

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
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IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH

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IN RE: :
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DEATH INVESTIGATION :
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GRAND JURY B
PROCEEDINGS
Case No. 74

Conducted by:
KRISTEN KYLE-CASTELLI, Deputy District Attorney
CHUCK MICKLEY, Senior Deputy District Attorney

DA Case No. 2463342
Monday, November 27, 2023

Transcribed by: Danielle S. VanRiper

Proceedings recorded on FTR audio recording; transcript
provided by legal transcriber.

GENERAL INDEX

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

PAGE

November 27, 2023 Proceedings

Case Called 3

Examination of James Townley 4

Grand Juror's Question(s) 33

Examination of Hospital Employee 34

Grand Juror's Question(s) 61

Examination of J.D. McGuire 63

Grand Juror's Question(s) 86

Examination of Michael Filbert 89

Grand Juror's Question(s) 104

P R O C E E D I N G S

November 27, 2023

(1:33 p.m.)

(Whereupon, the following proceedings were held before Grand Jury B.)

MS. KYLE-CASTELLI: Good afternoon. Kristen Kyle-Castelli appearing before Grand Jury B. Today is November 27, 2023, at 1:33 p.m., K-y-l-e hyphen C-a-s-t-e-l-l-i. Bar Number 213028. I am joined today by Senior Deputy District Attorney Chuck Mickley.

MR. MICKLEY: Chuck Mickley, M-i-c-k-l-e-y, Bar Number 973377.

MS. KYLE-CASTELLI: We are in front of the Grand Jury B, as I've already mentioned. This is case number -- Grand Jury Case Number 74. The DA case number is 2463342. This is a death investigation following the use of firearms by police, which caused the death of Mr. PoniaX Calles, also known as Reginald Jackson, on July 22nd, 2023, in Gresham, Multnomah County. We are about to begin by calling our first witness.

If you wouldn't mind at this point, Mr. Foreperson, with swearing him under oath?

JAMES TOWNLEY

was thereupon called as a witness; and, having been first duly sworn, was examined and testified as follows:

DIRECT EXAMINATION

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BY MS. KYLE-CASTELLI:

Q Can you please state and spell your name for the record?

A Yeah. James Townley, J-a-m-e-s, T-o-w-n-l-e-y.

Q And where are you employed?

A With the Portland Police Bureau.

Q How long have been an officer with the Portland Police Bureau?

A A little over 15 years.

Q And what is your current assignment?

A My current assignment, I'm a sergeant with the Specialized Resources Division with the Focused Intervention Team, but then I'm also assigned to the Special Emergency Reaction Team.

Q Okay. And before your current assignment, what other assignments have you held?

A I have worked for the Gun Violence Reduction Team. I've worked for the Enhanced Community Safety Team. Both of those are, like, shooting investigation teams. I've worked for the North Precinct Neighborhood Response Team, where you work on, like, neighborhood issues. I've worked for the North Precinct Street Crimes Unit, which is also kind of like Neighborhood Issues, but a little bit more drug-focused. I've worked for the Gang Enforcement Team,

1 and I've worked patrol.

2 Q Okay. Can you please just explain what a Special
3 Emergency Reaction Team is?

4 A Yeah. It's -- so the acronym is SERT. Most
5 people would recognize it as SWAT. It's basically your
6 tactical response team for the Portland Police Bureau. We
7 respond to high-risk incidents, where either skills or tools
8 are needed that are kind of -- that are beyond the scope of
9 what a normal patrol would have available to them.

10 Q Can you explain kind of what the structure of the
11 Special Emergency Reaction Team is that we haven't -- some
12 understanding of how the structure works?

13 A Yeah. So, generally speaking, our team has about
14 27 people on the team. We currently have five sergeants.
15 The rest are either officers or detectives, and our team is
16 split between people who work on what we call the inner
17 perimeter, which would be, you know, you have some sort of
18 event happening.

19 The inner perimeter guys would be kind of
20 surrounding the event, trying to contain it and keep it in
21 one place. And then you have our entry team people, who
22 would generally be the ones putting together custody teams,
23 or if the incident is inside of a structure, they would be
24 the people actually going into the structure once that
25 happens.

1 In addition to that, we have negotiators that
2 work with our team, and they'd be the ones, like, calling
3 people on the phones, trying to dig up information on people
4 or locations to kind of inform how the event evolves. And
5 then all of -- both of those two teams are kind of led by
6 what we would call our critical incident command structure,
7 which is a command person who kind of oversees everything
8 and receives input from both teams to kind of inform their
9 decisions.

10 Q Okay. Does the Special Emergency Reaction Team,
11 or SERT, do they keep regular hours?

12 A No.

13 Q Can you explain -- do -- a lot of the officers
14 that are involved, and I'm just going to call it the SERT if
15 that's okay?

16 A Yup.

17 Q The officers that are members of SERT, do they
18 also have other assigned jobs within the Portland Police
19 Bureau?

20 A Yes.

21 Q Okay. So how is it -- are they on call 24/7, 365
22 days a year?

23 A Yes.

24 Q Or -- they are?

25 A Yes.

1 Q Okay. How often would you say that they do get
2 called out?

3 A You know it fluctuates quite a bit. But
4 generally -- and we're on call 24 hours a day, 7 days a
5 week, but we do have a set number of people that we can have
6 off call at a certain time, so people do get breaks. But
7 generally, unless you specifically request to be off call,
8 you are on call. And the number of things that we're
9 involved in vary. I would say two to three per week is
10 probably average.

11 Q So if they had an assignment for their regular --

12 A Yeah.

13 Q Let's say they were working patrol, and they were
14 a member of SERT, and they were supposed to be on duty for
15 their patrol shift, but get called out on SERT? What
16 happens in that scenario?

17 A So in that scenario, your responsibilities with
18 SERT trump your other responsibilities just due to the high-
19 risk nature of the work that we do. Generally, that would
20 trump your other job, and so you would report to SERT to do
21 that job.

22 Q Okay. So if you're on call, how do you receive
23 notice that you are needed as a member of SERT to a certain
24 location?

25 A Yeah. So we all have work cell phones and pagers,

1 and basically, anybody can contact dispatch or anybody
2 through the email system can send me a page that says,
3 basically, you know, SERT respond to this location. So it's
4 through dispatch to our phones to our pagers.

5 Q Does it go through, like, a sergeant at SERT
6 before it gets distributed to all members of SERT or does it
7 just go straight out?

8 A Sometimes it does. Sometimes it doesn't. It just
9 kind of depends on the nature of the event. Sergeants on
10 patrol have the ability to call dispatch and just say, "Hey,
11 send SERT." They also have the ability to call dispatch and
12 say, "Hey, have a SERT sergeant call me so we can discuss
13 this," and then we go from there.

14 Q Okay. So this incident involves a lot of
15 acronyms?

16 A It does.

17 Q And so can we take just a few minutes to kind of
18 walk through some of those acronyms so that the grand jury
19 has kind of a basis of what we're talking about?

20 A Yup.

21 Q So I think you've already mentioned this one, but
22 the critical incident commander, which is I think CIC is the
23 acronym? Is that correct?

24 A Correct, yup.

25 Q And what is a critical incident commander?

1 A So the critical incident commander is specific to
2 SERT and CNT. CNT is the Crisis Negotiation Team. And the
3 critical incident commander is the person -- they have a
4 whole, like, year-long training process to be certified as a
5 CIC. And that is the person who is in charge of any
6 critical incident where SERT and CNT are out working on
7 something together.

8 Q So does it become a critical incident when both
9 SERT and CNT are both sent at the same time, or are there
10 other situations where it may be a critical incident?

11 A I think there's a couple questions there. So a
12 critical incident can happen at any time. The police
13 bureau's initial response to that critical incident will be
14 to send patrol. When patrol gets there, they will run the
15 critical incident under their command structure, and in that
16 case, you would have an incident commander, which would be
17 IC, running that event. And that would be a sergeant
18 typically.

19 But if that sergeant, that incident commander,
20 then decides this is a bigger problem than patrol can handle
21 on our own, we need to call out certain CNT, then we would
22 come out. And that would be accompanied by a command
23 person, who is a critical incident commander, to then take
24 over the scene. Does that make sense?

25 Q I think it does. Let me just go back through it

1 really quickly. I think that if there was an initial
2 scene and patrol are initially the only ones responding to
3 that scene, it would be an incident commander, or an IC,
4 that is coordinating that particular scene; is that correct?

5 A Correct.

6 Q And if it gets elevated to pass the capabilities
7 of patrol, then a critical incident commander may come out
8 to oversee the services of both SERT and the Crisis
9 Negotiation Team?

10 A Correct.

11 Q Okay. So we've talked about Crisis Negotiation
12 Team. Do they also go by CNT?

13 A Yes.

14 Q And broad brushstrokes, what does the Crisis
15 Negotiation Team do?

16 A Yeah, so the Crisis Negotiation Team, those are
17 the negotiators. Generally, they are -- whatever the
18 problem is, they are the ones in charge of gathering
19 information and then disseminating that information, making
20 sure that the SERT officers have that information, and then
21 making sure that the critical incident commander has that
22 information so that they can make decisions.

23 That's -- and you know, they gather their
24 information lots of different ways, doing research on data,
25 available police reports, talking to witnesses, talking to

1 other people, and then compiling that information.

2 Q And in certain circumstances, would somebody from
3 the Crisis Negotiation Team be leading the actual
4 negotiations with an individual?

5 A Yes.

6 Q Okay. So that wouldn't be handled at just SERT?
7 It would be oftentimes out of CNT?

8 A Generally, that is the way it happens. Sometimes
9 it doesn't happen that way just based on circumstances, but
10 generally, yes.

11 Q Okay. Do you know what EDU stands for?

12 A I do.

13 Q Can you please tell us what EDU stands for?

14 A That is the Explosives Disposal Unit.

15 Q Okay. And aside from disposing of explosives, do
16 they also operate robots?

17 A They do, yes.

18 Q Okay. So in a critical incident, they may come
19 out and kind of operate robots during an incident?

20 A Yeah. Generally, any critical incident that SERT
21 responds to, we bring EDU officers with us. They're -- you
22 know, as the name implies, explosives/disposal, generally,
23 they use robots to, you know, dismantle or do whatever with
24 explosives to make them safe. And so they have a lot of
25 robots and technology that is also applicable in tactical

1 situations, as well, because we can use them to do things
2 that maybe isn't safe for us to do. And so they come along
3 to all of our callouts.

4 Q Okay. And my last in the acronym game, I believe,
5 is QRT. What does QRT stand for, and what do they do?

6 A Yeah. So QRT stands Quick Reaction Team. That is
7 a -- those are SERT officers. We use Quick Reaction Teams
8 for a lot of different purposes. Kind of like we already
9 discussed, everybody on SERT has a different work schedule.
10 When this happened, I was at home, you know, some people
11 were at work.

12 And so when an incident happens and patrol decides
13 they want to call us out, you know, some people -- some SERT
14 officers are going to get there in five minutes. Some SERT
15 officers are going to get there in 30, 45 minutes, whatever
16 it is. So we generally will use our Quick Reaction Teams as
17 a way to provide some sort of immediate support as quickly
18 as we can so that patrol is not stuck waiting an hour for
19 all of us to get there, and then we go and help them.

20 So, typically, when we respond to some sort of an
21 active incident, we'll tell the first four officers that are
22 arriving to form up into a Quick Reaction Team, hop in a
23 vehicle, and generally, they'll just go out, and they'll be
24 mobile in the area of an incident so that they can respond
25 and offer resources if something changes prior to all of us

1 arriving.

2 Q Okay. I think you already mentioned that you were
3 at home, but on July 22nd of 2023, were you activated as a
4 member of the -- sergeant of the SERT team?

5 A I was, yes.

6 Q Okay. Can you tell us what your duties were as
7 the sergeant over SERT that day?

8 A Yes.

9 Q Or the on-call sergeant for SERT. I apologize.

10 A Yeah. So that day, I ended up -- I ended up being
11 responsible for our inner perimeter unit, which again, I
12 spoke about it a little bit, but it's basically the part of
13 our team that tries to contain a problem, and -- if that
14 makes sense.

15 Q And where were you dispatched to go to that day?

16 A The original call that came out was regarding a
17 shooting that happened at Good Samaritan Hospital. And so
18 the original page sent us to the Good Samaritan Hospital.

19 Q Okay. And was that around about 11:10 or 11:20 in
20 the morning?

21 A It was, yes.

22 Q Okay. And what did you do after you got that call
23 or that page?

24 A So the first page came in -- and just I'm
25 referencing my report here just to jog my memory -- the

1 first page that came in was at 11:10 a.m. And it was kind
2 of a weird page. It said something to the extent of "on-
3 duty SERT officers are responding to the hospital for a
4 shooting."

5 About 10 minutes later -- and so when that page
6 came out, that was just kind of a weird page. We don't
7 typically get pages like that. So I went to my car, grabbed
8 my radio and started listening to the Central Precinct net,
9 and then about 10 minutes later, we got a page to call all
10 of SERT in to respond to the shooting at the hospital.

11 Q Okay. And so did you respond to Good Samaritan
12 Hospital?

13 A I did, yes.

14 Q Okay. On your way to Good Samaritan Hospital, did
15 you listen to the radio for any updates?

16 A I did, yes.

17 Q So, briefly, as a scene that is very active and
18 dynamic is unfolding, are updates provided to police
19 officers, SERT and regular patrol officers, via a radio?

20 A Yes.

21 Q Okay. So as you were going in, you were getting
22 updates as to what was going on possibly at Good Samaritan?

23 A Correct, correct.

24 Q And what did you learn while listening to that
25 radio?

1 A And again, this is, you know, kind of a brief
2 overview, but the gist of the information was there had been
3 a shooting on the maternity ward at the hospital. Two
4 people had been injured. One of them was critically
5 injured, and there were officers on scene, and they were
6 searching for the suspect at that point, and it was unknown
7 where he was.

8 Q Okay. Did you also learn through the radio that
9 there were some tips that maybe the suspect had fled on a
10 moped?

11 A Yes.

12 Q Did you also hear that a citizen reported that the
13 suspect might have entered a Fred Meyers?

14 A Yes.

15 Q Okay. So armed with all of that information and
16 you arrived at Good Samaritan, what did you do once you got
17 there?

18 A Once I got there -- so as a sergeant, your job is
19 to kind of -- is to coordinate resources. And so once I got
20 there, I got on the radio and announced that I was there.
21 And I asked for -- I asked where -- who the incident
22 commander was because this was -- at that point, there was a
23 patrol level response running the incident. And I asked --
24 I asked who it was and where they were. Sergeant Ross Scott
25 (ph.) answered me on the radio, and he offered to come to

1 where I was so that we could discuss where the incident
2 commander was and what the needs were.

3 Q And when you first arrived at a scene, just
4 generally any scene, is it important for those that are
5 already on the scene kind of brief you what they know at
6 that point?

7 A Yeah.

8 Q And does that regularly happen in most cases?

9 A Yes.

10 Q And so did you actually -- did Sergeant Scott
11 brief you about what he knew at that point?

12 A Yes, he did.

13 Q And did Sergeant Scott brief you about what he
14 knew at that point?

15 A Yes, he did.

16 Q And did you learn additional information?

17 A I did, yes.

18 Q Tell us about that.

19 A So he came to my location. By the time he got to
20 my location, the incoming critical incident commander,
21 Captain Lindsay (ph.) also got there, and so Sergeant Scott
22 was able to give us a brief overview. The gist of what he
23 told us was that there was a shooting in the hospital, which
24 we already knew, and then that there was reports of
25 information from a possible suspect getting into the Fred

1 Meyer. He told us that Sergeant Sutton was managing the
2 scene in the hospital and that Sergeant Browning was
3 managing the scene at the Fred Meyers.

4 Q And did you speak to Sergeant Sutton, who was
5 managing the scene at Good Samaritan?

6 A I did, yes.

7 Q What did you learn from Sergeant Sutton?

8 A She told us that based on everything she knew, she
9 believed that the suspect told us that based on everything
10 she knew, she believed that the suspect had fled the
11 hospital. She told us that she believed her scene was a
12 crime scene only, that there was no reason to think that
13 there was an ongoing public safety threat and that she did
14 not need SERT resources at the hospital.

15 Q Did you discuss with Sergeant Sutton about whether
16 or not there might be more victims than the two that you
17 previously mentioned?

18 A Yes. And she told me that she did not believe
19 there were any additional victims.

20 Q Okay. So at that point in time, did you kind of
21 agree with Sergeant Sutton that SERT was not necessary at
22 the Good Samaritan Hospital?

23 A I did, yeah. Based on our conversation, she had a
24 crime scene that needed investigators. You know, SERT is
25 officers that respond to tactical events, and so that was

1 not our area of expertise.

2 Q Okay. Did you then contact Sergeant Browning, who
3 was overseeing the Fred Meyers location?

4 A I did, yes.

5 Q Okay. And what did you learn about what was going
6 on at Fred Meyers?

7 A Fred Meyers -- 9-1-1 had received a phone call
8 from somebody -- from a witness saying that -- or providing
9 information that a possible suspect had entered the Fred
10 Meyers. It was pretty loose information. It wasn't, like,
11 highly detailed, or anything, but as a precautionary, they
12 had evacuated the Fred Meyer, and patrol officers were in
13 the process of going through the Fred Meyers to try to see
14 if the suspect was in there.

15 Q Did some of the resources at SERT eventually get
16 shifted to Fred Meyers to kind of check to make sure that
17 the suspect wasn't there, the scene was clear, and Fred
18 Meyers could reopen?

19 A Yes.

20 Q Okay. And during kind of a dynamic scene like
21 this, is it -- do the police sometimes get bad tips from
22 citizens that don't come out to be fruitful?

23 A Yes, frequently.

24 Q Okay. But you still want to make sure that the
25 threat level is okay for -- there isn't a threat at an

1 active scene like the Fred Meyers as far as the Portland
2 Police Bureau goes, right?

3 A Yes, definitely.

4 Q Okay. So as the officers were at -- SERT was
5 actually at Fred Meyers, was there additional information
6 that came in about the suspect's identity?

7 A Yes, there was.

8 Q Okay. Can you tell us about what you knew about
9 the suspect's identity?

10 A Yeah. At some point -- so the scene that Sergeant
11 Sutton was managing at the hospital was in the investigation
12 stage, and at some point during that investigation, they had
13 identified a suspect as -- and I'm going to have to look at
14 my report because I don't remember his name -- sorry -- give
15 me just a second here -- Reginald Jackson. So they had
16 identified Reginald Jackson as a likely suspect. And about
17 the same time, they also had determined that the victim who
18 was critically injured was deceased.

19 Q Okay. And did they also distribute a picture of
20 Reginald Jackson to the members of SERT?

21 A They did, yes.

22 Q And do you happen to know whether or not that
23 photograph was disseminated to all Portland Police Bureau
24 officers, or was it just SERT? Or do you not know the
25 answer to that?

1 A I don't know the answer to that.

2 Q Okay. Did you receive a photo?

3 A Yes.

4 Q Okay. Was it ultimately determined that the
5 suspect probably didn't enter the store at Fred Meyers?

6 A Yes.

7 Q So around that time, was there another sergeant
8 that arrived, who started -- took over kind of coordinating
9 resources?

10 A Yeah. So Sergeant Livingston is senior to me as
11 far as our kind of seniority goes on SERT. And so once
12 he -- I was kind of running the resources until he arrived,
13 and once he arrived, he took over running the resources.

14 Q Okay. Did you brief Sergeant Livingston about
15 what you had learned up to that point?

16 A Yes.

17 Q As the sergeant over SERT for a sizeable period of
18 time that day, are you kind of considering the potential
19 ongoing threat that Reginald Jackson might be posing to the
20 citizens of Portland?

21 A Yes, definitely.

22 Q Okay. Can you elaborate a little bit about what
23 that thought process is?

24 A Yeah. So, I mean, just to -- I mean, just to
25 paint the picture a little bit, it's 11:00 in the morning,

1 and what happened was at Good Sam Hospital on the
2 maternity ward, what we believe at this point is this
3 Reginald Jackson shot and killed one person, another person
4 was injured, and then fled the hospital scene. And so, I
5 mean, from a public safety standpoint, if somebody is
6 willing to, you know, murder somebody in a hospital in broad
7 daylight, you have to assume that there's some ongoing
8 public safety threat with this person being out on the
9 loose.

10 Q Did you have any information as to whether or not
11 he was still armed?

12 A We did, yes. So the information was that he had
13 multiple firearms. The victim that was deceased was a
14 security guard at the hospital. And the information that we
15 had was that I believe two of the firearms had been
16 recovered, but we believed that he was still in possession
17 of the firearm that he used to commit the homicide.

18 Q So early on in the investigation, you believed
19 that there were three firearms that Reginald Jackson had
20 brought into the hospital?

21 A That's correct.

22 Q And that he still was likely in possession of one
23 of them?

24 A Correct.

25 Q So around the time I think that you learned that

1 the security guard had been pronounced deceased from Good
2 Samaritan, did you also start hearing information out of
3 East Precinct?

4 A Yes.

5 Q Can you tell us about what you were learning out
6 of East Precinct?

7 A Yeah. So information came out over -- we were
8 working on the Central Precinct net, which is just the radio
9 net that Downtown works on because that's where the incident
10 occurred. At some point, I believe the dispatcher came over
11 the radio net and broadcast that East Precinct was following
12 a vehicle that they believed possibly contained the suspect.

13 Q Okay. Did you ultimately find out whether or not
14 East Precinct had tried to stop that vehicle?

15 A I did, yes.

16 Q Okay. Did you learn whether or not the driver had
17 exited the vehicle?

18 A He did, yes.

19 Q Okay. Did you find out whether or not he had been
20 compliant with police officers, the driver?

21 A Yes, he was compliant.

22 Q And he identified whether or not there was
23 somebody else in the vehicle with him?

24 A Yes. He identified the passenger in the vehicle
25 to be Reginald Jackson.

1 Q Did you learn whether or not Mr. Jackson, who
2 was in that vehicle, whether he was complying with officers'
3 orders?

4 A Yeah. At the time we started listening to it,
5 they had stopped the vehicle. They had gotten the driver
6 out. He had told them Reginald Jackson was in the vehicle.
7 They were continuing to over a loudspeaker try to tell him
8 to come out of the vehicle, and he was not complying with
9 that.

10 Q Okay. At that point in time, or shortly
11 thereafter, was SERT transitioned and ordered to go to that
12 location at Northeast 181st and Northeast Everett?

13 A Yes. Captain Lindsay, the critical incident
14 commander, told us to divert resources from -- we were just
15 finishing at the Fred Meyer. He told us to send all of our
16 resources out to this stop.

17 Q Okay. And when you arrived, what was your role?

18 A When I arrived, I took over responsibilities as
19 the inner perimeter team sergeant. And so my job was to
20 send the officers on the inner perimeter out into
21 possessions to where they could see what was happening in
22 this vehicle and also maintain containment on Mr. Jackson in
23 the vehicle. Our concern regarding the containment was,
24 although this is a busy street, either side of that busy
25 street are neighborhoods with houses with people just going

1 about their everyday lives. And so we had a high interest
2 in keeping him from fleeing into those neighborhoods
3 especially based on what we believed he had just done.

4 Q Okay. And if you wouldn't mind just looking
5 behind you, this is a little bit later on in the day, but
6 are those PPB, or Portland Police Bureau, at least three of
7 them, armored vehicles that are affiliated with the SERT
8 team?

9 A Yes.

10 Q Okay. Can you tell us up here on the top left
11 corner, what type of area is this? I mean, what type -- is
12 it business, is it commercial, is it residential?

13 A Yeah. So -- and I would have to look at a bigger
14 map, but those are residences up there. I don't remember
15 what exactly was behind these trees, but if you look at a
16 bigger map, it's all residential back there, and it's all
17 residential down this way. A lot of these buildings here
18 along the main thoroughfare are storefronts, but back behind
19 that is all residential.

20 Q Okay. This building that is right behind where
21 the armored vehicles were, what is that?

22 A I believe that was a bank.

23 Q Okay. And the parking lot -- this busy parking
24 lot in the top righthand side of your screen, do you
25 remember what type of business that is?

1 A Yeah, I don't remember what it -- it's a
2 supermarket. Whether it's a Fred Meyers or a grocery store,
3 or something like that.

4 Q Okay. There's a grocery store or a supermarket up
5 here in this corner. Okay. Ultimately, when SERT goes to a
6 scene, what is one of the primary goals that SERT has and
7 CNT when you guys are at kind of a dynamic scene just like
8 this? What is your ultimate goal trying to accomplish?

9 A I mean, our ultimate goal is always the safe, you
10 know, preservation of life, safe, you know, custody,
11 surrender, whatever it is, of a suspect, and then
12 preservation of life of anybody else involved. That's
13 always our main goal.

14 Q Okay. And amongst SERT and the structure of SERT,
15 are there -- do you end up kind of designating somebody and
16 different categories of people at the scene? There's going
17 to be some people that are assigned with kind of less lethal
18 options, so, you know, maybe a K-9 or use of less lethal
19 force. And then there are some people that are actually
20 designated as lethal force. Is that correct?

21 A That's correct, yes.

22 Q Okay. And that kind of determination is made by
23 SERT on the scene?

24 A Yes.

25 Q Okay. Were you aware if somebody from the Crisis

1 Negotiation Team was trying to negotiate with PoniaX
2 Calles, or Reginald Jackson?

3 A Yes, I was.

4 Q And was SERT receiving updates about how those
5 negotiations with CNT were going with Reginald Jackson?

6 A Yes, we were.

7 Q And what did you learn?

8 A They were not going well. They -- they were on
9 the phone with him, and you know, we don't get word-for-word
10 information on what's going on. But the impression was that
11 they were not making progress with the negotiations. And in
12 fact, we could -- we had officers that could see him, and so
13 they could see his mannerisms. And we were putting -- they
14 were putting out information over the radio as to his
15 mannerisms. And then he was yelling on and off, and so I
16 could physically hear him at times, as well.

17 Q Okay. And at some point, did PoniaX Calles, or
18 Reginald Jackson, start to exit the van?

19 A He did, yes.

20 Q And was that through the driver or the passenger's
21 side?

22 A That was through the driver's side.

23 Q Okay. And as he was about to exit the van or was
24 exiting the van, did you hear him yelling anything or say
25 anything?

1 A Yes. Yeah. He was yelling, and it was right
2 before or right as he was yelling, "Get ready. Are you guys
3 ready?" I mean, it was -- it was very much -- you know, and
4 prior to that, some of our officers who could see him were
5 broadcasting over the radio that they could see him holding
6 what appeared to be a silver handgun, which lined up with
7 information that we had received at the hospital that he had
8 committed the homicide with a silver handgun. And he was,
9 you know, like I said, he was yelling, "Get ready. Are you
10 ready?" You know, it sounded very confrontational as though
11 he was intent on creating some sort of confrontation.

12 Q Okay. And shortly after hearing him yell, "Are
13 you ready? Get ready." or "Get ready. Are you ready?" did
14 you hear gunshots?

15 A I did, yes.

16 Q Okay. Did any officers indicate who might have
17 fired the shots? Is there a protocol for that?

18 A There is a protocol for that, yes. If you are
19 involved in a shooting, you have to identify yourself to a
20 supervisor.

21 Q Okay. After he was initially shot, was -- did
22 SERT officers still have eyes on PoniaX Calles, or Mr.
23 Jackson?

24 A Yes. He fell to the ground right outside of the
25 driver's door of the vehicle that he had been in. And we

1 had officers that could see him. And based on the
2 information that they were putting out over the radio, they
3 were telling us that he's got a silver handgun in his hand;
4 he's got his finger on the trigger.

5 Q Okay. Ultimately, was kind of a custody team kind
6 of put together in order to go and check on Mr. Calles?

7 A Yes.

8 Q Okay. And did a SERT Fire Medic Kelly (ph.) also
9 approach to see if they could render assistance?

10 A Yes.

11 Q Okay. Have you received specialized training in
12 the area of officer-involved shootings?

13 A I have, yes.

14 Q Could you briefly take us through kind of, like,
15 the procedures that are implicated when Portland Police
16 Bureau officers engage in an officer-involved shooting or
17 use deadly force?

18 A Yeah. So there's a lot to it. Let me think for a
19 second. So you have a tactical event that's going on. At
20 some point, an officer uses deadly force to stop a threat.
21 Once that happens, you have to finish the tactical event in
22 order to -- your priority is to make it safe so that you can
23 render aid. And then once you render aid, your priority
24 becomes the criminal investigation. And so once an officer-
25 involved shooting occurs, you have to make sure that the --

1 whatever threat was there, you have to make sure is no
2 longer there so that you can move forward to that person and
3 offer medical aid, which is what we did in this situation.

4 Once we offered medical aid, and we determined --
5 or medic determined that this gentleman was deceased, then
6 we are able to move into the criminal investigation. And
7 the priorities of the criminal investigation is preservation
8 of evidence. And so there's a lot of steps that we go
9 through to do that.

10 Number one is identifying those who are involved
11 in the officer-involved shooting. And so we did that in
12 this situation. We posted officers where those shootings
13 occurred, because there are shell casings at -- you know,
14 where that shooting happened. I believe in one of the
15 locations, there were witnesses there. And so we posted
16 officers where the shooting occurred to make sure that no
17 evidence disappeared, to make sure witnesses didn't
18 disappear.

19 The next thing we did in this one is we separated
20 everybody that was involved. We take them, and we put them
21 in their -- in separate vehicles. They're instructed not to
22 discuss the incident or what happened. We also identify
23 everybody who witnessed the incident. In this case, there
24 were too many witnesses to physically separate them all, and
25 so we put them all together, and we tell them do not discuss

1 this incident. And then we post an uninvolved person with
2 them to make sure that they're not discussing the incident.

3 The next thing we do is we physically tape off the
4 crime scene so that nobody can get in and out, and then we
5 post officers on different portions of the crime scene to be
6 able to maintain the integrity of any evidence that's inside
7 the crime scene.

8 Next thing we do, or one of the other things we do
9 is we make notifications up our chain of command as to what
10 has happened, and then we also notify our Homicide Division
11 so that they can respond and conduct their investigation.

12 Q So one of the -- can you explain why you want to
13 separate the officers? Or at least if you can't separate
14 them because there's too many members that have -- are
15 eyewitnesses or sound witnesses, why you don't want them
16 communicating amongst themselves, so you post an uninvolved
17 officer to make sure they're not talking about it? Why
18 would you do that?

19 A Because at some point, they're going to have to --
20 they're either going to be interviewed by detectives or
21 they're going to have to write a report as to what happened.
22 And we want their recollection either verbally or in writing
23 to be uninfluenced by other people's accounts.

24 Q Okay. Who are the officers that were identified
25 as the involved officers in this particular case?

1 A Officer Wingfield, Officer Hoerauf, and Officer
2 Thurman.

3 Q Okay. And were they separated from the other
4 officers?

5 A Yes, yes, they were.

6 Q Were they provided an uninvolved officer to sit
7 with them?

8 A Yes.

9 Q What -- was there -- what is a communication
10 restriction order?

11 A Communication restriction order is basically an
12 order from our internal affairs captain that says in
13 writing, "You are not allowed to discuss this event except
14 for during, you know, these circumstances like grand jury
15 until I rescind this order in writing."

16 Q And was that initiated in this case towards
17 Officer Wingfield, Thurman, and Hoerauf?

18 A Yes. I mean, I don't have firsthand knowledge of
19 that process, but I would be shocked if it wasn't. That's
20 standard. I was -- I received one in this case. So --

21 Q Okay. Do you happen to know, Sergeant Townley if
22 a crime scene was secured on that day after the shooting?

23 A Yes. I personally secured it. I worked with East
24 Precinct, Sergeant Poole (ph.). I ultimately handed the
25 crime scene over to him, and he arranged an officer to run

1 the crime scene log.

2 Q Okay. What was the name of the person that was
3 actually shot by police in this case?

4 A Reginald Jackson, as far as I know. You mentioned
5 this other name, which I have seen in reports, but I
6 don't --

7 Q Do the OIS protocols, or the officer-involved
8 shooting protocols, do they also require notification to
9 either further up the chain of Portland Police Bureau, which
10 I think you've already talked about, but outside of Portland
11 Police Bureau?

12 A What do you mean? I'm sorry.

13 Q Like to the DA's Office and to other community
14 members --

15 A Yes.

16 Q -- that maybe need to be notified that there was
17 an officer-involved shooting?

18 A Yes. There's a list, and I wouldn't be able to
19 recall all of them, but yes.

20 Q Okay. And did you ask on that day, on July 22nd,
21 did you ask kind of someone to initiate that process and a
22 page process to go out?

23 A Yes. Yes. I asked Sergeant Poole to initiate
24 that process.

25 Q Okay. And in this particular case, even though

1 Portland Police Bureau and yourself kind of helped start
2 to secure the scene, did Gresham Police Department then
3 subsequently take over the investigation?

4 A They did, yes.

5 Q Okay. And before you were relieved on that day,
6 did Sergeant Poole sort of take over the crime scene?

7 A He did, yes.

8 Q And did you notify officers that he had done so?

9 A Yes. I spoke with him, arranged for him to take
10 over the crime scene, and then I put it out over the radio
11 so that everybody would know that he was in charge of it.

12 MS. KYLE-CASTELLI: Does anybody have any
13 questions for Sergeant Townley?

14 GRAND JUROR: Do you know how many shots were
15 fired by officers?

16 MR. TOWNLEY: I don't, no.

17 GRAND JUROR: Do you know if the suspect fired any
18 shots?

19 MR. TOWNLEY: I don't, no.

20 MS. KYLE-CASTELLI: Any other questions?

21 (No response.)

22 MS. KYLE-CASTELLI: Thank you.

23 If we can go off the record or pause it?

24 (Off the record at 2:16 p.m.)

25 (On the record at 2:19 p.m.)

1 MR. MICKLEY: We are back on the record in Grand
2 Jury Case No. 74, a death investigation. We have our next
3 witness. If you could just have the foreperson swear you
4 in?

5 HOSPITAL EMPLOYEE
6 was thereupon called as a witness; and, having been first
7 duly sworn, was examined and testified as follows:

8 DIRECT EXAMINATION
9 BY MR. MICKLEY:

10 Q Can you go ahead and tell the grand jury who you
11 are and how to spell your name?

12 A My name is [Hospital Employee], spelled [Hospital
13 Employee].

14 Q And [Hospital Employee], how are you doing today?

15 A I'm well.

16 Q What do you do for a living?

17 A I am a registered nurse for Legacy Health.

18 Q And can you just describe basically your
19 background and education?

20 A I've been a nurse since 2000, and I have a
21 master's of science and nursing.

22 Q And you currently work for Legacy System?

23 A Um-hum.

24 Q And what's your current job title?

25 A Critical care resource nurse that covers multiple

1 areas.

2 Q And that's multiple area of one hospital or
3 multiple areas of the Legacy System?

4 A Throughout Legacy. We have -- it's six, seven
5 hospitals, all of our hospitals.

6 Q Okay. And I just want to draw your attention to
7 July of this year. Were you working at Good Sam Hospital,
8 or Good Samaritan Hospital, in Northwest Portland?

9 A Yes.

10 Q And did you come into contact at some point in
11 time with a person who either went by the name of PoniaX
12 Calles or Reginald Jackson?

13 A Yes.

14 Q And how is it you came into contact with Mr. --
15 and how do you know him?

16 A I was made aware of the individual when I received
17 a report that morning from the off-going nursing supervisor.
18 I was later contacted by the charge nurse/assistant nurse
19 manager -- I want to say around 8. So sometime after 8 that
20 morning and was made aware of the individual from her and
21 the challenges that they had been having with him.

22 Q And was he, like, reported as Mr. Jackson or Mr.
23 Calles, or did you even have a name for him, or just the
24 kind of identity of him?

25 A So the handoff between change of shift and the

1 first phone call I received, it was just the -- the
2 significant other of the mother of the baby.

3 Q Okay.

4 A Because they were unable to verify -- he hadn't
5 provided any identification. So they were -- it was assumed
6 by them that he was the father of the baby. But I didn't
7 have his name yet at that point.

8 Q So this was in the maternity unit or the birthing
9 center at Legacy Good Sam?

10 A Right. So then after that, I went up and had a
11 short on-unit meeting with the -- with Amanda, who was
12 charge that day. And I'm trying to recall yet -- I had made
13 a phone call to our lead security officer. And then I had
14 to go to what we call bed meeting after that, where we talk
15 about what's going on in the hospital and the flow of
16 patients, and everything. And so I had talked with her, put
17 a plan in place for us coming back together sometime when
18 they were ready after that bed meeting to finalize what we
19 were going to do and make contact with the father of the
20 baby.

21 Q And what was the issue or concern regarding the
22 father of the baby?

23 A There had been -- starting with -- the first
24 incident that I was made aware of was when she had to go
25 back and get a C-section, he was demanding that he be

1 present for that C-section and was verbally and physically
2 aggressive in doing so.

3 Q And do you recall how many days earlier that had
4 been?

5 A That was several days prior, maybe two or three.
6 I don't recall which. Two or three. And then since that
7 time, the staff reported that day to me that there had been
8 several instances where he was aggressive in his verbiage
9 towards staff. And furthermore, he -- they had not been
10 able to provide care for the baby because he was not
11 allowing that to happen. He was refusing for them to do any
12 testing with the baby, to work with the baby, to give the
13 baby any of the interventions that they needed to do.

14 Q And why is that medically important or necessary
15 for hospital staff to be able to, like, interact with a
16 newborn baby?

17 A Right. So that is all part of assessing the
18 infant to see if there were any deficiencies, to give them
19 the standard of care that we give all infants when they are
20 born, including medicine, any shots that need to be given,
21 to assess their growth, their breathing, their circulation.

22 I don't work in maternity, but in general, this is
23 what they do. And they have to do this to be able to assess
24 the child for what the child does or does not need going
25 home, what the needs may be, and if they need follow-up.

1 And he wasn't allowing for any of that to happen.

2 And so my concern with his intervening and
3 interfering with the care, the physicians were also
4 verbalizing that they weren't able -- they didn't even know
5 how well the baby was doing because they did not have access
6 to the baby.

7 Q Okay. Was there even a sign that Mr. -- that the
8 father had written on the whiteboard in the room talking
9 about not touching the baby?

10 A That may have been mentioned. I -- if I saw that,
11 I cannot recall --

12 Q Okay. Yeah, and if you don't remember it's
13 certainly appropriate to let us know --

14 A Right.

15 Q When you got done with the morning bed meeting,
16 what was the -- when was it that you got together to chat
17 with other hospital staff to try to figure out a plan for
18 how to address this impasse between the hospital staff and
19 the father?

20 A I would have to say sometime -- I did not write
21 down the timeline, and that --

22 Q Yeah.

23 A Maybe that would have been good for me to do
24 earlier on. But I want to say it would have been shortly
25 before 10:00, as I recall.

1 Q And what was it that was decided about how to
2 approach the situation with the father of the child?

3 A Right. So at that point, I had asked for all
4 members of the team that needed to address the situation to
5 be present. And we -- it included one of the physicians.
6 It included our three security officers. It included
7 Amanda, our charge nurse for the day. There were a couple
8 of other nurses, I want to say, that were there.

9 And what I went -- I went over what we were going
10 to do in general. I asked for everyone -- once that was
11 communicated, I asked for feedback on what each person's
12 responsibilities were going to be so that everyone knew what
13 role each person was playing or what group the group was
14 playing and fine-tuned who was doing what when. At that
15 time, we were aware of the physical and verbal aggression,
16 but were unaware of whether he had any weapons on him, or
17 not at that time.

18 Q And when you talked about the physical and verbal
19 aggression, what is your understanding of some of the things
20 that he had said? I mean, did they -- what's the nature of
21 the verbal aggression?

22 A What I had been told was that if anyone tried to
23 touch, do anything with this child, that he would kill them.

24 Q Okay. And high level of concern in a hospital if
25 a parent is -- if anybody is making those kind of threats.

1 What was the gameplan to try to deescalate the situation
2 and make it so the hospital staff could actually do the work
3 that they needed to do to ensure the safety of the child
4 before the child was discharged?

5 A Right. So not knowing if there were weapons
6 accessible to him, my plan was that we would have him come
7 out of the room without any of his belongings, go out to the
8 waiting room, outside of the locked doors of the unit, and
9 that would allow the staff to start working with the mother
10 and the baby. And that would allow us a moment to try to
11 assess if he has any weapons in the room or if he could have
12 any on him.

13 And so I walked through what everyone's roles were
14 going to be to make that happen. And if -- and what I said
15 was, for the reasons of threats with us interfering in care,
16 that we would be trespassing him. Everyone was in agreement
17 and that had been an ongoing theme, it sounded like, was
18 concern for a need for trespassing him for safety. And --

19 Q And just to interrupt, was that for safety of both
20 hospital staff as well as the mother of the child and the
21 child?

22 A And so we were going to assess the situation
23 before making that final trespass conversation with him was
24 the plan. I'm being brief because I don't know how much in
25 detail you want me to go.

1 Q Yeah, no -- well, and if the grand jurors have
2 additional questions, they will certainly have a chance to
3 ask you some later. Who was tasked with trying to get the
4 father to come outside of the specific room that the child
5 and the mother were in?

6 A Right. So I took that role to do that. I had
7 security, the three of them. The room was two doors off of
8 the corner. And so I had them just out of site, but
9 probably 20 feet away so that they could hear everything.

10 And as we discussed when I was -- when each person
11 was being walked through their roles, I was going to
12 identify myself. I was going to ask him to come out of the
13 room to have a conversation and to not bring anything out
14 with him, and that we were just going to go have a
15 conversation down the hallway in the -- outside of the unit
16 for a moment.

17 And so I tasked myself with doing that, and they
18 were going to support me in that effort if he did not -- if
19 things went well or if things didn't, each person knew what
20 the plan going forward was going to be. And so if things
21 went well, I was going to talk him out of the room and walk
22 him out to the lobby, and security was going to come with
23 me.

24 Q And who were the three security officers?

25 A All right. So that was Bobby, Jeremy, and Mary,

1 and Mary was lead.

2 Q Okay. And were you able to talk with the father
3 and have him come with you?

4 A Right. So I opened the door, and he was sitting
5 on the couch. I identified myself, identified that I needed
6 to have a conversation with him out in the hallway and that
7 it would just take a moment to have that conversation. And
8 he -- there was some brief back and forth, him asking
9 questions, and me continuing to state, "We're just having a
10 brief conversation. I just need you to come step into the
11 hallway."

12 He was active around the space where he was at.
13 Like, he was trying to make up his mind if he was going to
14 bring something out with him perhaps. I don't know. He was
15 just physically restless around his space where he had been
16 laying. And I just kept reassuring him it was just a brief
17 conversation out in the hallway in privacy. And at that
18 point, all he saw was me. I just had the door open, you
19 know, so he could see me. And within one or two minutes, he
20 was -- I was able to get him to step out into the hallway
21 and close the door.

22 Q Meanwhile, were there security officers for the
23 hospital as well as hospital staff who were then attending
24 to the child and looking in the father's possessions to try
25 to see if there were any weapons there?

1 A Right. So at that point, he came out into the
2 hallway, and I stated we needed to go out to the lobby. He
3 was several times stated that he had a couple of things he
4 would like to get. And I said that we can get those for
5 him, but first, I just needed to go -- you know, just have a
6 conversation with him out in the lobby.

7 So there was some back and forth. And that was
8 the cue, when he did not readily walk out, that was the cue
9 that I had security know just to physically come and be
10 present with me. And so I was able to continue to talk him
11 down and out. Security was assisting me with that and got
12 him out the doors of the lobby.

13 And I went out with him. Bobby was out there with
14 me. I think Jeremy might have walked out there initially,
15 too, so it was just us. And then I just stated what needed
16 to happen. The doctors and the nurses, they hadn't had a
17 chance to see his wife, the baby. They were just checking
18 her out. They needed to do these things so that they could
19 move forward so that they could go home. And this is --
20 this is our process. This is our standard process for what
21 we do.

22 And he was questioning, but he was not
23 confrontational at that point. He seemed very concerned
24 about wanting to go back to the room to get his things. I
25 assured him that, you know, we would be able to help him

1 with that, but the physician and the nurses needed to
2 finish what they were doing.

3 And so as soon as we had him out the door, the
4 staff was ready, and they went in and started doing what
5 they needed to do for the care of the baby and the mother.
6 And so when I came back in, that is when -- and prior to
7 that, we had made sure that all the staff and the -- the
8 visitors, you know, the parents all kept their doors closed,
9 and if they heard anything not to come out because, yeah,
10 sometimes when you have that conversation, people get really
11 upset and violent, confrontational, loud.

12 So I'm trying to think if there was -- who was out
13 there, but at some point thereafter, Mary came down the
14 hallway. I could see she was stressed. Mary was lead
15 security officer. She was the one that was assigned to work
16 with -- be in the room with the mother and baby and to do
17 the initial check.

18 And she came out to the nurse's station where I'm
19 keeping an eye on our security officer with him, and I'm
20 keeping an eye on the hallway where she's at. She came down
21 to me and said there's -- there's a bag with firearms in it.
22 One of them I can't get out. I need help. And yeah, we
23 have firearms.

24 Q Okay. In terms of hospital policy, is it
25 appropriate or acceptable for a person to carry a firearm

1 into the hospital?

2 A No.

3 Q What about any kind of dangerous, deadly weapon?

4 A No.

5 Q Do the security officers themselves even carry or
6 possess firearms?

7 A No.

8 Q What was the firearm that was stuck in the bag?

9 A That was a -- I would say pistol grip type. It
10 did not have a stock. It just had the handle. 20-gauge
11 shotgun. And I knew it was 20-gauge because of the boxes of
12 20-gauge shot shells. And then I want to say there was two
13 of those, and there was -- I would say -- four boxes of .38.
14 And I saw a pistol in a, like, leather wrap that was also
15 there, but it had already been taken out by Mary.

16 Q And so all of the sudden, a much higher level of
17 concern at the hospital, but at that point in time, what was
18 your hope regarding whether or not that was all of the
19 firearms?

20 A I believe -- when Mary made contact with me, I
21 believe Jeremy was there with me, the other security
22 officer, and I believe that is when I told Jeremy to call
23 police, that we needed help, we had firearms, we have a
24 person who's threatened violence. We need their help. And
25 that's when I told Mary and Jeremy that we will not be

1 trespassing him; we need the police assistance.

2 And so that's when I went down to help her with
3 the firearms. And then at that point, it was getting the
4 cases to put the firearms in. And we have -- we have the
5 case for the pistol, but we didn't have anything large
6 enough for the shotgun. And so we needed something else.
7 And so I went back out. Amanda was in the hallway.

8 Just need a minute.

9 Q Yeah, if you need to take a break, that's totally
10 fine. And if you want to actually have us stop for a moment
11 and take just a little bit of walk, that's fine, as well.

12 A No, no. I'll be okay. I just need a minute.

13 I walked out -- I'll get there.

14 Q Maybe I can ask just a couple of clarifying
15 questions. The cases that you're talking about, are those
16 secure cases to put the firearms in so that they would not
17 pose a risk?

18 A Right. So the pistol is, but we had to problem
19 solve for the shotgun. So I walked out. Amanda, talked to
20 Amanda, and she was able to -- she was upset at that time
21 because they just found out that there was firearms. And
22 they were very concerned for their safety, understandably,
23 and what was going to happen in the situation unfolding.

24 She was able to -- her and her staff were able to
25 figure out getting a type of surgical case that they use for

1 instrumentation. I don't know if they got it from
2 downstairs or if they got it from the -- because they have
3 an OR up there. And so we were able to get a larger case to
4 put it in, because we don't transport them unless they're
5 secure in some kind of a case so it's not dropped or exposed
6 to anything. And so they worked on that. I was able to get
7 the shotgun out of the brown leather duffle bag.

8 I'm trying to remember if I saw or if she said
9 that there was knives, as well. I might have saw it or she
10 said there was a knife or knives, as well. And the policy
11 is to take those and secure them down in security.

12 Q And that's kind of a fallback because nobody is
13 supposed to be bringing any of those into the hospital to
14 begin with?

15 A Correct.

16 Q But you certainly don't want to have somebody have
17 access to them in the hospital either?

18 A Right.

19 Q At some point in time, did you learn that there
20 was another firearm of some sort that the father might be in
21 possession of?

22 A All right. So at that point, as they started to
23 work to get the other case for the shotgun, despite what
24 people say, people do not always tell the truth. And so
25 despite Mary asking the mother, despite myself asking the

1 mother, she continued to state that that's all there was
2 and that they were hers, and she has paperwork for them, and
3 that's all there was, repeated questioning, trying to ask
4 the questions in different ways.

5 In the meantime, as we did that -- so I had the
6 staff that were available that were not working with mom and
7 the baby in that moment. And I had us strip the entire
8 room. I had everything checked, everything moved, all linen
9 opened up and removed from the room. We stripped every item
10 of that room that we could find to make sure that there was
11 nothing hiding.

12 He had built himself quite -- quite an area with
13 this couch. It was disheveled. There was a lot of items.
14 There was a lot of trash. There was lots of linens, and
15 just there was a lot of material there. And I wanted to
16 make sure that there wasn't something that had been placed
17 or left in the room that anyone else would have access to.

18 So we stripped everything out of the room, got
19 everything cleaned out so we could see all the surfaces
20 moved and looked through the couch that he had been on to
21 ensure there was no weapons there and then again asked the
22 mother of the baby, "Are there any other firearms or other
23 weapons?" And she continued to say no.

24 And so I think you asked when did we become aware
25 of that?

1 Q Yeah.

2 A So after we had stripped the room, and I don't
3 recall if we had -- we might have had the case for the
4 shotgun. I was checking with Jeremy to see how much longer
5 until the police were there. I noticed that the chaplain
6 was talking with the individual in the hallway. So it was
7 the chaplain and Bobby and that individual in the hallway
8 outside the doors.

9 Jeremy was trying to get me a time. We were on
10 the phone with our security manager, Matt, at that time.
11 And we did not have a good way -- we didn't have a way to
12 remove the firearms from the unit at that time with -- we
13 didn't have the people to do that because she was staying --
14 Mary was staying with the -- with the mother. Bobby was
15 with the individual. And then Jeremy was on with police.
16 And I was just keeping in eye contact with them the whole
17 time.

18 And towards the end, I -- you know, with all these
19 conversations going on, including with staff -- sorry --
20 that's when I had also had staff be removed as far as
21 possible, like, any rooms that were adjacent to the
22 entrances of the -- of the family birth, across the desk, or
23 there in case he tried to get in or vacated and away from
24 any threat, with a plan that they would further evacuate
25 patients' family members if it deteriorated before police

1 got there or if it escalated when police got there.

2 And we hit that -- we hit that point where I felt
3 like we were running out of time because the police weren't
4 there yet. And I don't know. It just -- I don't know.
5 Something about it. We were running out of time. So Mary
6 went back down to ask one more time to push the mother if
7 there's any possibility that he could have any kind of
8 weapon on him even though we'd asked the question so many
9 times already.

10 And that's when -- that's when she came running
11 back and said that the mother of the baby had asked, you
12 know, "How many guns did you find?" after we'd already had
13 this conversation with her. And Mary told her. And she
14 said, "Well, there is one more, and if you didn't find it,
15 then it's on him."

16 Q Meanwhile, this whole time, Bobby has been outside
17 of the birthing center room, the locked door, with the
18 father?

19 A Yeah and chaplain.

20 Q And the chaplain?

21 A At some point, the chaplain was arrived and was
22 talking to him, engaging him.

23 Q During your interaction with the father, was --
24 did he appear to be under the influence of intoxicants or
25 was he, like, not comprehending what you were saying, acting

1 in a way that didn't demonstrate an ability to form
2 intent?

3 A The chaplain reported -- she had spent the most
4 time with him. My interaction with him coming out of the
5 room and going down the hallway was brief. And he was clear
6 in his communication. He was tracking -- he was following
7 the whole time everything I said. I wasn't having to repeat
8 myself out of him not understanding. It was him pushing
9 back, and then the chaplain was engaging him with
10 conversation.

11 I think they had gotten a bible from the waiting
12 room and were having conversations where he was bringing up
13 scripture to her and talking to her about it. She was
14 engaging him, talking about them, the baby, how is it going.
15 She was unaware of what was going on.

16 Q And she was also unaware that he had a firearm
17 because at the point and time --

18 A Up until this point, no one knew there was a
19 firearm. And so I'll speak to that part first with the
20 chaplain. She came into the unit. I pulled her aside,
21 and -- because I had just been told that there's a firearm
22 by Mary. And I pulled her -- she came in -- I had her
23 come -- I didn't physically pull her. I verbally had her
24 come around the corner to me, and I said, "We have to get
25 you to safety." And it had been communicated to staff

1 right, like, in the midst of this, you know, "He has a
2 gun. We need to get everyone behind the door. Everyone has
3 to get to safety."

4 It happened really, really quickly. Told her.
5 She communicated -- she seemed very surprised. She said,
6 "He's just having a normal conversation with me, and we were
7 talking about family and the bible." And I said, "We have
8 to get you to safety. We have to get you behind a locked
9 door." So that was my answer to the part about his
10 demeanor.

11 Q And at some point in time, did you go out into the
12 hallway where the father and Bobby were?

13 A So after she had come in, got her to safety, we
14 were trying to get everyone to go, make sure everyone is out
15 of the area. I wanted to -- and I'm trying at all times to
16 just have -- be eyes on with them outside the door because
17 the door comes up, and then on the second half of the door,
18 it's a big window, so you can see everything going on
19 outside.

20 I cannot recall in this moment where Mary was at
21 when this happened. But Jeremy was with me. And he was on
22 my left at this point. And I saw -- I saw the individual
23 move to the elevator, Bobby following him, looking like he's
24 going to get onto the elevator, and I told Jeremy, "We have
25 to go out. We can't let him get on the elevator. If he

1 gets on the elevator with Bobby, he could shoot him."

2 So we pushed through the doors. I immediately
3 tried to start making verbal contact with the individual.
4 He got turned around either by Bobby saying, "Hold up," or
5 just -- I don't know. He turned around and came back from
6 the elevator. I am starting to communicate with him that
7 everything is going well. They should be done shortly.
8 He's been very patient. The doctors and nurses should be
9 out of the room shortly, and just trying to reaffirm,
10 reassure this is all part of our normal process, not wanting
11 him to escalate in any way, just giving him that verbal
12 assurance -- reassurance.

13 He was asking how much longer until he could see
14 his wife -- I don't remember if he used the words "wife,"
15 but how long until he could see her. I can't remember if he
16 said see the baby, but see her, if I'm recalling correctly.
17 And so I'm -- I'm just saying, you know, it'll just be a
18 couple more minutes, it should be any minute.

19 During that process, Jeremy went back through the
20 double doors to the inside -- again, I don't know where Mary
21 was in that moment, and so that -- at that point, Bobby was
22 between him and the elevator, and then if these are the
23 doors to go out, I was on that righthand side of the
24 hallway, and he had kind of moved parallel to me, equal
25 distance towards these doors.

1 And then Bobby kind of came around and was not
2 very -- yeah, pretty close distance. And I think he ended
3 up being -- like, I think it ended up being almost three
4 people across, it seemed like, as I was just trying to buy
5 some time because the police were supposed to be there
6 and/or I might have heard the police were supposedly on site
7 at that moment or, like, just prior to going out.

8 Q And I don't want to necessarily ask a whole lot of
9 details about the shooting itself, but did a shooting
10 actually happen of the father shooting Bobby there in the
11 hallway just moments after what you've been describing right
12 now?

13 A Yes. So we were standing there. The window was
14 behind the individual, and Bobby was there, and he --
15 something flipped -- something switched suddenly -- I don't
16 know if I'm allowed to say this or not, but I was made aware
17 that that was the moment where he heard the sirens coming --
18 a siren coming to the hospital. I didn't recall hearing it.
19 I just saw something switch with him and then a big
20 movement, and the gunshots starting, and it was sudden.

21 Q Okay. And did you see anything that Bobby did or
22 that you did or that anybody there did that was violent or
23 aggressive towards the father?

24 A No. Bobby's demeanor the entire time was calm,
25 approachable. He's -- he's kind of a gentle big guy in his

1 demeanor, and myself, I was talking to him with my hands
2 out, trying to have a very open posture with him, reassuring
3 posture and just having that conversation that we just need
4 a little bit more time before we can move forward.

5 Q After -- do you know how many shots were fired?

6 A I just -- as he had that big movement like he was
7 throwing himself up and he was jumping up and the bang,
8 like, really quick in the moment, I remember coming down a
9 little bit, and it just -- you know, it registered
10 immediately that, you know, he was shooting. But I
11 couldn't -- I don't see anything in that moment.

12 He -- I start trying to get down the hallway, just
13 trying to create space, and I believe I'm moving back and
14 forth just trying not to get hit and just feeling like
15 there's this bubble around me, waiting to get hit, and I
16 wasn't getting hit, but I heard the shots, and it sounded or
17 felt like it was going past me. I can't tell you shots.

18 And then there's -- one of them caused a stinging
19 in my left leg, but I think that's what caused me to turn
20 around. And I was by the door casing, the door there, now
21 on the other side of the hallway, across from the stairwell.
22 And I put my hands up, and I told them to stop shooting.
23 And then my head turned, and I saw the stairwell. I can't
24 tell if he's still shooting at me or not. I'm just telling
25 him, "Stop shoot -- stop shooting."

1 I see him. I see the gun outstretched at me. I
2 see the smoke. I see Bobby in some manner next to him. But
3 I can't -- I can't tell if he's still shooting. And as I
4 turn my head back, he's either getting up or he's coming
5 towards me, something, and I just start motioning for him to
6 go out the doorway. I said, "There's the stairwell. Please
7 go. You can just leave. Just go." And he turned -- sorry
8 -- and he turns and goes into the stairwell.

9 Q And did you follow him at -- at least at some
10 distance to just confirm that he actually left the hospital?

11 A Yes. I -- I thought that Bobby had just had the
12 wind knocked out of him in that moment. And I couldn't hear
13 much, but it sounded like he had the wind knocked out of
14 him. I thought Jeremy was on the other side of the door.
15 And I thought I heard something in the stairwell. I went
16 over -- and again, my ears are ringing, so it's hard to
17 really know well what I'm hearing.

18 And that's -- that's when I made the decision do I
19 go down the stairwell, because I wasn't sure if he had shot
20 more people, if he was shooting more people, what he was
21 going to do, where he was going to go next. So I opened the
22 stairwell, and I can hear steps down below, but I can't --
23 you know, it's just noise. And I kind of look over the
24 railing and don't remember seeing anything on the railing as
25 I'm looking down. But then I start going down, trying to

1 make sure I'm not too close, but going down behind him.

2 And then I called -- at some point, going down the
3 stairwell, I pulled out my phone to call the operator to
4 tell her we needed to go into code silver lockdown. We had
5 had this conversation up there in that moment of trying to
6 figure out what to do when we found out he had a firearm on
7 him, and we had leadership on the phone, security
8 leadership, and also, he was still appearing to be calm and
9 not wanting to escalate things and trigger him. And
10 supposedly, police -- you know, we thought police were
11 there.

12 So we hadn't called overhead, and when I was going
13 down the stairs, that's when I was, like, I have to get -- I
14 have to call overhead. And then so --

15 Q That now shots have been fired, actually, in the
16 hospital?

17 A Yeah. So I -- so I called the operator. The
18 words aren't coming out. My mouth is too dry, and I
19 can't -- can't quite get it out. So I'm trying -- as I'm
20 getting to the bottom, and then I hear the door blow open
21 and then close. And so I make my way down to the door. I
22 don't see anything through the window. I finish finally
23 getting out to her the code needs to be activated.

24 And I look -- I just -- I open the door. I don't
25 hear anything. That door opens to the front parallel

1 hallway. There's two of them, the front parallel hallway
2 and the back parallel hallway. And I see something in the
3 hallway maybe halfway down towards the front entrance. I
4 don't know what it is. And then there's a person at the far
5 end at the elevator, and I yell for him to run to me. And I
6 don't know how much I said to him. I remember with him I
7 was just trying to get him to come to me.

8 Q And that person wasn't the shooter --

9 A Right. So I didn't see him. So I had him run to
10 me. I got him back to my right. Behind this back parallel
11 hallway is the lab with locking doors. So I got him back
12 there because I don't know where he's at on the floor. I
13 don't know what he's doing. I got him behind the locked
14 doors.

15 That's when I had to call, and I told lab -- I
16 said, "We have an active shooter. Close all your windows.
17 This is not a drill." And that's when I called back to make
18 sure that the operator knew that we have an active shooter,
19 because I hadn't even heard anything, I don't think, at that
20 point. It might have happened. I just couldn't remember
21 hearing it.

22 Q And so did you actually see whether or not the
23 shooter left the hospital building or was he too far in
24 front of you?

25 A Right. So when I came out into that hallway, all

1 I saw was something there, and I didn't know if that was
2 something he had dropped. So when I came back out to that
3 hallway to go up the stairs to go back to Bobby, I looked in
4 the hallway again, because there was nobody -- I didn't see
5 anyone in this back parallel hallway.

6 And so I came back out. And there's more people.
7 There's an old couple in an elevator. There's people coming
8 in from the lobby. And I told everyone to come to me, and I
9 probably told them at that point what was going on.
10 Everyone was upset, and they ran. Got them behind the door
11 to the lab and came back out. And that's when I saw some
12 more people coming in from the lobby.

13 And then I ran to the lobby. I don't remember
14 looking at what was on the floor. I just ran to the lobby,
15 and she -- the receptionist person at the desk -- I said,
16 you know, "We have an active shooter. Everyone has to get
17 behind a locked door. All the doors have to be locked. We
18 can't be letting anyone in."

19 They're still letting somebody in on the side of
20 the courtyard at that moment. And she said she had saw a
21 man come running through the lobby, and he went eastbound
22 out the front entrance of the Good Sam Hospital between the
23 two parking garage buildings.

24 Q Okay. And the thing that you saw on the ground,
25 that was like -- it wasn't a body or something like that,

1 just articles of clothing or junk or something that had
2 been left --

3 A It wasn't there earlier, because I go up and down
4 those hallways.

5 Q After kind of making sure that the hospital was
6 locked down and trying to keep people in the hospital safe,
7 did you go to render aid to Bobby?

8 A So that's when I turned around to go back to Bobby
9 and back to the floor. And there was an elevator opening.
10 When you go into the lobby and take a left, there's two
11 elevators in the front hallway here, and one of those was
12 open, and I jumped on that before it closed. And I told the
13 people on there when they get off at their floor, they have
14 to get behind a locked door, that we have an active shooter.

15 I got off on the fifth floor. I realized that I
16 was at this end of the hallway, and family birthing was at
17 this end of the hallway. Just in my mind, I just expected
18 to walk out to where I was at, and I just was having a
19 glitch for a second, I guess. I don't know.

20 So I ran down the hallway. And as I got close,
21 Bobby was still on the ground, and I was very confused,
22 because he shouldn't be laying on the ground. Why was he
23 laying on the ground? So why had he not gotten back up?
24 Why hadn't they pulled him back in?

25 So I reach him. There's blood. I flip him over.

1 I can't see anything. There's blood -- I want to say in
2 his nose, can't remember if it was his mouth. His eyes were
3 opened, no glossed. I can't see any source of injury. Open
4 his vest. I want to say I started doing CPR and then
5 realized that was not going to work. I needed people. So
6 that's when I badged, and I yelled for help into the space
7 of the family birth unit, and that's when people started
8 coming out.

9 Q So the place where Bobby was shot, was that
10 literally just a few feet outside the doorways to the family
11 birth center?

12 A Yes. It's -- yeah. Yes.

13 Q So I don't think that I have any additional
14 questions. I don't know if the grand jurors have any
15 questions?

16 (No response.)

17 MR. MICKLEY: It looks like they don't.

18 Do you have a question?

19 GRAND JUROR: Did you ever learn who the identity
20 of the father or the shooter was?

21 HOSPITAL EMPLOYEE: Right. And you asked that at
22 the beginning of this.

23 BY MR. MICKLEY:

24 Q Yeah.

25 A It was either at my first time on the floor when

1 we were just talking about what we were going to have to
2 do or it was the second time on the floor as we made the
3 plan when I was told what his name was. And I want to say
4 something like Pontiac is what I've been told. That's the
5 only thing I remember about his name.

6 Q And in the entire time you've worked for Legacy,
7 have you been involved in any other shootings that have
8 happened inside of a hospital building?

9 A No shootings.

10 Q And so if we were -- if the grand jurors were
11 seeing any of the video or still images from a shooting that
12 you're kind of involved with people, that would be this case
13 and this case only?

14 A Yes.

15 Q Okay.

16 A We do have firearms -- I don't think we've had any
17 other discharges or anything, but we have firearms that come
18 in all the time.

19 MR. MICKLEY: Okay. Any other questions?

20 GRAND JUROR: No, that was it.

21 MR. MICKLEY: All right. Thanks so much for
22 coming in.

23 And we can go ahead and take a pause for a few
24 moments before our next witness because you are owed a
25 break.

1 (Off the record at 3:13 p.m.)

2 (On the record at 3:23 p.m.)

3 MS. KYLE-CASTELLI: Okay. We are back on the
4 record in the death investigation. Kristen Castelli again
5 for the State. And I'm going to ask the Foreperson to swear
6 in our next witness.

7 J.D. MCGUIRE

8 was thereupon called as a witness; and, having been first
9 duly sworn, was examined and testified as follows:

10 DIRECT EXAMINATION

11 BY MS. KYLE-CASTELLI:

12 Q Can you please state and spell your name for the
13 record?

14 A Jeffrey D. McGuire. First name is J-e-f-f-r-e-y.
15 Last name is M-c-G-u-i-r-e.

16 Q Okay. Where are you currently employed?

17 A City of Portland, Portland Police Bureau.

18 Q And what is your current position?

19 A I'm a detective assigned to the homicide detail.

20 Q And how long have you been a detective with the
21 homicide detail?

22 A Assigned to the homicide detail since about May of
23 this year.

24 Q And what were you doing in your previous position
25 with Portland Police Bureau?

1 A I got promoted as a detective in 2018. I was
2 initially assigned to the Gun Violence Reduction Team. From
3 that, for a brief time in assault, after they disbanded
4 GBRT, then they went back to the Enhanced Community Safety
5 Team when that was instated in 2020 and worked there until
6 being transferred to the homicide detail.

7 Q Okay. And in total, how many years have you
8 worked with the Portland Police Bureau?

9 A I was hired in March of 2000.

10 Q Okay. On July 22nd of 2023, were you assigned to
11 be the lead detective to investigate the homicide of Bobby
12 Smallwood that occurred at the Good Samaritan Hospital?

13 A Yes, I was.

14 Q As part of your investigation, have you spoken
15 with other officers? Have you reviewed other officers'
16 reports?

17 A Yes, I have.

18 Q And did you prepare a PowerPoint containing basic
19 information pertaining to PPB's investigation into the
20 homicide of Bobby Smallwood and the information that was
21 known to PPB officers as that crime scene at Good Samaritan
22 was progressing?

23 A Yes, I did.

24 Q Okay. And Detective McGuire, I actually have the
25 PowerPoint behind you. I believe that you have an identical

1 copy in front of you. So what I'm going to do is just ask
2 you to walk us through the information that you've put
3 together, okay?

4 A Yes. And just I apologize. It's hard to turn
5 around and watch this thing, so I have to use my -- the copy
6 of the PowerPoint just so you guys understand.

7 So I was initially contacted by Sergeant Hughes
8 with the homicide detail -- she is my supervisor -- on July
9 22nd at -- 2023 at approximately 12:15 in the afternoon.
10 She had informed me that there was a homicide investigation
11 that had occurred at Legacy Good Samaritan Medical Center at
12 1015 Northwest 22nd Avenue.

13 There was an individual, a security officer, who
14 had been shot and had been transferred to Legacy Emanuel
15 Hospital, which is at 2801 North Gantenbein in Portland,
16 Oregon. And also, there was a second individual who had
17 been shot that remained at the scene. And the suspect
18 involved in that shooting was still outstanding.

19 I had responded to that location and arrived at
20 approximately 1315 hours in the afternoon. Once we arrived
21 at the scene, we were briefed by officers who had responded
22 to it, and they provided us with a debrief of what actions
23 they took during the event.

24 This slide is Bobby Paul Smallwood. He is the
25 victim of the shooting. He is a security officer with

1 Legacy Health. He was actually assigned to Legacy Emanuel
2 Medical Center as a security officer, but based on the
3 events of that day, they had asked for him or his assistance
4 at Legacy Good Samaritan Medical Center. So he had gone
5 over to that hospital to help out with the security officers
6 at Good Sam, but he wasn't assigned to that hospital.

7 The security officers for Legacy Health are not
8 armed. They don't have an asp, they don't have a gun, and
9 they don't have a taser. So they're totally unarmed. Some
10 officers will carry OC spray, but that's the limit to
11 whatever self-defense weapons they may have.

12 Q Can I interject and ask you what OC spray is?

13 A Think of it as mace. It's spray, so --

14 Q Okay. Thank you.

15 A Then the next individual who had been subject to a
16 gunshot wound was Nursing Supervisor [Hospital Employee].
17 Initially, we weren't certain of the extent of his injuries
18 or how he had obtained his injuries. Through this
19 investigation, we later learned why. And I'll explain that
20 a little later on as we go along. But he had a perforating
21 wound to his left calf. Initially, we thought it was
22 possibly shrapnel from the gunshot wound, or from the shots
23 being fired, which we later learned otherwise. But he was
24 present when Bobby Paul Smallwood was shot in the hallway.

25 Through the investigation, officers responded

1 through the scene. They identified Reginald Kane Jackson,
2 who had an alias of PoniaX Kane Calles I think is how you
3 pronounce it. He was at the hospital visiting his
4 significant other, who was identified as Ashley Nicole Heil.
5 She had been admitted to the hospital on the 19th of July of
6 2023 to have a C-section procedure done. He is the father
7 of the child, and they had been staying together in Room
8 562, in the birthing unit, of Legacy Good Samaritan
9 Hospital.

10 I believe that's all of that. This is just an
11 overview, a Google view of Legacy Good Samaritan Hospital if
12 you guys aren't familiar with it. It's in northwest
13 Portland. The photograph here is oriented, so, like, the
14 top of the picture is north, and then the bottom is the
15 south. And then east is to the right, and to the left is
16 west.

17 I believe it is Northwest Northrop is on the north
18 end, and then Northwest Lovejoy is to the south. And
19 Northwest 22nd Avenue is on the east side, and also on the
20 east side, you'll see Northwest Marshall. That kind of
21 plays into as far as orienting yourself to locations. And
22 then Northwest 23rd is to the west.

23 I put the blue star -- when officers initially
24 responded to the scene, they were directed to go to the
25 emergency room, which is common when we respond to

1 hospitals, because it's a central point we're familiar
2 with going there, so it's easy for people to locate it.

3 The yellow star indicates through the
4 investigation, we learned that he had exited -- Reginald
5 Jackson had exited the east side of the hospital, and that's
6 what that yellow star represents, and then he continued
7 eastbound on Northwest Marshall. I just wanted just to kind
8 of orient you with the hospital itself.

9 So like I said before, once we get there and our
10 investigative team shows up, we all meet, and we get
11 debriefed by officers who were responding to the call. We
12 learned that officers responded on July 22nd, 2023. The
13 original 9-1-1 call came in at 10:55. The officers aren't
14 dispatched to the location until 10:59.

15 The initial call for service was placed by
16 Security Officer Jeremy Prindle (ph.). He notifies dispatch
17 that a patient -- oh, bless you -- a patient or an
18 individual was visiting a patient at the location. That
19 individual had been making threats to the staff and that he
20 went by the name of PoniaX Calles and that they had already
21 taken a shotgun from him, as well as a handgun that was in a
22 bag. And they're requesting assistance from law
23 enforcement.

24 They later learned that he also had a third gun
25 that wasn't accounted for. So they were notified by

1 dispatch, as well. 11:59 is when the officers arrived on
2 scene, and they're told to go to the emergency room, where
3 once they arrive on scene -- they actually arrived on scene
4 at -- just to make sure I get my time right -- at 11:04 is
5 when they actually arrived on scene. 11:59 is when they're
6 dispatched and told to go to the emergency room.

7 While they are en route, Sergeant Hughes -- the
8 original officers that responded to the scene was a
9 sergeant, Sergeant Sutton, Officer Quinsland (ph.), and
10 Officer Dale are the first officers assigned to the
11 location. There was an officer -- or a Sergeant Hughes that
12 attaches himself to the call.

13 And he ends up running Calles, PoniaX Calles in
14 the Regional Justice Information Network, which is kind of
15 our database that the Portland Police Bureau maintains. It
16 has, like, reports, people arrested, that type of
17 information in it. And when he runs that name, he finds a
18 nearby hit of Reginald Kane Jackson. And when he reviews
19 it, he sees that PoniaX Calles is an AKA for Reginald Kane
20 Jackson.

21 Also attached to that file is his Multnomah County
22 booking photograph. He then runs -- reviews Calles, PoniaX,
23 or PoniaX Calles's DMV, Oregon DMV photograph and compares
24 the two and realizes they're the same person. He then
25 forwards the arrest booking photograph of Reginald Jackson

1 to the officers that were responding to the hospital so
2 they would have that.

3 Again, at 11:04, the officers arrive. Once they
4 arrive, they go in and they speak with security in the
5 emergency department. They inform -- the security officers
6 tell the officers that security from the birthing unit were
7 on their way down and that they were going to escort them
8 back up to the unit.

9 While they're waiting there, at approximately
10 11:10 is when Mary Morrissey (ph.), who is the
11 supervising -- security supervisor, comes running into the
12 emergency department and tells the responding officers that
13 shots had been fired and that one of their security officers
14 had been struck. The officers then make a plan, and they
15 start to work towards where the birthing center is. And
16 they learn from Mary Morrissey that the suspect had gone
17 into one of the stairwells.

18 So the officers tried to lock down on the
19 stairwells so he can't come through the stairwell, and some
20 of the elevators on the second floor. And while they're
21 doing that, they then develop a plan to try to do an officer
22 rescue, because as far as the officers knew at the time,
23 Bobby Smallwood was still in -- on the -- near the birthing
24 unit. So they started to move towards there.

25 Officer -- or Sergeant Hughes, while this is all

1 going on, he then notifies dispatch to activate a SERT,
2 which is a Special Emergency Reaction Team, basically, our
3 SWAT Team, as well as our CNT, which is our hostage
4 negotiators. They both get activated at the same time to
5 respond to the hospital, because as far as the officers knew
6 at the time, he was still in the hospital. He hadn't been
7 located yet, obviously, and that he was still armed. They
8 were unaware if he had left at that point.

9 They later learned through the security -- Legacy
10 Good Samaritan officers, they would review their footage,
11 and they noticed that -- they were able to inform the
12 officers that the suspect had actually left the hospital,
13 and he had exited the east side of Legacy Good Samaritan
14 onto Northwest 22nd Avenue, which is where Northwest
15 Marshall is located. It, like, faces that intersection
16 right there.

17 Officer Quinsland ends up going with Mary
18 Morrissey to the security office so he can verify the video
19 surveillance and to make sure that, in fact, our suspect had
20 fled the hospital. He goes, and when he's reviewing the
21 video, he takes still photographs of the video images. And
22 then he sends that to the officers who were responding
23 citywide.

24 You guys have the photos? Okay. So on the left
25 side, that first photograph, which has the timestamp of --

1 it's, basically, July 22, 2023, at 11:05. In that
2 photograph on the far lefthand side, the individual with the
3 white t-shirt, blue coat, and black pants, that is Reginald
4 Kane Jackson. Behind him is Security Officer Bobby Paul
5 Smallwood. And then behind them, you can see another
6 silhouette of an individual. That's Security Officer Jeremy
7 Prindle. And those are the doors into the birthing unit.

8 Right in this video, prior to him walking off from
9 the birthing unit, there's a family waiting room just right
10 outside those doors. When they had removed -- which I'm
11 sure you already heard -- when they removed Reginald Jackson
12 from Room 562, that's where they directed him to. So that's
13 where he was prior to the shooting.

14 Q Can I interject really quick?

15 A Yeah.

16 Q So what floor are we on right now in this first
17 picture to the left?

18 A Oh, so this is the fifth floor. The fifth -- the
19 birthing unit is on the fifth floor of the hospital.

20 Q Okay. And right behind Reginald Jackson and
21 Bobby -- right where Jeremy Prindle is standing, are those
22 doors the entrance to the birthing unit?

23 A Yes.

24 Q And based off of being at the scene and reviewing
25 the surveillance video from this particular incident, do

1 they appear to be keycard activated?

2 A Yes. So you either have access -- matter of fact,
3 if you look at the second video in the center, if you'll
4 notice that individual, you'll only see the right side of
5 him. That's actually Jeremy Prindle, and he's used an
6 access key to get into the birthing unit, or you can gain
7 access from somebody inside the birthing unit opening the
8 doors for you.

9 Q Okay. Thank you. I just wanted to clarify those
10 points.

11 A And then that middle photo, that's probably about
12 20 feet away from where that first photo was taken. Those
13 are elevators just outside the birthing unit, and that's
14 Bobby Paul Smallwood and Reginald Kane Jackson just outside
15 the elevators. You can notice that Reginald Kane Jackson is
16 holding a bible in his right hand.

17 And then the third photograph, through the video
18 surveillance footage, when Reginald Kane Jackson fires the
19 shot, he flees into a stairwell, which leads down to the
20 first floor and then a main hallway that goes past the --
21 it's like a same-day surgery-type unit. And there's a café
22 down there.

23 And he runs down this long hallway. That long
24 hallway then leads out to the main entrance, which is what
25 you're looking at here is that main entrance, which opens up

1 onto Northwest 22nd Avenue, Northwest Marshall Street.
2 Also, if you notice in the two photographs, he's wearing
3 Birkenstock-style slippers or slides or slip-ons. And in
4 the third photograph, he's not wearing them. He literally
5 ran out of his shoes.

6 So, initially, when medical staff from Good Sam
7 finally gets to Bobby Smallwood, they try to, you know,
8 provide him with some form of medical treatments, but
9 because of the extent of his injuries, he gets transferred
10 from Good Samaritan Hospital to Legacy Emanuel Medical
11 Center, and where he gets treated there more thoroughly or
12 more extensively. It's a level one trauma unit.

13 And so -- and it was at that point that Nursing
14 Supervisor had approached Sergeant Hughes and indicates that
15 he had potentially be shot, as well. And that's when they
16 find the perforating wound to his left calf. And then he
17 returns to the emergency room to get treated.

18 They were able to -- at roughly around 11:48,
19 dispatch notifies that PoniaX Calles is associated to Ashley
20 Nicole Heil, and they have an address that's off of Sandy
21 and 138th. The address is 13450 Northeast Sandy Boulevard,
22 Apartment X-6. And they also informed the officers that
23 there was -- the address for 13450 Northeast Sandy Boulevard
24 is flagged because of history officers have had at that
25 address in dealing with Reginald Kane Jackson, or PoniaX

1 Calles, where he had made threats to law enforcement.

2 So they just flag an address if you have -- and it
3 takes a bit to get that. It's not like it's just automatic.
4 But whenever there's concerns about certain individuals,
5 they'll flag an address, especially if they make threats to
6 law enforcement. And that just means that they have more
7 officers respond to the scene to deal with any problems
8 there.

9 Q Detective McGuire, I'm going to stop you for a
10 second, as well. So some of this material, is it -- as the
11 scene was developing and as this information was becoming
12 available, was it distributed to other officers through
13 dispatch or over the radio, or officers that were involved
14 in the scene, were they becoming aware of this information,
15 a lot of this information?

16 A Yeah. As the scenes develop in dispatch --
17 because you have 9-1-1 call-takers. That information is
18 then provided to the dispatcher. The dispatcher then sends
19 that out to all officers that are attached to the call, and
20 then -- you know, if I'm communicating with another officer,
21 that's all over -- it's, you know, voiced over the air and
22 communicated to everybody. So they're able to hear it.
23 It's not limited to just a one-on-one like a cell phone, for
24 example.

25 And then dispatch will also put notes in to the

1 best of their ability, because these things are rapidly
2 evolving. So, you know, getting this information, they can
3 add it to the call itself. And then as an officer, I can go
4 and I can review that. So if I didn't hear, you know, a
5 certain individual mention something right, I want to look
6 for, like, maybe a description of somebody that was
7 mentioned earlier in the call, you can go back and review
8 those types of details in the call itself.

9 Q Thank you.

10 A At 12:09, officers had gotten the information that
11 Bobby Smallwood had succumbed to his injuries and that he
12 had passed away at Emanuel Hospital. Shortly after that,
13 Sergeant Filbert, who was aware of the incident, he's a
14 Central -- he's an East Precinct sergeant, but he received
15 information, as well, as far as this event and how it was
16 occurring. And he goes to the area of where Reginald Kane
17 Jackson was believed to have resided with Ashley Heil. He
18 drives by the location and circles around to the back of it,
19 which is Northeast Prescott.

20 And as he's traveling on Northeast Prescott, he
21 observes an individual who matched the description of
22 Reginald Kane Jackson. And he gets into a white and red
23 van -- it's a Ford van that used to be an ambulance. It's
24 like a decommissioned ambulance. And as he turns around,
25 the vehicle starts to drive off, and it goes up to 138th and

1 Northeast Sandy.

2 Sergeant Filbert gets behind the van and continues
3 to follow it. It's going eastbound on Northeast Sandy. And
4 he's calling for resources to assist him. Multnomah County
5 sheriff's deputies and Gresham police officers to assist
6 with the follow of the vehicle. It then goes up to 181st
7 Avenue and makes a southbound turn. While it's going
8 southbound on 181st, they initiate a traffic stop on the
9 vehicle, which they then treat it as more of -- it's what we
10 refer to as a felony stop, where we make it a tactical stop
11 in dealing with the occupants.

12 They were able to give directions to the driver of
13 the vehicle, who exited the vehicle and complied with the
14 officers. While they were speaking with him, he confirmed
15 that one of the -- there's only one passenger in the
16 vehicle. He was identified as Reggie.

17 One of the Multnomah County sheriff's deputies
18 showed the driver a photograph of PoniaX Calles, and he
19 identified him as the same person that was in the vehicle.
20 Shortly after that, members of our Special Emergency
21 Reaction Team responded to the incident or the traffic stop
22 itself, and then they took over tactical command of the
23 traffic stop.

24 So these are just some of the kind of sanitized
25 versions of the crime scene. Again, this is the -- the

1 photograph to the left, it's on the fifth floor of Legacy
2 Good Samaritan Hospital. You're looking westbound towards
3 the doors into the birthing unit. Again, those doors are
4 secured so not anybody can just come and go from there.

5 The items on the floor -- there's a little bit of
6 a closeup picture of that, but -- is the vest that Bobby
7 Paul Smallwood was wearing at the time, as well as the bible
8 that Reginald Kane Jackson was holding at the time of the
9 shooting. To the right, those are the elevators they were
10 standing in front of. It's elevator 3 and 4 on the north
11 side of the wall.

12 And then this -- placard number 6, whenever we
13 locate items of evidence at the crime scene, they're either
14 given a placard or a decal. This placard is number 6. That
15 is -- it's basically a bullet casing. It's made out of
16 plastic, and then that's filled with little BBs. It's
17 referred to as birdshot or snake shot.

18 And it's -- the easiest way to think about it is
19 it's almost like a little shotgun, you know, where the --
20 there's multiple BBs inside that housing. And when it's
21 fired, it comes out as a spray. And once we realized that
22 we were dealing with these types of cartridges, that's when
23 we realized that Nursing Supervisor [Hospital Employee] had
24 actually been shot and caught one of these BBs in his leg.

25 And so -- but all the items are placarded and

1 photographed in place. They're later collected. This is
2 a closeup. The photograph to the left is just a closeup of
3 the same scene. I circled the bible where the bible is
4 located in relation to Bobby Paul Smallwood's vest. And
5 then if you just kind of look to the left of the birthing
6 doors, that's where that family waiting area is located.
7 And then placard number 7 is the Holy Bible that Reginald
8 Kane Jackson had.

9 When you're looking at the birthing unit doors, if
10 you look to the left, there was this poster board promoting
11 the birthing center on an easel or a little stand there.
12 And in the left corner of that was a groove, and then just
13 to the left of that was a bullet hole. We believe the
14 bullet, when it was fired, it traveled northbound, struck
15 that placard, or the poster, and then the wall itself, where
16 it was embedded.

17 And then if you continue to the left of that, we
18 had located about a foot off the floor was some of that
19 birdshot or the snake shot. And it just looks like a spray.
20 That was also embedded in the wall.

21 Mary Morrissey, when they had completed the search
22 of the bag, and when they decided that they -- from the
23 story we heard from [Hospital Employee], they ended up
24 putting some of his items, Reginald Kane Jackson's items, in
25 this brown leather bag. If he had mentioned anything about

1 that, this is the brown leather bag, if he had mentioned
2 anything about that, this is the brown leather bag, duffel
3 bag, that we were referring to.

4 And so they were going to give that back to him
5 after they removed some firearms from it. And [Hospital
6 Employee] had taken that bag, and he put it in the nursing
7 station before all the shooting obviously happened. And
8 that's what this is. It's just the brown leather duffel bag
9 that belonged to Reginald Kane Jackson that Nursing
10 Supervisor [Hospital Employee] had put in the nursing
11 station.

12 This photograph, these are the firearms and the
13 ammunition that were removed from that brown duffel bag by
14 Security Supervisor Mary Morrissey. Item number 14 is a
15 shotgun -- I'll give you a better picture of it, but that
16 was a pistol grip shotgun. And that was located -- it was,
17 like, wrapped in socks. Number 13 is ammunition that was
18 removed. And then item number 12 is a .38, a black .38
19 caliber revolver with a brown handle, and that is placed
20 into a leather holster. And right next to that is just a
21 knife in that little leather case.

22 The Pelican case itself was provided by Legacy
23 Good Samaritan Hospital. They -- Mary Morrissey had wanted
24 to put the firearms in there in an attempt to secure them.
25 And that's how it was -- that's how we found it, so that's

1 how we left it. But that's where the Pelican case came
2 from. So that's part of the hospital securities.

3 This next photograph, that's just a closeup of the
4 items. Item Number 13, there's two boxes of 20-gauge
5 shotgun shells and eight boxes of special -- or .38 special
6 cartridges. Item number 12 is the Smith & Wesson .38
7 caliber revolver. And item number 14 was a 20-gauge pistol
8 grip Mossberg shotgun.

9 On the north wall was the victim -- or not
10 victim -- the patient information board. Whenever you go to
11 a hospital and they put all your information in there for
12 other nursing staff. At the bottom is "Questions for
13 Caregiver." And we believe that Reginald Kane Jackson had
14 written "Do Not Touch Baby" on that. And that coincided
15 with the information we had as to why he had an issue with
16 the staff at Good Samaritan.

17 The photograph to the left, that is the long
18 hallway from the -- on the main floor that, as you continue
19 down that hallway, it opens up into the lobby and then onto
20 Northwest 22nd Avenue and Northwest Marshall. Placard
21 number 2 are just the Birkenstock sandals that he ran out
22 of.

23 And then item number 1 is Reginald Kane Jackson's
24 cell phone. As he was running out of the hospital, he had
25 dropped it. An unknown citizen had picked it up and tried

1 to give it back, but he continued running eastbound on
2 Northwest Marshall. So the citizen had taken it to the
3 reception, Diane Estrauder (ph.), I believe is how you
4 pronounce her name, and given it to her. And then she
5 placed it on this cabinet in the administrative offices for
6 us to recover. And that's where we found it.

7 Members of SERT, they were assisting us on the
8 call, and they had gotten information early that there was a
9 black Kia Sol. Officer Perry, who is one of the members of
10 SERT had located it in garage 3 on level A, which is located
11 on the east side of Good Samaritan Hospital -- or Good --
12 yeah, Good Samaritan Hospital. It's on Northwest 22nd and
13 Northwest Marshall.

14 Officers then relieved him after they found the
15 vehicle. And they noticed that this Mossberg box was in the
16 back, Mossberg being, like, a gun manufacturer. And so,
17 later, as I interviewed Ashley Nicole Heil, she gave consent
18 for us to process the vehicle. They recovered that Mossberg
19 box. The serial number on the Mossberg box was the same
20 serial number as the pistol grip Mossberg we recovered from
21 room 562.

22 Q And let me interject really quick, Detective
23 McGuire. So pretty early in the investigation, did you
24 believe that PoniaX Calles was affiliated with this
25 particular vehicle?

1 A Yes.

2 Q Okay. And was it ultimately found to be
3 registered, I think, to Ashley Heil's mother?

4 A Yes.

5 Q Okay. At the time that -- in the first few hours
6 of the investigation, had Portland Police Bureau been able
7 to confirm that the Mossberg box seen in the back of the
8 black Kia Sol was affiliated and the same gun as the gun
9 that had been located in Ashley Heil's room?

10 A That wasn't -- it was found out later.

11 Q Later. Okay.

12 A It was found out later the same day, but not as
13 this is unfolding.

14 Q Correct. Thank you.

15 A And then on July 24, 2023, at approximately 8:45,
16 I attended an autopsy at the Oregon State Forensics lab in
17 Clackamas County. Dr. Rebecca Millius was the one
18 performing the autopsy.

19 During the autopsy, she pointed out two bullet
20 wounds to Bobby Paul Smallwood. One was at the base of his
21 neck, and a second one was on the left side of his head.
22 She was able to recover a bullet from his lower back, right
23 below -- on his right side, just below his scapula. The
24 bullet wound to the left side of his head was right around
25 his ear.

1 They were able to remove some blue plastic, as
2 well as the small BBs, which were consistent with the blue
3 plastic housing that we recovered from the crime scene on
4 the fifth floor of the birthing unit and also with the small
5 little BBs were consistent with birdshot and snake shot, as
6 well.

7 At the completion of the autopsy, Dr. Millius,
8 Rebecca Millius decided that the -- or determined that the
9 cause of death was gunshot wound to the chest, and the
10 manner of death was homicide.

11 Q And that information is contained in a certified
12 copy of the forensic examination report that Dr. Millius has
13 supplied to both myself and to you, is that correct?

14 A Yes. I received that on November 11, 2023.

15 Q And does that appear to be the autopsy report for
16 Bobby Smallwood?

17 A Yes, a copy, yes.

18 Q Okay. Thank you.

19 MS. KYLE-CASTELLI: And we can pass that around to
20 you if you'd like to see it.

21 BY MS. KYLE-CASTELLI:

22 Q You have mentioned several times about the
23 birdshot and those type of -- that type of bullet. But you
24 also mentioned that a bullet had been recovered from Bobby
25 Smallwood's back. Did that seem to ultimately be the same

1 type of bullet as the birdshot, or do you know that
2 answer?

3 A No. They're different. The bullet that was
4 recovered from his lower right scapula was a lead-jacketed
5 round, meaning it had a lead center with a copper-colored
6 jacketing to it, and then the birdshot that was located on
7 the left side of his head. And those are very distinct and
8 different types of rounds.

9 Q Okay. Have you also reviewed the surveillance in
10 this particular case?

11 A Yes, I have.

12 Q Can you tell what type of gun, handgun, that
13 PoniaX Calles is using while on the fifth floor outside of
14 the birthing center?

15 A It's a revolver. It's hard to tell the color, but
16 it's a revolver.

17 Q And just so we're clear, when an individual fires
18 a revolver, what happens to the shell casing of that --
19 typically happens to the shell casing inside a revolver?

20 A They remain inside the cylinder.

21 Q Okay. So they don't eject out like a
22 semiautomatic?

23 A No, they do not.

24 Q Okay. At the conclusion of your investigation --
25 obviously, there was a lot more to your investigation than

1 what we've presented here today, is that correct?

2 A Yes.

3 Q And at the conclusion of your investigation, did
4 you hand over all materials to the Gresham Police Department
5 so that they could continue their investigation into the
6 subsequent officer-involved shooting?

7 A Yeah. My investigation was turned over to
8 Detective Larry Folk of the Gresham Police Department.

9 MS. KYLE-CASTELLI: Okay. Does anybody from the
10 grand jury have any questions for Detective McGuire?

11 GRAND JUROR: Just so I'm clear, when you say
12 bullet and shot, these are two different kinds of ammunition
13 for the same gun?

14 MR. MCGUIRE: I would -- yes. They're both .38
15 caliber to be fired from the same firearm, but they're two
16 distinct types of cartridges. So you have the cartridge
17 itself, which just consists of the bullet and then the
18 casing. And so for a standard .38 caliber cartridge, the
19 bullet would just be what we normally think of a bullet, a
20 solid piece of lead covered in, you know, copper covering.
21 A .38 caliber birdshot has a blue housing, and then the BBs
22 are contained within that bullet or projectile in the end of
23 it. It's very rare to see.

24 GRAND JUROR: I was going to say what -- the
25 bullet was possibly homemade, or anything, despite the

1 plastic residue that was left over?

2 MR. MCGUIRE: It's not -- I wouldn't say it was
3 homemade. No, it wouldn't be homemade. I don't want to put
4 that beyond anybody being able to do it. I didn't look at
5 the cartridges to know if they're reloads or not. So I
6 can't really answer that without seeing it.

7 GRAND JUROR: All right. Because I was going to
8 say if it was a handgun or a shotgun, despite of you stating
9 it was birdshot rounds, but since it was a physical revolver
10 handgun, then that states my conclusion that it was a
11 handgun.

12 GRAND JUROR: Were you able to determine how many
13 gunshots were fired within the hospital?

14 MR. MCGUIRE: We can, like, make the determination
15 on how many shots were fired based on the evidence we found.
16 But there's no -- you can't hear the number of shots clearly
17 to determine how many he actually fired inside the hospital
18 itself.

19 GRAND JUROR: How many, like, casings did you
20 recover in the hospital?

21 MR. MCGUIRE: We didn't recover any --

22 GRAND JUROR: Because it's a revolver.

23 GRAND JUROR: Yeah, it's a revolver. They stay
24 within the --

25 GRAND JUROR: The cylinder.

1 GRAND JUROR: Unless he's reloading them; the
2 casings also come out.

3 GRAND JUROR: Um-hum. Exactly.

4 BY MS. KYLE-CASTELLI:

5 Q And to follow-up on that question, I may --
6 earlier on the investigation, was there any -- did Portland
7 Police Bureau officers know whether or not he had additional
8 ammunition in his pockets or on his person?

9 A We had no idea, because the -- as this is all
10 unfolding, East Precinct is dealing with him out in East
11 County. So he had also changed his clothes. And so we had
12 no way of knowing whether or not he had more ammunition or
13 had acquired more ammunition during that period of time
14 between the hospital and when he was observed by officers
15 again.

16 MS. KYLE-CASTELLI: Any other questions?

17 MR. MICKLEY: Just a quick question, just to be
18 clear, you can have a revolver or even a semiauto and have
19 different cartridges in it, one being a buckshot or snake
20 shot and another being a regular with the lead bullet? And
21 they can just be sequential within the same firearm?

22 MR. MCGUIRE: Yes, absolutely.

23 MR. MICKLEY: And in this case, from the video
24 surveillance, there's only one firearm that appears to be
25 being shot by Mr. Calles at the hospital?

1 MR. MCGUIRE: Yes.

2 MS. KYLE-CASTELLI: Anything else?

3 (No response.)

4 MS. KYLE-CASTELLI: Okay. Thank you.

5 MICHAEL FILBERT

6 was thereupon called as a witness; and, having been first
7 duly sworn, was examined and testified as follows:

8 DIRECT EXAMINATION

9 BY MS. KYLE-CASTELLI:

10 Q You can have a seat. Can you please state and
11 spell your name for the record?

12 A Michael Filbert, M-i-c-h-a-e-l, F-i-l-b-e-r-t.

13 Q And where are you employed?

14 A Portland Police Bureau.

15 Q How long have you been so employed?

16 A Twenty-four years.

17 Q And what is your current assignment with the
18 Portland Police Bureau?

19 A I'm a sergeant in East Precinct and work patrol
20 these days.

21 Q And how long have you held that position?

22 A Three years.

23 Q So were you assigned in that particular position
24 on July 22nd of 2023?

25 A I was.

1 Q So on that day, on July 22nd, 2023, as you're
2 working in East Precinct, were you on patrol? I mean, were
3 you actively patrolling in your vehicle?

4 A Sure.

5 Q Is it a fully marked car?

6 A Yes.

7 Q And by fully marked, does it have Portland Police
8 Bureau emblazoned on the sides of it and --

9 A Lights and siren and pit bumpers, and all that,
10 yes.

11 Q And during that shift, were you listening to the
12 police radio?

13 A Yes.

14 Q What did you learn during your shift while you
15 were listening to the radio?

16 A A call came out that Central officers were going
17 to Good Samaritan Hospital, where there was an active
18 shooter.

19 Q Did you learn that the suspect had been identified
20 regarding the Good Samaritan shooting?

21 A Shortly after that, yes.

22 Q Okay. And do you remember his name?

23 A It was Reginald Jackson. He had -- he had changed
24 his name after that, but it was easier for me to remember
25 the Reginald Jackson, so that's how I looked him up.

1 Q Okay. And so when you looked him up, what type
2 of system did you look him up in? What database?

3 A RegJIN.

4 Q Okay. And can you explain to the grand jurors
5 what RegJIN is?

6 A It has a history -- it's got all our reports in
7 it, and it's got all the contacts that we've had, and it's a
8 regional records system that we use that we use for all our
9 reports, and --

10 Q So if somebody was a witness to a crime, would
11 they show up in RegJIN?

12 A Yes.

13 Q With a police contact, right?

14 A If they were in a report or written down at some
15 point, they would end up in RegJIN.

16 Q Same thing for a victim or a suspect in a case?

17 A Correct.

18 Q Okay. In RegJIN, when somebody does change their
19 name from one name to another, does RegJIN try to keep track
20 of that so to kind of connect an alias together for police
21 officers?

22 A Yes. There would be a listing of an AKA or
23 something -- if somebody has used any other name, then
24 they'd still be listed on the same contact.

25 Q Okay. And did you also while you were on patrol

1 that day, did you receive a photograph of the suspect
2 through the police?

3 A There was a photograph attached to the RegJIN, and
4 then once -- actually, I initially looked him up on my
5 desktop and then found his addresses, and then I went to my
6 car and brought up a larger picture.

7 Q Okay. So during that show from July 22, 2023, was
8 a large portion of Portland Police Bureau's resources
9 diverted to Good Samaritan and/or this search for PoniaX
10 Calles or Reginald Jackson?

11 A Almost everybody.

12 Q Okay. And did that leave you and a few other
13 officers kind of holding down the fort for the city?

14 A Yes. It left me, one other sergeant at East and
15 two officers at East, and I don't think anybody at north.
16 So, essentially, the entire east side of the city was two
17 sergeant, two officers.

18 Q Okay. So once you figured out who the identity of
19 the Good Samaritan shooter was likely to be, what did you do
20 with that information?

21 A Well, after I looked him up, got his addresses, I
22 saw one of his addresses was at 134th and Sandy, which is
23 pretty close by to East Precinct, and so I went up to check.

24 Q Okay. And what did you find when you got over to
25 that area?

1 A I believe his -- his approximately number was X-
2 6. And so I went down Sandy. And it's a pretty large
3 apartment complex with a kind of convoluted parking lot.
4 But there's a wall out front. And I looked back into the
5 apartment complex, and I saw X, which was in the far
6 southeast corner of -- of the lot. And I didn't see anybody
7 outside. So I saw that there was a retaining wall, or a
8 wall, like a six-foot wall behind the building. So I went
9 down the block and then came on the southside down one
10 street south of Prescott.

11 Q Okay. And to be clear, I just want to be really
12 clear. Were you still in your patrol car at that point in
13 time?

14 A Yes.

15 Q Okay. So as you were going down the street, what
16 did you see? What did you notice?

17 A So I pulled around, and I came down to -- it goes
18 to 134th -- and came north and pulled up to Prescott. And
19 as I did, I watched -- or I checked out the roadway real
20 quick on Prescott, and I just glanced over to my right
21 probably block, maybe a block and a half.

22 And there was an old ambulance on the side of the
23 road. And then I saw somebody step out from behind the
24 ambulance. And when I saw him, it was like a half a second.
25 But the hair, the face, everything matched exactly to the

1 picture on my screen. And then once he saw me, he popped
2 his head out, saw me, and then just eased back behind the
3 back of the van again.

4 And so I pulled down the road, slowly drove down
5 there, and I saw the -- there's a driver sitting in the
6 driver's seat. The van appeared to be running. And I could
7 see the pair of feet on the passenger's side of the van,
8 underneath the van as I rolled by.

9 Q Okay. So just what coloring was the van?

10 A Red and white.

11 Q Okay. Was it predominantly white or predominantly
12 red?

13 A Mostly white.

14 Q Okay. Was it a very distinctive looking van?

15 A Yes, it was an old -- used to be an ambulance, I
16 believe, pretty big and beat up and not in all that great of
17 shape, but very distinctive.

18 Q So you briefly saw this person. Were they
19 standing toward -- on the passenger's side of the vehicle,
20 the driver's side of the vehicle? Where were they standing
21 in relationship to that white van?

22 A Initially, right in back at the driver's side,
23 stepped out, saw me, stepped back, and then went back around
24 the back of the van and was standing on the passenger's side
25 behind the box of the ambulance.

1 Q Okay. And what you described, a very brief
2 period of time that you had that initial view of that person
3 --

4 A Maybe a half a second.

5 Q Were you 100 percent certain it was the same
6 person that you had seen on the video, on the screen?

7 A I was pretty darn certain, yes.

8 Q Okay. So after you had that brief sighting, what
9 did you do next?

10 A After I rolled by the vehicle and saw the feet, I
11 went around the corner, turned around real quick, and came
12 back. I knew that there was a -- I had seen that there was
13 a walkway to the apartment, to Building X right there. And
14 I hadn't seen anybody dart or go through the walkway. And
15 as I pulled back around, the van just started pulling away
16 very -- super slow.

17 Q So did you see the second person get inside of the
18 van?

19 A No.

20 Q Okay. But the driver still appeared to be in the
21 van from when you first passed by?

22 A Yeah, same driver.

23 Q Okay. Did you -- how far down the street did you
24 go in order to make the U-turn?

25 A It's right near the bend in the road. So I

1 just -- it was maybe a block. And so I went -- I turned
2 around real quick, and I came right back. So I was probably
3 out of site for 10 seconds maybe.

4 Q Did you want to do a U-turn in the middle of the
5 street right in front of the van?

6 A No.

7 Q Why not?

8 A There wasn't room, and it didn't seem like a very
9 good idea.

10 Q Okay. Did you eventually end up following that
11 van?

12 A I did.

13 Q Did you also run the license plate for the van?

14 A I did.

15 Q And what did you discover about the license
16 plates?

17 A It was years expired. It was a California plate,
18 and I believe that -- I believe it expired in '16.

19 Q Okay. 2016?

20 A Yes.

21 Q So tell us where you went as you were following
22 the van?

23 A So he pulled up to 134th, like, northbound to
24 Sandy, and then went eastbound on Sandy. And so I followed
25 him. He was going 15, 20 miles an hour very, very slowly.

1 And so I was just formulating a plan and trying to work
2 through all the difficulties that I was having, having not
3 seen him get in the van, having some kind of doubt that it
4 was actually him. And most it was -- if I were to call out
5 this stop, it would detract from what 100 cops were doing
6 downtown.

7 Q Okay. So let's start off with a more basic
8 premise. Did you feel comfortable engaging in a traffic
9 stop, just you as the only police officer on this van?

10 A Absolutely not.

11 Q Can you please explain why you didn't feel
12 comfortable with that?

13 A Because I knew there was no cover anywhere, nobody
14 in North Precinct. The closest East Precinct officers would
15 be ten minutes out, at least five minutes, and you know, it
16 was just kind of -- it was -- I don't get stressed out much,
17 but that was the most stressful thing that I've ever been
18 through. Plus knowing that this -- if it was the -- the
19 person -- the suspect from Good Sam, he just committed a
20 homicide, and he's most likely armed. So --

21 Q And when you say cover, what do you mean by that?

22 A Any other police officer that can come and assist.

23 Q Does that allow one person to have engaged with
24 the people and the van and another person to be able to
25 protect you while you -- while somebody goes and approaches

1 or while you allow -- somebody that's in the van -- does
2 it allow you to operate more safely than you would be able
3 to do if it was just you on your own?

4 A Yes.

5 Q Okay. So did you ultimately make a decision to
6 ask officers for that cover and to pull other officers from
7 their assigned tasks to come over and assist you with the
8 traffic stop?

9 A So I believe what I said was -- I believe I'm
10 behind the homicide suspect from Good Sam. We're going
11 eastbound on Sandy very slowly. I know we don't have any
12 cover at north or east. I'm going to need Multnomah County
13 and Gresham to cover me, and we're going to do a high-risk
14 stop.

15 Q Okay. And so did officers from Gresham Police
16 Department and Multnomah County Sheriff's Office come to
17 assist you in that high-risk --

18 A Yes.

19 Q Okay. Can you please explain what a high-risk
20 traffic stop is?

21 A We have certain configurations of how we most
22 likely would like to set up a stop, where you have enough
23 cover, say, with your vehicles, you can -- you can have good
24 line of sight on both sides of the vehicle. You have plenty
25 of advantage over the vehicle that you're stopping, the

1 safest -- in the safest manner possible.

2 Q Okay. Let me ask you. Portland Police Bureau
3 patrol cars, are those bullet proof?

4 A No.

5 Q Okay. Do you happen to know -- and you may not
6 know the answer to it -- what about Gresham Police
7 Department or MCSO patrol vehicles?

8 A Some doors have bullet resistance, but nothing is
9 bulletproof, and it depends on what kind of weapons they
10 have. The car I drive is an old '13 Caprice, and it has
11 none of that. It's a car.

12 Q Okay. And so do you remember approximately how
13 long it took for those cover officers to get to your scene?

14 A I called out the stop -- or I called out the -- my
15 intention to stop it at about 155th and Sandy, and we
16 continued super slow down 181st, then pulled up to the
17 stoplight at the eastbound 84 off-ramp, which was probably a
18 good 4 minutes. It seemed like 15. And then the first
19 cover car I saw arriving was just north of Halsey. And then
20 he turned around and got behind me. And then there were two
21 other Gresham cars that joined, like, just south of Halsey.

22 Q Okay. So was it somewhere around Northeast 181st
23 and Northeast Everett that you were actually able to conduct
24 the high-risk traffic stop?

25 A Yes. And to answer your question, I would say --

1 I would estimate seven minutes.

2 Q Okay. So if you don't mind, Sergeant Filbert just
3 turning around and looking at this photograph from a drone,
4 are you able to identify which vehicle you were in?

5 A This is my vehicle there.

6 Q Okay. So the one in the middle behind the van.
7 And where is the white van?

8 A Right there.

9 Q Okay. So right over here in the front. And so is
10 this the configuration that you were talking about earlier
11 that gives you advantages?

12 A Right.

13 Q If you wouldn't mind just speaking up and kind of
14 standing up and explaining to the grand jurors why this
15 particular configuration gives you extra safety for police
16 officers?

17 A So we have -- this isn't like a mapped out this is
18 how you do a high-risk stop. This is how it ended up.
19 So -- and I was happy with it. We had me, the initial stop.
20 Another vehicle pulled up here. I believe that was his
21 vehicle. He came up and joined me as I was giving commands
22 to the driver here.

23 And then as additional cars arrived, we had
24 another vehicle, and these are Gresham cars. In Portland,
25 we probably wouldn't have set it up like that, but we don't

1 train with Gresham that often. That's just how it ended
2 up. And as we worked through things, we modified it. We
3 moved cars around.

4 Since I -- like I said, my car is old and doesn't
5 have the protection that these Tahoes does. That car was --
6 my car was taken out of there and then modified with other
7 vehicles. But it's not a -- I mean, it's not, like,
8 textbook right there, but it worked.

9 Q But it provided you additional cover that you
10 wouldn't have had if you had just done the stop on your own?

11 A Absolutely.

12 Q Okay. Thank you. And I want to make sure that
13 I'm clear. The van that you stopped here at 180 --
14 Northeast 181 and Northeast Everett, was that the same
15 vehicle that you had seen near the location of the address
16 affiliated with PoniaX Calles?

17 A Yes.

18 Q Did you give any commands to the driver or the
19 passenger once you engaged in the stop?

20 A To the driver.

21 Q Okay. And tell us about what happened with the
22 driver?

23 A Initially, I had him put his hands out the window.
24 He did so. He followed every command that I gave him. I
25 had him open up the door from the outside. I believe his

1 seatbelt was on, so he -- I told him to with his right
2 hand unbuckle his seatbelt. He came outside, had his hands
3 up, had him lift up his shirt and turn around so we could
4 see his waistband, make sure there's no weapons in there.

5 I believe I gave him a force warning, which is
6 something to the effect of if you resist, force may be used
7 against you. I had him -- as I was having him turn around,
8 the van started from inside. And I told him, "Get into that
9 -- or get back in there and get those keys now." And he
10 actually jumped in there, and you could see him wrestling
11 around. And he came out with the keys, which was huge,
12 because not only did he get the keys and prevent what would
13 have probably been a pretty nasty pursuit, but then that
14 also told me that there was actually a passenger in there,
15 which was a quarter of my doubt that I had in my, you know,
16 in my --

17 So he got the keys and followed all direction to
18 come back to the custody team. They took him into custody.
19 And quickly I asked who is passenger was. He said that his
20 name was Reggie, and he just came from the hospital. So
21 that -- that was huge. And so then I was able to update
22 the -- it's probably 99 percent confirmed that this is our
23 suspect. Reggie just came from the hospital downtown, and
24 he said he was very animated. So the driver was totally,
25 totally cooperative with us.

1 Q And do you remember what the driver's name was?

2 A I never actually got it. So he was taken back to
3 a sheriff's car, as I stayed up at my vehicle, and we
4 concentrated on now the passenger inside the vehicle.

5 Q Okay. Do you know whether -- even if it wasn't
6 you, but have you reviewed other police reports or know of
7 other officers that showed the driver a picture of PoniaX
8 Calles AKA Reginald Jackson, and if he was able to confirm
9 that that was the passenger in his vehicle?

10 A Yes. Just a couple minutes after that, I was told
11 by a deputy that the driver was shown a mugshot on the MDC,
12 and he confirmed that, yes, that's -- that's the passenger.

13 Q So at that point, did you feel comfortable
14 contacting dispatch and saying, "Hey, yeah, we think that we
15 have the suspect from the Good Samaritan shooting in this
16 van"?

17 A Yes, yes.

18 Q Okay. Do you remember specifically giving a force
19 warning to the passenger in the van?

20 A After the driver was taken into custody, we never
21 contacted the passenger at all. Never said a word. I just
22 wanted to freeze the whole incident. And we waited for him
23 to initiate with us, but I never tried to speak with him.
24 We never did anything except for wait. And -- because we
25 had all of SERT coming and the whole city coming.

1 Q Okay. And that was after the driver had
2 already submitted and come back to you?

3 A Right.

4 Q So at that point, there was no more communication.
5 Was your goal at that point kind of to keep things as static
6 as possible?

7 A Absolutely doing nothing except reacting to what
8 may happen.

9 Q Okay. And so were SERT and CNT resources kind of
10 relocated to this particular area?

11 A Yes.

12 Q And after SERT arrived, were you kind of relieved
13 of your position that you would have been working?

14 A Yes, yes.

15 MS. KYLE-CASTELLI: Okay. Does the grand jury
16 have any questions for Sergeant Filbert?

17 GRAND JUROR: I just have one quick question.
18 Approximately how long did it take for SERT to arrive?

19 MR. FILBERT: Well, they came not everybody at
20 once. So started arriving with in seven or eight minutes.

21 GRAND JUROR: Okay. Thank you.

22 BY MS. KYLE-CASTELLI:

23 Q And SERT, when a situation is unfolding like this,
24 does SERT send kind of a quick reaction team to the scene --

25 A Right.

1 Q -- to the scene to kind of start the process
2 while they're waiting for the larger armored pieces to kind
3 of get -- lumber over from Central to East?

4 A Yes.

5 MS. KYLE-CASTELLI: Okay.

6 GRAND JUROR: And did you say you saw him changing
7 his clothes at the apartment -- near the apartment?

8 MR. FILBERT: The only time I saw him was the one
9 time that he ducked back.

10 GRAND JUROR: Oh, okay.

11 MR. MICKLEY: You said that the driver of the van
12 had been shown a picture on the MDC?

13 MR. FILBERT: Yes.

14 MR. MICKLEY: That's the mobile data computer
15 inside of each patrol car?

16 MR. FILBERT: Correct.

17 MS. KYLE-CASTELLI: Any other questions?

18 (No response.)

19 MS. KYLE-CASTELLI: Okay. If we can go off the
20 record, please?

21 (Whereupon, the proceedings ended at 4:29 p.m. on
22 November 27, 2023.)

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C E R T I F I C A T E

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I hereby certify that the proceedings set forth in the above-entitled matter were reported by audio recording; that thereafter I caused the said audio recorded notes to be transcribed into the foregoing transcript and the foregoing 105 pages constitute a full, true and accurate transcript of the proceedings as noted herein.

December 15, 2023
Date


DANIELLE S. VANRIPER
Official Transcriber

Within this transcript of proceedings, some of the names and/or technical terms are spelled phonetically, inasmuch as exhibits, files and support documentation were not made available to us for reference.