

MULTNOMAH COUNTY		<input type="checkbox"/> INCIDENT		PS 301/Rev.01/04		PAGE/OF		CRIME INFO.	
SHERIFF'S OFFICE		<input type="checkbox"/> CUSTODY (<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE)						1	
		<input checked="" type="checkbox"/> SPECIAL (<input type="checkbox"/> INFO <input type="checkbox"/> CLEARANCE <input checked="" type="checkbox"/> SUPPLEMENTAL)						1/4	
CASE NO. 06-405274		REFER CASE NO. PPB 06-84962						CLR R1	
DATE/TIME REPORTED 9-17-06 1520		DATE/TIME OCCURRED (OR OF THIS REPORT) 09-17-06 1520		DATE/TIME ARRESTED 09-17-06 1520				2A	
TYPE ACTIVITY: <input checked="" type="checkbox"/> S/I (S) <input type="checkbox"/> PHONE IN (P) <input type="checkbox"/> RADIO (R)		CUSTODY TYPE: <input checked="" 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"/> 6 PROTECTIVE CUSTODY <input type="checkbox"/> 7 OTHER		2B	
LOCATION OF OCCURRENCE NW 13th / NW Everett		LOCATION OF CUSTODY <input checked="" type="checkbox"/> SAME AS OCCURRENCE LOCATION						3	
SUBJECT OF THIS REPORT (SUMMARY) Subject arrested after struggle.									
[REDACTED]									
CODE SB	NAME LAST Chasse	FIRST James	MIDDLE Philip	SEX M	RACE W	DOB 5-7-64	5		
HOME ADDRESS unknown				ZIP	PHONE		6		
BUSINESS/SCHOOL ADDRESS				WORK HOURS	WORK PHONE		7		
CODE	NAME LAST	FIRST	MIDDLE	SEX	RACE	DOB	8		
HOME ADDRESS				ZIP	PHONE		9A		
BUSINESS/SCHOOL ADDRESS				WORK HOURS	WORK PHONE		10A		
CODE	NAME LAST	FIRST	MIDDLE	SEX	RACE	DOB	11A		
A / MONIKER		HT	WT	HAIR	EYES	FACIAL HAIR / CLOTHING			
DRIVERS LICENSE NO.		STATE	SSN	OTHER ID	SCARS/MARKS/TATTOOS (DESCRIBE)				
HOME ADDRESS				ZIP	PHONE		16A		
BUSINESS/SCHOOL ADDRESS				WORK HOURS	WORK PHONE		COMPUTER ENTRY		
POB		MCL#	FBI#	SID#					
COMPLAINS OF ILLNESS / INJURY? Y N			EVIDENCE OF ILLNESS / INJURY? Y N			TREATED BY:			
EXPLAIN:									
JUVENILE ONLY	LIVES WITH: <input type="checkbox"/> PARENTS <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER			PARENT/GUARDIAN NOTIFIED BY:			DATE/TI		
FATHER/GUARDIAN/OTHER		ADDRESS				WORK #:		HOME #:	
MOTHER/GUARDIAN/OTHER		ADDRESS				WORK #:		HOME #:	
CHARGES	ADDITIONAL CHARGES LISTED IN NARRATIVE? Y N		ADVISED OF RIGHTS? Y N		RESISTED ARREST? Y N		ASSAULTED OFFICER? Y N		
ORS/ORD NO.	CHARGE / WARRANT (List agency) / (CASE# (IF DIFFERENT THAN THIS REPORT))		<input type="checkbox"/> Muni <input type="checkbox"/> Circuit <input type="checkbox"/> Juvenile		CITATION NO.	BAIL	COURT DATE/TIME		
ORS/ORD NO.	CHARGE / WARRANT (List agency) / (CASE# (IF DIFFERENT THAN THIS REPORT))		<input type="checkbox"/> Muni <input type="checkbox"/> Circuit <input type="checkbox"/> Juvenile		CITATION NO.	BAIL	COURT DATE/TIME		
ORS/ORD NO.	CHARGE / WARRANT (List agency) / (CASE# (IF DIFFERENT THAN THIS REPORT))		<input type="checkbox"/> Muni <input type="checkbox"/> Circuit <input type="checkbox"/> Juvenile		CITATION NO.	BAIL	COURT DATE/TIME		
STATUS	<input type="checkbox"/> CITE & RELEASE <input type="checkbox"/> LODGE <input type="checkbox"/> PARENTS <input type="checkbox"/> J.D.H. <input checked="" type="checkbox"/> OTHER:								
PROCESSES	<input type="checkbox"/> PAT <input type="checkbox"/> DET <input type="checkbox"/> RIV PAT <input type="checkbox"/> CIVIL <input type="checkbox"/> PPB <input type="checkbox"/> GRSH <input type="checkbox"/> FRV <input type="checkbox"/> TRT <input type="checkbox"/> OSP <input type="checkbox"/> OLCC <input type="checkbox"/> DMV								
PROCESSES	<input type="checkbox"/> TRI-MET. <input type="checkbox"/> DHS <input type="checkbox"/> TRNG <input type="checkbox"/> POST. INSP. <input type="checkbox"/> CONC. HANDGUN <input type="checkbox"/> CAT <input type="checkbox"/> OTHER								
REPORTING OFFICER(S) B Burton		DPSST 43860		PREC/DIV TPD	SHIFT A	ASSN/DIST 1772	SUPV. APPROVAL		

VEHICLE ABANDONED / GUILTY AT SCENE / Y / BOGATED BY / Y / N / RECOVERED / Y / N / STOLEN / Y / N / TOWED / Y / N / VICTIM VEHICLE / Y / N / USED IN CRIME / Y / N / ADDITIONAL VEHICLES LISTED IN NARRATIVE / Y / N

CODE LICENSE NO. STATE LIC YR TYPE VIN

PH YR MAKE MODEL STYLE COLOR STLN/RECD VALUE

DELIQ PAYMENTS Y N KEYS IN VEHICLE Y N THEFT INSUR. Y N PERMISSION GIVEN Y N TRANSMISSION STANDARD AUTO BODY DAMAGE Y N EXPLAIN:

CHARGE / CITE NO. HOLD Y N REASON:

TOWED BY / TOWED TO DEPT REQUEST PRIVATE REQUEST UNIT & PERSON NOTIFIED

PROPERTY RECEIPT NUMBER(S) PROPERTY IN CUSTODY OF: SERIAL NUMBER CHECKED BY:

CODE	QTY	ITEM	BRAND	MODEL/STYLE	COLOR	SIZE	SERIAL NO.	ENGRAVINGS/SPECULARITIES	VALUE

O.R.S. 162.375 SECTION 212 INITIATING A FALSE REPORT. (1) A PERSON COMMITS THE CRIME OF INITIATING A FALSE REPORT IF HE/SHE KNOWINGLY INITIATES A FALSE ALARM OR REPORT, WHICH IS TRANSMITTED TO A FIRE DEPARTMENT, LAW ENFORCEMENT AGENCY OR OTHER ORGANIZATION THAT DEALS WITH EMERGENCIES INVOLVING DANGER TO LIFE OR PROPERTY. (2) INITIATING A FALSE REPORT IS A CLASS C MISDEMEANOR.

I UNDERSTAND THAT I AM LIABLE FOR ALL TOWING AND STORAGE COSTS INCURRED DURING THE RECOVERY OF THIS VEHICLE. I WILL TESTIFY AS A WITNESS AGAINST THE DEFENDANT WHEN HE/SHE IS CHARGED WITH A CRIME.

RELEASE PROPERTY / VEHICLE TO: THE NAMED CHILD (ADULT) IS PRESENTLY A RUNAWAY (MISSING) AND I REQUEST THAT HE/SHE BE TAKEN INTO CUSTODY FOR THEIR OWN PROTECTION. I HAVE ARRESTED THE DEFENDANT FOR THE CHARGES(S) LISTED.

SIGNATURE OF PERSON REPORTING THE INCIDENT _____ DATE _____ TIME _____

SEE NARRATIVE OR ADDITIONAL LISTED PERSON(S) / PROPERTY: (LIST CODE IN LEFT COLUMN) SEE ATTACHED FOR NARRATIVE

This report is a continuation of the interview provided to Detectives on 09.19.06 and the MCSO Hazard report I completed. Refer to those for additional details.

Nothing Further