

Portland Police Bureau

PPB CASE

10-105736



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

Case Overview

PPB Case #10-105736

On Sunday December 26, 2010, at 9:54 p.m. two officers went with members of Project Respond (Cascadia Behavioral Healthcare) to an apartment complex on Northwest Broadway so the mental health care workers could evaluate a male subject. The Project Respond employees were familiar with the subject and told the officers he was known to light things on fire in the past.

When the officers reached the hallway to the subject's room, they could see burnt paper on the floor and items scattered around the area in front of the open door to his room. The officers saw the subject in his room and asked him to come outside his room which he did. The subject also allowed the officers to check his pockets for sharp objects and followed their direction and seated himself in the hallway.

During this interaction with the police and Project Respond employees, the subject continued to say things that did not make sense. He talked about arson and being an "Indian." He made odd grunting noises, yelling and becoming defiant. He called one of the Project Respond workers a "white bitch."

The Project Respond employees determined that the subject should be taken to the hospital for further evaluation on a mental health hold. As the officers took a hold of the subject's arms and stood him up to be handcuffed, he began to tense up. He tried to pull his arms out of the officer's grasp and fought against the officers' efforts to get his hands behind his back to be handcuffed.

The officers attempted to take the subject to the floor again in hopes they would have an easier time getting control of his arms. The subject fought against the officers' efforts and flipped his head down and rolled forward away from the officers. The subject ended up with his feet kicking near the officer's face. The officers were able to roll the subject back onto his stomach to continue their attempt to control his arms. The subject then pulled his arms underneath his body to prevent the officers from getting to his hands.

One officer drew his Taser and applied the Taser to the subject's back to cause him to release his hands from under his body. The subject stopped briefly, but started to twist his body and pull away from the officers again. The officer warned the subject several times that he would be Tasered and did Taser him additional cycles. After each cycle, the officer stopped the Taser, and re-attempted to get a hold of the subject's hands. The subject continued to resist the officers' attempts to control his hands. After realizing the Taser was not having enough of an effect to cause the subject to release his hands, the officer used a closed fist and hit the subject in the right and left rib cage area. These strikes were also not effective. The officers struggled with the subject for two minutes until they were finally able to wrestle his arms out and get him handcuffed.

Both Project Respond employees witnessed the struggle between the officers and subject. They documented what they saw on their Hospital Hold form for the subject stating:

(subject) strongly resisted being frisked and being handcuffed- punching, kicking, fighting. Police had to tase him. (He is) unable to understand he being evicted-thinks he is in the witness protection program.

After the officers transported the subject to the hospital, the subject had to be placed in a four point restraint system by hospital security. The subject had minor bruising and abrasions and the officer had injury and pain to his hand as a result of the struggles.

10-105736

PORTLAND POLICE BUREAU

CUSTODY REPORT

ADULT

JUVENILE

CASE NUMBER 10-105736	REFER CASE NUMBER	CLASSIFICATION
DATE / TIME REPORTED 12/26/10 2154	DATE / TIME ARRESTED 12/26/10 2238	TYPE OF CUSTODY <input checked="" type="checkbox"/> 1. PROBABLE CAUSE <input type="checkbox"/> 2. WARRANT <input type="checkbox"/> 3. STATUS OFFENSE <input type="checkbox"/> 4. CITIZEN ARREST <input type="checkbox"/> 5. CITE IN LIEU <input type="checkbox"/> 6. PROTECTIVE CUSTODY <input type="checkbox"/> 7.
LOCATION OF CUSTODY <input type="checkbox"/> SAME AS INCIDENT LOCATION 10 NW Broadway #424		PRECINCT OF ARREST Central Precinct

NAME OF PERSON IN CUSTODY (Last, First Middle) Serrill, Samuel Michael	CRN	SEX M	RACE W	DOB 12-14-79
AKA / MONIKER / NICKNAME		SEX	RACE	DOB

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

HEIGHT 602	WEIGHT 175	HAIR BRO	EYES BRO	FACIAL HAIR / CLOTHING DESCRIPTION
HOME ADDRESS 10 NW Broadway #424		CITY Portland	STATE Oregon	ZIP 97209
BUSINESS / SCHOOL ADDRESS			<input type="checkbox"/> WORK PHONE	<input type="checkbox"/> MSG. PHONE
MOBILE PHONE 503-894-8078				
SCARS / MARKS / TATTOOS				
DRIVERS LICENSE	STATE	SSN	SID NO.	FBI / OTHER NO.
OTHER ID / UNIQUE FEATURES				

PROPERTY RECEIPT NUMBER(S) 1233553			
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:
EXPLAIN: Welts on back, bruising on arms and scrapes on knuckles			

CHARGES

Add Charges

IN CUSTODY OF/REFERRED TO: CILC	ADVISED OF RIGHTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESISTED ARREST? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ASSAULTED OFFICER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CASE NUMBER 162.315	ORS / ORD NUMBER 162.315	<input checked="" type="checkbox"/> STATE <input type="checkbox"/> LOCAL	CHARGE / WARRANT / CITE NUMBER Resist Arrest
LIEU-OF-CITE NO. Z1901406	BAIL \$2500	COURT APPEAR DATE/TIME <input checked="" type="checkbox"/> 01/24/11 1300	

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

01) Kavanaugh, Katherine WI FW 3-3-55

COMPUTER ENTRY

Desk

DPSST

Person

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) Chad Phifer	DPSST 38202	PREC / DIV CE	RLF / SHIFT A	ASSN / DIST 825	SUPERVISOR'S SIGNATURE David Michaelson (23060)
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Print Form

Remote Print

PORTLAND
POLICE BUREAU

CUSTODY REPORT

10-105736

CASE
NUMBER

Lohmeier, Sarah C. WI
FW 7-4-82

Robinson, Christopher WI
MB 7-9-66

10 NW Broadway, Portland OR 97209
ph. 503-228-9474

COPIES

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

06)
 Officer Allen, 45001, PPB/ CE
 Officer Yakots, 48158, PPB/ CE
 Officer Hettman, 47718, PPB/ CE
 Sgt. Michaelson, 23060, PPB/ CE
 Sgt. Leasure, 38997, PPB/ CE

08)
 On the listed date and time Officer Allen and I responded to assist Project Respond on a report of a subject that they were going to evaluate for mental health purposes. I met with Sarah Lohmeier and Katherine Kavanaugh. They told me that they were familiar with the subject that we were going to contact, telling me that he had been known to light things on fire in the past.

I knew that Officer Yakots and Hettman had been to the residence earlier and had spoken to the subject, Samuel Serrill and had found that he was not holdable based on the information that they received and his current behavior.

We went to Serrill's room and before we got the the door, I could see that there was burnt paper in the hallway and things were scattered around in front of his open door. I pushed the door open slightly and could see Serrill inside. I asked that he come out of the room, which he did. I asked Serrill to put his hands on the top of his head, asking him if I could go inside his pockets to remove items to make sure that he was not carrying any knives or weapons. He allowed me to do this and I did not find anything dangerous in his possession. I asked him to take a seat in the hallway, which he did.

Serrill was making statements that did not make sense. I could hear him saying "arson" and talking about being an "indian". He was making odd grunting noises and appeared to have mental health issues. He called one of the Project Respond workers a "white bitch" and was becoming defiant and yelling.

The Project Respond workers determined that Serrill was going to be placed on a mental health hold.

I grabbed Serrill's right arm as Officer Allen grabbed his left arm and we stood Serrill up. We started to place Serrill's hands behind his back and he tensed up his arms yelling something. He was pulling on the arm that I had ahold of and I could not get it behind his back. I told Officer Allen that I intended to take Serrill to the ground. I attempted to push on Serrill's arm to take him to the ground in an armbar takedown. Serrill leaned forward and did not go to the ground. He flipped his head down and did a forward roll. His feet were now in the area of my face and he was kicking. I was concerned that I was going to be kicked in the face by Serrill. We were able to roll him onto his stomach and were attempting to get his hands in

COMPUTER ENTRY

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

REPORTING OFFICER(S)
Chad Phifer

DPSST
38202

PREC / DIV
CE

RLF / SHIFT
A

ASSN / DIST
825

SUPERVISOR'S SIGNATURE
David Michaelson (23060)

10-105736

CASE
NUMBER

control. He was pulling on his arms and trapping them underneath his body where we were unable to see them or gain control of them. I drew my Taser and applied it to Serrill's back. I activated my Taser using a drive stun with the probes against Serrill's back in order to gain compliance to take him into custody. Serrill stopped briefly, but started to twist his body and pull away from us again. I applied my Taser several more times turning it off after one cycle and re-attempting to get ahold of Serrill's hands to gain control of him and cuff him. He continued to resist our attempts. At one point I used a closed fist and gave Serrill focused blows to his rib area on his left side. I hit Serrill approximately 2-3 times in this area in an attempt to gain his compliance. I did this on the right side of his body with my right hand during the encounter as well, striking him approximately 3 times. This did not work, I still could not get his right arm in control in order to handcuff him. I applied and activated my Taser again. I gave Serrill several warnings before applying the taser between the cycles. I told him that he would be "tased" and he continued to resist us. I gave him time between the cycles attempting to control his arms, before activating the taser again. I activated my taser through approxiamatly 6 separate cycles allowing time between each and giving orders to comply or be "tased".

COPIES

- DET
- CENTRAL
- EAST
- NORTH
- NE
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- CAT
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- JDH
- JUV
- CS
- DVCS
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We were eventually able to get control of Serrill's hands and I placed handcuffs on him. I found that the probes were not still in his skin and appeared to be stuck in his sweatshirt and were probably pulled out during the struggle, which lasted approxiamatly 2 minutes in duration.

We stood him up and I attempted to remove Serrill's belt as he screamed that we were "raping" him. Items were removed from his pockets and he was walked to my patrol car and placed inside it.

Sgt. Leasure and Sgt. Michaelson were onscene and assisted with Serrill prior to placing him in the patrol car.

I spoke with Christopher Robinson, who works the front counter at the Helen Swindel building. Robinson told me that he had seen the "whole thing" on the video in the hallway. I asked if he could get a copy of the video for me and he told me that he could and planned on having it available to me to pick up the following day.

Serrill was transported to Good Sam hospital on a mental health hold (see Project Respond's report). He was placed in 4 point restraints by Hospital security.

I took statements from Lohmeier regarding what she had seen. She told me that she saw Serrill resisting and saw him "fly" over "kicking and punching". She told me that she heard me say that I was "gonna have to tase you", referring to my warnings to Serrill about the Taser. She told me that she and Kavanaugh went around the corner during the incident and only "peeked around" it at times to see that we were "definitely fighting" with Merrill.

COMPUTER ENTRY

Desk

Kavanaugh told me that she saw that Allen and I were attempting to take Serrill into custody and saw that he "struggled". She told me that she heard me ask him "repeatedly" to give me his hand. She said that she saw that he "resisted and struggled" with us.

DPSST
 Person

DPSST
 Entry / Vehicle

Officer Allen issued Serrill a citation for Resist Arrest at Good Sam. This was approved by Sgt. Michaelson and Sgt. Leasure.

DPSST
 Distribution

Serrill's injuries were photographed by myself at the hospital. I observed that Serrill had red marks on his lower back area where the taser was applied. I also saw bruising on the inside of his right arm, which I had

DPSST

REPORTING OFFICER(S)
Chad Phifer

DPSST
38202

PREC / DIV
CE

RLF / SHIFT
A

ASSN / DIST
825

SUPERVISOR'S SIGNATURE
David Michaelson (23060)

CASE NUMBER
10-105736

been pulling on as I attempted to pull his arm from underneath his body. He had a small abrasion which was bleeding on his right knuckles.

I advised hospital staff of the tasing and strikes that Merrill recieved during the incident. He was left at the hospital to be evaluated for mental health purposes.

My right hand had pain in it, making it difficult to grasp and pick up items after the incident. It was injured somehow during the incident, but did not require medical treatment.

COPIES

- DET
- CENTRAL

See Officer Allen's report for additional

- EAST
- NORTH
- NE
- SE
- 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
- DPSST

REPORTING OFFICER(S)
Chad Phifer

DPSST
38202

PREC / DIV
CE

RLF / SHIFT
A

ASSN / DIST
825

SUPERVISOR'S SIGNATURE
David Michaelson (23060)

10-105736
CASE NUMBER

PORTLAND POLICE BUREAU

FORCE DATA COLLECTION REPORT

CASE NUMBER 10-105736		REFER CASE NUMBER	CLASSIFICATION		
ORIGINAL REPORT DATE / TIME 12/26/10 2154		THIS REPORT DATE / TIME 12/26/10 2154		PRECINCT OF OCCURRENCE Central Precinct	
LOCATION OF OCCURRENCE <input type="checkbox"/> SAME AS INCIDENT LOCATION 10 NW Broadway (Helen Swindell)					
CODE UF	NAME (Last, First Middle) Serrill, Samuel Michael		CRN	SEX M	RACE W
HOME ADDRESS 10 NW Broadway #424		CITY Portland	STATE Oregon	ZIP 97209	HOME PHONE
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 6-2	WEIGHT 175	HAIR BRO	EYES BRO
-------------	----------------------	----------------------	--------------------	--------------------

PERCEIVED SUBJECT CONDITIONS (Check All That Apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Actually/Perceived Armed | <input checked="" type="checkbox"/> 7 Engaged in or Indicated the Intent to Engage in Physical Resistance | <input type="checkbox"/> 10 Alcohol (Under the Influence of) |
| <input type="checkbox"/> 2 Reported to be Armed | <input checked="" 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 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 type="checkbox"/> 3 Make Arrest | <input checked="" 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 checked="" type="checkbox"/> 5 Handcuffing | <input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FORCE OPTIONS (Check All That Apply)

TREATMENT RECEIVED (Check All That Apply)

<table style="width:100%;"> <tr> <td><input type="checkbox"/> 1 Control Holds Causing Injury</td> <td>Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> 2 Takedowns</td> <td>Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> 3 Hobble</td> <td>Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input checked="" type="checkbox"/> 4 Hands/Feet</td> <td>Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> 5 Baton</td> <td>Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> 6 Pepper Spray</td> <td>Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input checked="" type="checkbox"/> 7 Taser</td> <td>Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> 8 Bean Bag (Rounds)</td> <td>Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> 9 Point Firearm</td> <td>Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> 1 Control Holds Causing Injury	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	<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 checked="" type="checkbox"/> 4 Hands/Feet	Effective: <input checked="" 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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Officer</th> <th>Subject</th> </tr> </thead> <tbody> <tr> <td>1 EMS at Scene</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2 EMS at Precinct</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3 Hospital/Admitted</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>4 Hospital/Released</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5 Treatment Refused</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6 Self Treatment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>7 Mental Health Admission</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Officer	Subject	1 EMS at Scene	<input type="checkbox"/>	<input type="checkbox"/>	2 EMS at Precinct	<input type="checkbox"/>	<input type="checkbox"/>	3 Hospital/Admitted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4 Hospital/Released	<input type="checkbox"/>	<input type="checkbox"/>	5 Treatment Refused	<input type="checkbox"/>	<input type="checkbox"/>	6 Self Treatment	<input type="checkbox"/>	<input type="checkbox"/>	7 Mental Health Admission	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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7 Mental Health Admission	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																									

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: Leasure / 38997, Michaelson 23060			
REPORTING OFFICER(S) Kevin W. Allen	DPSST 45001	PREC / DIV C/U	RLF / SHIFT A	ASSN / DIST 864	SUPERVISOR'S SIGNATURE David Michaelson (23060)

- COMPUTER ENTRY**
- Desk
 - DPSST Person
 - DPSST Entry / Vehicle

10-105736

CASE
NUMBER

PORTLAND
POLICE BUREAU

FORCE DATA COLLECTION REPORT

PAGE/OF
2 / 3

NARRATIVE

6) Phifer 38202 Primary

8) I self dispatched to an ASSIST call at The Helen Swindell Building, covering Officer Phifer. I went up to the hallway outside #424. UF was being compliant while Ofc Phifer did a pat down for weapons. UF complied when Ofc Phifer asked him to sit down.

Two Project Respond staff members attempted to talk to UF and assess him. He was insulting and verbally abusive to them. He repeatedly made strange grunting or spitting sounds, and spoke of being an "Indian" and in "witness protection."

COPIES

- DET
- CENTRAL
- EAST
- NORTH
- NE
- SE
- TRAFFIC
- PLM
- TRNG
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They signaled to Ofc Phifer and myself that they wanted him to be taken into custody on a civil "Director's Hold." Ofc Phifer and I put on protective gloves and UF began getting tense, asking why we were doing that. We moved in. I took UF's left arm while Ofc Phifer took his right. We asked him to stand up and he would not. We picked him up. I tried to bend his arm at the elbow to put his hand behind his back. UF tensed up so I could not bend it.

Ofc Phifer told me he wanted to put UF down on the ground. I began pushing his head down toward the floor trying to disrupt his balance. UF tucked his head down and rolled forward on his back. He brought his feet up and had his legs cocked in a position like he was going to kick at our faces. I moved to the side to avoid the kick.

Ofc Phifer and I used all of our strength to roll UF over onto his stomach. He continued to resist our motion. Ofc Phifer instructed UF to give us his hands, which UF had wedged under his torso. I was trying to pry his arm out but couldn't overcome his condensed muscle strength. Ofc Phifer continued to give UF commands, but UF wouldn't comply. I chose not to give commands in order to keep from overwhelming or confusing UF about what we wanted him to do.

I looked over and saw that Ofc Phifer had his taser out. Ofc Phifer was continuing to give commands, and I heard him say something similar to "give us your hands or you'll be tased." He repeated the warning that UF would be tased, and then after a few seconds I heard the taser deployed.

UF yelled out "ow!" I noted that the taser sound was a quiet clicking, suggesting it was cycling in his skin. But UF was still not compliant. Several times I gained control of one arm, but UF pulled the other one away and under his torso again. Ofc Phifer continued to yell commands ("give us your hands") and I heard at least two more taser cycles. The cycles were not continuous. There was a pause and repeated verbal commands between each one.

COMPUTER ENTRY

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

I believe UF was saying something like "no," but I don't recall exactly how he worded it. It was clear that he had no intention of doing what we asked.

Ofc Phifer then told me that he lost his taser. I was looking toward UF's head so I could be sure he wasn't going to turn his head and try to bite me. Part of the time I had my hand on the back of his head, holding it down into the carpet. I then felt a shock to my duty belt. I looked back and saw that Ofc Phifer had tried a focused blow to UF's back, but that it hit my belt instead. Ofc Phifer then delivered a couple more focused blows with a closed fist to UF's back/side. Between blows, he continued ordering UF to put his hands behind his back.

REPORTING OFFICER(S) DPSST	DPSST	PREC / DIV	RLF / SHIFT	ASSN / DIST	SUPERVISOR'S SIGNATURE
Kevin W. Allen	45001	C/U	A	864	David Michaelson (23060)

10-105736

CASE
NUMBER

**PORTLAND
POLICE BUREAU**

FORCE DATA COLLECTION REPORT

PAGE/OF
3 / 3

UF still did not comply. I then delivered a focused blow with closed fist to the back of UF's neck/shoulder area. I didn't have a very good angle and I don't believe there was much force in it.

After some further struggle, Ofc Phifer and I were able to pull UF's arms out and handcuff him.

Ofc Phifer called for medical to remove the probes, and for a sergeant. I looked closer at the probes and saw that they were only stuck in his sweatshirt, not in his skin. I couldn't tell if the probes failed to go in his skin or if they were in and then came out during the struggle. I didn't see any blood. UF was conscious and breathing normally, so I advised dispatch to cancel the medics.

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

Ofc Phifer and I rolled UF onto his side to avoid positional asphyxia. Sgt Michaelson arrived and we gave him a quick briefing. Ofc Phifer began doing an inventory, but it proved difficult with him on the ground. So we lifted UF up to his feet and pinned him against the wall. He continued to be uncooperative. Ofc Phifer tried taking off UF's belt. He got very upset about that and started yelling "rape!" Ofc Phifer checked the rest of UF's pockets and took the belt off later.

Ofc Phifer and the Sgt walked UF downstairs, while I put the taser cartridge and probes in an evidence bag. I also collected UF's belongings and brought them downstairs. I put them in a paper bag and delivered them to the hospital.

I followed as Ofc Phifer transported UF to Legacy Good Samaritan Hospital. I helped walk UF in to the ER, where he was admitted.

See Ofc Phifer's report for additional.

EXTERNAL DISTRIBUTION LIST

Add Addressee

- COMPUTER
ENTRY**
- Desk
 - DPSST
 - Person
 - DPSST
 - Entry / Vehicle
 - DPSST
 - Distribution

REPORTING OFFICER(S) DPSST Kevin W. Allen	DPSST 45001	PREC / DIV C/U	RLF / SHIFT A	ASSN / DIST 864	SUPERVISOR'S SIGNATURE David Michaelson (23060)
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Print Form

Remote Print

4495

Portland Police Bureau

FORCE DATA COLLECTION REPORT

PAGE/OF

1/2

Case No. 10105736 Refer Case No. _____

Original Report Date/Time 12-26-10 2154 This Report Date/Time 12-26-10 2154 Location of Occurrence 10 NW BROADWAY

Name of Subject SERRILL, SAMUEL M. Sex M Race W DOB 12-27-10

Address 10 NW BROADWAY #424 PORTLAND OR Hgt 602 Wgt 175 Hair BRO Eyes BRO

Home Phone _____ Mobile Phone _____ Work/Message Phone _____

Case No.

Perceived Subject Conditions (Check All That Apply)

- | | | | |
|---------------------------------|---|---|--|
| <input type="checkbox"/> Copies | <input type="checkbox"/> 1 Actually/Perceived Armed | <input checked="" type="checkbox"/> 7 Engaged in or Indicated the Intent to Engage in Physical Resistance | <input type="checkbox"/> 10 Alcohol (under the influence of) |
| <input type="checkbox"/> Dets | <input 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"/> Cent | <input type="checkbox"/> 3 Assaulted Officer | <input type="checkbox"/> 9 High Risk Incident/Custody | <input checked="" type="checkbox"/> 12 Mental Illness |
| <input type="checkbox"/> East | <input type="checkbox"/> 4 Assaulted Citizen | | <input type="checkbox"/> 13 None Apparent |
| <input type="checkbox"/> North | <input type="checkbox"/> 5 History of Violence | | <input type="checkbox"/> 14 Other |
| <input type="checkbox"/> NE | <input checked="" type="checkbox"/> 6 Failure to Comply | | |
| <input type="checkbox"/> SE | | | |
| <input type="checkbox"/> Traf | | | |
| <input type="checkbox"/> PLM | | | |
| <input type="checkbox"/> Trng | | | |

Use of Force/Control Necessary to (Check All That Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Defend Self | <input type="checkbox"/> 3 Make Arrest | <input checked="" type="checkbox"/> 5 Civil Hold |
| <input type="checkbox"/> 2 Defend Another | <input type="checkbox"/> 4 Prevent Escape | <input type="checkbox"/> 6 Other |

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 checked="" type="checkbox"/> 5 Handcuffing | <input type="checkbox"/> 8 Other |
| <input type="checkbox"/> 3 Person Search (Cuffed) | <input type="checkbox"/> 6 Transporting in Vehicle | |

Subject Was Injured (Check All That Apply)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> 1 Prior to Police Involvement | <input type="checkbox"/> 3 In Custody |
| <input checked="" type="checkbox"/> 2 During Arrest | <input type="checkbox"/> 4 Other |

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 checked="" type="checkbox"/>
Subject	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Force Options Used (Check All That Apply)

Treatment Received (Check All That Apply)

Computer Entry Person	Force Option	Effective:	Effective:		Treatment Received	Officer		Subject	
			Yes	No					
	<input type="checkbox"/> 1 Control Holds Causing Injury		<input type="checkbox"/>	<input type="checkbox"/>	1 EMS at Scene 2 EMS at Precinct 3 Hospital/Admitted 4 Hospital/Released 5 Treatment Refused 6 Self Treatment 7 Mental Health Admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> 2 Takedowns		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 3 Hobble		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> 4 Hands/Feet		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5 Baton		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 6 Pepper Spray		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> 7 Taser		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 8 Bean Bag Round(s)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> 9 Point Firearm		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notification

Supervisor Notified: Yes No At Scene: Yes No Name/DPSST: SGT - LEASUNG 38907

Reporting Officer C. Patten DPSST 38202 Prec/Div CE Rlf/Shift A Assn/Dist 825 Supervisor's Signature Sgt. Michaelson #23060

Case No.
10105736

Name of Subject
SMILL, SAM



SEE WORK REPORT

10105736

OREGON UNIFORM CITATION AND COMPLAINT

Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ORS 153.045 or 133.069

<input type="checkbox"/> VIOLATION(S) <small>(SEE B ON BACK)</small>	<input type="checkbox"/> OR <small>(Not Both)</small>	<input checked="" type="checkbox"/> CRIME(S) <small>(SEE A ON BACK)</small>
<input type="checkbox"/> Traffic <input type="checkbox"/> Other <input type="checkbox"/> Wildlife	<input type="checkbox"/> Boating <input type="checkbox"/> Commercial	<input type="checkbox"/> Fishing

In the Circuit Court of the State of Oregon for Multnomah County

<input checked="" type="checkbox"/> STATE OF OREGON	<input type="checkbox"/> COUNTY OF MULTNOMAH	<input type="checkbox"/> CITY OF PORTLAND
<input type="checkbox"/> CITY OF GRESHAM	<input type="checkbox"/> TRI-MET	<input type="checkbox"/> PORT OF PORTLAND
<input type="checkbox"/> CITY OF WOOD VILLAGE		

10105736

COMPLAINT # 21901406
DA #
COURT #

THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:

ID Type <input type="checkbox"/> Non-CDL <input type="checkbox"/> CDL	ID NO. 10 DEC 21 AM	STATE	TEL. NO.
NAME: LAST SERRILL		FIRST SAMUEL	MIDDLE INITIAL MICHAEL
ADDRESS 10 NW Broadway #424		LIC CLASS	<input type="checkbox"/> Employed to Drive
CITY Portland	STATE OR	ZIP CODE 97209	DEF. IS <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other R60
SEX M	RACE W	DATE OF BIRTH 12-14-79	HEIGHT 602
		WEIGHT 175	HAIR Brn
			EYES Brn

AT THE FOLLOWING TIME & PLACE IN THE ABOVE MENTIONED STATE & COUNTY:

OFFENSE DATE MONTH 12 DAY 26 YEAR 10	TIME 2:54 PM	<input type="checkbox"/> Premises Open To Public
AT OR NEAR LOCATION 10 NW Broadway		<input type="checkbox"/> Hwy

INVOLVING THE FOLLOWING:

TYPE	REGIS / VIN / ID NO.	STATE	<input type="checkbox"/> Accident <input type="checkbox"/> Injury
VEHICLE Year, Make, Model, Style, Color, OR Other, Describe:			<input type="checkbox"/> Property Damage <input type="checkbox"/> Endanger Others
OTHER			<input type="checkbox"/> Driver Not Reg Owner <input type="checkbox"/> Haz Material
			<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Com. Passenger

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

1. VIOLATED <small>(Cite ORS/ORD/Rule)</small> 162.315	DESCRIBE Resisting Arrest	<input type="checkbox"/> Alleged Spd <input type="checkbox"/> Designated Spd <input type="checkbox"/> VBR <input type="checkbox"/> Posted Limit	1. Base Fine CM
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Pstd Sch Zn <input type="checkbox"/> Hwy Wrk Zn			<input type="checkbox"/> Radar <input type="checkbox"/> Pace <input type="checkbox"/> Laser
2. VIOLATED <small>(Cite ORS/ORD/Rule)</small>	DESCRIBE		2. Base Fine
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Pstd Sch Zn <input type="checkbox"/> Hwy Wrk Zn			
3. VIOLATED <small>(Cite ORS/ORD/Rule)</small>	DESCRIBE		3. Base Fine
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Pstd Sch Zn <input type="checkbox"/> Hwy Wrk Zn			

OTHER/EXPLAIN: **10 10 5736** Custody Report Done Video Evidence

I CERTIFY UNDER ORS 153.045 AND 153.990 AND UNDER OTHER APPLICABLE LAW AND UNDER PENALTIES FOR FALSE SWEARING, DO SWEAR/AFFIRM THAT I HAVE SUFFICIENT GROUNDS TO AND DO BELIEVE THAT THE ABOVE-MENTIONED DEFENDANT/PERSON COMMITTED THE ABOVE OFFENSE(S) AND I HAVE SERVED THE DEFENDANT/PERSON WITH THIS COMPLAINT.

DATE ISSUED 122610	1ST OFFICER SIGNATURE	PRINT NAME C. Phifer	OFC ID/PRECINCT 38202
AGENCY ID: <input checked="" type="checkbox"/> PPD <input type="checkbox"/> POP <input type="checkbox"/> MCSO <input type="checkbox"/> GREPD <input type="checkbox"/> OSP <input type="checkbox"/> TRIMET <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER			
DATE ISSUED 122610	Arresting Person or 2nd Ofc (if necessary) SIGNATURE	PRINT NAME K. Allen	OFC ID/PRECINCT 45061
AGENCY ID: <input checked="" type="checkbox"/> PPD <input type="checkbox"/> POP <input type="checkbox"/> MCSO <input type="checkbox"/> GREPD <input type="checkbox"/> OSP <input type="checkbox"/> TRIMET <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER			

YOUR CIRCUIT COURT APPEARANCE DATE, TIME & LOCATION ARE:

MONTH / DAY / YEAR 01 / 24 / 11	TIME <input checked="" type="checkbox"/> 8:30 a.m. <input type="checkbox"/> 1:00 p.m. <input type="checkbox"/> 5:00 p.m. <input type="checkbox"/> Other	<input type="checkbox"/> Circuit Court Room 106 1021 SW Fourth Ave, Portland, OR 503-988-3235
		<input type="checkbox"/> Circuit Court Gresham 150 W Powell, Gresham, OR 503-988-3199
		<input type="checkbox"/> Justice Center Ctr. #4 1120 SW 3rd Avc, Portland, OR 503-988-3235
		NON-TRAFFIC OFFENSES ONLY
		<input checked="" type="checkbox"/> Community Court Justice Center Courtroom #1, 1120 SW 3rd Ave, Portland, OR 503-988-3235

05/08

1901406

PROPERTY/EVIDENCE RECEIPT

THIS RECEIPT MUST BE ACCOMPANIED BY AN APPROPRIATE REPORT

RECEIPT NUMBER No. 1233553	DATE/TIME 12-26-10 2:54 PM	AM	REFER CASE NO.	PPB CASE NO. 10105736
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"/>	
PROPERTY TAKEN FROM: LAST NAME FIRST M.I. SEX DOB				I VOLUNTARILY RELINQUISH THE ITEM(S) LISTED FOR SAFEKEEPING
DENIED OWNERSHIP <input type="checkbox"/>				
HOME ADDRESS CITY STATE ZIP				
OWNER OF PROPERTY LAST NAME FIRST M.I. SEX DOB				SIGNATURE
HOME ADDRESS CITY STATE ZIP				PHONE
TYPE OF INCIDENT RESIST ARREST			DELIVERING OFFICER C. PARKER	BPST/ASSIGN 38002 / 66
LOCATION WHERE SEIZED, FOUND, SURRENDERED 10 SW BROADWAY #404			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
ITEM 1	1 CD WITH PHOTOS OF INJURIES TO SUSPECT			
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 C-6	DATE 12-27-10
CHECK ONE ONLY <input type="checkbox"/> FED	<input type="checkbox"/> OTHER		RECEIVED BY	
DO NOT WRITE IN SPACE BELOW — FOR PED USE ONLY				
INVENTORIED AND ACCEPTED IN PROPERTY EVIDENCE DIVISION			BY AM 12:00	
DATE:	TIME:	WHITE - RECORDS COPY YELLOW - CITIZENS RECEIPT PINK - WITH PROPERTY		

PROPERTY/EVIDENCE RECEIPT

THIS RECEIPT MUST BE ACCOMPANIED BY AN APPROPRIATE REPORT

RECEIPT NUMBER No. 1233556	DATE/TIME 122610 / 2154 PM	AM PM	REFER CASE NO.	PPB CASE NO. 10-105736
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 PPB				
HOME ADDRESS CITY STATE ZIP				

TYPE OF INCIDENT Resist Arrest	DELIVERING OFFICER K. Allen	BPST/ASSIGN 45001
LOCATION WHERE SEIZED, FOUND, SURRENDERED 10 NW Broadway	INVESTIGATOR (IF DIFFERENT) C. Phifer	BPST/ASSIGN 38202

<input checked="" type="checkbox"/> DEFENDANT	LAST NAME FIRST M.I. SEX RACE DOB
<input type="checkbox"/> SUSPECT	SERRILL SAMUEL M M W 121479

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		
1 taser cartridge with probes		
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"/> PED	LOCKER	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: NOV 27 AM 7:04	WHITE - RECORDS COPY YELLOW - CITIZENS RECEIPT PINK - WITH PROPERTY
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Report of Peace Officer Custody of an Allegedly Mentally Ill Person as Directed by a Community Mental Health Director

TO THE TREATING PHYSICIAN OF AN APPROVED HOSPITAL OR NONHOSPITAL FACILITY:

In the matter of: Samuel Seckill (alleged to be mentally ill)

DOB 12/14/1979 Address: 10 NW Broadway #42A

City: Portland County: Multnomah

I, Jarah Womeier, the community mental health program director or a designee approved by the county governing body of Multnomah County, Oregon under ORS 426.233(1)(a), pursuant to ORS 426.233(1)(b) directed Chad Miller, a peace officer of Portland PD, Oregon, agency

Badge # 28202 to take the above-named person, Samuel Seckill into custody at 10:48p m., on the 26 day of December, 2010 in Multnomah County, Oregon for the following specific reasons:

Samuel has a history of setting fires: 9/26/10 let t-shirt on fire & threw it onto the roof. 12/18/10 witness (neighbor) saw Samuel lighting paper on fire in his room. Paper seen covering the floor. 12/21/10 matches & burnt paper in front of door in hallway. Samuel is unable to participate in a conversation, very agitated, believes he is an "indian", disorganized.

Pursuant to ORS 426.233(1)(b) because the above factors establish probable cause to believe the above named person who is dangerous to self or others and in need of immediate care, Custody or treatment for mental illness; or the person is on conditional release, outpatient commitment or trial visit, and is dangerous to self or others, or is unable to provide for self.

The community mental health program director or designee of the above-named county can be reached by telephone for further consultation at:

(503) 988-5464 X Jarah Womeier, QMHP community mental health program director or designee

If more than one hour is required to transport the person to an approved hospital a physician must complete the following section prior to transport:

Physician's Certificate

I certify that I have personally examined the above-named person and believe the person is dangerous to self or others and in need of immediate care, custody or treatment for mental illness and that travel to _____, a hospital or other approved non-hospital facility will not be detrimental to the person's physical health.

Signed at _____ m., on the _____ day of _____, 20_____.

X _____ M.D. signature

Deliver This Report to Treating Physician at Receiving Facility.

Samuel strongly resisted being frisked + handcuffed - punching, kicking, fighting. Police had to take him. Unable to understand he is being evicted - thinks he is in the witness protection program.

1010 5736



TASER Information		Downloaded By	
Serial #	X00-476767	Name	Michael Leasure
Model #	X26	Dept	PPB/Central
X26 Software Version	22	Rank	Sgt
Dataport CD Version	16.0	Windows Version	Microsoft® Windows NT(TM) Service Pack 3
Record Date Range	12/26/2010 - 12/27/2010	Report Generated	12/27/10 00:14:14 (local)
Computer Time Zone	Pacific Standard Time		
Using Daylight Savings Time	No		
X26 Warranty Date	00/00/00 State: Expired		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	12/27/10 00:11:35	12/26/10 16:11:35	1	20	74
0002	12/27/10 06:51:35	12/26/10 22:51:35	5	16	74
0003	12/27/10 06:51:49	12/26/10 22:51:49	5	17	74
0004	12/27/10 06:51:56	12/26/10 22:51:56	5	17	73
0005	12/27/10 06:52:04	12/26/10 22:52:04	5	18	73
0006	12/27/10 06:52:34	12/26/10 22:52:34	5	19	72
0007	12/27/10 06:53:02	12/26/10 22:53:02	5	20	72
0008	12/27/10 08:27:39	12/27/10 00:27:39	Old Time		
0009	12/27/10 08:13:03	12/27/10 00:13:03	New Time		

End of Report.

10 DEC 27 AM 7:04

10105736

TASER Information		Downloaded By	
Serial #	<i>X00-476767</i>	Name	<i>Michael Leasure</i>
Model #	<i>X26</i>	Dept	<i>PPB/Central</i>
X26 Software Version	<i>22</i>	Rank	<i>Sgt</i>
Dataport CD Version	<i>16.0</i>	Windows Version	<i>Microsoft® Windows NT(TM) Service Pack 3</i>
Record Date Range	<i>12/26/2010 - 12/27/2010</i>	Report Generated	<i>12/27/10 00:14:14 (local)</i>
Computer Time Zone	<i>Pacific Standard Time</i>		
Using Daylight Savings Time	<i>No</i>		
X26 Warranty Date	<i>00/00/00 State: Expired</i>		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	12/27/10 00:11:35	12/26/10 16:11:35	1	20	74
0002	12/27/10 06:51:35	12/26/10 22:51:35	5	16	74
0003	12/27/10 06:51:49	12/26/10 22:51:49	5	17	74
0004	12/27/10 06:51:56	12/26/10 22:51:56	5	17	73
0005	12/27/10 06:52:04	12/26/10 22:52:04	5	18	73
0006	12/27/10 06:52:34	12/26/10 22:52:34	5	19	72
0007	12/27/10 06:53:02	12/26/10 22:53:02	5	20	72
0008	12/27/10 08:27:39	12/27/10 00:27:39	Old Time		
0009	12/27/10 08:13:03	12/27/10 00:13:03	New Time		

End of Report.

10 DEC 27 AM 7:04

CASE NUMBER 10-105736

PORTLAND POLICE BUREAU

SPECIAL REPORT

TYPE: 4. SUPPLEMENTAL

PAGE/OF 1 / 1

CASE NUMBER 10-105736	REFER CASE NUMBER	CLASSIFICATION	
STATUS 2. Pending	ORIGINAL REPORT DATE 12/26/10	TIME 2154	THIS REPORT DATE 01/01/11
LOCATION OF OCCURRENCE 10 NW Broadway #424		PRECINCT OF OCCURRENCE Central Precinct	
SUBJECT OF THIS REPORT Surveillance Video from earlier incident			CAD INCIDENT NUMBER

COPIES

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

PERSON SB - Subject SI - Sick/Injured/Cared For PE - Park Exclusion VI - Victim RP - Reporting Party KN - Person w/Knowledge Add Person

CODE KN	NAME: (Last, First Middle) Bennett, Lesle	CRN	SEX F	RACE W	DOB 7-31-67
ADDRESS 10 NW Broadway		CITY Portland	STATE Oregon		ZIP
<input checked="" type="checkbox"/> WORK PHONE <input type="checkbox"/> MESSAGE PHONE		MOBILE PHONE	HOME PHONE		
503-228-9474					
CODE SB	NAME: (Last, First Middle) Serrill, Samuel	CRN	SEX M	RACE W	DOB 12-14-79
ADDRESS 10 NW Broadway #424		CITY Portland	STATE Oregon		ZIP
<input type="checkbox"/> WORK PHONE <input type="checkbox"/> MESSAGE PHONE		MOBILE PHONE	HOME PHONE		

VEHICLE L - Locate A - Abandoned T - Towed V - Victim's Vehicle X - Suspect Vehicle I - Information M - Missing Add Vehicle

PROPERTY RECEIPT NO.
1225091

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

NARRATIVE (COMMENTS)
08)
On 12-31-10 I retrieved a video from Lesle Bennett, who is the manager of Helen Swindell. The video was from the her surveillance system and it was regarding an earlier incident with Samuel Serrill. I attempted to review the video at Central Precinct, but found that I was not able to watch the video due to the format.
I went back to Helen Swindell and watched the video on their surveillance system. I found that the video was poor in quality and it was difficult to see the incident and what was occurring.
I entered the video into PPB property as evidence.

COMPUTER ENTRY

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

EXTERNAL DISTRIBUTION LIST Add Addressee

REPORTING OFFICER(S) Chad Phifer	DPSST 38202	PREC / DIV CE	RLF / SHIFT A	ASSN / DIST 2855	SUPERVISOR'S SIGNATURE Jeffrey Niiya (30666)
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Print Form

Remote Print

PROPERTY/EVIDENCE RECEIPT

(4)

THIS RECEIPT MUST BE ACCOMPANIED BY AN APPROPRIATE REPORT

RECEIPT NUMBER No. 1225091	DATE/TIME 11-11 1700 PM	AM	REFER CASE NO.	PPB CASE NO. 10105736
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 RESIST ARREST			DELIVERING OFFICER C. P. ... BPST/ASSIGN	
LOCATION WHERE SEIZED, FOUND, SURRENDERED 10 NW Broadway #424			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 CD WITH VIDEO SURVEILLANCE OF INCIDENT			
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 C-6		DATE 11-11
CHECK ONE ONLY <input type="checkbox"/> FED <input type="checkbox"/> OTHER		RECEIVED BY		
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:			