

Portland Police Bureau _____

PPB CASE
11-40358



Portland Police Bureau
1111 SW 2nd Ave.
Portland OR 97204

Case Overview

PPB Case #11-40358

On Thursday May 17, 2011, at 4:59 p.m., officers responded to a residence in the 1900 block of Southeast 134th Drive to conduct a welfare check of a 69-year-old woman. This call was in response to Multnomah County Adult Protective Services (APS) receiving a call from the woman's doctor who told APS that the woman called asking what to do after her son hit her in the head. APS told officers that the son has a history of assaulting his mother.

Officers arrived at the residence and talked to the victim, who had blood on her head, neck and shirt. She told officers that her 42-year-old son hit her in the head, put a knife to her throat and threw her down onto the ground. The victim told officers that her son told her, "I can kill you now," as he held a knife to her throat.

Officers learned that the suspect was not at the residence any longer but later in the evening, at 10:43 p.m., they received information that the suspect returned to the residence and that the victim was on her way home from the hospital. Officers learned from the victim that the suspect was in his bedroom and he kept a sword in his bedroom.

Officers opened the door to the house with the victim's consent and called several times for the suspect to come outside. Hearing no response from the suspect, officers began to clear the house and determined that the last place the suspect could be was in his bedroom.

Officers opened the bedroom door and saw the suspect lying on the bed. Officers told him several times to stand up and put his hands on his head but the suspect refused and said he was sleeping. Officers noted that the suspect's hands were down at his sides in the bed.

Officers gave the suspect verbal warnings about the possible use of a less lethal beanbag and the suspect stood up rapidly and said something to the effect of, "Fine, just (expletive) shoot me." The suspect began arguing with officers and slowly walking toward them but failing to put his hands on his head.

One officer, concerned that the suspect was closing the distance between himself and officers in a confined space with the threat of a sword being in the room, fired a single shot from a beanbag shotgun, striking the suspect in the leg, with little effect.

Another officer instructed the suspect to turn around and place his hands on top of his head. The suspect turned around, but initially did not put his hands on his head. After being warned about less lethal again, the suspect put his hands on his head but refused to interlock his fingers. Concerned the suspect was pull free and physically fight with

officers, the officer Tased the suspect one time in the back. The Taser was effective and the suspect was taken into custody.

Paramedics responded to remove the Taser probes and examine his leg for any injury from the beanbag round.

The suspect was arrested and charged with Domestic Violence-related (mandatory arrest) charges of Assault in the Fourth Degree, Harassment and Menacing.

11-040358

PORTLAND POLICE BUREAU

INVESTIGATION REPORT

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CASE NUMBER 11-040358	REFER CASE NUMBER	CLASSIFICATION	CLR
DATE / TIME REPORTED 05/17/11 1659	DATE / TIME OCCURRED (START) 05/17/11 1600	DATE / TIME OCCURRED (END) 05/17/11 1610	<input checked="" type="checkbox"/> RADIO (R) <input type="checkbox"/> S/I (S) <input type="checkbox"/> PHONE-IN (P)
LOCATION OF OCCURRENCE 4954 SE 134TH DR			
PREMISE TYPE 100 - Dwelling, Residence		PRECINCT OF OCCURRENCE East Precinct	
ONE SENTENCE SUMMARY OF INCIDENT X1 PUNCHES VI IN BACK OF HEAD, THREATENES W/ KNIFE AND THROWS TO FLOOR			

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

COPIES <input type="checkbox"/> DET <input type="checkbox"/> CENTRAL <input type="checkbox"/> EAST <input type="checkbox"/> NORTH <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> CAT <input type="checkbox"/> DHS/CHS	CODE VI	NAME (Last, First Middle) [REDACTED]	CRN	SEX F	RACE W	DOB 071041	<input checked="" type="checkbox"/>
	HOME ADDRESS 4954 SE 134TH DR		CITY PORTLAND	STATE Oregon	ZIP 97236	HOME PHONE 503-254-4825	
BUSINESS/SCHOOL ADDRESS			<input type="checkbox"/> WORK PHONE	<input type="checkbox"/> MSG. PHONE	MOBILE PHONE		
<input type="checkbox"/> DVD <input type="checkbox"/> DVRU <input type="checkbox"/> ECRT <input type="checkbox"/> JDH <input type="checkbox"/> JUV <input type="checkbox"/> CS <input type="checkbox"/> DVCS	CODE WI	NAME (Last, First Middle) BURNETTE, TIMOTHY L	CRN	SEX M	RACE W	DOB 111560	<input checked="" type="checkbox"/>
	HOME ADDRESS 4954 SE 134TH DR		CITY PORTLAND	STATE Oregon	ZIP 97236	HOME PHONE 503-254-4825	
BUSINESS/SCHOOL ADDRESS			<input type="checkbox"/> WORK PHONE	<input type="checkbox"/> MSG. PHONE	MOBILE PHONE		

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

<input type="checkbox"/> ECRT <input type="checkbox"/> JDH <input type="checkbox"/> JUV <input type="checkbox"/> CS <input type="checkbox"/> DVCS	CODE X1	NAME (Last, First Middle) DOWLESS, JOSEPH JAMES	CRN	SEX M	RACE W	DOB 012869	<input checked="" type="checkbox"/>		
	HOME ADDRESS 4954 SE 134TH DR		CITY PORTLAND	STATE OR	ZIP 97236	HEIGHT 6'0	WEIGHT 175	HAIR BRO	EYES BRO
AKA/MONIKER			<input type="checkbox"/> WRK PHN	<input type="checkbox"/> MSG PHONE	MOBILE PHONE		HOME PHONE 503-254-4825		
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

<input type="checkbox"/>	CODE X	LICENSE NUMBER ZFV301	STATE OR	LIC. YR	LIC. TYPE TK	VIN NUMBER	STLN / RCVD VALUE <input checked="" type="checkbox"/>
	VEH YR 95	MAKE FORD	MODEL BRONCO	STYLE UT	COLOR(S) BLACK		
<input type="checkbox"/>	DELIQ. PAYMTS.? <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE? <input type="checkbox"/> Y <input type="checkbox"/> N	THEFT INSUR.? <input type="checkbox"/> Y <input type="checkbox"/> N	PERMISSION GIVEN? <input type="checkbox"/> Y <input type="checkbox"/> N	TRANSMISSION <input type="checkbox"/> STANDARD <input type="checkbox"/> AUTOMATIC	BODY DAMAGE / UNIQUE FEATURES <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:	
<input type="checkbox"/>	CHARGE / CITE NO.		HOLD REASON: <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> DEPT. REQUEST <input type="checkbox"/> PRIVATE REQUEST	
<input type="checkbox"/>	TOWED BY / TOWED TO		UNIT & PERSON NOTIFIED				

COMPUTER ENTRY IDENTIFICATION DIVISION NOTIFIED? YES NO
OUTSIDE AGENCY NOTIFIED/REFERRED TO?

<input type="checkbox"/> Desk	PROPERTY RECEIPT NUMBER(S)
-------------------------------	----------------------------

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

<input type="checkbox"/> Person						
<input type="checkbox"/> Entry / Vehicle						
<input type="checkbox"/> Distribution						
REPORTING OFFICER(S) David Rasmussen	DPSST 39279	PREC / DIV EA/U	RLF / SHIFT A	ASSN / DIST 974/982	SUPERVISOR'S SIGNATURE John W. Anderson (24003)	

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INVESTIGATION REPORT

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

ITEM 1: N/A

ITEM 5: N/A

ITEM 2: N/A

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

ITEM 3: N/A

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

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

NARRATIVE

- 6- Officer Holloway # 36824 (Cover/Special Rpt) Officer W. Johnson # 19833 (Photos)
- 6- Officer Jakubauskas # 46056 (Cover / Bean Bag) Officer Wolf # 40799 (Cover / Photos / Taser)
- 6- Officer Curtiss # 46427 (Cover) Sgt. Braskett # 29350 (Sgt. on scene / notified)

COPIES

- DET
- CENTRAL
- EAST
- NORTH
- NE
- SE
- CAT
- DHS/CHS
- DVD
- DVRU
- ECRT
- JDH
- JUV
- CS
- DVCS
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8- On listed date/time I was dispatched to location on a welfare check. Multnomah County Adult Protective Services called after they received a call from (VI) [REDACTED] doctor in Salem. The doctor's office told them she had called and asked what she should do after being hit in the head by her son. Adult Protective Services told dispatch there had been a history of her son assaulting her and wanted us to check on her.

When I arrived (VI) [REDACTED] was about to get into a car parked in front of her house. I could see that her shirt was bloody along with her neck and head. After closer examination the blood was coming from a wound on the back of her head more on the left side. She told me her grandson was about to drive her to the hospital.

I asked [REDACTED] what happened. She told me her younger son, (X1) JOSEPH DOWLESS had hit her in her head, put a knife to her throat and threw her down to the ground by her hair. She told me her older son, (WI) BURNETTE was present during the attack but was confined to the couch in the front of the house. I continued to talk to her while Officer Holloway went inside to talk to BURNETTE. She told me her grandson, who was there to give her a ride, was not present during the attack.

[REDACTED] told me that this occurred around 1600 hours. She told me that BURNETTE had received a call [REDACTED] She had answered it on the home phone, in the "TV room" adjacent to where BURNETTE was lying down. She had left the phone off the hook and went to get a cordless phone for BURNETTE [REDACTED] When BURNETTE was unable to get a dial tone she went back to the room to hang up the phone in there. She told me (X1) JOSEPH was also in that room and had been sleeping on the couch in there.

[REDACTED] told me she went to hang up the phone and was hit in the back of the head by JOSEPH. She was not sure if he used an object or if it was with his fist. She said the attack was unprovoked and that he hit her while he was still sitting up on the couch. She said after being hit she remembers striking JOSEPH in the side of the head near the temple with the phone, to protect herself.

COMPUTER ENTRY

- Desk
- DPSST Person
- DPSST Entry / Vehicle
- DPSST Distribution

[REDACTED] said she left the room and sat down on a bench, which is just outside that room between it and where BURNETTE was lying on the couch. She said JOSEPH came out and grabbed her by the hair, throwing her down to the ground on her hands and knees. She told me she has had both knees replaced in the past and now her knees were in pain. She said the top of her hand also was hurting possibly from landing on it.

[REDACTED] said after he threw her down he left out the front door. She said she then called the doctor's office for advice on what to do, and they told her to go to the hospital to get checked. She did not want to go by ambulance and had spent some time trying to find a ride. This is the reason she did not call us right away to report this incident.

REPORTING OFFICER(S)	DPSST	PREC / DIV	RLF / SHIFT	ASSN / DIST	SUPERVISOR'S SIGNATURE
David Rasmussen	39279	EA/U	A	974/982	John W. Anderson (24003)

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I asked about the knife, as she mentioned earlier in our conversation he had threatened her with it. She told me she could not remember when during sequence of events he put the knife to her throat but she said sometime during the incident he held a knife with the point to her throat and said something similar to "I can kill you now." She did not know where the knife came from, or where it is. She also could not describe it to me. I asked [REDACTED] to rate her pain on a scale between 1 and 10. She said "40!"

Officer Johnson arrived and photographed [REDACTED] injuries and also the scene. I gave [REDACTED] restraining order information along with DA contact information. She said she was familiar with the process. She gave me permission to go inside to look and photograph the scene inside her house. She then left with her grandson to the hospital. Before she left she told me that JOSEPH lives there and she has no idea where he would go after leaving. I was told he drives the listed vehicle which was not at the location when we arrived.

BURNETTE was still home and inside. I looked around and went into the "TV room". I could see that the couch was against the far wall. There was a pillow at the same end that was next to a table with the telephone on it. The table was in the corner and next to it was a chair. I noticed some blood splatter on the chair and on the ground next to it. I also looked around for the knife. I did not see one lying around, even in the kitchen.

Later I put a CD with the pictures of [REDACTED] injuries into evidence.

See Officer Holloway's special for BURNETTE's statements.

I called the original caller back from Multnomah County Adult Protective Services who told me he would send someone out in the morning to check up on [REDACTED].

At 2243 we received a call that (X1) JOSEPH was back at the residence and that [REDACTED] was back en route from the hospital. When I arrived Officer Wolf and Curtiss were already there talking to [REDACTED]. There was information from [REDACTED] and BURNETTE that JOSEPH was in his bedroom and that there is a sword in there as well. Officer Jakubauskas arrived with a less lethal bean bag gun. Sgt. Braskett also arrived.

I asked [REDACTED] about her injuries again. She said that her head required it to be staple closed and it was bruised badly but did not suffer a concussion. She said her hand was swollen but not broken.

[REDACTED] gave us permission to enter the house and unlocked the door. We attempted to call JOSEPH out to us so we would not have to go into his room where there was a sword. The attempts were unsuccessful and there was no response from the room.

After the house was clear except for JOSEPH's room we posted outside his bedroom. Officer Wolf opened the door and I could see JOSEPH lying in his bed. He was ordered to stand up and put his hands on his head but he refused saying he was sleeping. After several attempts and Officer Wolf telling him he may be shot with a bean bag gun JOSEPH jumped out of bed and yelled "Just fucking shoot me then." He was ordered to put his hands on his head and interlace his fingers but he argued with us and slowly moved towards us. He refused to follow directions and Officer Jakubauskas shot him once in the left thigh with a bean bag round. It seemed to be ineffective and JOSEPH continued to not comply with orders to put his hands on his head and interlace his fingers. He turned away from us but said "No" when ordered to put his hands on his head. Sgt. Braskett ordered that JOSEPH be tazed, and Officer Wolf tazed him striking him in the back.

COPIES

- DET
- CENTRAL
- EAST
- NORTH
- NE
- SE
- CAT
- DHS/CHS
- DVD
- DVRU
- ECRT
- JDH
- JUV
- CS
- DVCS
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- _____

COMPUTER ENTRY

- Desk
- DPSST
- Person
- DPSST
- Entry / Vehicle
- DPSST
- Distribution
- DPSST

REPORTING OFFICER(S) David Rasmussen	DPSST 39279	PREC / DIV EA/U	RLF / SHIFT A	ASSN / DIST 974/982	SUPERVISOR'S SIGNATURE John W. Anderson (24003)
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Print Form

Remote Print

[Empty Box]

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The tazer was effective and after on cycle fell to the floor. Officer Curtiss and I handcuffed him without further incident.

Portland Fire responded and removed one taser probe that was still stuck in JOSEPH's back. The other was only stuck in his shirt. Portland Fire also checked his thigh where he was bean bagged. Officer Wolf took photos of where he was tazed and bean bagged. He also photographed a small lump on his forehead from where he was struck earlier by [REDACTED] with the telephone.

After medics checked and cleared JOSEPH I further inventoried his person and found no valuables on him. I also checked the cuffs for tightness and double locked them. At approximately 2340 hours I mirandized him. He stated "yes" to understanding his rights. I put him in the back of my patrol car.

I contacted [REDACTED] again and told her to call the DA's Office first thing in the morning. She said she would do so.

I went back to my patrol car and spoke to JOSEPH about the earlier incident with [REDACTED]. He told me he has been sick for two days and was sleeping on the couch. He said he remembers the phone waking him up because someone had taken it off the hook and it was honking. He said he then remembers getting hit in the head with the phone by his mother, [REDACTED]. He told me [REDACTED] hit him first. He denied hitting her and then asked for a lawyer. I stopped questioning him then.

I transported him to MCDC without incident. I later put the CD of pictures that Officer Wold took into the property room. See other officer reports for additional.

COPIES

- DET
- CENTRAL
- EAST
- NORTH
- NE
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- CAT
- DHS/CHS
- DVD
- DVRU
- ECRT
- JDH
- JUV
- CS
- DVCS
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EXTERNAL DISTRIBUTION LIST

Add Addressee

COMPUTER ENTRY

- Desk
- DPSST
- Person
- DPSST
- Entry / Vehicle
- DPSST
- Distribution

REPORTING OFFICER(S) DPSST	DPSST	PREC / DIV	RLF / SHIFT	ASSN / DIST	SUPERVISOR'S SIGNATURE
David Rasmussen	39279	EA/U	A	974/982	John W. Anderson (24003)

Print Form

Remote Print

[Empty Box]

CASE NO. 11-40358	REFER CASE NO.	CLASSIFICATION
<input type="checkbox"/> 1. UNFOUNDED <input checked="" type="checkbox"/> 2. PENDING	<input type="checkbox"/> 3. SUSPENDED <input type="checkbox"/> 4. CLR BY ARREST	<input type="checkbox"/> 5. EXCEPTIONAL <input type="checkbox"/> 6. REFERRED
ORIGINAL REPORT DATE/TIME 051711/1659	THIS REPORT DATE/TIME 051711/2210	

LOCATION OF OCCURRENCE
4954 SE 134th DR P-LWD

PERSON	CO-Complainant	SB-Subject	SI-Sick/Injured/Cared For	PE-Park Exclusion
CODE W1	NAME: LAST BURNETTE, TIMOTHY L	FIRST TIMOTHY	MIDDLE L	CRN
				SEX M
				RACE W
				DOB 111560

ADDRESS
4954 SE 134th DR P-LWD

SUBJECT OF THIS REPORT
WITNESS STATEMENT

NARRATIVE/PROPERTY	S-STOLEN	L-LOST	F-FOUND	D-DAMAGED	K-SAFEKEEPING	R-RECOVERED
(ITEM) CODE ITEM BRAND MODEL/STYLE SERIAL NO. COLOR ENGRAVINGS/PECULIARITIES SIZE VALUE						

(1) (XI) Dowless, Joseph J M/W 012869

S/A

(2) (W1) WAS AT HIS MOMS HOUSE RESTING

[REDACTED]

He said he heard some "cracking in the

TV ROOM" AND SHORTLY AFTER HE SAW HIS

YOUNGER BROTHER (XI) FIGHTING WITH THEIR

MOTHER. HE SAID (XI) PUNCHED HER A

COUPLE TIMES. (W1) SAID THAT'S IT JOE

AND [REDACTED]

[REDACTED]

He got up to go help his

MOM, THAT'S WHEN (XI) PUSHED HER TO

THE GROUND AND WENT OUT THE FRONT

DOOR. I ASKED (W1) TO DESCRIBE WHAT

HE MEANT BY PUSH HE SAID ACTUALLY

JOE GRABBED HER BY THE HAIR AND

THREW HER TO THE FLOOR.

REPORTING OFFICER(S)
Holloway 36824

BPST PREC/DIV RLF/SHFT ASSN/DIST SUPERVISOR'S SIGNATURE
EJ A 994

11 MAY 18 AM 4:07

CASE NO. 11-40358

- COPIES
- DET
- CAU
- Central
- East
- North
- TRF
- DA
- DVD
- ID
- Prop Room
- Crime Prev
- Intell
- Patrol Support
- 9

- COMPUTER ENTRY
- Person
- OPR
- Vehicle
- OPR
- Crime/PPR 48505
- OPR
- Book
- OPR

INSTRUCTIONS

This form is provided for you to report additional items which you discover missing after the officer's departure. Do not include property lost due to causes other than the reported crime. Articles already missing are not to be included on this report.

It is only necessary for you to complete the Narrative section on the front side of this form, and enter your name and the other information requested below. Type or print clearly using black ink.

In listing additional stolen property, include descriptive details. Serial numbers are important. A sketch or photograph of articles such as jewelry, paintings, etc., should be included whenever possible.

This report does not preclude you from calling the police if you have information of major importance which could lead to a clearance of the crime, recovering your property, or making an arrest.



When you have completed this form, fold and tape to envelope size, then mail it to:

PLACE
STAMP
HERE

**RECORDS UNIT
Portland Police Bureau
1111 S.W. 2nd Ave.
Portland, Oregon 97204**

2927

NON CONNECT

THIS REPORT MUST BE SUBMITTED BY AN INCIDENT REPORT

PORTLAND POLICE BUREAU		FAMILY ABUSE - SUPPLEMENTAL REPORT			PAGE/OF 1/2
CASE NO. 11-40358	SUSPECT'S NAME (X1) DOWLESS, JOSEPH J		X1'S CRN	X1'S DOB 01, 28, 69	
VICTIM'S NAME (VI)	SEX F	RACE W	V1'S CRN	V1'S DOB 07, 10, 41	
WAS VI INTERVIEWED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No WHY WASN'T VI INTERVIEWED? (✓ ALL THAT APPLY) <input type="checkbox"/> Refused <input type="checkbox"/> Not present <input type="checkbox"/> Injured <input type="checkbox"/> Language barrier <input type="checkbox"/> Other					

RELATION TO X1

TYPE OF RELATIONSHIP BETWEEN VI AND X1 (✓ ONE)		RECORD CURRENT STATUS OF RELATIONSHIP BELOW IF ONE OF LAST FOUR IS CHECKED			
<input type="checkbox"/> Other <input checked="" type="checkbox"/> Blood relation <input type="checkbox"/> Non-blood relation <input type="checkbox"/> Intimate - married <input type="checkbox"/> Intimate - not married <input type="checkbox"/> Intimate - same sex <input type="checkbox"/> Nonintimate cohabitant <input type="checkbox"/> Caregiver					
DO VI & X1 SHARE A BIOLOGICAL CHILD TOGETHER?		STATUS OF VI'S RELATIONSHIP TO X1 (✓ ONE)			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Current <input type="checkbox"/> Former < 2 yrs <input type="checkbox"/> Former ≥ 2 yrs			
# CHILDREN < 18 LIVING WITH VI?	IS THE VI CURRENTLY PREGNANT?	DOES VI DEPEND ON X1 FOR HOUSING?	DOES VI DEPEND ON X1 FOR TRANSPORTATION?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

CHILDREN

List all of the children under care/custody/guardianship of persons involved whether present at the scene or not. Show additional children and details on incident report

CHILD 1'S NAME	CRN	SEX	RACE	DOB	ADDRESS
1 EXPOSURE TO INCIDENT (✓ ALL THAT APPLY) (WITNESSED = HEARD OR SAW INCIDENT HAPPEN)					
<input type="checkbox"/> Physically involved <input type="checkbox"/> Witnessed <input type="checkbox"/> In immediate presence <input type="checkbox"/> Not present for incident <input type="checkbox"/> Unknown					
				WELFARE CHECK?	PROTECTIVE CUSTODY?
				<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
CHILD 2'S NAME	CRN	SEX	RACE	DOB	ADDRESS
2 EXPOSURE TO INCIDENT (✓ ALL THAT APPLY)					
<input type="checkbox"/> Physically involved <input type="checkbox"/> Witnessed <input type="checkbox"/> In immediate presence <input type="checkbox"/> Not present for incident <input type="checkbox"/> Unknown					
				WELFARE CHECK?	PROTECTIVE CUSTODY?
				<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
CHILD 3'S NAME	CRN	SEX	RACE	DOB	ADDRESS
3 EXPOSURE TO INCIDENT (✓ ALL THAT APPLY)					
<input type="checkbox"/> Physically involved <input type="checkbox"/> Witnessed <input type="checkbox"/> In immediate presence <input type="checkbox"/> Not present for incident <input type="checkbox"/> Unknown					
				WELFARE CHECK?	PROTECTIVE CUSTODY?
				<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
WERE ALL KIDS INTERVIEWED?		WHY WEREN'T ALL OF THE CHILDREN INTERVIEWED? (✓ ALL THAT APPLY)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> VI refused <input type="checkbox"/> Kid(s) refused <input type="checkbox"/> Not present <input type="checkbox"/> Injured <input type="checkbox"/> Language barrier <input type="checkbox"/> Too young <input type="checkbox"/> Other			

INCIDENT

PLEASE ANSWER THESE QUESTIONS BASED ON YOUR OBSERVATIONS AND INFORMATION GATHERED FROM INTERVIEWS WITH VI, CHILDREN, AND WITNESSES

Who reported this incident?	(✓ ALL THAT APPLY)	
	<input type="checkbox"/> VI <input type="checkbox"/> X1 <input type="checkbox"/> Child <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other: <u>WELFARE CUBA</u> <u>MULT. CO AGING SERVICES</u>	
Was the VI choked or strangled during the incident? ...	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Did X1 threaten to harm/kill anyone in this incident? ...	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	WHO WAS THREATENED (✓ ALL THAT APPLY)
		<input checked="" type="checkbox"/> VI <input type="checkbox"/> Children <input type="checkbox"/> Other(s):
Did X1 threaten or assault VI with a weapon?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	WHAT TYPE OF WEAPON WAS USED (✓ ALL THAT APPLY)
		<input type="checkbox"/> Gun <input checked="" type="checkbox"/> Knife/cutting instrument <input type="checkbox"/> Other:
Was the VI visibly injured as a result of X1's actions?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	HOW DOES THE VI RATE THE PAIN FROM THE INJURIES? (CIRCLE #)
		<u>Mild</u> 1...2...3...4...5...6...7...8...9...10 <u>Severe</u> <u>40</u>
		DID THE VI RECEIVE MEDICAL TREATMENT? (✓ ONE)
		<input type="checkbox"/> No <input type="checkbox"/> Yes-at scene <input checked="" type="checkbox"/> Yes-transported to: <u>PROVIDENCE</u>
Was X1 using alcohol or drugs at the time?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	WHAT SUBSTANCES WERE USED (✓ ONE)
		<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol and Drugs
Are there active court orders that should have prevented X1 from having contact with the VI?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	WHERE WAS THE ORDER ISSUED (✓ ONE)
		<input type="checkbox"/> Multn. County <input type="checkbox"/> Other:

REPORTING OFFICER

REPORTING OFFICER & BPST #	PREC/DIV	RLF/SHIFT	ASSN/DIST	SUPERVISOR'S SIGNATURE
RASMUSSEN 39279 E/48505	E/C	A	974	<i>[Signature]</i>

VI INTERVIEW

PLEASE ANSWER THESE QUESTIONS BASED SOLELY ON THE VI'S RESPONSES. IF NO INTERVIEW WAS COMPLETED WITH THE VI SKIP THIS SECTION

(CIRCLE ONE NUMBER ON SCALE)
 Not Likely 1...2...3...4...5...6...7...8...9...10 Very Likely

How likely is X1 to assault you (again) in the next year?.....

Does X1 have access to a firearm/gun?
 WHERE COULD X1 ACCESS A FIREARM (✓ ALL THAT APPLY)
 No Yes → VI's home X1's home Other: _____

Does X1 threaten to kill (him)self, you, or your children?.....
 WHO HAS (HE) THREATENED TO KILL (✓ ALL THAT APPLY)
 No Yes → Self(X1) VI Children

Does X1 abuse alcohol or drugs?
 WHICH SUBSTANCES ARE ABUSED (✓ ONE)
 No Yes → Alcohol Drugs Alcohol and Drugs

Has X1 ever assaulted you when you were pregnant?.....
 No Yes N/A – male or never pregnant

Is X1 violent outside the home (to other people)?.....
 No Yes

Has X1's violence recently increased in severity or frequency?.....
 No Yes

Have you and X1 recently separated or ended your relationship?
 No Yes

Does X1 try to control most or all your daily activities?
 No Yes

Does X1 spy on you, make unwanted visits/calls, damage your property? ..
 No Yes

EVIDENCE

Were pictures taken of VI? Yes No
 > Why not?

Were pictures taken of X1? Yes No
 > Why not?

Were pictures taken of property damage? ... Yes No
 > Why not? *N/A*

Were the weapons used seized? Yes No
 > Why not? *Could not locate*

Were all witnesses interviewed? Yes No
 > Why not?

DOCUMENT INJURIES OBSERVED ON VICTIM BY DRAWING A LINE FROM BOXES TO BODY LOCATIONS

- Abrasion
- Red mark
- Bruise
- Welp
- Swelling
- Cut or scrape
- Bite mark
- Sprained limb
- Severe laceration
- Broken bone
- Burn

Other (detail below)

VICTIM CONTACT

PURSUANT TO ORS 133.055 I FEAR FOR MY WELL BEING AND/OR THE WELL BEING OF THOSE CLOSE TO ME. THEREFORE, FOR SECURITY, I HAVE BEEN MOVED TO:

ADDRESS _____ PHONE _____

I REQUEST THIS CONTACT INFORMATION TO BE TREATED AS CONFIDENTIAL..... No Yes

CASE NUMBER 11-040358	PORTLAND POLICE BUREAU		CUSTODY REPORT			<input checked="" type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE	PAGE/OF 1 / 2	
	CASE NUMBER 11-040358		REFER CASE NUMBER		CLASSIFICATION				
	DATE / TIME REPORTED 05/17/11 2243		DATE / TIME ARRESTED 05/17/11 2316		TYPE OF CUSTODY <input checked="" type="checkbox"/> 1. PROBABLE CAUSE <input type="checkbox"/> 3. STATUS OFFENSE <input type="checkbox"/> 6. PROTECTIVE CUSTODY <input type="checkbox"/> 2. WARRANT <input type="checkbox"/> 4. CITIZEN ARREST <input type="checkbox"/> 7. _____ <input type="checkbox"/> 5. CITE IN LIEU				
	LOCATION OF CUSTODY <input checked="" type="checkbox"/> SAME AS INCIDENT LOCATION 4954 SE 134TH AVE					PRECINCT OF ARREST East Precinct			
	NAME OF PERSON IN CUSTODY (Last, First Middle) DOWLESS, JOSEPH JAMES					CRN	SEX M	RACE W	DOB 012869

COPIES <input type="checkbox"/> DET <input type="checkbox"/> CENTRAL <input type="checkbox"/> EAST <input type="checkbox"/> NORTH <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> CAT <input type="checkbox"/> DHS/CHS <input type="checkbox"/> DVD <input type="checkbox"/> DVRU <input type="checkbox"/> ECRT <input type="checkbox"/> JDH <input type="checkbox"/> JUV <input type="checkbox"/> CS <input type="checkbox"/> DVCS	HEIGHT 6'0	WEIGHT 175	HAIR BRO	EYES BRO	FACIAL HAIR / CLOTHING DESCRIPTION				
	HOME ADDRESS 4954 SE 134TH DR			CITY PORTLAND	STATE Oregon	ZIP 97236	HOME PHONE 503-254-4825		
	BUSINESS / SCHOOL ADDRESS					<input type="checkbox"/> WORK PHONE	<input type="checkbox"/> MSG. PHONE	MOBILE PHONE	
	SCARS / MARKS / TATTOOS								
	DRIVERS LICENSE	STATE	SSN	SID NO.			FBI / OTHER NO.		
	OTHER ID / UNIQUE FEATURES								
	PROPERTY RECEIPT NUMBER(S)								
	AST	COMPLAINS OF ILLNESS OR INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				EVIDENCE OF ILLNESS OR INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			TREATED BY: PORTLAND FIREMC

EXPLAIN: **BEAN BAGGED IN LEG / TAZED**

CHARGES								Add Charges
IN CUSTODY OF/REFERRED TO: MCDC				ADVISED OF RIGHTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESISTED ARREST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ASSAULTED OFFICER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
CASE NUMBER	ORS / ORD NUMBER	<input checked="" type="checkbox"/> STATE <input type="checkbox"/> LOCAL	CHARGE / WARRANT / CITE NUMBER	LIEU-OF-CITE NO.	BAIL	COURT APPEAR DATE/TIME		
	163.160		DV ASSAULT IV		5000	05/18/11 1300 <input checked="" type="checkbox"/>		
CASE NUMBER	ORS / ORD NUMBER	<input checked="" type="checkbox"/> STATE <input type="checkbox"/> LOCAL	CHARGE / WARRANT / CITE NUMBER	LIEU-OF-CITE NO.	BAIL	COURT APPEAR DATE/TIME		
	166.065		DV HARASSMENT		5000	05/17/11 1300 <input checked="" type="checkbox"/>		
CASE NUMBER	ORS / ORD NUMBER	<input checked="" type="checkbox"/> STATE <input type="checkbox"/> LOCAL	CHARGE / WARRANT / CITE NUMBER	LIEU-OF-CITE NO.	BAIL	COURT APPEAR DATE/TIME		
	163.190		DV MENACING		5000	05/17/11 1300 <input checked="" type="checkbox"/>		

VEHICLE T - TOWED C - LEFT AT SCENE RELEASED TO: Add Vehicle

PERSONS AO - Associates See Investigation Report for Narrative Add Person

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

ITEM 1: N/A	ITEM 5: N/A
ITEM 2: N/A	ITEM 6: ADDITIONAL OFFICERS - List all officers present and identify their involvement with the incident being reported.
ITEM 3: N/A	ITEM 7: SUMMARY - A short summary is necessary if the narrative is more than one full page in length.
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 8: NARRATIVE - List in chronological order, all of the relevant details of the incident and/or elements of the crime or violation.

NARRATIVE
SEE INVESTIGATION FOR NARRATIVE.

FOR FORENSIC EVIDENCE DIVISION ONLY

NAME (Last, First Middle)							POB	
IDENTIFIERS LISTED BELOW	SEX	RACE	DOB	HEIGHT	WEIGHT	HAIR	EYES	MCL #
OTHER:							FBI #	
PROCESSING	JAIL TECH	ID TECH	TYPED	CHECKED	SID #			

REPORTING OFFICER(S) David Rasmussen	DPSST 39279	PREC / DIV EA/U	RLF / SHIFT A	ASSN / DIST 974/982	SUPERVISOR'S SIGNATURE John W. Anderson (24003)
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11-040358

CASE
NUMBER

EXTERNAL DISTRIBUTION LIST

Add Addressee

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- ECRT
- JDH
- JUV
- CS
- DVCS
-
-
-
-
-
-

**COMPUTER
ENTRY**

- Desk

- DPSST
 Person

- DPSST
 Entry /
Vehicle

- DPSST
 Distribution

- DPSST

REPORTING OFFICER(S)
David Rasmussen

DPSST
39279

PREC / DIV
EA/U

RLF / SHIFT
A

ASSN / DIST
974/982

SUPERVISOR'S SIGNATURE
John W. Anderson (24003)

11-040358

PORTLAND POLICE BUREAU

FORCE DATA COLLECTION REPORT

CASE NUMBER 11-040358		REFER CASE NUMBER	CLASSIFICATION		
ORIGINAL REPORT DATE / TIME 05/17/11 2243		THIS REPORT DATE / TIME 05/18/11 0035		PRECINCT OF OCCURRENCE East Precinct	
LOCATION OF OCCURRENCE <input checked="" type="checkbox"/> SAME AS INCIDENT LOCATION 4954 SE 134th Drive					
CODE UF	NAME (Last, First Middle) DOWLESS, JOSEPH JAMES			CRN	SEX M
HOME ADDRESS 4954 SE 134TH DR		CITY PORTLAND	STATE Oregon	ZIP 97236	HOME PHONE 503-254-4825
BUSINESS/SCHOOL ADDRESS			<input type="checkbox"/> WORK PHONE	<input type="checkbox"/> MSG. PHONE	MOBILE PHONE

- COPIES**
- DET
 - CENTRAL
 - EAST
 - NORTH
 - NE
 - SE
 - TRAFFIC
 - PLM
 - TRNG

AKA/MONIKER	HEIGHT 6'0	WEIGHT 175	HAIR BRO	EYES BRO
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PERCEIVED SUBJECT CONDITIONS (Check All That Apply)

<input type="checkbox"/> 1 Actually/Perceived Armed	<input type="checkbox"/> 7 Engaged in or Indicated the Intent to Engage in Physical Resistance	<input type="checkbox"/> 10 Alcohol (Under the Influence of)
<input checked="" type="checkbox"/> 2 Reported to be Armed	<input type="checkbox"/> 8 Engaged in or Indicated the Intent to Engage in Aggressive Physical Resistance	<input type="checkbox"/> 11 Drugs (Under the Influence of)
<input type="checkbox"/> 3 Assaulted Officer	<input type="checkbox"/> 9 High Risk Incident/Custody	<input checked="" type="checkbox"/> 12 Mental Illness
<input type="checkbox"/> 4 Assaulted Citizen		<input type="checkbox"/> 13 None Apparent
<input checked="" type="checkbox"/> 5 History of Violence		<input type="checkbox"/> 14 Other (Explain in Narrative)
<input checked="" type="checkbox"/> 6 Failure to Comply		

USE OF FORCE/CONTROL NECESSARY TO (Check All That Apply)

<input checked="" type="checkbox"/> 1 Defend Self	<input checked="" type="checkbox"/> 3 Make Arrest	<input type="checkbox"/> 5 Civil Hold
<input checked="" type="checkbox"/> 2 Defend Another	<input type="checkbox"/> 4 Prevent Escape	<input type="checkbox"/> 6 Other (Explain in Narrative)

OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (Check All That Apply)

<input type="checkbox"/> 1 Foot Pursuit	<input type="checkbox"/> 4 Person Search (Not Cuffed)	<input type="checkbox"/> 7 Interview/Interrogation
<input type="checkbox"/> 2 Subject Escort	<input type="checkbox"/> 5 Handcuffing	<input checked="" type="checkbox"/> 8 Other (Explain in Narrative)
<input type="checkbox"/> 3 Person Search (Cuffed)	<input type="checkbox"/> 6 Transportation in Vehicle	

SUBJECT WAS INJURED (Check All That Apply)

<input checked="" type="checkbox"/> 1 Prior to Police Involvement	<input type="checkbox"/> 3 In Custody
<input type="checkbox"/> 2 During Arrest	<input type="checkbox"/> 4 Other (Explain in Narrative)

INJURIES (Check All That Apply)

	1 None	2 Bruises	3 Abrasions	4 Lacerations	5 Broken Bones	6 Other Injuries
Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORCE OPTIONS (Check All That Apply)			TREATMENT RECEIVED (Check All That Apply)																	
<input type="checkbox"/> 1 Control Holds Causing Injury	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <th>Officer</th> <th>Subject</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Officer	Subject	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>													
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<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 2 Takedowns	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<input type="checkbox"/> 3 Hobble	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<input type="checkbox"/> 4 Hands/Feet	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<input type="checkbox"/> 5 Baton	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<input type="checkbox"/> 6 Pepper Spray	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<input checked="" type="checkbox"/> 7 Taser	Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
<input type="checkbox"/> 8 Bean Bag (Rounds)	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<input type="checkbox"/> 9 Point Firearm	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			

NOTIFICATIONS

SUPERVISOR NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR AT SCENE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR NAME / DPSST: Sgt. Braskett #29350
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REPORTING OFFICER(S) Kevin Wolf	DPSST 40799	PREC / DIV EA/U	RLF / SHIFT Night	ASSN / DIST 988/982	SUPERVISOR'S SIGNATURE John W. Anderson (24003)
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- COMPUTER ENTRY**
- Desk
 - DPSST Person
 - DPSST Entry / Vehicle
 - DPSST Distribution
 - DPSST

11-040358

PORTLAND POLICE BUREAU

FORCE DATA COLLECTION REPORT

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NARRATIVE

#6

Officer Rasmussen #39279 (Primary), Officer Jakubauskas #46056 (Bean Bag), Officer Curtiss #46427 (Cover), Sergeant Braskett #29350, Officer Schmautz #44627

#8

I responded to 4954 SE 134th Drive to attempt contact with Joseph Dowless who was the suspect in a domestic violence assault against his mother. While driving to that location I was advised by Officer Rasmussen that probable cause existed to arrest Dowless for the assault. See Officer Rasmussen's report for further information regarding the assault.

Dowless' mother arrived at the residence shortly after Officer Curtiss and I arrived. I observed that there was a bandage around her head and she said she had just been released from the hospital. She told us that Dowless was most likely in his bedroom and she explained where that was located inside the residence. I asked her if she knew of any weapons that Dowless may have. She stated that he had a sword in his bedroom but she did not believe that he had any firearms. She stated that Dowless suffers from mental illness and would not cooperate with the police. She also stated that he may be feeling suicidal.

I asked via radio that a less lethal bean bag operator respond to our location to assist us. Officer Jakubauskas responded with a less lethal shotgun. Officers Rasmussen and Schmautz arrived to provide additional cover Officers. I advised them that Dowless was supposed to have a sword and would most likely be less than cooperative. We decided that Dowless' mother would provide us access to the residence and once inside we would either contact Dowless in the common area or call him out of his bedroom.

We entered the residence and did not find Dowless in the common areas. From the living room I yelled for Dowless advising him that we were the Police and that he needed to come out of his room with his hands up. I repeated this at least four times but received no response. We decided that since there was a possibility of suicide, we needed to contact Dowless immediately.

Officer Jakubauskas provided a less lethal munition while Officer Curtiss provided lethal cover. I stepped into the bathroom and opened Dowless' bedroom door. I observed Dowless lying on the bed watching television. I ordered him to stand up and place his hands in the air, he refused to do so. I advised Dowless that if he did not follow instructions, he may be shot with a bean bag shotgun. I again ordered Dowless to stand up and place his hands above his head. Dowless said that he was sleeping and did not know why we were at his residence.

Dowless stood up from the bed but refused to place his hands above his head. Dowless advanced toward the door of the bedroom and again he was instructed to put his hands above his head or he would be shot with a bean bag shotgun. Dowless continued to refuse and advanced toward the door. Officer Jakubauskas then fired one round from his less lethal shotgun, striking Dowless in the left thigh with the bean bag munition.

I then instructed Dowless to turn around and place his hands on top of his head. He turned but would not place his hands on his head. I again instructed him to do as he was told or he may be shot again with the bean bag shotgun. Dowless then placed his hands on his head but would not interlace his fingers. I instructed him twice to interlace his fingers but he refused to do so. Since it is much easier for a person to pull free from an Officer if his fingers are not interlaced, I felt that Dowless would physically fight if allowed to keep his hands in this manner. I then pulled my taser from my holster and deployed the probes into Dowless back.

Dowless tensed and fell out of the bedroom and into the hallway where he was placed into handcuffs by Officer Curtiss and Officer Rasmussen. Dowless was escorted from the residence. Fire personnel responded and removed the taser probes from Dowless' back, they also checked the area where the bean bag munition struck him. I photographed both impact areas. I placed the taser cartridge and bean bag munition

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- _____

COMPUTER ENTRY

- Desk
- DPSST
- Person
- DPSST
- Entry / Vehicle
- DPSST
- Distribution

REPORTING OFFICER(S) DPSST Kevin Wolf	DPSST 40799	PREC / DIV EA/U	RLF / SHIFT Night	ASSN / DIST 988/982	SUPERVISOR'S SIGNATURE John W. Anderson (24003)
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11-040358

CASE NUMBER

PORTLAND POLICE BUREAU

FORCE DATA COLLECTION REPORT

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into the property room on receipt #1210470. Sergeant Braskett who was on scene was aware of the use of

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- _____

COMPUTER ENTRY

- Desk
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REPORTING OFFICER(S) DPSST Kevin Wolf	DPSST 40799	PREC / DIV EA/U	RLF / SHIFT Night	ASSN / DIST 988/982	SUPERVISOR'S SIGNATURE John W. Anderson (24003)
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Print Form

Remote Print

11-040358

PORTLAND POLICE BUREAU

FORCE DATA COLLECTION REPORT

CASE NUMBER 11-040358	REFER CASE NUMBER	CLASSIFICATION
ORIGINAL REPORT DATE / TIME 05/17/11 2243	THIS REPORT DATE / TIME 05/17/11 2355	PRECINCT OF OCCURRENCE East Precinct
LOCATION OF OCCURRENCE <input checked="" type="checkbox"/> SAME AS INCIDENT LOCATION		

CODE UF	NAME (Last, First Middle) DOWLESS, JOSEPH JAMES	CRN	SEX M	RACE W	DOB 012869
HOME ADDRESS 4954 SE 134TH DR		CITY PORTLAND	STATE Oregon	ZIP 97236	HOME PHONE 503-254-4825
BUSINESS/SCHOOL ADDRESS			<input type="checkbox"/> WORK PHONE	<input type="checkbox"/> MSG. PHONE	MOBILE PHONE

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 - CENTRAL
 - EAST
 - NORTH
 - NE
 - SE
 - TRAFFIC
 - PLM
 - TRNG

AKA/MONIKER	HEIGHT 6'0	WEIGHT 175	HAIR BRO	EYES BRO
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PERCEIVED SUBJECT CONDITIONS (Check All That Apply)

<input type="checkbox"/> 1 Actually/Perceived Armed	<input type="checkbox"/> 7 Engaged in or Indicated the Intent to Engage in Physical Resistance	<input type="checkbox"/> 10 Alcohol (Under the Influence of)
<input checked="" type="checkbox"/> 2 Reported to be Armed	<input type="checkbox"/> 8 Engaged in or Indicated the Intent to Engage in Aggressive Physical Resistance	<input type="checkbox"/> 11 Drugs (Under the Influence of)
<input type="checkbox"/> 3 Assaulted Officer	<input type="checkbox"/> 9 High Risk Incident/Custody	<input checked="" type="checkbox"/> 12 Mental Illness
<input checked="" type="checkbox"/> 4 Assaulted Citizen		<input type="checkbox"/> 13 None Apparent
<input type="checkbox"/> 5 History of Violence		<input type="checkbox"/> 14 Other (Explain in Narrative)
<input checked="" type="checkbox"/> 6 Failure to Comply		

USE OF FORCE/CONTROL NECESSARY TO (Check All That Apply)

<input checked="" type="checkbox"/> 1 Defend Self	<input checked="" type="checkbox"/> 3 Make Arrest	<input type="checkbox"/> 5 Civil Hold
<input checked="" type="checkbox"/> 2 Defend Another	<input type="checkbox"/> 4 Prevent Escape	<input type="checkbox"/> 6 Other (Explain in Narrative)

OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (Check All That Apply)

<input type="checkbox"/> 1 Foot Pursuit	<input type="checkbox"/> 4 Person Search (Not Cuffed)	<input type="checkbox"/> 7 Interview/Interrogation
<input type="checkbox"/> 2 Subject Escort	<input type="checkbox"/> 5 Handcuffing	<input checked="" type="checkbox"/> 8 Other (Explain in Narrative)
<input type="checkbox"/> 3 Person Search (Cuffed)	<input type="checkbox"/> 6 Transportation in Vehicle	

SUBJECT WAS INJURED (Check All That Apply)

<input type="checkbox"/> 1 Prior to Police Involvement	<input type="checkbox"/> 3 In Custody
<input type="checkbox"/> 2 During Arrest	<input checked="" type="checkbox"/> 4 Other (Explain in Narrative)

INJURIES (Check All That Apply)

	1 None	2 Bruises	3 Abrasions	4 Lacerations	5 Broken Bones	6 Other Injuries
Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORCE OPTIONS (Check All That Apply)		TREATMENT RECEIVED (Check All That Apply)																									
<input type="checkbox"/> 1 Control Holds Causing Injury	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="0"> <tr> <td></td> <td>Officer</td> <td>Subject</td> </tr> <tr> <td>1 EMS at Scene</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2 EMS at Precinct</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3 Hospital/Admitted</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4 Hospital/Released</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5 Treatment Refused</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6 Self Treatment</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7 Mental Health Admission</td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		Officer	Subject	1 EMS at Scene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 EMS at Precinct	<input type="checkbox"/>	<input type="checkbox"/>	3 Hospital/Admitted	<input type="checkbox"/>	<input type="checkbox"/>	4 Hospital/Released	<input type="checkbox"/>	<input type="checkbox"/>	5 Treatment Refused		<input type="checkbox"/>	6 Self Treatment		<input type="checkbox"/>	7 Mental Health Admission		<input type="checkbox"/>	
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<input type="checkbox"/> 3 Hobble	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																										
<input type="checkbox"/> 4 Hands/Feet	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																										
<input type="checkbox"/> 5 Baton	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																										
<input type="checkbox"/> 6 Pepper Spray	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																										
<input checked="" type="checkbox"/> 7 Taser	Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										
<input checked="" type="checkbox"/> 8 Bean Bag (Rounds)	Effective: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
<input type="checkbox"/> 9 Point Firearm	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																										

NOTIFICATIONS

SUPERVISOR NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR AT SCENE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR NAME / DPSST: Sgt Braskett #29350
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REPORTING OFFICER(S) Gedemynas J. Jakubauskas	DPSST 46056	PREC / DIV EA	RLF / SHIFT N	ASSN / DIST 978	SUPERVISOR'S SIGNATURE Richard Braskett (29350)
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- COMPUTER ENTRY**
- Desk
 - DPSST Person
 - DPSST Entry / Vehicle
 - DPSST Distribution
 - DPSST

11-040358

CASE NUMBER

PORTLAND POLICE BUREAU

FORCE DATA COLLECTION REPORT

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NARRATIVE

6) Ofc Rasmussen (#39279), Unit 974, Primary
 Ofc Wolf (#40799), Unit 988, Cover
 Ofc Curtiss (#46427), Unit 989, Cover
 Ofc Schmutz, (#44627), Unit 965, Cover

8) I self dispatched myself to 974's call for follow-up on an assault call from earlier in the day. 988 had requested a less lethal shotgun on scene. On scene I met 974, 988, 989, and 965 at the above location. I was told that the SB, who had assaulted his Mother earlier in the day, was in the back bedroom and was armed with a sword. Ofc Wolf also stated that SB had a history of mental illness.

We made a plan to enter the house and clear it except for SB's bedroom, once the house was clear we were going to hold up at the living room/front door area and call for SB to come out of his bedroom with his hands up. I was going to be the less lethal, 989 was my lethal cover, 988 was going to give commands, and 974 and 965 were the custody team. The house was cleared and we started to call for SB to come out of his room with his hands up. We identified ourselves as the Portland Police and told SB to come out of his room with his hands up. After several attempts there was no responds from SB.

The decision was made to approach SB's room. We moved up to the bedroom door. Ofc Wolf took a position on the south side of the door (door handle side) and I was on the north side. Ofc Wolf opened the door and pushed it open. SB was laying on his bed, you could see that he was awake and moving around. Ofc Wolf was giving SB verbal commands. SB was told to stand up and place his hands on top of his head. SB responded by saying he was a sleep. We could not see what was in his hands because he was laying on the bed. It was a small bedroom and the bed was only about seven feet from the door. After being told several times SB finely sat up on his bed but he would not stand up or place his hands on top of his head. SB continued to sit on the bed and keep his hands down by his sides. Ofc Wolf once again told him to stand up and place his hands on top of his head. SB would not follow instructions, Ofc Wolf told him if he continued to not follow instructions he would be shot with a bean bag. SB stood up rapidly and said, "Fine just fucken shot me then." Ofc Wolf continued to tell SB to turn around and place his hands on top of his head. But SB continued to argue with us. As SB argued he was slowly moving towards the door. Ofc Wolf told him again to place his hands on his head and turn around, SB still would not follow instructions. As SB closed the distance in the confided space with the threat of him have a sword in the room, for his own safety and the safety of the officers, I fired one bean bag round to SB's upper left thigh. I picked the thigh because of the distance of the subject. The round struck SB and he just looked at me and asked why did I shot him. SB was told to turn around again, and he did turn around. SB was told to place his hands on top of his head and to interlock his fingers. SB was still refusing to follow instructions.

At that time seeing how the bean bag was not very effective, Sgt Braskett called for SB to be tased. Ofc Wolf tased SB once in the back. See Ofc Wolfs report for more information.

SB was taken into custody without farther incident. PPF was called to the scene and they evaluated SB. SB was cleared for transport to MCDC. See Ofc Rasmussen's report for more information on this call.

COPIES

- DET
- CENTRAL
- EAST
- NORTH
- NE
- SE
- TRAFFIC
- PLM
- TRNG
- _____
- _____
- _____
- _____
- _____

COMPUTER ENTRY

- Desk
- DPSST
- Person
- DPSST
- Entry / Vehicle
- DPSST
- Distribution

EXTERNAL DISTRIBUTION LIST

Add Addressee

REPORTING OFFICER(S) DPSST Gedemynas J. Jakubauskas	DPSST 46056	PREC / DIV EA	RLF / SHIFT N	ASSN / DIST 978	SUPERVISOR'S SIGNATURE Richard Braskett (29350)
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PROPERTY/EVIDENCE RECEIPT

THIS RECEIPT MUST BE ACCOMPANIED BY AN APPROPRIATE REPORT

RECEIPT NUMBER No. 1210468	DATE/TIME 5/17/11 - 1713	AM <input checked="" type="checkbox"/> PM	REFER CASE NO.	PPB CASE NO. 11-40358
CHECK ONE TYPE <input checked="" type="checkbox"/> EVIDENCE		<input type="checkbox"/> FOUND PROPERTY	<input type="checkbox"/> PRISONER'S PROP GAVE COPY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PROPERTY TAKEN FROM: LAST NAME FIRST M.I. SEX DOB				I VOLUNTARILY RELINQUISH THE ITEM(S) LISTED FOR SAFEKEEPING SIGNATURE PHONE
DENIED OWNERSHIP <input type="checkbox"/>				
HOME ADDRESS CITY STATE ZIP				
OWNER OF PROPERTY LAST NAME FIRST M.I. SEX DOB				
HOME ADDRESS CITY STATE ZIP				

TYPE OF INCIDENT DV-ASSAULT	DELIVERING OFFICER W. JOHNSON	BEST/ASSIGN 19833/E
LOCATION WHERE SEIZED, FOUND, SURRENDERED 4954 SE 134TH DR	INVESTIGATOR (IF DIFFERENT)	BPST/ASSIGN
<input type="checkbox"/> DEFENDANT	LAST NAME FIRST M.I.	SEX RACE DOB
<input type="checkbox"/> SUSPECT		

FOR GUNS LIST MAKE TYPE, CALIBER, MODEL, SERIAL NUMBER(S), IMPORTER & COUNTRY OF ORIGIN. LIST ONLY ONE ITEM PER SELECTION.		STLN	FOR PED USE ONLY
ITEM 1	(1) PHOTO CD OF VICTIM AT SCENE		
ITEM 2	DIAGONAL LINE		
ITEM 3			
ITEM 4			
ITEM 5			
ITEM 6			
ITEM 7			
ITEM 8			

DELIVERED TO: <input type="checkbox"/> STATE CRIME LAB <input checked="" type="checkbox"/> SATELLITE PROP. ROOM <input type="checkbox"/> PED	LOCKER E-1	DATE 5/17/11	RECEIVED BY
CHECK ONE ONLY <input type="checkbox"/> FED <input type="checkbox"/> OTHER			

DO NOT WRITE IN SPACE BELOW — FOR PED USE ONLY

INVENTORIED AND ACCEPTED IN PROPERTY EVIDENCE DIVISION DATE: 5/17/11	BY: WJ	WHITE - RECORDS COPY YELLOW - CITIZENS RECEIPT PINK - WITH PROPERTY
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*40-11-11
 11 MAY 11*

PROPERTY/EVIDENCE RECEIPT

THIS RECEIPT MUST BE ACCOMPANIED BY AN APPROPRIATE REPORT

RECEIPT NUMBER No. 1210470	DATE/TIME 5/17/11 2355 PM	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	REFER CASE NO.	PPB CASE NO. 11-40358
CHECK ONE TYPE ONLY <input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> FOUND PROPERTY	<input type="checkbox"/> PRISONER'S PROP GAVE COPY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> SAFEKEEPING	
PROPERTY TAKEN FROM: LAST NAME	FIRST	M.I.	SEX	DOB	
DENIED OWNERSHIP <input type="checkbox"/>					
HOME ADDRESS		CITY	STATE	ZIP	
OWNER OF PROPERTY LAST NAME	FIRST	M.I.	SEX	DOB	
HOME ADDRESS		CITY	STATE	ZIP	PHONE

(I VOLUNTARILY RELINQUISH THE ITEM(S) LISTED FOR SAFEKEEPING.)

SIGNATURE

TYPE OF INCIDENT D/V ARREST	DELIVERING OFFICER K. Wolf	BPST/ASSIGN 40799/EA
LOCATION WHERE SEIZED, FOUND, SURRENDERED 4954 SE 134th DR.	INVESTIGATOR (IF DIFFERENT)	BPST/ASSIGN

<input checked="" type="checkbox"/> DEFENDANT	LAST NAME	FIRST	M.I.	SEX	RACE	DOB
<input type="checkbox"/> SUSPECT	Dowless	Joseph	J.	M	W	1/29/69

FOR GUNS LIST MAKE, TYPE, CALIBER, MODEL, SERIAL NUMBER(S), IMPORTER & COUNTRY OF ORIGIN. LIST ONLY ONE ITEM PER SELECTION.

ITEM	DESCRIPTION	STLN	FOR PED USE ONLY
ITEM 1	Taser Cartridge + Probes		
ITEM 2	12 gauge BEAN BAG ROUND		
ITEM 3			
ITEM 4			
ITEM 5			
ITEM 6			
ITEM 7			
ITEM 8			

DELIVERED TO: <input type="checkbox"/> STATE CRIME LAB	<input checked="" type="checkbox"/> SATELLITE PROP. ROOM	<input type="checkbox"/> FED	LOCKER E1	DATE 5/17/11	RECEIVED BY
CHECK ONE ONLY <input type="checkbox"/> FED	<input type="checkbox"/> OTHER				

DO NOT WRITE IN SPACE BELOW — FOR PED USE ONLY

INVENTORIED AND ACCEPTED IN PROPERTY EVIDENCE DIVISION	BY	WHITE - RECORDS COPY YELLOW - CITIZENS RECEIPT PINK - WITH PROPERTY
DATE:	TIME:	

11 MAY 18 AM 4:05

PROPERTY/EVIDENCE RECEIPT

THIS RECEIPT MUST BE ACCOMPANIED BY AN APPROPRIATE REPORT

RECEIPT NUMBER No. 1210471	DATE/TIME 05/11/11 1059	AM (PM)	REFER CASE NO.	PPB CASE NO. 11-40358
CHECK ONE TYPE ONLY <input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> FOUND PROPERTY	<input type="checkbox"/> PRISONER'S PROP.	<input type="checkbox"/> SAFEKEEPING	
PROPERTY TAKEN FROM: LAST NAME FIRST M.I. SEX DOB	I VOLUNTARILY RELINQUISH THE ITEM(S) LISTED FOR SAFEKEEPING			
DENIED OWNERSHIP <input type="checkbox"/>	SIGNATURE			
HOME ADDRESS CITY STATE ZIP	PHONE			
OWNER OF PROPERTY LAST NAME FIRST M.I. SEX DOB				
HOME ADDRESS CITY STATE ZIP				

TYPE OF INCIDENT DV ASSAULT	DELIVERING OFFICER RASMUSSEN	BPST/ASSIGN 39279 / SA
LOCATION WHERE SEIZED, FOUND, SURRENDERED EAST	INVESTIGATOR (IF DIFFERENT)	BPST/ASSIGN

<input type="checkbox"/> DEFENDANT	LAST NAME	FIRST	M.I.	SEX	RACE	DOB
<input type="checkbox"/> SUSPECT						

FOR GUNS LIST MAKE, TYPE, CALIBER, MODEL, SERIAL NUMBER(S), IMPORTER & COUNTRY OF ORIGIN. LIST ONLY ONE ITEM PER SELECTION.

ITEM	STLN	FOR PED USE ONLY
1		
2		
3		
4		
5		
6		
7		
8		

DELIVERED TO: <input type="checkbox"/> STATE CRIME LAB <input checked="" type="checkbox"/> SATELLITE PROP. ROOM <input type="checkbox"/> FED	LOCKER E1	DATE	RECEIVED BY
CHECK ONE ONLY: <input type="checkbox"/> FED <input type="checkbox"/> OTHER			

DO NOT WRITE IN SPACE BELOW — FOR PED USE ONLY

INVENTORIED AND ACCEPTED IN PROPERTY EVIDENCE DIVISION	BY	WHITE - RECORDS COPY YELLOW - CITIZENS RECEIPT PINK - WITH PROPERTY
DATE:	TIME:	

11 MAY 18 AM 4:06

CASE NUMBER 11-040358

PORTLAND POLICE BUREAU

SPECIAL REPORT

TYPE: 4. SUPPLEMENTAL

PAGE/OF 1 / 1

CASE NUMBER 11-040358	REFER CASE NUMBER	CLASSIFICATION
STATUS	ORIGINAL REPORT DATE 07/13/11	TIME 1815
LOCATION OF OCCURRENCE 4954 SE 134TH DR		PRECINCT OF OCCURRENCE East Precinct
SUBJECT OF THIS REPORT COLLECTION OF EVIDENCE ON PREVIOUS REPORTED DV ASSAULT		CAD INCIDENT NUMBER

COPIES

PERSON SB - Subject SI - Sick/Injured/Cared For PE - Park Exclusion VI - Victim RP - Reporting Party KN - Person w/Knowledge
 OW - Owner WI - Witness BU - Business PF - Property Finder MI - Missing RW - Runaway AR - Arrested Add Person

- DET
- CENTRAL
- EAST
- NORTH
- NE
- SE
- CAT
- DHS/CHS
- DVD
- DVRU
- ECRT
- JDH
- JUV
- CS
- DVCS

CODE VI	NAME: (Last, First Middle)	CRN	SEX F	RACE W	DOB 071041
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ADDRESS 4954 SE 134TH DR	CITY PORTLAND	STATE Oregon	ZIP 97236
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<input type="checkbox"/> WORK PHONE <input type="checkbox"/> MESSAGE PHONE	MOBILE PHONE	HOME PHONE 503-254-4825
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CODE X1	NAME: (Last, First Middle) DOWLESS, JOSEPH JAMES	CRN	SEX M	RACE W	DOB 012869
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ADDRESS 4954 SE 134TH DR	CITY PORTLAND	STATE Oregon	ZIP 97236
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<input type="checkbox"/> WORK PHONE <input type="checkbox"/> MESSAGE PHONE	MOBILE PHONE	HOME PHONE 503-254-4825
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VEHICLE L - Locate A - Abandoned T - Towed V - Victim's Vehicle X - Suspect Vehicle I - Information M - Missing Add Vehicle

PROPERTY RECEIPT NO. 1226170
--

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

NARRATIVE (COMMENTS)

8- On 05/17/11 (X1) JOSEPH DOWLESS was arrested for assaulting and menacing his mother, (VI) [REDACTED] with a knife. On the day of the call the knife could not be located.

Today, 07/13/11, we had court trial on this case. When [REDACTED] arrived she disclosed to the Deputy DA that she had found the knife that JOSEPH had used to threaten her that day. She said she found it under his pillow in his bedroom. For obvious reasons [REDACTED] did not bring the knife with her to court.

The Deputy DA requested me to go pick up the knife from [REDACTED] this evening when I got on shift. At 1815 I arrived at [REDACTED] residence and she gave me a black handled folding knife with a blade approximately 3"-4". I gave [REDACTED] a copy of the property receipt.

I later returned to East Precinct where I placed it into the property room locker # E1.

COMPUTER ENTRY

EXTERNAL DISTRIBUTION LIST Add Addressee

- Desk
- DPSST
- Person
- DPSST
- Entry / Vehicle
- DPSST
- Distribution
- DPSST

REPORTING OFFICER(S) David Rasmussen	DPSST 39279	PREC / DIV EA/U	RLF / SHIFT A	ASSN / DIST 955/982	SUPERVISOR'S SIGNATURE Steven Andrusko (29502)
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PROPERTY/EVIDENCE RECEIPT

(3)

THIS RECEIPT MUST BE ACCOMPANIED BY AN APPROPRIATE REPORT

RECEIPT NUMBER No. 1226170	DATE/TIME 071311 / 1815 PM	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	REFER CASE NO.	PPB CASE NO. 11-40358
CHECK ONE TYPE ONLY <input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> FOUND PROPERTY	<input type="checkbox"/> PRISONER'S PROP.		<input type="checkbox"/> SAFEKEEPING	
PROPERTY TAKEN FROM: LAST NAME FIRST M.I. SEX DOB				GAVE COPY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DENIED OWNERSHIP <input type="checkbox"/>				I VOLUNTARILY RELINQUISH THE ITEM(S) LISTED FOR SAFEKEEPING	
HOME ADDRESS 4954 SE 134 DR - Portland OR 97236				SIGNATURE	
OWNER OF PROPERTY: LAST NAME FIRST M.I. SEX DOB SAME AS ABOVE				PHONE	
HOME ADDRESS CITY STATE ZIP				PHONE	

TYPE OF INCIDENT DV Assault / Molestation	DELIVERING OFFICER Rasmussen 39279/BA	BPS/ASSIGN
LOCATION WHERE SEIZED, FOUND, SURRENDERED 4954 SE 134 DR	INVESTIGATOR (IF DIFFERENT)	BPST/ASSIGN
<input type="checkbox"/> DEFENDANT	LAST NAME FIRST M.I.	SEX RACE DOB
<input type="checkbox"/> SUSPECT		

FOR GUNS LIST MAKE, TYPE, CALIBER, MODEL, SERIAL NUMBER(S), IMPORTER & COUNTRY OF ORIGIN. LIST ONLY ONE ITEM PER SELECTION.		STLN	FOR PED USE ONLY
ITEM 1	BLACK HANDLED FOLDING KNIFE		
ITEM 2			
ITEM 3			
ITEM 4			
ITEM 5			
ITEM 6			
ITEM 7			
ITEM 8			

DELIVERED TO: <input type="checkbox"/> STATE CRIME LAB <input checked="" type="checkbox"/> SATELLITE PROP ROOM <input type="checkbox"/> PED	LOCKER E1	DATE	RECEIVED BY
CHECK ONE ONLY <input type="checkbox"/> FED <input type="checkbox"/> OTHER			

DO NOT WRITE IN SPACE BELOW — FOR PED USE ONLY

INVENTORIED AND ACCEPTED IN PROPERTY EVIDENCE DIVISION	DATE: _____ TIME: _____	BY: 8734 NW 411706	WHITE - RECORDS COPY YELLOW - CITIZENS RECEIPT PINK - WITH PROPERTY
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NON-CONNECT SPECIAL REPORT

**PORTLAND
POLICE BUREAU**

INFORMATION CLEARANCE
 CONTINUATION SUPPLEMENTAL

PAGE/OF
4/1

39023
CASE NUMBER
11-40358

CASE NUMBER 11-40358	REFER CASE NUMBER	CLASSIFICATION Agg. Assault
--------------------------------	-------------------	---------------------------------------

<input type="checkbox"/> 1. UNFOUNDED <input type="checkbox"/> 3. SUSPENDED <input type="checkbox"/> 5. EXCEPTIONAL	ORIGINAL REPORT DATE / TIME 05-17-11 1659	THIS REPORT DATE / TIME 11-18-11 1145
<input type="checkbox"/> 2. PENDING <input type="checkbox"/> 4. CLR BY ARREST <input type="checkbox"/> 6. REFERRED		

LOCATION OF OCCURRENCE 4954 S.E. 134TH DRIVE	PRECINCT OF OCCURRENCE EAST PCT.
--	--

ONE SENTENCE SUMMARY OF REPORT
THE VICTIM PROVIDED A BLOODY SHIRT AND HAND TOWEL AS EVIDENCE.

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

CODE VI	NAME (Last, First Middle) [REDACTED]	CRN	SEX F	RACE W	DOB 07-10-41
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HOME ADDRESS 4954 SE 134TH DR., PORTLAND	CITY	STATE OR	ZIP 97236	HOME PHONE 503-254-4825
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BUSINESS / SCHOOL ADDRESS	WORK PHONE	MSG PHONE	MOBILE PHONE
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PROPERTY RECEIPT NUMBER(S)
1209131

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

(ITEM)	CODE	ITEM	BRAND	MODEL/STYLE	SERIAL NO.	COLOR	ENGRAVINGS/PPECULARITIES	SIZE	VALUE
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7	<p>CURRENTLY ASSIGNED TO THE MULTNOMAH COUNTY DISTRICT ATTORNEY'S OFFICE AS AN INVESTIGATOR FOR THE DOMESTIC VIOLENCE UNIT. I WAS ASKED BY P.D.A. AMANDA REINDERS TO SUBMIT INTO EVIDENCE CLOTHING THE VICTIM [REDACTED] DELIVERED TO THE D.A.'S OFFICE. THE CLOTHING WAS A WHITE SHIRT AND A KITCHEN HAND TOWEL. THE CLOTHING APPEARS TO BE STAINED WITH BLOOD. THE CLOTHING WAS SUBMITTED TO THE PROPERTY ROOM UNDER PROPERTY RECEIPT # 1209131.</p>
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- COPIES**
- DET
 - CENTRAL
 - EAST
 - NORTH
 - NE
 - SE
 - TRAFFIC
 - CAT
 - DHS/CHS
 - DVD
 - DVRU
 - ECRT
 - DH
 - JUV
 - GS
 - OVCS
- COMPUTER ENTRY**
- Person
 - OPR Vehicle
 - OPR Crime/Prop
 - OPR Book

11 NOV 18 PM 3:47

REPORTING OFFICER(S) THOMAS HALL	DPSST 39009	PREC/DIV DET	RLF/SHIFT M	ASSN/DIST D.A. INVEST.	SUPERVISOR'S SIGNATURE Sgt J Noy #30666
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INSTRUCTIONS

This form is provided for you to report additional items which you discover missing after the officer's departure. Do not include property lost due to causes other than the reported crime. Articles already missing are not to be included on this report.

It is only necessary for you to complete the Narrative section on the front side of this form, and enter your name and the other information requested below. Type or print clearly using black ink.

In listing additional stolen property, include descriptive details. Serial numbers are important. A sketch or photograph of articles such as jewelry, paintings, etc., should be included whenever possible.

This report does not preclude you from calling the police if you have information of major importance which could lead to a clearance of the crime, recovering your property, or making an arrest.



When you have completed this form, fold and tape to envelope size, then mail it to:

PLACE
STAMP
HERE

**RECORDS DIVISION
Portland Police Bureau
1111 S.W. 2nd Ave.
Portland, Oregon 97204**

PROPERTY/EVIDENCE RECEIPT

THIS RECEIPT MUST BE ACCOMPANIED BY AN APPROPRIATE REPORT

RECEIPT NUMBER No.1209131	DATE/TIME 11-18-11 11:45 PM	REFER CASE NO.	PPB CASE NO. 11-40358
CHECK ONE TYPE ONLY <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND PROPERTY <input type="checkbox"/> PRISONER'S PROP.	GAVE COPY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> SAFEKEEPING
PROPERTY TAKEN FROM: LAST NAME FIRST M.I. SEX DOB	DENIED OWNERSHIP <input type="checkbox"/>		I VOLUNTARILY RELINQUISH THE ITEM(S) LISTED FOR SAFEKEEPING
HOME ADDRESS CITY STATE ZIP	OWNER OF PROPERTY LAST NAME FIRST M.I. SEX DOB F 07-10-41		
HOME ADDRESS CITY STATE ZIP			SIGNATURE

HOME ADDRESS **4954 S.E. 134TH DRIVE, PORTLAND, OR 97236** PHONE **503-254-4845**

TYPE OF INCIDENT D.V. ASSAULT	DELIVERING OFFICER THOMAS HALL	BPST/ASSIGN 39009 / DGT.
LOCATION WHERE SEIZED, FOUND, SURRENDERED MCCH 1021 S.W. 4TH AVE, PORTLAND	INVESTIGATOR (IF DIFFERENT) DAVID RASMUSSEN	BPST/ASSIGN 39279 / EA

<input checked="" type="checkbox"/> DEFENDANT	LAST NAME FIRST M.I. SEX RACE DOB
<input type="checkbox"/> SUSPECT	DOWLESS, JOSEPH J. JR. M W 01-28-69

FOR GUNS LIST MAKE, TYPE, CALIBER, MODEL, SERIAL NUMBER(S), IMPORTER & COUNTRY OF ORIGIN. LIST ONLY ONE ITEM PER SELECTION.

ITEM	DESCRIPTION	STLN	FOR PED USE ONLY
ITEM 1	SHIRT - STAINED WITH BLOOD < BIOHAZARD >		
ITEM 2	HAND TOWEL - STAINED WITH BLOOD < BIOHAZARD >		
ITEM 3			
ITEM 4			
ITEM 5			
ITEM 6			
ITEM 7			
ITEM 8			

DELIVERED TO: <input type="checkbox"/> STATE CRIME LAB <input checked="" type="checkbox"/> SATELLITE PROP. ROOM <input type="checkbox"/> PED	LOCKER CE 7	DATE 11-18-11	RECEIVED BY
CHECK ONE ONLY <input type="checkbox"/> FED <input type="checkbox"/> OTHER			

DO NOT WRITE IN SPACE BELOW — FOR PED USE ONLY

INVENTORIED AND ACCEPTED IN PROPERTY EVIDENCE DIVISION	BY 7:47 PM 8.1.10N [IT]	WHITE - RECORDS COPY YELLOW - CITIZENS RECEIPT PINK - WITH PROPERTY
DATE:	TIME:	