor, attorney general, senators, and the president.

According to a criminal history of REYNOLDS provided to PD, REYNOLDS is a convicted felon, having been arrested on 11/12/1993 and convicted in Jackson County Circuit Court on 02/15/1994 for Delivery of a Controlled Substance to a Minor.

On 09/12/2012, writer subsequently met with Multnomah County Sheriff's Office (MCSO) Inspections Unit Sergeant Lee Gosson, United States Secret Service Special Agent (SA) Ronald W. Brown, and Federal Protective Service Inspector Douglas Rommes.

Sergeant Gosson provided writer with documents pertaining to REYNOLDS, which included a Portland State University (PSU) Public Safety Narrative Report regarding an e-mail sent by REYNOLDS, a PSU student at the time of the reported incident. On 07/12/2012 REYNOLDS had sent an e-mail to Nancy Cozine, Executive Director of Oregon's Office of Public Defense Services. According to the report, this e-mail contained a threat to "walk into a school and open fire."

PD received a forwarded copy of this e-mail, sent on 07/12/2012 from greynolds@portlandstate.org to Nancy.Cozine@opds.state.or.us. An excerpt from this e-mail was, "I fear the only way to see justice in this case is to walk into a school and open fire. Dennis Michael pugh forced me to suck his dick and swallow his cum, but nobody cares about my rights."

Inspector Rommes provided writer with a copy of the actual application submitted online by REYNOLDS to the Social Security Administration on 09/11/2012. An excerpt from the Remarks section of this application was: "I am so sorry that I did not walk into a school and open fire, at the very least my punishment would fit my crime."

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Title: (U) GREG MICHAEL REYNOLDS; OVERT THREATS  
Re: 9A-PD-2489148, 09/13/2012

The aforementioned documents are attached hereto. As a result of the above information, writer requests a full investigation be opened into the activities of GROTE.

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**U.S. Department of Justice**

*S. Amanda Marshall*

*United States Attorney*

*District of Oregon*

*1000 SW Third Avenue, Ste. 600 (503) 727-1000*

*Portland, OR 97204-2902 Fax: (503) 727-1117*

October 25, 2012

Special Agent Yaqub Prowell  
Federal Bureau of Investigation  
9109 NE Cascades Pkwy  
Portland, OR 97220

Re: *Greg Reynolds*  
FBI File No. 9A-PD-2489148

Dear Special Agent Prowell:

As discussed, our office is declining prosecution of this case, due to insufficient evidence at this time. *See United States v. Bagdasarian*, 652 F.3d 1113 (9th Cir. 2011). If additional evidence is developed in the future, we will reconsider our decision.

If you have any questions, please call me at (503) 727-1118.

Sincerely,

S. AMANDA MARSHALL  
United States Attorney

A handwritten signature in purple ink, reading "Jane Shoemaker", is written over the typed name.

JANE SHOEMAKER  
Assistant United States Attorney

REYNOLDS00000535



## Prowell, Yaqub

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**From:** SPARKS Charles [Charles.SPARKS@mcda.us]  
**Sent:** Tuesday, October 30, 2012 2:01 PM  
**To:** Prowell, Yaqub  
**Cc:** Shoemaker, Jane (USAOR); FRINK Norman  
**Subject:** Greg Reynolds

S.A. Prowell:

Thank you for calling to discuss Mr. Reynolds last week and for sending the email to Ms. Cozine and the application for Social Security Disability, each of which contained threatening statements.

Upon review of your materials and after discussing the case, I have concluded:

1. There is no prosecutable crime under Oregon law, specifically ORS 166.065(1)(c), in his threatening statements; and
2. When I looked into possible civil commitment proceedings, I learned that these same statements were the basis for an attempt to commit him in September, 2012, in Multnomah County Circuit Court, which was unsuccessful. From our conversation, I understand that nothing you know of has changed since then to alter his mental status or the appropriateness of civil commitment.

You advised that he fully admitted sending the email, filling-out the SSI application, and making the threats in question. You also informed me that you had, with his consent, searched his home and vehicle and found nothing to suggest he possessed, or was trying to obtain, firearms or explosives.

I spoke with AUSA Jane Shoemaker the day after your original call and told her of what we have done and that there was no criminal prosecution or civil commitment possible by the state.

I then spoke last week with the object of Reynolds' anger, Lane County Deputy District Attorney Mike Pugh. He was well-aware of Mr. Reynolds and his anger towards him. He advised that Mr. Reynolds has surfaced occasionally over the years with the same allegations and anger directed at him.

I talked with Nancy Cozine of the Oregon Public Defense Services office explaining the steps we have taken; she understands and agrees. She reports that she has not heard from Reynolds since the original email exchange.

Again, thank you for getting in touch.

Regards,

Chuck Sparks  
Senior Deputy District Attorney  
Multnomah County District Attorney's Office  
[charles.sparks@mcda.us](mailto:charles.sparks@mcda.us)



## AIRS Incident

Report ID: 57484

REFERENCE: AIMS, GAM, SSA.G:12.07 Incident Alert Reporting.

### General Information:

Region: Region 10, Area 2      Report Date: Wednesday, September 12, 2012  
Office Code: 940      Facility Name: PORTLAND-EAST O (940) (FO/1)  
Office Type: FO/1      Facility Address: SOCIAL SECURITY 17925 SE DIVISION ST PORTLAND, OR 97236-1065  
Name: POE, CORI      City: PORTLAND  
Title: Operations Supervisor      State: OR  
Phone: (866) 964-9957      Zip Code: 97266

### Incident Details:

Incident that was reported: Threat Against Others  
Exact Date of Incident: September 12, 2012  
Approximate Time of Incident: 08:30 AM

### Offices Involved:

Other than current office: None

### Locations:

☐ Reception Area      ☐ Work Area  
☐ FEI/ACC Area      ☒ Other Area: Online application

### Conditions:

☐ In Person      ☐ Telephone      ☐ Mail  
☐ Call Trace Activated      ☐ Ban Letter Provided      ☒ VIP High Risk  
☐ Add'l Guard Service Provided      ☐ Domestic Related      ☒ Employee Initiated

### Persons Involved:

Name: Greg Michael Reynolds      SS#: 544-90-9915      Involvement: Perpetrator  
Work Location:      DOB: 08/17/1973      Phone: (971) 645-7573

### Property Damage / Loss:

None

### Vehicle Information:

None

### Incident Summary:

NH submitted an online 3368 on 9/11/12, making multiple threats to open fire on schools. He specifically warns us that he poses a significant physical threat to the health and welfare of the PSU campus. He mentions that he has contacted the governor, attorney general, senators, the president and that nobody is taking him seriously. He's asking for help treating his mental illness before he is 'forced to enter a school and open fire.' He said that he is waiting on a promise that was made to him by Multnomah county - that the next time he made threats he would 'get a free trip to the Oregon mental hospital.'

\* Additional Information provided below:

#### Background Information:

Micah Coring, FPS reported that PSU and Portland Police have been notified of this threat.

#### Actions Taken:



N/A

Actions Pending:

N/A

**Responses and Notifications:**

☒ FPS ☐ Fire Dept. ☐ Local Police ☒ Onsite Guard ☐ Paramedics ☒ OIG ☐ USSS ☐ DDS ☒ Other

**FPS Response**

Responding Officer Name: Douglas Rommes/Micah Coring

FPS Event #:

**OIG Response**

OIG Agent Name: Carla Meredith

**Response Other**

Details: contacted Seattle CSI team

**Attachments:**

None

**Change Log:**

Date	User	Changes
Sep 12 2012, 1:01 pm	Tari Kindred	Background Information changed OLD(empty) NEW(Micah Coring, FPS reported that PSU and Portland Police have been notified of this threat.) Response: FPS Option changed OLD(off) NEW(on) Response: OIG Option changed OLD(off) NEW(on) FPS Response: Responding Officer Name changed OLD(empty) NEW(Douglas Rommes/Micah Coring) OIG Response: Agent Name changed OLD(empty) NEW(Carla Meredith)

THIS REPORT CONTAINS SENSITIVE US GOVERNMENT INFORMATION ACCESS IS LIMITED TO  
PERSONNEL AND AGENCIES AUTHORIZED BY THE US SOCIAL SECURITY ADMINISTRATION





Form Approved OMB No. 0960-0579

## DISABILITY REPORT - ADULT - Form SSA-3368

### (3368) Section 1 - Information About the Disabled Person

1.A. Name (First, Middle Initial, Last) Greg Michael Reynolds

1.B. Social Security Number 544-90-9915

1.C. Mailing Address (Street or PO Box) PO BOX 333  
Include apartment number if applicable, CORBETT, OR 97019  
City, State/Province, Zip/Postal Code,  
Country (if not USA)

1.D. Email Address greynolds@portlandstate.org

1.E. Daytime Telephone Number, including area code, and the IDD and country codes if you live outside the USA or Canada.

Phone number 971-645-7573

Check this box if you do not have a phone or number where we can leave a message

1.F. Alternate Phone Number - another number where we may reach you, if any  
Alternate phone number

1.G. Can you speak and understand English? Yes

If no, what language do you prefer?

NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

1.H. Can you read and understand English? Yes

1.I. Can you write more than your name in English? Yes

1.J. Have you used any other names on your medical or educational records? No

Examples are maiden name, other married name or nickname.

If yes, please list them here:

### (3368) Section 2 - Contacts

Give the name of someone (other than your doctors) we can contact who knows about your medical conditions, and can help you with your claim.

2.A. Name (First, Middle Initial, Last)	Cody Kuschel
2.B. Relationship to you:	Friend
2.C. Daytime Phone Number (as described in 1.E. above)	360-852-4872
2.D. Mailing Address (Street or PO Box) Include apartment number if applicable,	PO Box 333 Corbett, OR 97019



City, State/Province, Zip/Postal Code,  
Country (if not USA)

2.E. Can this person speak and understand English? Yes

If no, what language is preferred?

2.F. Who is completing this  
report?

The person who is applying for disability (Go to Section 3 - Medical  
Conditions)

### (3368) Section 3 - Medical Conditions

3.A. List all of the physical or mental conditions (including emotional or learning problems) that limit your ability to work. If you have cancer, please include the stage and type. List each condition separately.

1. Mental illness with threatening behavior from sexual abus
2. depression
3. post-traumatic stress disorder
4. other issues from being sexually assaulted
5. broken ribs

3.B. What is your height without shoes? 5' 9"

3.C. What is your weight without shoes? 165 lbs.

3.D. Do your conditions cause you pain or other symptoms? Yes

### (3368) Section 4 - Work Activity

4.A. Are you currently working?

No, I have stopped working (Go to question 4.C. below)

IF YOU HAVE NEVER WORKED:

4.B. When do you believe your condition(s) became severe enough to keep you from working (even though you have never worked)? (month/day/year)

IF YOU HAVE STOPPED WORKING:

4.C. When did you stop working? (month/day/year)

07/24/2012

Why did you stop working?

Because of my condition(s).

Because of other reasons.



Please explain why you stopped working (for example: laid off, early retirement, seasonal work ended, business closed)

**i have been barred from campus due to my threatening behavior related to being forced to suck dennis michael pugh's dick and swallow his cum after being denied my right to an attorney to defend myself from a felony. 20 years of fighting terrorists has taken its toll mentally and physically and I can no longer work or function in society. I have reported the Governor and senators to INTERPOL's corruption division.**

Even though you stopped working for other reasons, when do you believe your condition(s) became severe enough to keep you from working? (month/day/year)

**02/14/1994**

**4.D.** Did your condition(s) cause you to make changes in your work activity? (for example: job duties, hours or rate of pay)

**Yes**

When did you make changes? (month/day/year)

**02/14/1994**

**4.E.** Since the date in 4.D. above, have you had gross earnings greater than \$500 in any month? Do not count sick leave, vacation, or disability pay. (We may contact you for more information.)

**Yes (Go to Section 5)**

**IF YOU ARE CURRENTLY WORKING:**

**4.F.** Has your condition(s) caused you to make changes in your work activity? (for example: job duties or hours)

**4.G.** Since your condition(s) first bothered you, have you had gross earnings greater than \$500 in any month? Do not count sick leave, vacation, or disability pay. (We may contact you for more information.)

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**(3368) Section 5 - Education and Training Information**

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**5.A.** Check the highest grade of school completed. **4 or more years of college**

Date completed:

**07/24/2012**

**5.B.** Did you attend special education classes? **No (Go to 5.C.)**

**5.C.** Have you completed any type of specialized job training, trade or vocational school?

**Yes**

If "YES", what type?

**Licensed insurance agent Licensed travel agent**

Date completed: **2011**

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**(3368) Section 6 - Job History**

6.A. List the jobs (up to 5) that you had in the 15 years before you became unable to work because of your physical or mental conditions. List your most recent job first.

Check here and go to Section 7 on page 5 if you did not work at all in the 15 years before you became unable to work.

Job Title	Type of Business	Dates Worked		Hours Per Day	Days Per Week	Rate Of Pay	
		From mm/yy	To mm/yy			Amount	Frequency
Computer Consultant	Computer Repair	APRIL 2008	NOVEMBER 2010	5	7	\$35.00	Hour
Human Resources	University	AUGUST 2002	JULY 2003	3	4	\$9.50	Hour
Insurance Producer	Insurance Company	JANUARY 2011	JUNE 2011	6	4	\$12.00	Hour
Student	University	JUNE 2001	JULY 2012	4	2	\$2,500.00	Month
Vault/Computer Room	Retail Business	JUNE 2009	NOVEMBER 2010	10	4	\$12.33	Hour

Check the box below that applies to you.

I had more than one job in the last 15 years before I became unable to work. Do not answer the questions on this page; go to Section 7 on page 5. (We may contact you for more information.)

Do not complete this page if you had more than one job in the last 15 years before you became unable to work.

6.B. Describe this job. What did you do all day?

6.C. In this job, did you:

Use machines, tools or equipment?

Use technical knowledge or skills?

Do any writing, complete reports, or perform any duties like this?

6.D. In this job, how many total hours each day did you do each of the tasks listed:

Task	Hours	Task	Hours	Task	Hours
Walk		Stoop (Bend down & forward at the waist)		Handle large objects	
Stand		Kneel (Bend legs to rest on knees)		Write, type or handle small objects	





Sit		Crouch (Bend legs & back down & forward)		Reach	
Climb		Crawl (Move on hands & knees)			

6.E. Lifting and carrying (Explain in the box below, what you lifted, how far you carried it, and how often you did this in your job):

6.F. Check **heaviest** weight lifted:

6.G. Check weight **frequently** lifted (by frequently, we mean from 1/3 to 2/3 of the workday.):

6.H. Did you supervise other people in this job?

How many people did you supervise?

What part of your time did you spend supervising people?

Did you hire and fire employees?

6.I. Were you a lead worker?

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### (3368) Section 7 - Medicines

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7. Are you taking any medicines (prescription or non-prescription)?

Yes (Give the information requested below. You may need to look at your medicine containers.)

Name of Medicine	If prescribed, give name of doctor	Reason for medicine
haldol	PORTLAND ADVENTIST MED CTR	to induce coma

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### (3368) Section 8 - Medical Treatment

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Have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled:

8.A. For any **physical** condition(s)?

No

8.B. For any **mental** condition(s) (including emotional or learning problems)?

Yes



If you answered "No" to both 8.A. and 8.B., go to Section 9 - Other Medical Information on page 11.

Tell us who may have medical records about any of your physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work. This includes doctors' offices, hospitals (including emergency room visits), clinics, and other health care facilities. Tell us about your next appointment, if you have one scheduled.

8.C. Name of Facility or Office		MT HOOD MEDICAL CENTER					
Name of health care professional who treated you		?					
ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROVIDER ABOVE.							
Phone Number		503-674-2089		Patient ID# (if known)			
Mailing Address		Attention: Medical Records 24800 SE STARK ST GRESHAM, OR 97030-3399					
<b>Dates of Treatment</b>							
<b>1. Office, Clinic or Outpatient visits</b>		<b>2. Emergency Room visits</b> List the most recent date first		<b>3. Overnight hospital stays</b> List the most recent date first			
First Visit		A.	2009	A. Date in		Date out	
Last Visit		B.	2012	B. Date in		Date out	
Next scheduled appointment (if any)		C.		C. Date in		Date out	
What medical conditions were treated or evaluated? Broken ribs, attempted suicide. Though treatment violated my patient bill of rights and I am seeking legal counsel to aid with the malpractice suit. These people have NEVER given my blood work results or MRI results.....NEVER! I wont pay the bill until they do							
What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.) I never received anything but sub-par treatment at this facility							
Check the boxes below for any tests this provider performed or sent you to, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use Section 11 - Remarks.  Check this box if no tests by this provider or at this facility.							
Kind of Test				Dates of Tests			



MRI/CT Scan (I dont know, Im not a doc)

8.D. Name of Facility or Office		PORTLAND ADVENTIST MED CTR						
Name of health care professional who treated you		?						
ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROVIDER ABOVE.								
Phone Number		503-251-6878			Patient ID# (if known)			
Mailing Address		Attention: Medical Records MEDICAL RECORDS DEPARTMENT 10123 SE MARKET PORTLAND, OR 97216-0000						
Dates of Treatment								
1. Office, Clinic or Outpatient visits		2. Emergency Room visits List the most recent date first		3. Overnight hospital stays List the most recent date first				
First Visit		A.	2002	A. Date in	2002	Date out	2002	
Last Visit		B.	2003	B. Date in		Date out		
Next scheduled appointment (if any)		C.		C. Date in		Date out		
What medical conditions were treated or evaluated? Threats of suicide and to walk into schools and open fire. Taken in my Multnomah County Sheriffs office								
What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.) Larry Smith, the Multnomah County nigger boy said next time I would get a free trip to the Oregon Mental Hospital. I keep waiting on the promise								
Check the boxes below for any tests this provider performed or sent you to, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use Section 11 - Remarks. Check this box if no tests by this provider or at this facility.								
Kind of Test						Dates of Tests		

8.E. Name of Facility or Office	ROGUE VALLEY MEDICAL CENTER
---------------------------------	-----------------------------



Name of health care professional who treated you		?					
<b>ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROVIDER ABOVE.</b>							
Phone Number		541-608-4900		Patient ID# (if known)			
Mailing Address		ATTN: MEDICAL RECORDS 2825 BARNETT RD MEDFORD, OR 97504-8332					
<b>Dates of Treatment</b>							
<b>1. Office, Clinic or Outpatient visits</b>		<b>2. Emergency Room visits</b> List the most recent date first		<b>3. Overnight hospital stays</b> List the most recent date first			
First Visit	1973	A.	1973	A. Date in		Date out	
Last Visit	?	B.	2011	B. Date in		Date out	
Next scheduled appointment (if any)		C.	1990	C. Date in		Date out	
What medical conditions were treated or evaluated? attempted suicide, making threats to walk into an elementary school and open fire, broken ribs							
What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.) no medical insurance, I am on my own to deal with Dennis Michael Pugh forcing me to suck his dick and swallow his cum							
Check the boxes below for any tests this provider performed or sent you to, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use Section 11 - Remarks.  Check this box if no tests by this provider or at this facility.							
Kind of Test				Dates of Tests			
MRI/CT Scan (many tests)				?			

**(3368) Section 9 - Other Medical Information**

9. Does anyone else have medical information about any of your physical and/or mental condition(s) (including emotional and learning problems), or are you scheduled to see anyone else? (This may





include places such as workers' compensation, vocational rehabilitation, insurance companies who have paid you disability benefits, prisons, attorneys, social service agencies and welfare.)  
Yes (Please complete information below.)

Name	Mr. Thomas, Portland State University				
Phone Number		Claim or ID Number (if any)			
Mailing Address, City, State/Province, ZIP/Postal Code, Country (if not USA)	PO Box 751 Portland, OR 97207				
Date of First Contact	03/01/2001	Date of Last Contact	07/24/2012	Date of Next Contact (if any)	
<b>Reasons for Contacts</b> I was going to school here, but have been suspended due to making threats against the health and welfare of school children. Multnomah county sheriffs office involved, office of the president of the united states involved, senator ron wyden, senator gordon smith, and Oregon Governor J. Kitzhaber are all witnesses					

**COMPLETE THIS SECTION ONLY IF YOU ARE ALREADY RECEIVING SSI.**

**(3368) Section 10 - Vocational Rehabilitation, Employment, or Other Support Services**

**10.A. Have you participated, or are you participating in:**

- An individual work plan with an employment network under the Ticket to Work Program;
- An individualized plan for employment with a vocational rehabilitation agency or any other organization;
- A Plan to Achieve Self-Support (PASS);
- An individualized education program (IEP) through a school (if a student age 18 - 21); or
- Any program providing vocational rehabilitation, employment services, or other support services to help you go to work?



**(3368) Section 11 - Remarks**

Please write any additional information you did not give in earlier parts of this report. If you did not have enough space in the sections of this report to write the requested information, please use this space to tell us the additional information requested in those sections. Be sure to show the section to which you are referring.

This a horrible awful situation. I was sexually abused by a sitting ADA of Lane County, denied my rights to legal defense and have been turned down thousands of job for no other reason than a felony I did not commit. I am so sorry that I did not walk into a school and open fire, at the very least my punishment would fit my crime. Now I have been suspended for over a year so that I can get on disability and get treatment for my mental illnesses hopefully before I am forced to enter a school and open fire. I have reported this problem to Governor Kitzhaber, Oregon Attorney General, the federal court system, Senators, and have made all of these treats which nobody will acknowledge because they know they fucked me up and they are covering for Dennis Michael Pugh's continued sexual assaults and abuses of power. Most recently I have been in contact with the President of the United States and have referrals from his office to mental health counseling. All letters are ready for your review. The proceeding at PSU, you should contact Dominic Thomas in student affairs since they have made the most recent diagnosis of "significant physical threat the health and welfare of the PSU campus." Well maybe not before, but I sure am now.

Date Report Completed	▶	____/____/____
		(Month) (Day) (Year)

Form SSA-3368 EDCS

Wednesday, September 12, 2012 8:34:40 AM



## Prowell, Yaqub

**From:** Burnett, Jennifer C.  
**Sent:** Wednesday, September 12, 2012 1:43 PM  
**To:** Prowell, Yaqub  
**Cc:** Jones, Thomas J.  
**Subject:** FW: Fw: Safety Concern

Yaqub,  
As you will see in the chain of emails below, one is from Reynolds (dated 7/12) which is the previous threat you requested. Having read the information below, I'm remembering now that I was briefed on this in July as a Campus Liaison Agent. SA Melanie Wissel had ordered criminal history for this guy but I don't recall how much work from squad 5 was done. There may be a file associated with the July incident.  
Jeni

**From:** Phillip Zerzan [mailto:pzerzan@pdx.edu]  
**Sent:** Wednesday, September 12, 2012 1:36 PM  
**To:** Burnett, Jennifer C.  
**Subject:** Fwd: Fw: Safety Concern

Phillip Zerzan  
Chief

Campus Public Safety Office  
Portland State University

503-725-4782  
503-725-5593  
[pzerzan@pdx.edu](mailto:pzerzan@pdx.edu)  
[www.cpsu.pdx.edu](http://www.cpsu.pdx.edu)

----- Forwarded message -----

**From:** Boyer, Joseph J. <[Joseph.Boyer@ic.fbi.gov](mailto:Joseph.Boyer@ic.fbi.gov)>  
**Date:** Thu, Jul 12, 2012 at 5:28 PM  
**Subject:** Fw: Safety Concern  
**To:** "Pzerzan@pdx.edu" <[Pzerzan@pdx.edu](mailto:Pzerzan@pdx.edu)>, "zerzan1@comcast.net" <[zerzan1@comcast.net](mailto:zerzan1@comcast.net)>  
**Cc:** "Norling, Glenn G." <[Glenn.Norling@ic.fbi.gov](mailto:Glenn.Norling@ic.fbi.gov)>, "Barnhart, Eric K." <[Eric.Barnhart@ic.fbi.gov](mailto:Eric.Barnhart@ic.fbi.gov)>

Phil - see below email from Lane County DA. This guy has a portland state email address. This just came in so I don't have anything further at this time.  
Joe

**From:** Wissel, Melanie L.  
**To:** Boyer, Joseph J.  
**Sent:** Thu Jul 12 20:23:19 2012  
**Subject:** Fw: Safety Concern



Gmail - Referral Question

To: nancy.cozine@opds.state.or.us  
Date: 06/29/2012 12:54 PM  
Subject: Referral Question  
Sent by: greynolds73@gmail.com

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[Quoted text hidden]

Thu, Jul 12, 2012 at 11:14 AM

**Greg Reynolds** <greynolds@portlandstate.org>  
Reply-To: greynolds@portlandstate.org  
To: Nancy.Cozine@opds.state.or.us

Thank your attempt to help. I fear the only way to see justice in this case is to walk into a school and open fire.  
Dennis Michael pugh forced me to suck his dick and swallow his cum, but nobody cares about my rights.  
Thank you anyway

Sent from DROID X mobile phone.

[Quoted text hidden]





I, Greg Michael Reynolds, wrote ~~at~~ and  
 submitted an application for Social Security disability  
 on 09/11/2012 online. This application contained  
 threats to open fire on a school.

I also sent an email on 07/12/2012 to  
 Mary Louise of the Oregon Public Defender's  
 Department threatening to walk into a school and  
 open fire.

Greg M. Reynolds  
 Greg M. Reynolds  
 0112112  
 Signed voluntarily  
 1991 hrs.



S.S. Asa Don

Fair like justice

Wala Piz the case if he had

Water should be top of

Police for

Stand his 7/12/line

Y like is also me I

got surprised for

350 for

From:

Cindy Hayward

by father's Alvin Hayward

like father

Y his ex: Greg Denny

work for FEMA

1993

Long Rock

partially paid the

is paid straps

Cherie M. Ryan

Lake County ALA

prosecutor or

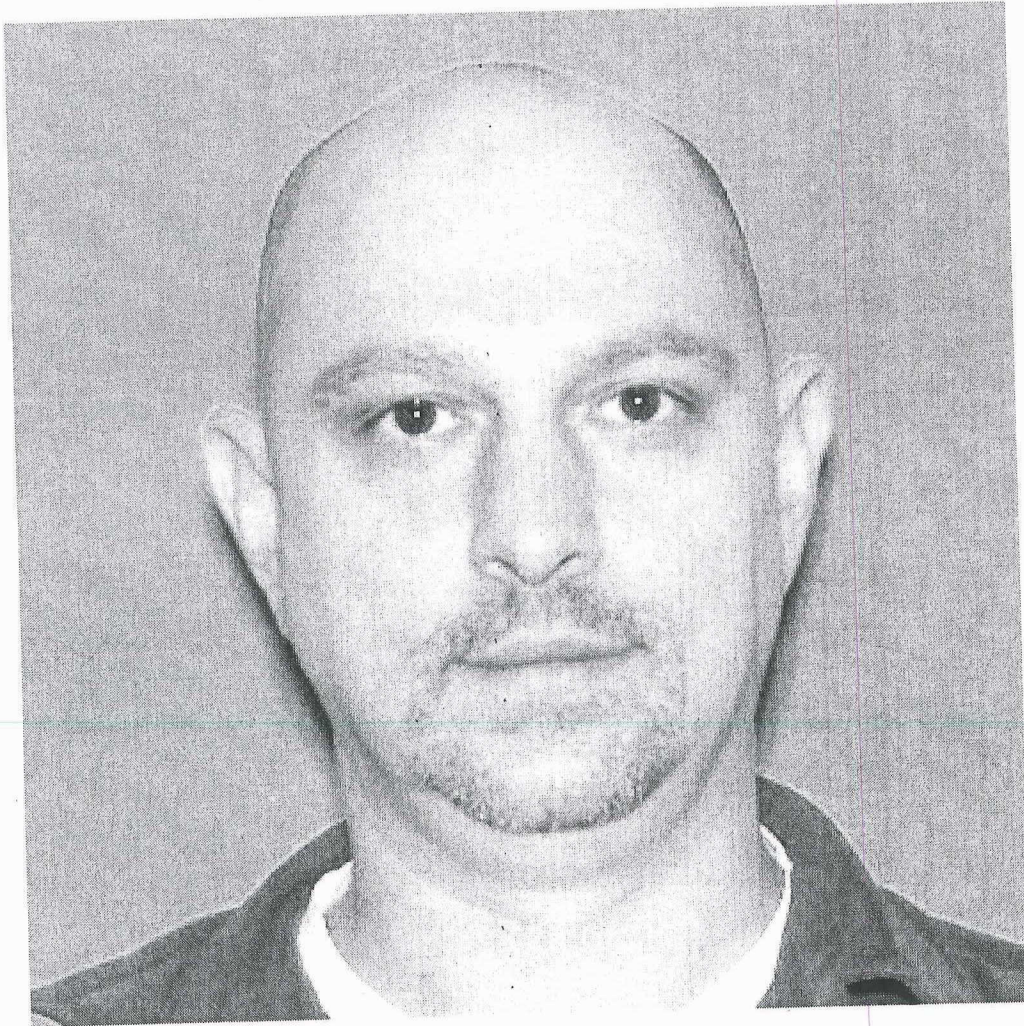
John J. Allen

(Fresno) self defense

to minors







NAME: REYNOLDS, GREG MICHAEL      DOB: 08-17-1973  
ADDR: 35612 SE MACINNES RD      CRBT      SEX: M HT: 5'09" WT: 165  
ADDR: PO BOX 333  
CITY: CORBETT, OR 97019  
LIC.NO: 4836765      TYPE: C      END:      RES:  
ISSUED: 11-29-2011      ORIG BUSNS: 08-17-1988  
OFFICE NO: 039      NORTH PORTLAND  
PHOTO DATE: 11-29-2011      TIME: 12:24

REYNOLDS00000571





OREGON STATE POLICE  
IDENTIFICATION SERVICES SECTION  
3772 PORTLAND ROAD NE  
SALEM, OREGON 97301-0312  
OR0SBI000 (503) 378-3070

M00000R3SAI . Sep 12, 2012 11:40:00  
DLP.09122012

REYNOLDS, GREG MICHAEL  
35612 SE MACINNES RD CRBT  
PO BOX 333  
CORBETT OR 97019

LIC:NO:4836765 TYPE:C END:

EXP:08-17-2019 ISS:11-29-2011 DOB:08-17-1973 1ST LIC:00-00-0000

SEX:M HEIGHT:5-09 WEIGHT:165 CDL:NO VETERAN:NO

STOPS:03 RES:

\*\*\*\*STATUS ON 09-12-2012\*\*\*\*

CDL:NONE

DL:VALID OPERATORS LICENSE

ISS 03-10-92 INT EXP: 00-00-00 MAILED: 00-00-00

ISS 08-14-93 INT EXP: 00-00-00 MAILED: 00-00-00

ISS 09-22-94 INT EXP: 00-00-00 MAILED: 00-00-00

ISS 03-31-95 INT EXP: 00-00-00 MAILED: 00-00-00

ISS 07-09-97 INT EXP: 00-00-00 MAILED: 00-00-00

SUSP 09-21-98 122198 CO/FPDD C-JACK TYPE: EXT:

STATUS: REIN FULL 122198 FULLY REINSTATED

DOK 092198 CO/FPDD C-JACK

98-3901-MI 122198 FULL REIN

DIVR 101398 C-JACK 983901MI 101299

ISS 10-27-98 INT EXP: 00-00-00 MAILED: 00-00-00

ID BUS: 102798 IS: 102798 EXP: 000000

ISS 11-09-98 INT EXP: 00-00-00 MAILED: 00-00-00

ISS 12-21-98 INT EXP: 00-00-00 MAILED: 00-00-00

ISS 09-11-00 INT EXP: 00-00-00 MAILED: 00-00-00

ISS 09-29-03 INT EXP: 00-00-00 MAILED: 00-00-00

DUPL 09-29-03

ISS 07-20-04 INT EXP: 00-00-00 MAILED: 00-00-00

SUSP 12-12-06 031207 BAC FAIL -MULT TYPE: EXT:

STATUS: REIN FULL 031207 FULLY REINSTATED

ISS 03-12-07 INT EXP: 00-00-00 MAILED: 00-00-00

DUPL 03-12-07

SUSP 06-20-07 061908 1 CO/DUII C-MULT TYPE: EXT:

STATUS: REIN FULL 081408 FULLY REINSTATED

DOK 062007 1 CO/DUII C-MULT

061155037 081408 FULL REIN

STOP 06-20-07 06/19/09 IID REQUIRED

REYNOLDS00000573





CONV 11-12-06 06-20-07 DUII M A

233718 C-MULT

IID 09-28-07 01/13/09

DUPL 01-05-08 NON ISSUE

DUPL 01-05-08 NON ISSUE

PRU 06-19-11

RET 08-21-08 WA

IID 01-29-09 06/16/09

DUPL 11-10-11 NON ISSUE

DUPL 11-10-11 NON ISSUE

DUPL 11-25-11 NON ISSUE

DUPL 11-25-11 NON ISSUE

ISS 11-29-11 INT EXP: 12-29-11 MAILED: 12-02-11

NO NCIC WANT NAM/REYNOLDS,GREG MICHAEL DOB/19730817 RAC/W SEX/M

\*\*\*MESSAGE KEY QW SEARCHES WANTED PERSON FILE FELONY RECORDS

REGARDLESS OF

EXTRADITION AND MISDEMEANOR RECORDS INDICATING POSSIBLE

INTERSTATE

EXTRADITION FROM THE INQUIRING AGENCY'S LOCATION. ALL OTHER NCIC

PERSONS

FILES ARE SEARCHED WITHOUT LIMITATIONS.

N0000OR3SAI . Sep 12, 2012 11:40:00

REUR 0000 III

OR024015A

THIS NCIC INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF  
YOUR

INQUIRY ON NAM/REYNOLDS,GREG MICHAEL SEX/M RAC/U DOB/19730817 PUR/C

NAME FBI NO. INQUIRY DATE

REYNOLDS,GREG MICHAEL 98525JB4 2012/09/12

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR PHOTO

M W 1973/08/17 509 187 BRO BRO N

BIRTH PLACE

OREGON

FINGERPRINT CLASS PATTERN CLASS

14 53 05 17 09 RS LS RS RS RS LS RS RS LS WU

17 62 53 11 06 AU AU AU AU LS

ALIAS NAMES

REYNOLDS,GREG

REYNOLDS,GREG M

REYNOLDS00000575



SOCIAL SECURITY MISC NUMBERS  
544-90-9915 AS-544909915

IDENTIFICATION DATA UPDATED 2010/12/09

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE  
FOLLOWING:  
OREGON - STATE ID/OR10931256

THE RECORD(S) CAN BE OBTAINED THROUGH THE INTERSTATE IDENTIFICATION  
INDEX BY USING THE APPROPRIATE NCIC TRANSACTION.

END

OREGON CCH RECORD FOR SID/OR10931256 AS OF 2012/09/12 AT 11:23  
BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME,  
A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE  
IF FURTHER DETAIL IS DESIRED, COMMUNICATE DIRECTLY TO CONTRIBUTOR

\* CONVICTED FELON \*

\* SINGLE-SOURCE OFFENDER-RECORDS MAY EXIST THAT ARE NOT INDEXED IN  
NCIC-III \*

\* ACTION ITEM: IF SUBJECT IS ARRESTED, SUBMIT 'STATE' FINGERPRINT CARD  
ONLY -

'FBI' CARD NOT NEEDED \*

SID/OR10931256 FBI/98525JB4

NAM/REYNOLDS,GREG MICHAEL DOB/1973/08/17 SEX/M RAC/W POB/OR  
HGT/509 WGT/150 HAIR/BROWN EYE/BROWN FPC/14530517091762531106

\* ADDITIONAL IDENTIFIERS \*

SOC/544909915

ARREST #03 2007/06/20 OR0260000-MULTNOMAH COUNTY SHERIFFS  
FPN/31659034

NAME USED/REYNOLDS,GREG MICHAEL LAN/1036620  
01 ORS 813.010 DRIVE UNDER INFLUENCE INTOX-MISD-1 CNTS  
COURT

\*01 2007/06/20 OR026025J-MULTNOMAH COUNTY CIRCUIT C CONVICTED-  
MISDEMEANOR

ORS 813.010 DRIVE UNDER INFLUENCE INTOX  
\$1293-FINE 2D JAIL

2Y PROB DOCKET #/061155037

ARREST #02 1998/08/12 OR0150000-JACKSON COUNTY SHERIFFS OF FPN/23770083  
NAME USED/REYNOLDS,GREG MICHAEL LAN/90260

REYNOLDS00000577





01 ORS 813.010 DRIVE UNDER INFLUENCE INTOX  
02 ORS 811.700 HIT AND RUN-VEHICLE-PROPERTY  
03 ORS 811.140 RECKLESS DRIVING  
04 ORS 164.354 CRIMINAL MISCHIEF 2ND DEG

COURT

\*01 1998/09/21 OR015045J-JACKSON COUNTY CIRCUIT COU DISMISSED  
ORS 164.354 CRIMINAL MISCHIEF 2ND DEG-MISD  
DOCKET #/983901MI

\*02 1998/09/21 OR015045J-JACKSON COUNTY CIRCUIT COU DISMISSED  
ORS 811.140 RECKLESS DRIVING-MISD  
DOCKET #/983901MI

\*03 1998/09/21 OR015045J-JACKSON COUNTY CIRCUIT COU CONVICTED-  
MISDEMEANOR  
ORS 811.700 HIT AND RUN-VEHICLE-PROPERTY  
\$310-FINE

2Y PROB DOCKET #/983901MI  
04 2000/01/31 OR015045J-JACKSON COUNTY CIRCUIT COU DISMISSED  
ORS 813.200 DIVERSION-DUII  
DOCKET #/983901MI

ARREST #01 1993/11/12 OR015025G-JACKSON COUNTY COMMUNITY J  
FPN/12943436

NAME USED/REYNOLDS,GREG MICHAEL

01 ORS 475.992 CONTROLLED SUBSTANCE OFFENSE-POSSESS LESS THAN 10Z  
02 ORS 163.575 ENDANGERING WELFARE OF MINOR-3 CTS

COURT

01 OR015045J-JACKSON COUNTY CIRCUIT COU NO COMPLAINT FILED  
ORS 475.992 CONTROLLED SUBSTANCE OFFENSE-POSSESS LESS THAN 10Z  
02 OR015045J-JACKSON COUNTY CIRCUIT COU NO COMPLAINT FILED  
ORS 163.575 ENDANGERING WELFARE OF MINOR-3 CTS

03 1994/02/15 OR015045J-JACKSON COUNTY CIRCUIT COU CONVICTED-FELONY  
ORS 475.995 DELIVER CONT SUBSTANCE-MINOR  
20D JAIL  
36M PROB DOCKET #/109310439

ENTERED 1994/06/22 LAST UPDATED 2007/10/09

OREGON STATE POLICE  
IDENTIFICATION SERVICES SECTION  
3772 PORTLAND ROAD NE  
SALEM, OREGON 97301-0312  
OR0SBI000 (503) 378-3070

THE USE OF THIS RECORD IS CONTROLLED BY STATE AND FEDERAL  
REGULATIONS.

IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE

REYNOLDS00000579



PURPOSE REQUESTED

THIS INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR RECORD REQUEST FOR FBI/98525JB4. THE RECORD MAY BE OBTAINED FROM FILES WITHIN YOUR STATE. THE INTERSTATE IDENTIFICATION INDEX CONTAINS NO ADDITIONAL DATA.  
END

OREGON CCH RECORD FOR SID/OR10931256 AS OF 2012/09/12 AT 11:28  
BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME,  
A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE  
IF FURTHER DETAIL IS DESIRED, COMMUNICATE DIRECTLY TO CONTRIBUTOR

- \* CONVICTED FELON \*
- \* SINGLE-SOURCE OFFENDER-RECORDS MAY EXIST THAT ARE NOT INDEXED IN NCIC-III \*
- \* ACTION ITEM: IF SUBJECT IS ARRESTED, SUBMIT 'STATE' FINGERPRINT CARD ONLY -  
'FBI' CARD NOT NEEDED \*

SID/OR10931256 FBI/98525JB4  
NAM/REYNOLDS,GREG MICHAEL DOB/1973/08/17 SEX/M RAC/W POB/OR  
HGT/509 WGT/150 HAIR/BROWN EYE/BROWN FPC/14530517091762531106  
\* ADDITIONAL IDENTIFIERS \*  
SOC/544909915

ARREST #03 2007/06/20 OR0260000-MULTNOMAH COUNTY SHERIFFS  
FPN/31659034  
NAME USED/REYNOLDS,GREG MICHAEL LAN/1036620  
01 ORS 813.010 DRIVE UNDER INFLUENCE INTOX-MISD-1 CNTS  
COURT  
\*01 2007/06/20 OR026025J-MULTNOMAH COUNTY CIRCUIT C CONVICTED-  
MISDEMEANOR  
ORS 813.010 DRIVE UNDER INFLUENCE INTOX  
\$1293-FINE 2D JAIL  
2Y PROB DOCKET #/061155037

ARREST #02 1998/08/12 OR0150000-JACKSON COUNTY SHERIFFS OF FPN/23770083  
NAME USED/REYNOLDS,GREG MICHAEL LAN/90260  
01 ORS 813.010 DRIVE UNDER INFLUENCE INTOX  
02 ORS 811.700 HIT AND RUN-VEHICLE-PROPERTY  
03 ORS 811.140 RECKLESS DRIVING  
04 ORS 164.354 CRIMINAL MISCHIEF 2ND DEG  
COURT  
\*01 1998/09/21 OR015045J-JACKSON COUNTY CIRCUIT COU DISMISSED  
ORS 164.354 CRIMINAL MISCHIEF 2ND DEG-MISD

REYNOLDS00000581





DOCKET #/983901MI  
\*02 1998/09/21 OR015045J-JACKSON COUNTY CIRCUIT COU DISMISSED  
ORS 811.140 RECKLESS DRIVING-MISD  
DOCKET #/983901MI  
\*03 1998/09/21 OR015045J-JACKSON COUNTY CIRCUIT COU CONVICTED-  
MISDEMEANOR  
ORS 811.700 HIT AND RUN-VEHICLE-PROPERTY  
\$310-FINE  
2Y PROB DOCKET #/983901MI  
04 2000/01/31 OR015045J-JACKSON COUNTY CIRCUIT COU DISMISSED  
ORS 813.200 DIVERSION-DUII  
DOCKET #/983901MI

ARREST #01 1993/11/12 OR015025G-JACKSON COUNTY COMMUNITY J  
FPN/12943436

NAME USED/REYNOLDS,GREG MICHAEL

01 ORS 475.992 CONTROLLED SUBSTANCE OFFENSE-POSSESS LESS THAN 10Z

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20D JAIL  
36M PROB DOCKET #/109310439

ENTERED 1994/06/22 LAST UPDATED 2007/10/09

OREGON STATE POLICE  
IDENTIFICATION SERVICES SECTION  
3772 PORTLAND ROAD NE  
SALEM, OREGON 97301-0312  
OR0SBI000 (503) 378-3070

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PURPOSE REQUESTED

REYNOLDS00000583



THE SUBJECT OF YOUR INQUIRY MAY BE:

BASED ON --DOB, NAM

DESCRIPTIVE DATA REFLECTS INFORMATION PROVIDED AT THE TIME THE RECORD WAS ESTABLISHED. MAKE CCH INQUIRY BY SID NUMBER TO SEE THE DESCRIPTIVE DATA FOR EACH ARREST.

- \* CONVICTED FELON \*
- \* SINGLE-SOURCE OFFENDER-RECORDS MAY EXIST THAT ARE NOT INDEXED IN NCIC-III \*
- \* ACTION ITEM: IF SUBJECT IS ARRESTED, SUBMIT 'STATE' FINGERPRINT CARD ONLY -
- 'FBI' CARD NOT NEEDED \*

SID/OR10931256 FBI/98525JB4  
NAM/REYNOLDS,GREG MICHAEL DOB/1973/08/17 SEX/M RAC/W POB/OR  
HGT/509 WGT/150 HAIR/BROWN EYE/BROWN FPC/14530517091762531106  
\* ADDITIONAL IDENTIFIERS \*  
SOC/544909915

BASED ON --DOB, AKA

DESCRIPTIVE DATA REFLECTS INFORMATION PROVIDED AT THE TIME THE RECORD WAS ESTABLISHED. MAKE CCH INQUIRY BY SID NUMBER TO SEE THE DESCRIPTIVE DATA FOR EACH ARREST.

- \* SINGLE-SOURCE OFFENDER-RECORDS MAY EXIST THAT ARE NOT INDEXED IN NCIC-III \*
- \* ACTION ITEM: IF SUBJECT IS ARRESTED, SUBMIT 'STATE' FINGERPRINT CARD ONLY -
- 'FBI' CARD NOT NEEDED \*

DESCRIPTIVE DATA REFLECTS INFORMATION PROVIDED AT THE TIME THE RECORD WAS ESTABLISHED. MAKE CCH INQUIRY BY SID NUMBER TO SEE THE DESCRIPTIVE DATA FOR EACH ARREST.

- \* MULTI-SOURCE OFFENDER-MAKE NCIC-III INQUIRY FOR NON-OREGON RECORDS \*

REYNOLDS00000585





## **AIRS Incident Report**

REFERENCE: AIMS, GAM, SSA.G:12.07 Incident Alert Reporting.

Report Number: 57484

Date of Report: September 12, 2012

Reporting Person: POE, CORI

Region: Region 10, Area 2

Office Code: 940

Office Type: FO/1





## AIRS Incident Report

Report ID: 57484

<b>Region:</b>	Region 10, Area 2	<b>Report Date:</b>	September 12, 2012
<b>Office Code:</b>	940	<b>Facility Name:</b>	PORTLAND-EAST O (940) (FO/1)
<b>Office Type:</b>	FO/1	<b>Facility Address:</b>	SOCIAL SECURITY 17925 SE DIVISION ST PORTLAND, OR 97236-1065
<b>Reporting Person:</b>	POE, CORI	<b>City:</b>	PORTLAND
<b>Title:</b>	Operations Supervisor	<b>State:</b>	OR
<b>Phone:</b>	(866) 964-9957	<b>Zip Code:</b>	97266

### Incident Details:

Incident that was reported:	Threat Against Others
Exact Date of Incident:	September 12, 2012
Approximate Time of Incident:	08:30 AM

### Offices Involved:

Other than current office: None

### Locations:

<input type="checkbox"/> Reception Area	<input type="checkbox"/> Work Area
<input type="checkbox"/> FEI/ACC Area	<input checked="" type="checkbox"/> Other Area: Online application

### Conditions:

<input type="checkbox"/> In Person	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail
<input type="checkbox"/> Call Trace Activated	<input type="checkbox"/> Ban Letter Provided	<input checked="" type="checkbox"/> VIP High Risk
<input type="checkbox"/> Add'l Guard Service Provided	<input type="checkbox"/> Domestic Related	<input checked="" type="checkbox"/> Employee Initiated

### Persons Involved:

Name:	Greg Michael Reynolds	SS#: 544-90-9915	Involvement: Perpetrator
Work Location:		DOB: 08/17/1973	Phone: (971) 645-7573

### Property / Damage Loss:

None

THIS REPORT CONTAINS SENSITIVE US GOVERNMENT INFORMATION ACCESS IS LIMITED TO  
PERSONNEL AND AGENCIES AUTHORIZED BY THE US SOCIAL SECURITY ADMINISTRATION





**Vehicle Information:**

None

**Incident Summary:**

NH submitted an online 3368 on 9/11/12, making multiple threats to open fire on schools. He specifically warns us that he poses a significant physical threat to the health and welfare of the PSU campus. He mentions that he has contacted the governor, attorney general, senators, the president and that nobody is taking him seriously. He's asking for help treating his mental illness before he is 'forced to enter a school and open fire.' He said that he is waiting on a promise that was made to him by Multnomah county - that the next time he made threats he would 'get a free trip to the Oregon mental hospital.'

**Responses and Notifications:**

☐ FPS ☐ Fire Dept ☐ Local Police ☒ Onsite Guard ☐ Paramedics ☐ OIG  
☐ USSS ☐ DDS ☒ Other

**Response Other**

Details: contacted Seattle CSI team by phone

**Attachments:**

None

THIS REPORT CONTAINS SENSITIVE US GOVERNMENT INFORMATION ACCESS IS LIMITED TO  
PERSONNEL AND AGENCIES AUTHORIZED BY THE US SOCIAL SECURITY ADMINISTRATION



<b>PORTLAND STATE UNIVERSITY CAMPUS PUBLIC SAFETY OFFICE</b>					Page <b>1</b>		Case No. <b>12-000603</b>					
					Beat <b>CPSO</b>	Rpt Dist <b>OU...</b>	Type: <b>EXCEPTIONAL REPORT</b>			Seq: <b>1</b>		
Crime / Incident (Primary, Secondary, Tertiary) <b>888D PSU Rule or Student Conduct Issue</b>					Attempt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Occurred	Date	Time	Day			
						On or From	<b>07/20/2012</b>	<b>15:03</b>	<b>Fri</b>			
						To	<b>07/20/2012</b>		<b>Fri</b>			
						Reported	<b>07/20/2012</b>	<b>15:03</b>	<b>Fri</b>			
Location of Incident <b>35612 SE MACINENS RD, Corbett, OR</b>												
Cross Street <b>35612 SE MACINENS RD</b>									County <b>MULT</b>			
Dispo      "V" = Victim      "RP" = Reporting Party      "W" = Witness      "S" = Suspect      "O" = Other												
<b>S</b>	Last, First, Middle (Firm if Business) <b>REYNOLDS, GREG M</b>				Race <b>W</b>	Sex <b>M</b>	Age <b>38</b>	HT <b>509</b>	WT <b>165</b>	Hair <b>BRO</b>	Eyes <b>HAZ</b>	Home Phone <b>(971) 645-7573</b>
	Address <b>35612 SE MACINNES RD</b>				DOB <b>08/17/1973</b>		DL Number			State <b>OR</b>		Work Phone <b>(503)</b>
	City, State, Zip Code <b>CORBETT OR 97019-</b>				SSN		Local ID #		State #		FBI #	Cell Phone <b>()</b>
					Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
<b>V</b>	Last, First, Middle (Firm if Business) <b>ORDER, PUBLIC</b>				Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
	Address				DOB		DL Number			State <b>OR</b>		Work Phone
	City, State, Zip Code				SSN		Local ID #		State #		FBI #	Cell Phone
					Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
	Last, First, Middle (Firm if Business)				Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
	Address				DOB		DL Number			State		Work Phone
	City, State, Zip Code				SSN		Local ID #		State #		FBI #	Cell Phone
					Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
	Last, First, Middle (Firm if Business)				Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
	Address				DOB		DL Number			State		Work Phone
	City, State, Zip Code				SSN		Local ID #		State #		FBI #	Cell Phone
					Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Synopsis :												
					Continuation Attached : <input type="checkbox"/>		Property List Attached : <input type="checkbox"/>					
					UCR : <b>9999</b>		Press Release : <input type="checkbox"/>		Domestic Violence Case : <input type="checkbox"/>			
					Gang Related : <b>N</b>		Hate Crime : <input type="checkbox"/>		Victim Senior Citizen : <input type="checkbox"/>			
					Pursuit : <input type="checkbox"/>		Force Used : <input type="checkbox"/>		Child Abuse : <input type="checkbox"/>			
					County Code :		Disposition : <b>F</b>					
					Connecting Case #							
					CAD/CFS Event # <b>1207200007</b>							
Assigned To : _____ Date : _____												
Officer ID : <b>D. BAKER, #46473</b>					Reviewed By : <b>R. MCCLEARY, #20457</b>		Approved : <b>YES</b>		Date : <b>07/20/2012</b>			







<b>PORTLAND STATE UNIVERSITY</b> <b>CAMPUS PUBLIC SAFETY OFFICE</b>	Page	2	Case No.	12-000603	
			Type: EXCEPTIONAL REPORT	Seq: 1	
Crime / Incident (Primary) 888D PSU Rule or Student Conduct Issue		Attempt	Narrative Report		

Sgt. White #40966  
Deputy Lazzini #44893

☐ On 07/20/2012, at approximately 1410 hours, Chief Zerzan briefed me on an ongoing investigation regarding an email sent by a Portland State University student containing a statement regarding walking into a school and opening fire. Chief Zerzan asked that I contact the student, Greg REYNOLDS, at his residence and interview him regarding the email.

☐ Chief Zerzan provided me with a printed copy of emails relating to the investigation (see attached copies). Based on the provided emails, I learned that on June 29, 2012 a person identifying themselves as Greg M. Reynolds emailed the Office of Public Defense Services and requested advice on how to obtain an appellate attorney. The identifying name on this e-mail was greynolds@portlandstate.org (not a pdx.edu email address), and was sent from greynolds73@gmail.com. The email contained references to a conviction in Lane County and included references to a Lane County Circuit Court Judge, Lyle Velure.

☐ Nancy Cozine, the Executive Director, responded to this request on July 2, 2012 via e-mail and provided information to the sender. On July 12, 2012 Greg Reynolds responded to the reply in an e-mail stating, "Thanks for your attempt to help. I fear that the only way to see justice in this case is to walk into a school and open fire. Ennis Michael pugh forced me to suck his dick and swallow his cum, but nobody cares about my rights. Thank you anyway."

☐ Nancy Cozine forwarded the e-mail to District Attorney Alex Gardner, who in turn forwarded it to his investigator, Steve Walker, along with the Chief of the Eugene Police Department, the Sheriff of Lane County, and the Chief of the Springfield Police Department.

☐ FBI SA Joe Boyer, was forwarded the email and noted the portlandstate.org reference and forwarded the information to Chief Zerzan.

☐ On July 12, 2012, a check of student records found a current Portland State University student named Gregory M. Reynolds. Further checking found a different pdx.edu email address, and a check of his criminal history did not show any convictions in Lane County, Oregon. It also showed that he currently resided in Corbett, Oregon.

☐ On Friday, July 20, 2012, Chief Zerzan requested information from the DA investigator and learned that Greg M Reynolds DOB 08/17/73 had been prosecuted by DDA Michael Pugh in 1994. This name and DOB matched the information for the current PSU student.

☐ Since REYNOLDS lived in Multnomah County, Chief Zerzan made arrangements to have a Multnomah County Sheriff Deputy respond to the location as well. Ofc. Sylloglou and I met with Sgt. White and Deputy Lazzini at the Multnomah County Sheriff's Office, located at 12240 NE Glisan St., before proceeding to REYNOLD'S home at 35612 SW Macinnes Road, Corbett, Oregon.

☐ Upon arrival, Sgt. White and Deputy Lazzini initially approached the house and spoke with REYNOLDS. I saw that there was another male present. I heard Sgt. White explain that a couple officers from Portland State University wanted to speak with him regarding an email. I could not

Officer ID: D. BAKER, #46473	P4	Reviewed By: R. MCCLEARY, #20157	Approved: YES	Date: 07/20/2012
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REYNOLDS00000595





<b>PORTLAND STATE UNIVERSITY CAMPUS PUBLIC SAFETY OFFICE</b>	Page	3	Case No.	12-000603	
				Type: EXCEPTIONAL REPORT	Seq: 1
Crime / Incident (Primary) 888D PSU Rule or Student Conduct Issue		Attempt <input type="checkbox"/>	Narrative Report		

hear the response, but I heard Sgt. White explain that it would only take a few minutes. Again, I could not hear the response, but I heard Sgt. White stated that we had driven all the way up there to talk with him. Sgt. White then motioned for us to approach the house.

☐ As we approached, Sgt. White directed us to a male standing on the house deck and introduced him as REYNOLDS. I recognized REYNOLDS from his DMV photo. I noted that REYNOLDS was holding his left side as though he was in pain. Sgt. Explained that REYNOLDS had hurt his ribs.

☐ I introduced myself and asked REYNOLDS if I could speak with him for a few minutes. REYNOLDS said yes. I asked REYNOLDS if he wanted to go inside to talk. REYNOLDS stated that we could speak outside. I explained that I was following up on an email that he sent to the Office of Public Defense. I noticed that REYNOLDS head slumped slightly forward and he started nodding his head. I asked REYNOLDS if he knew the email to which I was referring. REYNOLDS nodded his head yes. I asked REYNOLDS to tell me about the email. REYNOLDS stated that he was frustrated because he had been fighting a conviction for nineteen years and "said something I shouldn't have." REYNOLDS stated that he had sought counseling. I asked REYNOLDS when he saw a counselor. REYNOLDS stated that he had made an appointment last week.

I asked REYNOLDS about the statement regarding "going to a school and opening fire." REYNOLDS nodded his head. I asked REYNOLDS to explain his thought process at the time of the email. REYNOLDS again stated that he was feeling frustrated. I told REYNOLDS that I understood he had made some steps in the past weeks, but I wanted to understand his thought process at the time of sending the email. I asked REYNOLDS if at that time he considered the statement a possibility. REYNOLDS nodded his head and said, "Well, yeah." REYNOLDS again explained that he had been feeling very frustrated. I asked REYNOLDS what made him think of that specific scenario. REYNOLDS said, "Well, it's all over." I asked REYNOLDS what he was referring to. REYNOLDS paused and then stated that he was watching it right now. I asked REYNOLDS to clarify a little more. REYNOLDS said, "The shootings." REYNOLDS motioned towards the house (presumably towards his TV) and stated that he was watching the Denver "thing."

☐ I asked REYNOLDS if he still felt the same way. REYNOLDS said no and that he had options. I asked REYNOLDS if he could tell me some of the options. REYNOLDS stated that he had called a counseling line the previous week and was going to follow up. I asked REYNOLDS which line had had called. REYNOLDS said it was a 1-800 number. REYNOLDS stated that he had spoken with Legal Services at PSU and they were going to help him with his conviction. REYNOLDS also stated that he had called Student Health and Services. I asked REYNOLDS if he had made an appointment with SHAC. REYNOLDS said he was not sure when he could go to PSU because of his injury.

☐ I asked REYNOLDS if he owned any firearms. REYNOLDS said no. I asked REYNOLDS if there were any firearms in the house. REYNOLDS said no. I asked REYNOLDS if he had access to firearms. REYNOLDS stated that some of his friend owned firearms. I asked REYNOLDS if anyone else lived with him. REYNOLDS said no. REYNOLDS explained that the other male was a friend who was helping him. I asked REYNOLDS again if there were any firearms in the house. REYNOLDS said no.

☐ I asked REYNOLDS if he felt as though his statement was a possibility. REYNOLDS said no. REYNOLDS then stated that he had options. I thanked REYNOLDS for his cooperation and explained that I would complete a report regarding our conversation.

☐ Nothing further.

Officer ID: D. BAKER, #46473	P4	Reviewed By: R. MCCLEARY, #20157	Approved: YES	Date: 07/20/2012
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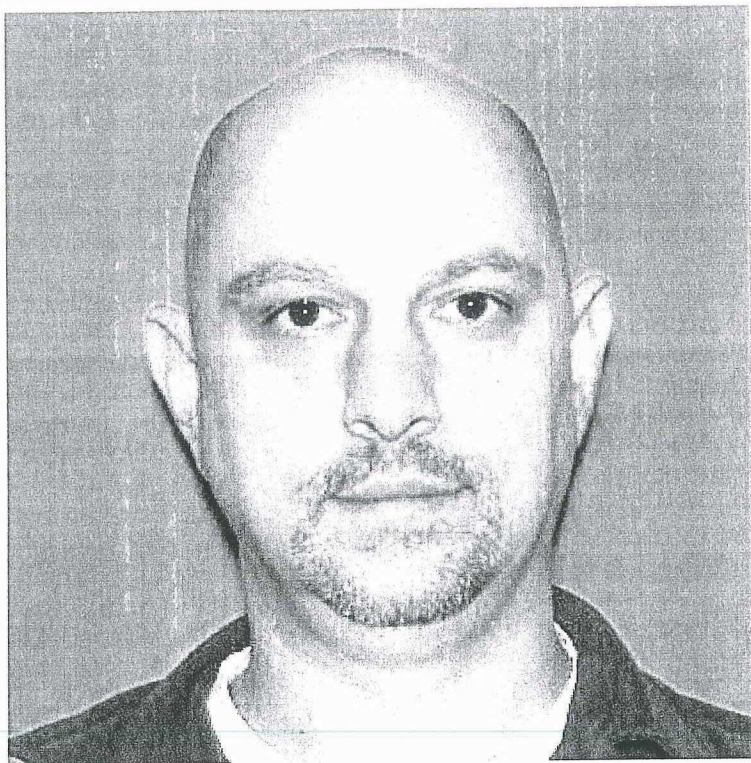
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REYNOLDS00000597









12-009495		PORTLAND POLICE BUREAU				INVESTIGATION REPORT				PAGE/OF 1 / 2	
CASE NUMBER		12-009495		REFER CASE NUMBER		CLASSIFICATION <b>LARC FROM VEH</b>		DATE / TIME REPORTED 02/02/12 0023			
DATE / TIME OCCURRED (START)		02/01/12 1200		DATE / TIME OCCURRED (END)		02/02/12 0015		<input type="checkbox"/> RADIO (R) <input type="checkbox"/> S/I (S) <input checked="" type="checkbox"/> PHONE-IN (P)			
LOCATION OF OCCURRENCE 10220 N. Expo Rd. (Delta Park TS)											
PREMISE TYPE 641 - Thoroughfare, Pkg Structure/Lot/Driveway					PRECINCT OF OCCURRENCE North Precinct						
ONE SENTENCE SUMMARY OF INCIDENT Car prowl with no suspect information.											
PERSONS BU - Business Complainant KN - Person w/Knowledge OW - Owner PF - Property Finder SB - Subject RP - Reporting Person VI - Victim WI - Witness											
COPIES		CODE VI		NAME (Last, First Middle) Reynolds, Greg		SEX M		RACE W		DOB 08/17/73	
<input type="checkbox"/> DET		HOME ADDRESS		CITY Corbett		STATE Oregon		ZIP 97019		HOME PHONE	
<input type="checkbox"/> CENTRAL		BUSINESS/SCHOOL ADDRESS		<input type="checkbox"/> WORK PHONE		<input type="checkbox"/> MSG. PHONE		MOBILE PHONE 971-645-7573			
<input type="checkbox"/> EAST		X1, X2, - X9 - SUSPECTS MI - Missing RW - Runaway DK - Drunk DE - Deceased AS - Attempt Suicide ME - Mental SB - Subject									
<input type="checkbox"/> NORTH		CODE X1		NAME (Last, First Middle) UNK		SEX		RACE		DOB	
<input type="checkbox"/> NE		HOME ADDRESS		CITY		STATE		ZIP		HEIGHT WEIGHT HAIR EYES CUSTODY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> SE		AKA/MONIKER		WORK PHONE		MSG. PHONE		MOBILE PHONE		HOME PHONE	
<input type="checkbox"/> CAT		OTHER DESCRIPTION									
<input type="checkbox"/> DHS/CHS		VEHICLE S - Stolen R - Recovered L - Locate A - Abandoned T - Towed V - Victim's Vehicle X - Suspect Vehicle I - Informational M - Missing									
<input type="checkbox"/> DVD		CODE V		LICENSE NUMBER CA21276		STATE OR		LIC. YR T3		LIC. TYPE PC	
<input type="checkbox"/> DVRU		VEH YR 05		MAKE FORD		MODEL RANGER		COLOR(S) GOLD		STLN / RCVD VALUE	
<input type="checkbox"/> ECRT		DELIO. PAYM. TS.?		KEYS IN VEHICLE?		THEFT INSUR.?		PERMISSION GIVEN?		TRANSMISSION <input type="checkbox"/> STANDARD <input type="checkbox"/> AUTOMATIC	
<input type="checkbox"/> JDH		<input checked="" type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		BODY DAMAGE / UNIQUE FEATURES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: Driver's door and window damaged	
<input type="checkbox"/> JUV		CHARGE / CITE NO.		HOLD REASON: <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPT. REQUEST <input type="checkbox"/> DEPT. REQUEST <input type="checkbox"/> PRIVATE REQUEST					
<input type="checkbox"/> CS		TOWED BY / TOWED TO		UNIT & PERSON NOTIFIED							
<input type="checkbox"/> DVCS		IDENTIFICATION DIVISION NOTIFIED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
<input type="checkbox"/> (1)		OUTSIDE AGENCY NOTIFIED/REFERRED TO?									
<input type="checkbox"/> (1)		PROPERTY RECEIPT NUMBER(S)									
<input type="checkbox"/> (1)		PROPERTY S - STOLEN L - LOST F - FOUND D - DAMAGED K - SAFEKEEPING R - RECOVERED E - EVIDENCE									
COMPUTER ENTRY		CODE D		QTY. 1		ITEM Driver's door dented and driver's door window smashed					
<input type="checkbox"/> Desk		BRAND		MODEL / STYLE		SERIAL NUMBER		COLOR			
DPSST		ENGRAVINGS / PECULIARITIES		SIZE		VALUE					
<input type="checkbox"/> Person		CODE S		QTY.		ITEM Miscellaneous tools in small red tool box					
DPSST		BRAND		MODEL / STYLE		SERIAL NUMBER		COLOR			
<input type="checkbox"/> Entry		ENGRAVINGS / PECULIARITIES		SIZE		VALUE					
Vehicle		REPORTING OFFICER(S)		DPSST 47109		PREC / DIV NO/U		RLF / SHIFT N		ASSN / DIST 549/540	
DPSST		Matthew A. Tobey		SUPERVISOR'S SIGNATURE		Scott Martin (34353)					





12-009495

CASE  
NUMBER

PORTLAND  
POLICE BUREAU

INVESTIGATION REPORT

PAGE/OF  
2 / 2

NARRATIVE-The order of appearance for additional information will be:

ITEM 1: N/A

ITEM 2: N/A

ITEM 3: N/A

ITEM 4: ADDITIONAL WORTHLESS DOCUMENTS - Record multiple worthless documents on a fraud supplemental form. Record in the narrative the total number of worthless documents written.

ITEM 5: N/A

ITEM 6: ADDITIONAL OFFICERS - List all officers present and identify their involvement with the incident being reported.

ITEM 7: SUMMARY - A short summary is necessary if the narrative is more than one full page in length.

ITEM 8: NARRATIVE - List in chronological order, all of the relevant details of the incident and/or elements of the crime or violation.

NARRATIVE

8- I was dispatched to the Delta Park Transit parking lot for a report of a car prow. VI/Reynolds told me when he returned to the parking lot this evening he found his driver's door window smashed. VI/Reynolds pointed to a dent on the driver's door just below the window that he said was also new damage. VI/Reynolds told me a small tool box was missing from the rear of the cab. I provided VI/Reynolds with my business card and case number. VI/Reynolds said he had no further questions for me.

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☐ CS  
☐ DVCS  
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COMPUTER  
ENTRY

☐ Desk

DPSST

☐ Person

DPSST

☐ Entry /  
Vehicle

DPSST

☐ Distribution

REPORTING OFFICER(S)

Matthew A. Tobey

DPSST

47109

PREC / DIV

NO/U

RLF / SHIFT

N

ASSN / DIST

549/540

SUPERVISOR'S SIGNATURE

Scott Martin (34353)

767 (08/07)



APPROVAL  
ROUTE

North Precinct

Print Form

PAGE/OF  
1 / 2

## INVESTIGATION REPORT

PORTLAND  
POLICE BUREAU

CASE NUMBER

12-009495

REFER CASE NUMBER

CLASSIFICATION

DATE / TIME REPORTED

02/02/12

0023

DATE / TIME OCCURRED (START)

02/01/12

1200

DATE / TIME OCCURRED (END)

02/02/12

0015

☐ RADIO (R)☐ S/I (S)☒ PHONE-IN (P)

LOCATION OF OCCURRENCE

10220 N. Expo Rd. (Delta Park TS)

PREMISE TYPE

641 - Thoroughfare, Pkg Structure/Lot/Driveway

PRECINCT OF OCCURRENCE

North Precinct

ONE SENTENCE SUMMARY OF INCIDENT

Car prowl with no suspect information.

PERSONS BU - Business Complainant KN - Person w/Knowledge OW - Owner PF - Property Finder SB - Subject RP - Reporting Person VI - Victim WI - Witness Add Person

CODE

VI

NAME (Last, First Middle)

Reynolds, Greg

CRN

SEX

M

RACE

W

DOB

08/17/73

HOME ADDRESS

35612 SE Macinnes

CITY

Corbett

STATE

Oregon

ZIP

97019

HOME PHONE

BUSINESS/SCHOOL ADDRESS

☐ WORK PHONE☐ MSG. PHONE

MOBILE PHONE

971-645-7573

X1, X2, - X9 - SUSPECTS MI - Missing RW - Runaway DK - Drunk DE - Deceased AS - Attempt Suicide ME - Mental SB - Subject Add Subject

CODE

X1

NAME (Last, First Middle)

UNK

CRN

SEX

RACE

DOB

HOME ADDRESS

CITY

STATE

ZIP

HEIGHT

WEIGHT

HAIR

EYES

CUSTODY?

☐ YES☒ NO

AKA/MONIKER

☐ WRK PHN☐ MSG PHONE

MOBILE PHONE

HOME PHONE

OTHER DESCRIPTION

VEHICLE S - Stolen R - Recovered L - Locate A - Abandoned T - Towed V - Victim's Vehicle X - Suspect Vehicle I - Informational M - Missing Add Vehicle

CODE

V

LICENSE NUMBER

CA21276

STATE

OR

LIC. YR

13

LIC. TYPE

PC

VIN NUMBER

STLN / RCVD VALUE

VEH YR

05

MAKE

FORD

MODEL

RANGER

STYLE

PU

COLOR(S)

GOLD

DELQ. PAYMTS.?

☐ Y ☐ N

KEYS IN VEHICLE?

☐ Y ☐ N

THEFT INSUR.?

☐ Y ☐ N

PERMISSION GIVEN?

☐ Y ☐ N

TRANSMISSION

☐ STANDARD☐ AUTOMATIC

BODY DAMAGE / UNIQUE FEATURES

☒ YES☐ NO

EXPLAIN: Driver's door and window damaged

CHARGE / CITE NO.

HOLD

☐ YES☐ NO

REASON:

TOWED BY / TOWED TO

UNIT &amp; PERSON NOTIFIED

IDENTIFICATION DIVISION NOTIFIED? ☐ YES ☒ NO

OUTSIDE AGENCY NOTIFIED/REFERRED TO?

PROPERTY RECEIPT NUMBER(S)

PROPERTY S - STOLEN L - LOST F - FOUND D - DAMAGED K - SAFEKEEPING R - RECOVERED E - EVIDENCE Add Property

CODE

D

QTY.

1

ITEM Driver's door dented and driver's door window smashed

BRAND

MODEL / STYLE

SERIAL NUMBER

COLOR

ENGRAVINGS / PECULIARITIES

SIZE

VALUE

\$600

CODE

S

QTY.

ITEM Miscellaneous tools in small red tool box

BRAND

MODEL / STYLE

SERIAL NUMBER

COLOR

ENGRAVINGS / PECULIARITIES

SIZE

VALUE

\$100

REPORTING OFFICER(S)

Matthew A. Tobey

DPSST

47109

PREC / DIV

NO/U

RLF / SHIFT

N

ASSN / DIST

549/540

SUPERVISOR'S SIGNATURE

Scott Martin (34353)

767 (08/07)

PPB-C-1-10/84

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REYNOLDS00000605





APPROVAL  
ROUTE

North Precinct

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PAGE/OF  
2 / 2

12-009495

CASE  
NUMBERPORTLAND  
POLICE BUREAU

## INVESTIGATION REPORT

NARRATIVE-The order of appearance for additional information will be:

ITEM 1: N/A

ITEM 2: N/A

ITEM 3: N/A

ITEM 4: ADDITIONAL WORTHLESS DOCUMENTS - Record multiple worthless documents on a fraud supplemental form. Record in the narrative the total number of worthless documents written.

ITEM 5: N/A

ITEM 6: ADDITIONAL OFFICERS - List all officers present and identify their involvement with the incident being reported.

ITEM 7: SUMMARY - A short summary is necessary if the narrative is more than one full page in length.

ITEM 8: NARRATIVE - List in chronological order, all of the relevant details of the incident and/or elements of the crime or violation.

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8- I was dispatched to the Delta Park Transit parking lot for a report of a car prowler. VI/Reynolds told me when he returned to the parking lot this evening he found his driver's door window smashed. VI/Reynolds pointed to a dent on the driver's door just below the window that he said was also new damage. VI/Reynolds told me a small tool box was missing from the rear of the cab. I provided VI/Reynolds with my business card and case number. VI/Reynolds said he had no further questions for me.

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☐ \_\_\_\_\_

COMPUTER  
ENTRY☐ Desk

DPSST

☐ Person

DPSST

☐ Entry /  
Vehicle

DPSST

☐ Distribution

REPORTING OFFICER(S)

Matthew A. Tobey

DPSST  
47109PREC / DIV  
NO/URLF / SHIFT  
NASSN / DIST  
549/540SUPERVISOR'S SIGNATURE  
Scott Martin (34353)

767 (08/07)

PPB-C-1-10/84

Print Form

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REYNOLDS00000607



MULTNOMAH COUNTY SHERIFF'S OFFICE		<input checked="" type="checkbox"/> IDENT		PS 301/Rev. 12/03		PAGE/OF 1/3		CRIME ANALYSIS INFO.	
		<input type="checkbox"/> CUSTODY ( <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE)						1 99	
		<input type="checkbox"/> SPECIAL ( <input type="checkbox"/> INFO <input type="checkbox"/> CLEARANCE <input type="checkbox"/> SUPPLEMENTAL)						2A 99	
CASE NO. 07-404688		REFER CASE NO. N/A		CLASSIFICATION ID Theft		CLR R1		2B 99	
DATE/TIME REPORTED 8/24/07 0941		DATE/TIME OCCURRED (OR OF THIS REPORT) 8/23/07		DATE/TIME ARRESTED				3 99	
M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/>		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/>		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/>				4 99	
TYPE ACTIVITY: <input checked="" type="checkbox"/> PHONE - IN(P) <input type="checkbox"/> S/I (s) <input type="checkbox"/> RADIO(R)		CUSTODY TYPE: <input type="checkbox"/> 1 PROBABLE CAUSE <input type="checkbox"/> 2 WARRANT		<input type="checkbox"/> 3 STATUS OFF <input type="checkbox"/> 4 CITIZEN ARREST <input type="checkbox"/> 5 CITE-IN-LIEU		<input type="checkbox"/> 6 PROTECTIVE CUSTODY <input type="checkbox"/> 7 OTHER		5 99	
LOCATION OF OCCURRENCE 35612 SE Macinnes Rd (Corbett, OR)		LOCATION OF CUSTODY ( <input type="checkbox"/> SAME AS OCCURRENCE LOCATION)						6 99	
SUBJECT OF THIS REPORT (SUMMARY) Complainant reports fraudulent Capital One credit card account								7 99	
PERSONS: BU - BUSINESS WI - WITNESS		CA - CUSTODY ASSOCIATE P - PARENT		CO - COMPLAINANT		OW - OWNER		8 99	
PF - PROPERTY FINDER		SB - SUBJECT		ADDITIONAL PERSONS IN NARRATIVE: Y <input type="checkbox"/> N <input type="checkbox"/>				9A 99	
CODE CO		NAME LAST REYNOLDS, GREG M.		FIRST MIDDLE		CRN 1603700		10A 99	
						SEX M		11A 99	
						RACE W		12A 99	
						DOB 8-17-73		13A 99	
HOME ADDRESS 35612 SE Macinnes Rd Corbett, Oregon		ZIP 97019		PHONE 503-695-2797				14A 99	
BUSINESS / SCHOOL ADDRESS		WORK HOURS		WORK PHONE				15A 99	
CODE		NAME LAST		FIRST MIDDLE		CRN		16A 99	
						SEX		COMPUTER ENTRY	
						RACE		DATA 5379	
						DOB		OPR	
HOME ADDRESS		ZIP		PHONE				OPR	
BUSINESS / SCHOOL ADDRESS		WORK HOURS		WORK PHONE				OPR	
CU - CUSTODY ME - MENTAL		A1, B2 - SUSPECT MI - MISSING		AS - ATTEMPTED SUICIDE OD - OVERDOSE		DE - DECEASED RW - RUNAWAY		JU - JUVENILE PEER COURT	
ADDITIONAL PERSON IN NARRATIVE: Y <input type="checkbox"/> N <input type="checkbox"/>								OPR	
CODE A1		NAME LAST UNKNOWN		FIRST MIDDLE		CRN		OPR	
						SEX		OPR	
						RACE		OPR	
						DOB		OPR	
AKA / MONIKER		HT		WT		HAIR		EYES	
FACIAL HAIR / CLOTHING									
DRIVERS LICENSE NO.		STATE		SSN		OTHER ID		SCARS/MARKS/TATTOOS (DESCRIBE)	
HOME ADDRESS		ZIP		PHONE					
BUSINESS / SCHOOL ADDRESS		WORK HOURS		WORK PHONE					
POB		BPD MUG#		FBI#		SID#			
AST		COMPLAINS OF ILLNESS / INJURY? Y <input type="checkbox"/> N <input type="checkbox"/>		EVIDENCE OF ILLNESS / INJURY? Y <input type="checkbox"/> N <input type="checkbox"/>		TREATED BY:			
EXPLAIN:									
JUVENILE ONLY		LIVES WITH: <input type="checkbox"/> PARENTS <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER		PARENT/GUARDIAN NOTIFIED BY:		DATE/TIME			
FATHER/GUARDIAN/OTHER		ADDRESS		WORK PHONE:		HOME PHONE:			
MOTHER/GUARDIAN/OTHER		ADDRESS		WORK PHONE:		HOME PHONE:			
CHARGES		ADDITIONAL CHARGES LISTED IN NARRATIVE? Y <input type="checkbox"/> N <input type="checkbox"/>		ADVISED OF RIGHTS? Y <input type="checkbox"/> N <input type="checkbox"/>		RESISTED ARREST? Y <input type="checkbox"/> N <input type="checkbox"/>		ASSAULTED OFFICER? Y <input type="checkbox"/> N <input type="checkbox"/>	
ORS/ORD NO.		CHARGE / WARRANT (List agency) / (CASE# if different than this report)		CITATION NO.		BAIL		COURT DATE/TIME	
STATUS		<input type="checkbox"/> C/R <input checked="" type="checkbox"/> LODGE <input type="checkbox"/> PARENTS <input type="checkbox"/> CIVIL <input type="checkbox"/> JUVENILE DETENTION FAC.							
COPIES		<input type="checkbox"/> PAT <input checked="" type="checkbox"/> DET <input type="checkbox"/> RIV PAT <input type="checkbox"/> SIU <input type="checkbox"/> PPB <input type="checkbox"/> GRS <input type="checkbox"/> FRV <input type="checkbox"/> TRT <input type="checkbox"/> OSP <input type="checkbox"/> OLCC <input type="checkbox"/> DMV <input type="checkbox"/>							
<input type="checkbox"/> PIO <input type="checkbox"/> TRI MET <input type="checkbox"/> DHS <input type="checkbox"/> TRNG <input type="checkbox"/> POSTAL INSP <input type="checkbox"/> CONC. HANDGUN <input type="checkbox"/> CAT <input type="checkbox"/> CIVIL <input type="checkbox"/>									
REPORTING OFFICER(S) L. SNITKER		DPSST 23519		PREC/DIV MU		SHIFT M		ASSN/DIST 5P51	
								SUPV. APPROVAL	

REYNOLDS00000609





[illegible]



SUMMARY: On Friday August 24, 2007, at 0941 hours, REYNOLDS report receiving mail from a collection agency regarding a Capital One Bank credit card for an outstanding amount of \$1478.00 at 35612 SE Macinnes Rd (Corbett, OR). RENOLDS reported that he never had Capital One credit card and that someone had fraudulently obtained his personal information. REYNOLDS was unable to provide any suspect information.

MENTIONED: No additional information.

ACTION TAKEN: On Friday August 24, 2007, at 1007 hours, I was dispatched to a ID Theft type call at 35612 SE Macinnes Rd. (Corbett, OR). At 1010 hours, I contacted and interviewed REYNOLDS by telephone. At 1023 hours, I cleared the call.

STATEMENTS: REYNOLDS stated that he received mail from "CAPITAL MANAGEMENT SERVICES" (with a listed address of 726 Exchange #700, Buffalo NY 14210/#866-464-3977). The letter advised REYNOLDS owed \$1478.00 on a CAPITAL ONE credit card (Account #5291-0713-4974-9158). REYNOLDS stated that he did not have a CAPITAL ONE credit card and believed that his personal information had been somehow compromised. REYNOLDS was unable to provide any suspect information.

EVIDENCE: No additional information.

ACTION RECOMMENDED:

Initial suspension; No suspect leads.

Refer copy to MCSO Detective Unit as information.





UBS00000000. LED OR024015Y 20090102 10:33:31 (LEDS)  
SO MULTNOMAH CO  
(PDS9)  
\* \* PURGE NOTIFICATION \* \* \*

07-404688

THE RECORD BELOW HAS REACHED THE END OF THE  
RETENTION PERIOD. IT HAS BEEN REMOVED FROM THE  
LEDS DATABASE.

STOLEN ARTICLE  
ESA OR0260000 TYP/YCREDIT SER/5291071349749158  
BRA/VISA  
VAL/0 DOT/2007/08/23  
OCA/07-404688 NOA/NO  
MIS/CAPITOL ONE CREDIT CARD NAME REYNOLDS, GREG M, MULTNOMAH COUNTY SHERIFFS  
OFFICE 503 261-2810  
ENTERED ON 2007/08/24 AT 2302 FROM M409 BY/MULTNOMAH COUNTY SHERIFFS OFF (PDS)  
PURGEDATE: 2009/01/01  
LNU/A033374840 RECORD IN NCIC/NO  
CONFIRM RECORD WITH ORI

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Received on 01/02/09 at 10:33:31  
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REYNOLDS00000615

