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Lane County District Attorney's Office

NOTICE TO ATTORNEY

Victim/Witness/ Defendant Confidentiality and Right to Identity Theft Protection

Pursuant to Oregon Revised Statute (ORS) 135.815(4)(a), defense attorneys and their representatives are precluded from disclosing to the defendant the personal identifiers of victims and witnesses without an order from the court allowing such disclosure. "Personal identifiers" are defined in ORS 135.815(5)(a) as: "a person's address, telephone number, Social Security number and date of birth and the identifying number of a person's depository account at a financial institution as defined in ORS 706.008 or credit card account."

In addition the State of Oregon has enacted the Oregon Consumer Identity Theft Protection Act, which can be found in ORS 646A.600 et seq. This statute generally prohibits the public disclosure of consumer Social Security numbers and mandates other security measures regarding all "personal information". "Personal information" is defined by ORS 646A.602(11).

The information provided to you through mandatory discovery statutes by the Lane County District Attorney's Office may result in your receiving personal information as defined above. Please familiarize yourself with the above statutes and be sure to comply with them.

Defendant: TODD MICHAEL GIFFEN
DA Case No.: 039272455
Date: 09/23/2013

000001

DISCOVERY NOTICE

Court Case No. 221318198

DA No. 039272455

STATE v. TODD MICHAEL GIFFEN

This discovery represents all the reports we have on file. If you think that other reports you need exist, please let us know. Other reports, if any, will be forwarded when we receive them. If an Oregon State Police witness is involved in this case, you should assume that written notes exist and you should request them if you desire them. We may call all witnesses named in the reports. If you have a question about this, please call. You are hereby notified that in all crimes involving acts of abuse as defined in ORS 107.705 or 419B.005 where a child has made a statement, under Rule 803 18(b) the State intends to offer the statement. Refer to your discovery for particulars of the statement or contact me.

If a breath test exists, we will be offering the certifications for the machine before and after the test, a certified copy of the officer's permit, and we will be asking the Court to take judicial notice of the applicable administrative rule. These documents are a public record kept by the State Police in Portland. We will make them available for inspection on the morning of trial. If this is not satisfactory, call me.

You have been provided with defendant's criminal history as we understand it to be at the time of filing this case. We may introduce certified copies of some or all of these convictions at trial. If so, copies of these convictions will be available for your inspection on the day of trial. If this is not satisfactory, contact me.

Some police agencies require approval by the District Attorney prior to your being allowed to view items of physical evidence. If you wish to inspect physical evidence in this case, contact me.

If you have other questions concerning discovery, please call the discovery clerks at the District Attorney's Office. Should any matter still remain unresolved, contact me. You may make an appointment with me to review your discovery to determine whether you have received all discoverable materials within our file. As discovery is a reciprocal obligation, our office will expect to receive all relevant material and information from you in a timely manner.

The defendant may be sentenced, upon court approval, at the time of the change of plea if you notify this office in advance of 3-5 business days so that the victim(s) may be notified and sentencing paperwork prepared.

ENCLOSED IN THIS DISCOVERY PACKET you will find a list of convictions of the defendant known to the State which would affect the determination of the defendant's criminal history under the Sentencing Guidelines. When sentencing Guidelines apply, a plea bargain is contingent on the defendant's criminal history being accurately represented on the Criminal History Worksheet. If the defendant intends to challenge the accuracy of the worksheet, you must provide notice of the intent to challenge the defendant's criminal history prior to plea bargaining or any deal is voidable by the State. **If additional convictions are discovered which are not listed on the Criminal History Worksheet, or if the convictions identified are not determined to correctly reflect the defendant's criminal history, the State reserves the right to revoke any part, or all, of the plea bargain and to request the court to set aside the guilty plea, or in the alternative, to proceed with open sentencing.**

09/23/2013

000002

FELONY GUIDELINES SENTENCING REPORT

GIFFEN, TODD MICHAEL	3/13/85	15587707
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Offender Name	DOB	SID
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Court Case Number	DA Case Number
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CRIMINAL HISTORY WORKSHEET

Crime	Court and Case #	Date of Conviction	Juvenile		Adult			
			Felony Person	NonPer	Felony Person	NonPer	Class A Person	NonPer
UUW – GBI	220411806 LANE	03/02/05						
ASSAULT 4 – FEL	201105395 LANE	05/22/13			X			
ASLT PUB SFTY OFCR	“	“			X			

Criminal History Classification

A	B	C	D	E	F	G	H	I
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Primary Offense Sentence

GRIDBLOCK:	By Stip:	ORS
Prison:	Probation:	

Secondary Offense Sentence

GRIDBLOCK:	By Stip:	ORS
Prison:	Probation:	

000003

Entered By:		AIRS	LEDS	NCIC
Verified By:				
Cleared By:				
Verified By:				
V	C	Email		
S	A	Addr:		
V	C	Email		
S	A	Addr:		
V	C	Email		
S	A	Addr:		

INCIDENT/CUSTODY
SPRINGFIELD POLICE DEPARTMENT

163.160

1 INCIDENT & O.R.S. NO

ASSLT IV APA (FEL)

2 LOCATION

W CENTENNIAL

3 CASE NO. 13-9582					
PAT. BRD.	ISS	PROP. CONT.	JUV. CRT.	PTBL. CRDR.	DIS. CRT.
PROP. FILE	CITY PROS.	MUNI. CRT.	AC	PROF. STND.	SCF
OLCC	SFD	EPD	LCSD	LCMH	SDS
INET	CAC	MED. EXM.	OTHER ROUTING TO:		

RELATED REPORTS (SPECIFY)	6 REPORTED DATE 092113	7 TIME 1813	8 OCCURRED DATE 092113	9 TIME 1813	4 AREA W	5 SOURCE D
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10 NAME FIRST GIFFEN, CLYDE ARTHUR	11 D.O.B.	12 RACE / SEX W/M	13 WORK HOURS
14 RES. ADDRESS	15 STATE 92	16 ZIP	17a. RES. PHONE
19 BUS. ADDRESS	20 STATE	21 ZIP	22 PHONE: BUS. <input type="checkbox"/> OTHER <input type="checkbox"/>

26 NAME FIRST	MIDDLE	AIRS NO.	27 D.O.B.	28 RACE / SEX	29 WORK HOURS
30 ADDRESS	CITY	31 STATE	32 ZIP	33 PHONE: RES. <input type="checkbox"/> CELL <input type="checkbox"/>	34 PHONE: BUS. <input type="checkbox"/> OTHER <input type="checkbox"/>
36 NAME FIRST	MIDDLE	AIRS NO.	37 D.O.B.	38 RACE / SEX	39 WORK HOURS
40 ADDRESS	CITY	41 STATE	42 ZIP	43 PHONE: RES. <input type="checkbox"/> CELL <input type="checkbox"/>	44 PHONE: BUS. <input type="checkbox"/> OTHER <input type="checkbox"/>

46 NAME FIRST GIFFEN, TODD MICHAEL	MIDDLE	AIRS NO. 1240540	47 D.O.B. 031385	48 AGE 28	49 RACE / SEX W/M
50 AKA	51 DL NO. 7793310	52 SOC. SEC. NO. 542130969	53 OSB NO.	54 RES. ADDRESS 405 W CENTENNIAL SPFLD	55 STATE OR
56 ZIP 92497	57 PHONE: RES. <input type="checkbox"/> CELL <input type="checkbox"/> 5413210010	58 BIRTH STATE OR	59 DRIVER <input type="checkbox"/> BICYCLE <input type="checkbox"/>	60 EMPLOYER / SCHOOL & GRADE NA	61 HT 602
62 WT 250	63 HAIR 1320	64 EYES 142	65 PRINTED <input type="checkbox"/>	66 PHOTO <input type="checkbox"/>	67 BOOKING DATE & TIME

68 CLOTHING DESCRIPTION GRAY HOODIE & TAN CARGO SHORTS	69 RESIST ARR. NO	70 ARMED NO	71 TYPE OF WEAPON NONE							
72 BUILD (05) 0 UNKNOWN	COMPLEXION (06) 0 UNKNOWN	HAIR (07) 0 UNKNOWN	HAIR STYLE (08) 0 UNKNOWN	SPEECH (09) 0 UNKNOWN	FACIAL HAIR (10) 0 UNKNOWN	GLASSES (11) 0 UNKNOWN	TEETH (12) 0 UNKNOWN			
1 SLIGHT	2 MEDIUM	3 DARK	4 MUSCULAR	9 OTHER	1 NONE	2 MUSTACHE ONLY	3 STUBBLE ONLY	4 BEARD	5 SIDEburns	9 OTHER

SCARS / MARKS / TATTOOS (03)				EXACT DESCRIPTION OF TATTOO / MARK AND ITS LOCATION			
ITEM	0	LOCATION	1	NONE DOC			
UNK / NONE	0	UNKNOWN	1				
NAMES / INITIALS	1	HEAD / NECK	2				
MOM / MTHR / LOVE	2	SHLDR. / BICEP	3				
HEART & DAGGER	3	FOREARM	4				
MILITARY INSIG.	4	FINGERS	5				
MISC. PICTURES	5	LEG	6				
MISSING EXTREM.	6	CHEST / STOM.	7				
SCAR (LG.) (SM.)	7	BACK	8				
BIRTHMARK	8	OTHER	9				

73 INTOX <input type="checkbox"/>	74 ALC <input type="checkbox"/>	75 SPECIFY NARC DRUGS	76 LOCATION WHERE DRINKING	77 BLOOD ALCOHOL	78 METHOD	79 ADM. BY
80 <input type="checkbox"/> ILL	81 TREATED AT	82 DESCRIBE				

83 PARENT / GUARDIAN FIRST	MIDDLE	AIRS NO.	84 D.O.B.	85 AGE	86 RACE / SEX
87 ADDRESS	CITY	88 STATE	89 ZIP	90 PHONE: RES. <input type="checkbox"/> CELL <input type="checkbox"/>	91 PHONE: BUS. <input type="checkbox"/> OTHER <input type="checkbox"/>
93 NOTIFIED BY	DATE & TIME	94 DETAINED	95 ADMIT PERSON	96 REASON	

97 CHARGES	98 WARRANT / CIT. NO.	99 COURT DATE / TIME	100 COURT	101 BAIL / SECURITY
ASSLT IV APA 163.160 (FEL)	PL	TBS	CIRC	TBS

TASER DISPLAYED <input type="checkbox"/>	DEPLOYED <input type="checkbox"/>
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102 <input type="checkbox"/> I HAVE ARRESTED THE DEFENDANT IN POLICE CUSTODY FOR THE CHARGE(S) LISTED.	IN ADDITION, I WILL TESTIFY AS A WITNESS AGAINST THE DEFENDANT AND I WILL CONTACT THE CITY PROSECUTOR/DISTRICT ATTORNEY'S OFFICE TO SIGN A COMPLAINT AGAINST THE DEFENDANT ON: _____
SIGNATURE	DATE

103 REPORTING OFFICER	104 ASSISTING OFFICER	105 DATE & TIME PREPARED 092313 @ 2300	106 APPROVED BY
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SIGNATURE OF PERSON REPORTING THE INCIDENT

000005

INCIDENT NO.
 ☐ ISSUED CRIME VICTIMS CARD

DOMESTIC VIOLENCE REPORT
SPRINGFIELD POLICE DEPARTMENT

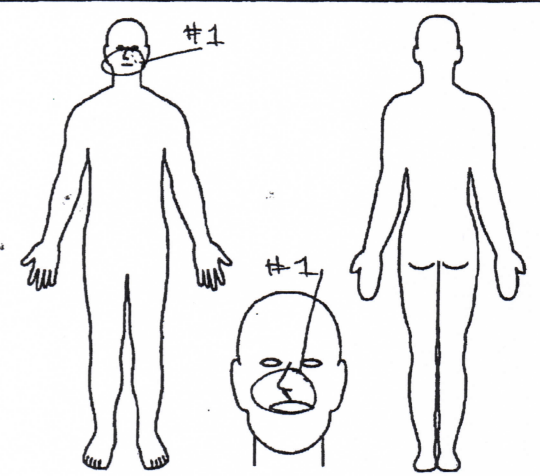
PAGE 3 OF 6
CASE NO. 13-9582

CONTACT ADDRESS ☒ SAME AS RES. CITY STATE CONTACT PHONE ☐ SAME PHONE
ADDITIONAL CONTACT NAME NA RELATIONSHIP ADDITIONAL CONTACT PHONE
ADDITIONAL CONTACT NAME RELATIONSHIP ADDITIONAL CONTACT PHONE
EMOTIONAL STATE ☐ CRYING ☐ FEARFUL ☐ HYSTERICAL ☐ AFRAID ☐ NERVOUS ☐ STUNNED ☒ CALM ☒ APOLOGETIC ☐ ANGRY ☐ THREATENING ☐ OTHER: HT WT ALCOHOL ☐ NO ☐ HBD ☐ INTOXICATED
DRUGS ☒ NO ☐ YES SUSPECTED DRUG

MARK INJURIES ON DIAGRAM WITH CORRESPONDING NUMBER

VICTIM

1	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input checked="" type="checkbox"/> LACERATION(S)	
2	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
3	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
4	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
5	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
6	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
7	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
8	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
9	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
10	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	



MEDICAL ☒ NONE ☐ REFUSED ☐ FIRST AID ☐ WILL SEEK OWN DR. ☐ PARAMEDICS UNIT NUMBER ☐ HOSPITAL ☐ MWH ☐ RIVERBEND ☐ SHH ☐ OTHER: ☐ MEDICAL RELEASE ☐ NO ☐ SIGNED ☐ REFUSED

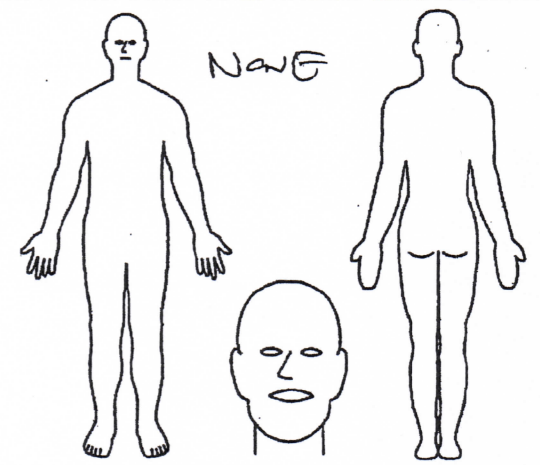
☒ SUSPECT INTERVIEWED/ARRESTED ☐ SUSPECT INTERVIEWED/NOT ARRESTED ☐ SUSPECT NOT LOCATED ☐ ATL ENTERED ☐ FORWARDED FOR DA REVIEW/WARRANT

ADDITIONAL CONTACT NAME NA RELATIONSHIP ADDITIONAL CONTACT PHONE
ADDITIONAL CONTACT NAME RELATIONSHIP ADDITIONAL CONTACT PHONE
ADDITIONAL CONTACT NAME RELATIONSHIP ADDITIONAL CONTACT PHONE
EMOTIONAL STATE ☐ CRYING ☐ FEARFUL ☐ HYSTERICAL ☐ AFRAID ☐ NERVOUS ☐ STUNNED ☐ CALM ☐ APOLOGETIC ☐ ANGRY ☐ THREATENING ☐ OTHER: HT WT ALCOHOL ☐ NO ☐ HBD ☐ INTOXICATED
DRUGS ☐ NO ☐ YES SUSPECTED DRUG

MARK INJURIES ON DIAGRAM WITH CORRESPONDING NUMBER

SUSPECT

1	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
2	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
3	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
4	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
5	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
6	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
7	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
8	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
9	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	
10	<input type="checkbox"/> PAIN	<input type="checkbox"/> BRUISING	<input type="checkbox"/> ABRASION(S)	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> REDNESS	<input type="checkbox"/> SCRATCH(ES)	<input type="checkbox"/> LACERATION(S)	



MEDICAL ☒ NONE ☐ REFUSED ☐ FIRST AID ☐ WILL SEEK OWN DR. ☐ PARAMEDICS UNIT NUMBER ☐ HOSPITAL ☐ MWH ☐ RIVERBEND ☐ SHH ☐ OTHER: ☐ MEDICAL RELEASE ☐ NO ☐ SIGNED ☐ REFUSED

ID. REPORTING OFFICER AMUNDSON I.D. NO. 10243 ASSISTING OFFICER I.D. NO. DATE & TIME PREPARED APPROVED BY 000006

CASE NO. 13-9582

CHILDREN	NAME	D.O.B.	RELATIONSHIP TO INVOLVED	WITNESSED/PERCEIVED
	NAME	D.O.B.	RELATIONSHIP TO INVOLVED	WITNESSED/PERCEIVED
	NAME	D.O.B.	RELATIONSHIP TO INVOLVED	WITNESSED/PERCEIVED
	ADD. CHILDREN LISTED IN NARRATIVE			REFERRED TO KIDS' FIRST CENTER

STRANGULATION	IMPAIRMENT OF BREATHING	RECOMMENDED VICTIM SEEK MEDICAL TREATMENT/EVALUATION		TYPE
	SIGNS/SYMPTOMS OF STRANGULATION			MEANS
	HOW LONG STRANGLED (QUOTE)			

ASSAULT	IMPAIRMENT OF PHYSICAL CONDITION	MEANS OF ASSAULT	
	DESCRIPTION OF SUBSTANTIAL PAIN	TYPE OF ASSAULT	
	INJURY HURTING AT TIME OF REPORT	DURATION OF PAIN	

EVIDENCE	WEAPON(S) INVOLVED	WEAPON(S) SEIZED	TYPE OF WEAPON	EVIDENCE AT SCENE
	PHOTOGRAPHS TAKEN			

HISTORY	RELATIONSHIP	HISTORY OF VIOLENCE	
	LENGTH OF RELATIONSHIP	ADDITIONAL REPORTS LISTED IN NARRATIVE	
	DATE ENDED (IF APPLICABLE)		
	PROTECTIVE ORDERS		

PROTECTIVE ORDERS	PROTECTIVE ORDER	PROTECTIVE ORDER DOCKET #	
	PROTECTIVE ORDER	PROTECTIVE ORDER DOCKET #	
	PROTECTIVE ORDER	PROTECTIVE ORDER DOCKET #	

RISK FACTORS	ACCESS TO WEAPONS/FIREARM	ADDITIONAL INFORMATION/NOTES/DIAGRAM

SPRINGFIELD POLICE DEPARTMENT	CASE NUMBER	13-9582
CONTINUATION REPORT		PAGE 5 OF 6

AO: Officer Spencer
Officer Burke

Source of Activity:

I was dispatched to [REDACTED] W Centennial regarding an assault call.

Synopsis:

Clyde Giffen advised his grandson, Todd Giffen, punched him in the face three times while he was driving. Clyde Giffen had blood on his t-shirt, blood on the driver side floor board of his truck and a cut on his upper lip. Todd Giffen is twenty eight years old and lives with Clyde Giffen. Todd Giffen was convicted of assaulting Clyde Giffen in May of 2013. Todd Giffen refused to answer any questions about the incident. He did advised he was upset about the government "molesting" him with their invisible photon rays which forced him to ejaculate. Todd Giffen was arrested and lodged in jail.

Observation/ Investigation:

Officer Spencer and Officer Burke located and detained Todd Burke in front of the listed address prior to my arrival. I contacted Clyde Giffen who had dried blood on the front of his white t-shirt. Clyde Giffen also had a cut on his upper lip. Clyde Giffen advised the following information. Clyde Giffen was driving his pickup truck from AM/PM, 3521 Gateway St, southbound on Martin Luther King Blvd near the Riverben Hospital with his grandson, Todd Giffen, in the front seat. Todd Giffen began to get angry at Clyde Giffen because he thought Clyde Giffen was assisting the C.I.A. Clyde Giffen advised he has no ties with the C.I.A. Todd Giffen suddenly punched Clyde Giffen in the face while he was driving. Clyde Giffen began to drive his truck to the Springfield Police Department and this made Todd Giffen angry. Todd Giffen punched Clyde Giffen two more times while he was driving. He was unsure where they were when he was punched the second time but believed it was on Pioneer Parkway West. Todd Giffen then grabbed the wheel and jerked it to the right causing the truck to swerve out of its lane. Clyde stopped the truck and commanded Todd to exit the truck. Todd Giffen complied. Clyde drove home, [REDACTED] W Centennial, and Todd Giffen soon arrived knocking on the door. Police arrived and detained Todd Giffen.

Clyde Giffen advised Todd Giffen lives at the listed address. He said Todd Giffen has mental issues and has been diagnosed with schizophrenia. Clyde Giffen did not want to press charges against his grandson.

I took Photographs of Clyde Giffen's injuries, his bloody shirt and his truck.

I contacted Todd Giffen and advised him of his Miranda rights. I asked him if he understood his rights and he answered, "Yeah." I asked Todd Giffen what happened between him and his grandfather earlier and he advised the following information. Todd Giffen was angry with his grandfather because Clyde Giffen has been "molesting" him along with the C.I.A. with top secret weapons which shoot him with invisible photon rays. He said the rays "forced" him to "ejaculate" twice on 092013. He said the rays were hitting him as we spoke and were currently causing his "balls to twirl". I told him I could not feel the rays he was referring to and he gave me a list of reasons why I couldn't. He told me I could lean more about this top secret weapon from his weapon Obamasweapon.com.

REPORTING OFFICER	ASSISTING OFFICER	DATE / TIME REPORTED	APPROVED BY
A. Amundson #343		092213 @ 2300 hrs	

000008

SPRINGFIELD POLICE DEPARTMENT	CASE NUMBER	13-9582
CONTINUATION REPORT		PAGE 6 OF 6

I asked him if he was with Clyde Giffen in his truck driving from the AM/PM and he said he was. I asked him about punching Clyde Giffen while he was driving and he told me he did not want to talk about it without speaking to his lawyer first. I did not observe any injuries on Todd Giffen and he did not complain of any pain.

I transported Todd Giffen to the Lane County Jail where he was lodged. The jail staff advised Todd Giffen was convicted of assaulting Clyde Giffen in May of 2013 which increased this assault to a felony.

Status:

Clear arrest.

REPORTING OFFICER	ASSISTING OFFICER	DATE / TIME REPORTED	APPROVED BY
A. Amundson #343		092213 @ 2300 hrs	

000009

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR LANE COUNTY

STATE OF OREGON

Plaintiff,

BOOKING NUMBER 13-9582

BOOKING CHARGES Asslt IV APA
(felony)

DATE/TIME OF ARREST 092113 @ 1813

V.

Giffen, Todd Michael

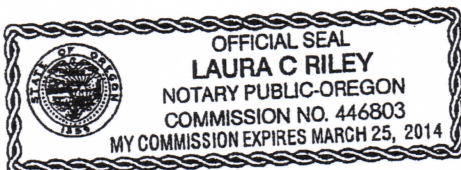
Defendant,

ORIGINAL

AFFIDAVIT OF PROBABLE CAUSE

I, Allan Amudson, swear that the above named defendant was arrested on the date, time and for the above crime, that the crime occurred in Lane Count, Oregon and the probable cause for the arrest is as follows:

Clyde Giffen advised his grandson, Todd Giffen, punched him in the face three times while he was driving Clyde Giffen had blood on his t-shirt, blood on the driver side of his floor board of his truck and a cut on his upper lip. Todd Giffen is twenty eight years old and lives with Clyde Giffen. Todd Giffen was convicted of assaulting Clyde Giffen in May of 2013.



[Signature] nc343
Signature
Allan Amundson no.343
Name - PRINTED
Springfield Police Officer
Title - PRINTED

SUBSCRIBED AND SWORN TO before me this 22 day of SEP, 20 13

[Signature]
NOTARY PUBLIC FOR THE STATE OF OREGON
My commission Expires: 3-25-14

THIS MATTER coming before the Court on _____ for a determination of probable cause existed to arrest the Defendant. The Court having made such determination;
IT IS HEREBY ORDERED that the defendant may be detained pending further proceedings in the Court.

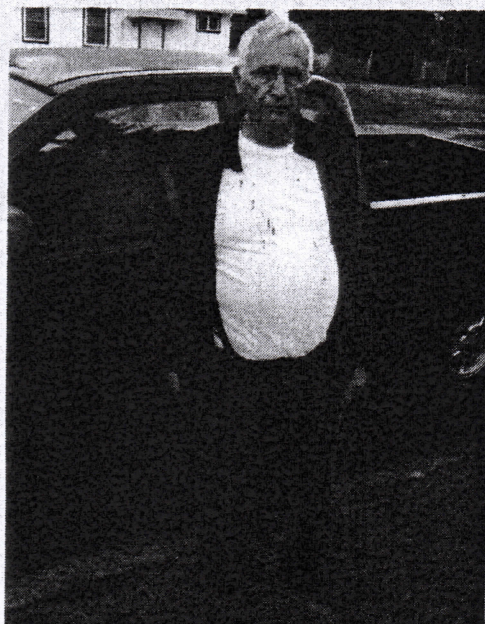
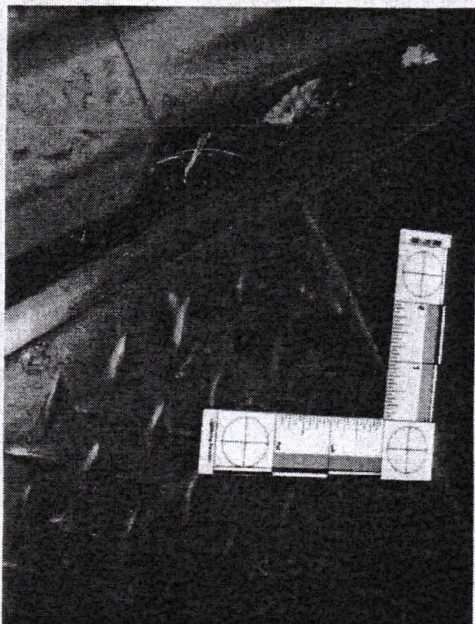
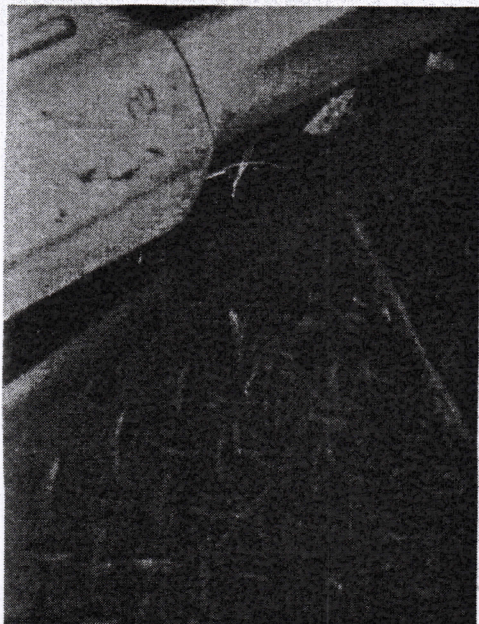
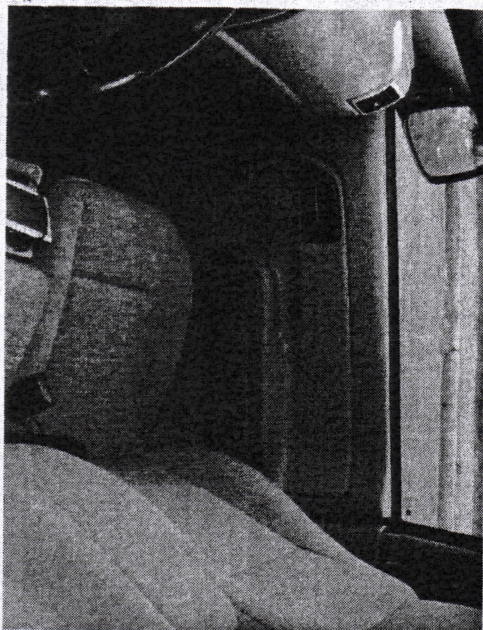
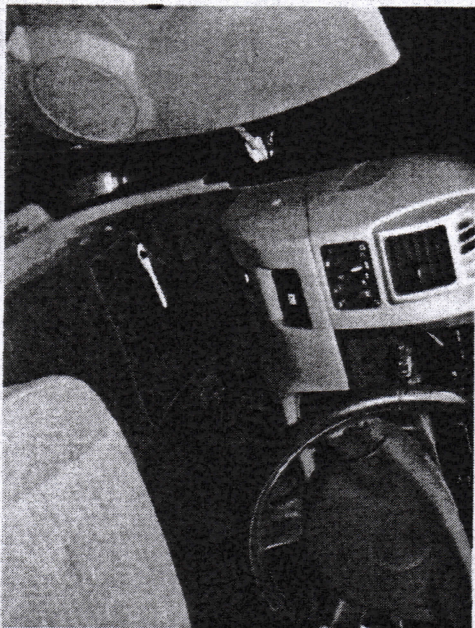
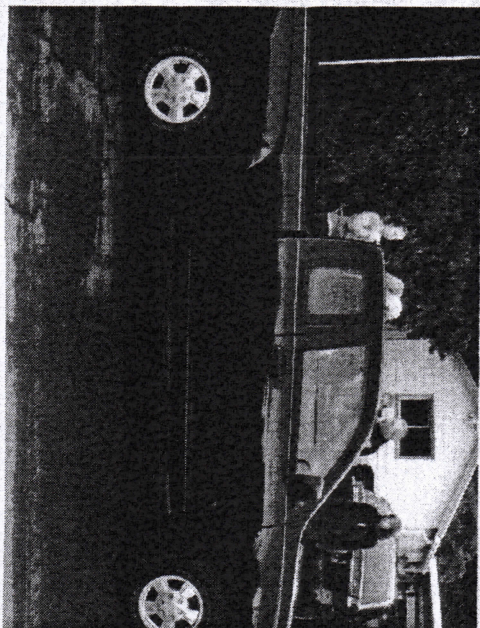
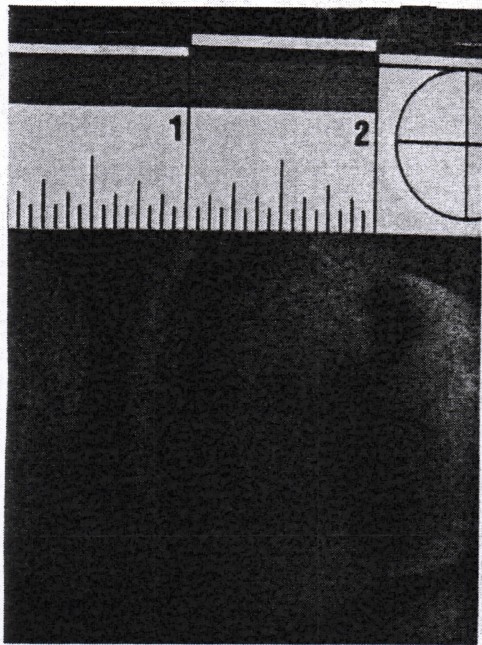
Circuit Court Judge

DATED THIS _____ 2006

Attachment A

000010

CODE				MODIFIER				SPRINGFIELD POLICE DEPARTMENT								PAGE 1 OF 1 CASE NO. 13-9582																											
OUCR				PREMISE				<input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOVERED STOLEN <input type="checkbox"/> CONFISCATED								<input type="checkbox"/> SAFEKEEPING <input type="checkbox"/> FOUND <input type="checkbox"/> OTHER																											
PROP		SVAL		RVAL		RDT		ENTRY		AIRS		LEDS		NCIC		INCIDENT & O.R.S. NO. ASSLT IV APA																											
SCR		DISPO		LOG		INI		CLEAR		AIRS		LEDS		NCIC		INCIDENT LOCATION W CENTENNIAL																											
RELATED REPORTS (SPECIFY)				PROPERTY WANT CHECK				AIRS				LEDS				NCIC				REPORTED DATE 092113				TIME 1813				IMPD. DATE 092113				TIME 1813				AREA W				SOURCE D			
<input type="checkbox"/> HOLD FOR INVEST. <input type="checkbox"/> DESTROY <input checked="" type="checkbox"/> HOLD FOR COURT <input type="checkbox"/> SEND TO LAB <input type="checkbox"/> PRINT PICTURES <input type="checkbox"/> FINGERPRINT <input type="checkbox"/> PHOTOGRAPH <input type="checkbox"/> RELEASE				SPECIFY INSTRUCTIONS FOR PROCESSING. (LIST ITEM NOS.)																								SEQUENCE															
																												TEST FOR CONT. SUBSTANCE <input type="checkbox"/>															
																												SUSPECTED CONTENT															
																												FINDERS LAW <input type="checkbox"/> YES <input type="checkbox"/> NO															
INVOLVED PERSONS				V		T		NAME		FIRST				MIDDLE				AIRS NO.				SID NO.				D.O.B.				AGE													
				S		C		GILFEN, CLYDE ARTHUR																		70																	
				ADDRESS						CITY				STATE				ZIP				PHONE																					
				V		T		NAME		FIRST				MIDDLE				AIRS NO.				SID NO.				D.O.B.				AGE													
PROPERTY IDENTIFICATION				S		C																																					
				ADDRESS						CITY				STATE				ZIP				PHONE																					
				V		T		NAME		FIRST				MIDDLE				AIRS NO.				SID NO.				D.O.B.				AGE													
				S		C																																					
E=EVIDENCE R=RECOVERED K=SAFE KEEPING F=FOUND C=CONFISCATED				NO.		QTY.		ITEM		SER. NO.				BRAND				MODEL/SIZE/COLOR/VALUE								DISPOSITION																	
				E1		1		Photo Disk																																			
I.D.				SUBMITTED BY				I.D. NO.				DATE				TIME				RELEASED BY				I.D. NO.				DATE				TIME											
				AMUNOSAN				ncs				092113				2230																											
				SUBMITTED				<input type="checkbox"/> OTHER (SPECIFY)				RELEASED TO (SIGNATURE)												APPROVED BY				I.D. NO.															
				TO PROP. CONT. <input checked="" type="checkbox"/>																								000011															
				FILE COPY WHITE				RECEIPT YELLOW				PROPERTY PINK / TAG WHITE																															



000012

000013

Comments

Created	Comment	Operator Name
09/21/2013 18:13	C/ADVISED THAT HER COUSIN, S/GIFFEN,TODD MICHAEL [DOB 031385.	SPPOSMP
09/21/2013 18:13	AIRS/1240540] PUNCHED HER GRANDFATHER IN THE NOSE WHILE DRIVING IN A	SPPOSMP
09/21/2013 18:13	VEHICLE WITHIN THE LAST HOUR	SPPOSMP
09/21/2013 18:13	GRANDFATHER HAS BLOOD ALL OVER HIS SHIRT	SPPOSMP
09/21/2013 18:13	S/IS AT LOCATION AND IS REFUSING TO LEAVE	SPPOSMP
09/21/2013 18:13	GRANDFATHER/GIFFEN,CLYDE	SPPOSMP
09/21/2013 18:14	S/IS CURRENTLY OUTSIDE OF LOCATION, IS STANDING BY THE FENCE AND BUSHES	SPPOSMP
09/21/2013 18:14	V/ASKED C/TO CALL POLICE DUE TO ASSAULT AND S/REFUSING TO LEAVE	SPPOSMP
09/21/2013 18:14	[S/IS SCHIZOPHRENIC]	SPPOSMP
09/21/2013 18:14	S/HAS BEEN STAYING AT LOCATION DUE TO NO WHERE ELSE TO GO	SPPOSMP
09/21/2013 18:14	V/DOES NOT NEED MEDICS	SPPOSMP
09/21/2013 18:16	V/IS STANDING OUTSIDE TO WATCH S/	SPPOSMP
09/21/2013 18:16	C/DOES NOT THINK THAT S/HAS ANY WEAPONS	SPPOSMP
09/21/2013 18:17	C/THINKS S/WILL BE COMBATIVE WITH POLICE	SPPOSMP
09/21/2013 18:20	C/CANNOT SEE THE S/, SO UNK WHAT HE IS WEARING	SPPOSMP
09/21/2013 18:21	[S/ AIRS/1240540]	SPPOLCR
09/21/2013 18:22	OUT WITH THE SUSPECT JUST SOUTH OF THE HOUSE [REDACTED]	SPPOCAR
09/21/2013 18:22	[S/IS RECORDING OFFICERS]	SPPOCAR
09/21/2013 18:25	[INNING DOWN THE STREET NEAR 1208 KELLY, S/STILL RECORDING]	SPPOCAR
09/21/2013 18:27	C4 WITH THE SUSPECT DETAINED	SPPOCAR
09/21/2013 19:01	ARR/GIFFEN TODD MICHAEL.03131985 CHG/ASSAULT 4 APA LODGED LCJ	SPPOCAR
09/21/2013 20:17	UPDATED CHG/ASSAULT 4 APA FELONY	SPPOCAR

Involved Units

Created	Agency	Unit	Officer1	Officer2	Unit Status	Address
09/21/2013 18:18	SP	3S23	SPPODRK		USD--Dispatched	405 W CENTENNIAL BLVD
09/21/2013 18:18	SP	3S22	SPPOBMH		USD--Dispatched	405 W CENTENNIAL BLVD
09/21/2013 18:18	SP	3S12	SPPOAAA		USD--Dispatched	405 W CENTENNIAL BLVD
09/21/2013 18:20	SP	3S21	SPPOEMS		USD--Dispatched	405 W CENTENNIAL BLVD
09/21/2013 18:20	SP	3S13	SPPOJNB		USD--Dispatched	405 W CENTENNIAL BLVD
09/21/2013 18:21	SP	3S21	SPPOEMS		USC5--In Area of Listed Location	405 W CENTENNIAL BLVD
09/21/2013 18:25	SP	3S21	SPPOEMS		USOU--Out-Away from Vehicle	1200 BLK KELLY
09/21/2013 18:25	SP	3S23	SPPODRK		USA--Arrived	405 W CENTENNIAL BLVD
09/21/2013 18:25	SP	3S23	SPPODRK		USOU--Out-Away from Vehicle	1200 BLK KELLY
09/21/2013 18:25	SP	3S13	SPPOJNB		USOU--Out-Away from Vehicle	405 W CENTENNIAL BLVD
09/21/2013 18:25	SP	3S13	SPPOJNB		USOU--Out-Away from Vehicle	1200 BLK KELLY
09/21/2013 18:27	SP	3S13	SPPOJNB		USC4--OK	1200 BLK KELLY
09/21/2013 18:27	SP	3S23	SPPODRK		USC4--OK	1200 BLK KELLY
09/21/2013 18:27	SP	3S21	SPPOEMS		USC4--OK	1200 BLK KELLY
09/21/2013 18:27	SP	3S12	SPPOAAA		USA--Arrived	405 W CENTENNIAL BLVD
09/21/2013 18:27	SP	3S22	SPPOBMH		USC--Clear & Available for calls	
09/21/2013 18:27	SP	3S20	SPPOMG		USD--Dispatched	405 W CENTENNIAL BLVD
09/21/2013 18:27	SP	3S20	SPPOMG		USA--Arrived	405 W CENTENNIAL BLVD
09/21/2013 18:31	SP	3S21	SPPOEMS		USC--Clear & Available for calls	
09/21/2013 18:32	SP	3S20	SPPOMG		USC--Clear & Available for calls	
09/21/2013 18:34	SP	3S23	SPPODRK		USC--Clear & Available for calls	

000014

Disposition Changes

Changed	Description	Previous Disposition	New Disposition	Operator Name
09/21/2013 20:17	Disposition #1		ARR:	SPPOCAR
09/21/2013 20:17	Disposition #1	ARR:	ARR:ARREST	SPPOSMP

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