

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

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

Received on 09/12/12 at 10:59:34

MCF08150000.DPL.
09122012

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

Address shown is the address on record at the time of issuance and may
not be the most current address on file.
.IMG/(**** See Attachment #1 ****)

Received on 09/12/12 at 10:59:50

<https://leds.co.multnomah.or.us/ledcoi/printresponsechk.nl>

REYNOLDS00000661

BCF08150000.REUR 0815 LEDS
RR.JFH.OR0260000.GOSSON, LEE.SID/10931256.PUR/C

OREGON CCH RECORD FOR SID/OR10931256 AS OF 2012/09/12 AT 11:01
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
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
OROSBI000 (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
PURPOSE REQUESTED

Received on 09/12/12 at 11:01:09

NCF08150000.REUR 0815 III
OR0260000

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

Received on 09/12/12 at 11:01:15

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 Corling, 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 Corling

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 Corling, 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 Corling) 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.)

(3368) Section 5 - Education and Training Information

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**

(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?

(3368) Section 7 - Medicines

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

(3368) Section 8 - Medical Treatment

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					
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.	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		?					
ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROVIDER ABOVE.							
Phone Number		541-608-4900		Patient ID# (if known)			
Mailing Address		ATTN: MEDICAL RECORDS 2825 BARNETT RD MEDFORD, OR 97504-8332					
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	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)	
Reasons for Contacts 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
www.cpsu.pdx.edu

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

From: Boyer, Joseph J. <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>, "zerzan1@comcast.net" <zerzan1@comcast.net>
Cc: "Norling, Glenn G." <Glenn.Norling@ic.fbi.gov>, "Barnhart, Eric K." <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

From: WALKER Steve <Steve.Walker@co.lane.or.us>
To: Wissel, Melanie L.
Sent: Thu Jul 12 20:08:58 2012
Subject: FW: Safety Concern

Steven F Walker
Chief Investigator
Lane County District Attorney
125 E 8th Ave
Eugene, OR 97401
(541) 682-4539

From: GARDNER Alex R
Sent: Thursday, July 12, 2012 4:23 PM
To: WALKER Steve
Cc: PUGH Mike; PERLOW Patty; KERNS Pete M; TURNER Tom M; HOOLEY Doug A; SMITH Jerry
Subject: Safety Concern
Importance: High

Steve,

Please take a look at this guy ASAP, as he's threatening to "walk into a school and open fire."

He's got a Portland Stat email address – so please notify Portland Police Bureau too – just in case! Obviously, somebody needs to have a talk with him.

Alex

From: Greg Reynolds <greynolds@portlandstate.org>
To: Nancy.Cozone@opds.state.or.us
Date: 07/12/2012 03:35 PM
Subject: Re: Referral Question
Sent by: greynolds73@gmail.com

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.

On Jul 2, 2012 11:28 AM, <Nancy.Cozone@opds.state.or.us> wrote:
Dear Mr. Reynolds:

The link attached below includes information on how to request an appellate lawyer from our office. Please note that if the notice of appeal deadline is approaching, you should call the office today (this instruction is also noted on the web page).

LINK:

<http://www.ojd.state.or.us/opdsforms.nsf/Direct%20Criminal%20Appellate%20Referral?OpenForm>

Best,

Nancy

Nancy Cozone
Executive Director
Office of Public Defense Services
1175 Court Street, NE
Salem, Oregon 97301-4030
 [\(503\) 378-3349, ext. 82515](tel:(503)378-3349)
nancy.cozone@opds.state.or.us

From: Greg Reynolds <greynolds@portlandstate.org>
To: nancy.cozone@opds.state.or.us
Date: 06/29/2012 12:54 PM
Subject: Referral Question
Sent by: greynolds73@gmail.com

Dear Ms. Cozone:

My name is Greg Reynolds and I referred to your office by the Oregon Appellate Court Clerk who has given me some very helpful instructions on how to appeal my case either with legal aid, or without. Since your office was listed at #1 for legal for those of us who cannot afford legal aid. I guess my question is, how do I apply?

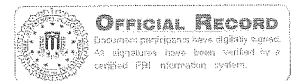
Without going into the details through email, I was convicted of felony in Lane County. To spite being on food stamps, I was denied an attorney by Lyle C. Velure. As a result, I sought out the best attorney I could find who

was willing to accept food stamps for payment since I was making less than \$3,000 per year. As you can imagine, I got no defense, I got no legal advice, and I have no idea if he possessed the skills commensurate to level and nature of the alleged crime.

What is the process for applying for aid?

Sincerely,

Greg M. Reynolds



FEDERAL BUREAU OF INVESTIGATION

Date of entry 09/13/2012

GREG MICHAEL REYNOLDS (REYNOLDS), date of birth (DOB) 08/17/1973, was interviewed at his residence of 35612 Southeast Macinnes Road, Corbett, Oregon, 97019 by writer and Secret Service Special Agent (SA) Ronald W. Brown. Federal Protective Service Inspector Douglas Rommes and two Multnomah County Sheriff's Office Deputies were present at REYNOLDS residence during this interview. SA Brown advised REYNOLDS of REYNOLD's Miranda rights, which REYNOLDS verbally acknowledged and waived. After being advised of the identities of the interviewing agents and the nature of the interview, REYNOLDS provided the following information:

REYNOLDS was convicted of a felony, Delivery of Controlled Substances to Minors, in approximately 1993. LARRY PARKER (PARKER) was REYNOLDS' defense attorney for this matter. REYNOLDS illegally acquired, and partially compensated PARKER with, food stamps. DENNIS MICHAEL PUGH was the Lane County Assistant District Attorney who had prosecuted REYNOLDS for this matter.

When REYNOLDS was asked why he was sending threatening communications online pertaining to opening fire on schools, REYNOLDS said that he would feel as if his punishment would fit the crime if he had opened fire on a school. Writer understood the crime and punishment REYNOLDS mentioned, as referring to REYNOLDS' aforementioned conviction and the resulting issues he has had to deal with since.

Writer showed REYNOLDS a copy of a form submitted online to the Social Security Administration on 09/11/2012. REYNOLDS explained that this form was an application for Social Security Adult Disability and confessed that he did write the threatening statements in this form and submit it online.

Writer also used writer's blackberry to show REYNOLDS a copy of an e-mail sent to Nancy Corzine on 07/12/2012. REYNOLDS immediately recognized the e-mail, said, "this is the one I got suspended from PSU for," and confessed that he did write the threatening statements in this e-mail and send it to Nancy Corzine, who was an employee of the Oregon Public Defender's Department. REYNOLDS also printed out a copy of this e-mail from his personal computer and provided this copy to writer.

Investigation on 09/12/2012 at Corbett, Oregon, United States (In Person)

File # 9A-PD-2489148 Date drafted 09/13/2012

by Yaqub Prowell

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

REYNOLDS00000699

9A-PD-2489148

Continuation of FD-302 of Interview of Greg Michael Reynolds, On 09/12/2012, Page 2 of 2

REYNOLDS provided writer with a written sworn statement pertaining to the two aforementioned threatening communications.

REYNOLDS mentioned that he had a friend, CINDY HAYWORD (HAYWORD), who he has not spoken to in approximately a year, because HAYWORD is friends with REYNOLDS' ex-boyfriend, GREG DEWEY, who works for FEMA. CINDY HAYWORD's father was an Admiral.

SA Brown received consent from REYNOLDS to search REYNOLDS' house. SA Brown was not present for the course of this entire interview as he was searching the house. No weapons were found during the course of this search.

The copy of the form submitted online to the Social Security Administration on 09/11/2012 that writer showed REYNOLDS, a hard copy of the forwarded 07/12/2012 e-mail REYNOLDS sent to Nancy Corzine that writer showed REYNOLDS, the copy of the 07/12/2012 e-mail that REYNOLDS provided writer, and the sworn statement REYNOLDS provided to writer, will be maintained in a 1A for inclusion in the investigative file.

REYNOLDS00000700

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FEDERAL BUREAU OF INVESTIGATION
Electronic Communication

Title: (U) GREG MICHAEL REYNOLDS**Date:** 10/31/2012**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 close captioned investigation.**Full Investigation Initiated:** 09/13/2012

Package Copy: (U) AUSA Letter of Declination
DDA Letter of Declination

Enclosure(s): Enclosed are the following items:

1. (U) AUSA Letter of Declination; DDA Letter of Declination

Details:

About 09/12/2012, writer presented the findings of captioned investigation to District of Oregon - Assistant U.S. Attorney (AUSA) Jane Shoemaker. AUSA Shoemaker declined prosecution of this case. On 10/31/2012 writer received a letter of declination from AUSA Shoemaker. This letter is attached hereto.

About 10/22/2012, writer also presented the findings of captioned investigation to Multnomah County Senior Deputy District Attorney (DDA) Charles Sparks. DDA Sparks also declined prosecution of this case. On 10/30/2012 writer received an e-mail documenting this declination from DDA Sparks. A hard copy of this e-mail is also attached hereto.

As a result of the above, writer requests Portland Division close

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REYNOLDS00000701

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Title: (U) GREG MICHAEL REYNOLDS

Re: 9A-PD-2489148, 10/31/2012

captioned investigation.

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