

SALAM POLICE DEPARTMENT

1. Inc. # 91-41838	2. Contact #	County of Occurrence <input type="checkbox"/> Polk <input checked="" type="checkbox"/> Marion <input type="checkbox"/> ST	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z OTHER
3. Date/Time Reported 09-21-91 0506	4. Date/Time Occurred 09-21-91 0506	Juv. Info. <input type="checkbox"/> Juv. Infr. <input type="checkbox"/> Juv. Referral	Parent notified by: _____
5. Arrest <input type="checkbox"/> Arrest <input type="checkbox"/> Escaption <input type="checkbox"/> Inactivated <input type="checkbox"/> Not Assigned <input type="checkbox"/> Reclassified <input type="checkbox"/> Unintended	6. Secondary Incident	7. Location 5305 Woodside Dr SE #5	Page 1 of 2
8. Name (V) STEINBACHER, RACHEL LYNN	9. Age/DOB 06-27-71	10. Race/Sex W/F	11. Business Name Bella CLOAKS
12. Address 5305 Woodside Dr SE #5	13. Res. Ph. 584-2370	14. Bus. Ph. 364-2216	15. Work Hrs. 7-3 AM'S
16. Name ()	17. Age/DOB	18. Race/Sex	19. Business Name
20. Address	21. Res. Ph.	22. Bus. Ph.	23. Work Hrs.
24. Name ()	25. Age/DOB	26. Race/Sex	27. Business Name
28. Address	29. Res. Ph.	30. Bus. Ph.	31. Work Hrs.
32. Name Holscomb MARC MEALEY SR	33. Res. Address 3137 HWY 10 #33 SWEET HOME	34. Age/DOB 083045	35. Sex/HT/Weight/Build M 5'9" 180
36. Res. Address 3137 HWY 10 #33 SWEET HOME	37. Res. Phone 367-5397	38. Bus. Phone 222	
39. Res. Phone 222	40. Bus. Phone 222	41. Employer/School UNK	42. Occupation UNK
43. Business Address UNK	44. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	45. POB OREGON	46. SS No. 541-44-9590
47. Driver's License 1A13607 OR	48. Illness/Injury	49. Medication	50. Doctor's Name
51. Charge 51 ORS	52. Bail	53. Jurisdiction	54. Jurisdiction
55. ORS	56. NCIC	57. Arrest No. (Statewide)	58. Jurisdiction
59. Charge 51 ORS	60. Bail	61. Jurisdiction	62. Jurisdiction
63. ORS	64. NCIC	65. Arrest No. (Statewide)	66. Jurisdiction

084728
PLEASE MAKE NO MARKS IN THIS AREA

FRONT	BACK	LEFT	RIGHT
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
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73	74	75	76
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81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

RACE	HAIR STYLE	FACE SHAPE	TEETH	BUILD	WEAPON	SUSPECT ACTIONS
HAIR COLOR	RACIAL HAIR	EYE COLOR	SPEECH	DEMEANOR	RELATIONS BY TYPE	
GLASSES	CLASSES	VOICE	RECIDIVIST	DRUGS INVOLVED	ALCOHOL INVOLVED	
HAIR LENGTH	COMPLEXION	SUSPECT WORE	EXHIBIT	STATE FACILITY IMPACT		
Reporting Officer B. F. ...	ID#	Cover Officer 271	ID#	Date/Time of This Report 09-21-91 10:15	Supervisor Approval [Signature]	

EXHIBIT 5
PAGE 1 OF 5

STATUS: 1. Date of crime 2. Location of crime 3. Victim of crime 4. Instrumentality used 5. Damage to property/Injury to victim 6. Value of items taken 7. Probable cause

QUAN NAME BRAND MODEL/STYLE SER #/ENGRAVE # SIZE/CAL COLOR VALUE

Brief (S) HOLCOMB COMMITTED ASSAULT AND BATTERY BY STRIKING (V) STEINBACHER WITH HIS HAND AND CAUSING HER PAIN

Investigation (V) STEINBACHER REPORTED THAT (R) HOLCOMB CAME TO HER RESIDENCE AT ABOUT 10:00 AM ON 07-21-91 TO PICK UP HER DAUGHTER ((S) GRANDDAUGHTER) WHEN (V) STEINBACHER WID (S) HOLCOMB SAW THE GIRL WAS SLEEPING AND COULD NOT GO WITH HIM BECAUSE SHE WAS ASLEEP AND AN ARGUMENT BEGAN AFTER EXCHANGING WORDS (S) HOLCOMB STARTED TOWARDS THE CHILD'S BEDROOM (V) STEINBACHER STEPPED IN FRONT OF (S) HOLCOMB TO STOP HIM. (S) HOLCOMB GRABBED STEINBACHER BY THE WRIST AND TRIED TO GET PAST HER HE THEN STRUCK HER WITH HIS RIGHT FIST ON THE

VEHICLE STATUS	E	AV	IV	LV	MV	RV	SV	TV	VV	69. VIN #	70. LEADS/NCIC	71. VALUE
VEHICLE INFO	72. LIC. #		73. LIC. ST.		74. EXP. YR.	75. LIC. TYP.	76. VEH. YR.	77. MAKE		78. MODEL	79. STYLE	
80. REG. OWNER					81. ADDRESS					82. PHONE		
83. TOWED TO				84. TOWED BY		85. HOLD <input type="checkbox"/> No <input type="checkbox"/> Yes		86. REASON <input type="checkbox"/> Owner Req. <input type="checkbox"/> Penalty Tow <input type="checkbox"/> City Law <input type="checkbox"/> Security Tow			87. CITY #	

I have arrested the above defendant and will appear at the City/County attorneys office to sign a complaint as notified. I will testify as a witness against the defendant.

The above named person is presently missing.

I am liable for all towing and storage costs incurred during the recovery of the vehicle.

I request the above named child, presently out of my control, be taken into custody.

P - PRIMARY	SECOND BUBBLE = SECONDARY COLOR	I - INTERIOR
VEHICLE COLOR	<input type="checkbox"/> Blue <input type="checkbox"/> Bronze <input type="checkbox"/> Copper <input type="checkbox"/> Grey <input type="checkbox"/> Green LT <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Tan <input type="checkbox"/> Beige <input type="checkbox"/> Blu. DK <input type="checkbox"/> Brown <input type="checkbox"/> Cream <input type="checkbox"/> Green <input type="checkbox"/> Lavender <input type="checkbox"/> Pink <input type="checkbox"/> Silver <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Blu. LT <input type="checkbox"/> Chrome <input type="checkbox"/> Gold <input type="checkbox"/> Green DK <input type="checkbox"/> Maroon <input type="checkbox"/> Purple <input type="checkbox"/> Tan <input type="checkbox"/> Yellow	<input type="checkbox"/> Blue <input type="checkbox"/> Bronze <input type="checkbox"/> Copper <input type="checkbox"/> Grey <input type="checkbox"/> Green LT <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Tan <input type="checkbox"/> Beige <input type="checkbox"/> Blu. DK <input type="checkbox"/> Brown <input type="checkbox"/> Cream <input type="checkbox"/> Green <input type="checkbox"/> Lavender <input type="checkbox"/> Pink <input type="checkbox"/> Silver <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Blu. LT <input type="checkbox"/> Chrome <input type="checkbox"/> Gold <input type="checkbox"/> Green DK <input type="checkbox"/> Maroon <input type="checkbox"/> Purple <input type="checkbox"/> Tan <input type="checkbox"/> Yellow

SPEC. VEH. FEATURES (10)	<input type="checkbox"/> Land Matter <input type="checkbox"/> Not Drivable <input type="checkbox"/> Keys in Veh <input type="checkbox"/> Head/Plastic Spots <input type="checkbox"/> Sticker/Decal <input type="checkbox"/> Port-Holes to Use <input type="checkbox"/> Debt Payments <input type="checkbox"/> Debt Inv <input type="checkbox"/> Custom Wheels <input type="checkbox"/> Camp/Caravan <input type="checkbox"/> Wheel Drive <input type="checkbox"/> Decorative Paint <input type="checkbox"/> Low Rider <input type="checkbox"/> Vinyl Top <input type="checkbox"/> Body Damage <input type="checkbox"/> Vandalism
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SOLICITED	POINT OF ENTRY	METHOD OF ENTRY	TOOL USED	EVIDENCE OBTAINED	TARGET	GENERAL AREA
100 Food	100 Door	100 Attempt Only	100 Unknown	100 Fingerprint	100 Specific Room	100 Residential
101 Assistance	101 Window	101 Force/Unknown	101 Other	101 Other Prints	101 Multiple Rooms	101 Industrial
102 Money	102 Roof	102 End in Backing	102 None	102 Ident. O-Kit	102 Entire House	102 Institutional
103 Sex	103 Wall	103 Broken Glass	103 Rope/Fire	103 Search Card(s)	103 Basement	103 Institutional
104 Drugs	104 Truck/Hood	104 Picked/Jimmied	104 Pry Bar	104 Height Cards	104 Attic	104 Street Control
105 Phone	105 Upper Level	105 Wounded Knob	105 Pry Bar	104 Rape Kit	105 Storage Area	105 Rural
106 Hides	106 Ground Level	106 Car/Break Lock	106 Pry Bar	104 Weapons/Tools	106 Car/Dp. Machine	106 Business
107 Light	107 Lower Level	107 Unlocked/Opened	107 Pry Bar	104 Documents	107 Garage/Carport	107 Business
108 Drink	108 Rear	108 Unlocked/Opened	108 Pry Bar	104 Other	108 Other	108 Business
109 Cap/Smith	109 Side	109 Unlocked/Opened	109 Pry Bar	104 Neighbors' Mail/Del.	109 Other	109 Business
110 Other	110 Other	110 Unlocked/Opened	110 Pry Bar	104 Want Security	110 Other	110 Business
				104 Alarm	110 Other	110 Business
				104 Operation ID	110 Other	110 Business

BUSINESS	<input type="checkbox"/> Bowl/Skate/Arc. <input type="checkbox"/> Marine <input type="checkbox"/> Theater <input type="checkbox"/> Factory <input type="checkbox"/> Golf Course <input type="checkbox"/> Apt/Condo <input type="checkbox"/> Office <input type="checkbox"/> Public Safety Ex. <input type="checkbox"/> Restaurant <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Grocery <input type="checkbox"/> Resid Bldg <input type="checkbox"/> Cemetery <input type="checkbox"/> Duplex <input type="checkbox"/> Mus. <input type="checkbox"/> School/College <input type="checkbox"/> Dept/Var. <input type="checkbox"/> Hdwe/Sport Goods <input type="checkbox"/> Other Bldg <input type="checkbox"/> Park/Campground <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Church <input type="checkbox"/> Airport/Depot <input type="checkbox"/> Gas Station <input type="checkbox"/> Furn/Appliance <input type="checkbox"/> Medical <input type="checkbox"/> Other Bldg <input type="checkbox"/> Yrs./Related Area <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Const Mat. <input type="checkbox"/> Conven Store <input type="checkbox"/> Pharmacy/Drug <input type="checkbox"/> Yrs Sales/Parts/Serv <input type="checkbox"/> River/Pond/Shore <input type="checkbox"/> Club/Dorm/Room House <input type="checkbox"/> Liquor Store <input type="checkbox"/> Jewelry/Camera <input type="checkbox"/> Yrs Sales/Parts/Serv <input type="checkbox"/> Tavern/Bar <input type="checkbox"/> Clothing/Shoes <input type="checkbox"/> OTHER BUSINESS <input type="checkbox"/> Other <input type="checkbox"/> Mobile Home/Trailer	STRUCTURES	AREA	DWELLING-LOGGING	PUBLIC FACILITY
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INITIATING A FALSE REPORT IS A CRIME ORS 162.375 SEC. 212.

COMPLAINANT SIGNATURE: X

EXHIBIT 5 DATE/TIME

PAGE 2 OF 5

Verified Correct Copy of Original 9-9-2018

PLEASE MAKE NO MARKS IN THIS AREA

DISPATCH REPORT

AD # 3575 SMP INCIDENT # 91-041838 DESCRIPTION: ASSAULT - HIMPLE

LOCATION: 05505 WOODSIDE DR SE CITY DIST RPT.AREA
01 04 0384

COMPLAINANT: STLINBACHER RACHAEL JOB: CG 3771

ST.NO. PFX STREET NAME TYPE SFX APT C PHONE V PHONE
ADDRESS: 05505 WOODSIDE DR SE 503-581-2372 581-2372
CITY: STATE:

VICTIM: _____ JOB: _____ PHONE: _____

ADDRESS: _____ TYPE SFX APT CITY STATE

DATE TIME DATE TIME DATE TIME
RCVD: 092191 080642 DISP: 092191 090316 RESP: 090450 ARR: 092191 092139 COMP: 092191 110014

PRI OFF: S271 UNIT: S271 COVER: _____ YES OR NO
BPS1 #: 019638 CLR CODE: 01M INC RPT?

DESCRIPTION: COMP CHILD'S GRANDFATHER ASSAULTED COMP, HE CAME TO PICK UP THE CHILD, COMP TOLD HIM SHE WAS SICK, HE REFUSED TO ACCEPT THAT AND STRUCK COMP, IN FACE, HE DID NOT TAKE THE CHILD, HE HAS LEFT AT THIS TIME
THIS IS APT #5...

Refer to Report

EXHIBIT CLEAR COMMENTS: _____
PAGE 3 OF 5
SAC-201C REPORTING OFFICER: *Paul Jones* 271 APPROVAL: _____

Copy of Original 1/20/20 Verified Correct

INCIDENT NUMBER 91-41538
CONNECT NUMBER

DETAIL PAGE

PAGE 1 OF 2

INCIDENT
Armed + BATTERY

SALEM P.D. MARION CO.
COUNTY OF OCCURRENCE MARION POLK

CLASS	DATE	TIME	WCS	PREP

CONTINUATION PROPERTY RECEIPT SUPPLEMENTAL EVIDENCE
CLEARANCE BY: ARREST EXCEPTION UNFOUND

CLASSIFICATION: MURDER BATTERY ROBBERY SEXUAL ABUSE
REPORTED TIME: 09-21-91 1045 SAT

INSTRUCTIONS FOR PROCESSING: TEST FOR NARCOTICS PROCESS FOR PRINTS HOLD
PROPERTY CONTROL: 9 NUMBER OF PACKAGES 10 STORAGE LOCATION 11 LABORATORY NUMBER

ITEM NUMBER STATUS: E AP FP IP MP RP SP VP TAG/RECEIPT NO. 12 WHERE PROPERTY STORED 13 TOTAL STOLEN RECV'D VALUE

FOLLOW THIS SEQUENCE FOR LISTING ALL ITEMS OF PROPERTY USE PROPER STATUS CODE
QUANTITY: NAME BRAND MODEL STYLE SERIAL ENGRAVING COLOR SIZE CALIBER VALUE LIDS NOC
TYPE OTHER DESCRIPTIVE INFORMATION

NARRATIVE

NAME () ADDRESS

left side of the face

(V) STEINBACHER told (S) HOLCOMB that her husband was in the bedroom asleep and she was going to get him. (S) HOLCOMB THEN LEFT.

I looked at (V) STEINBACHER'S face and could see no marks. she said her cheek did hurt but it was not substantial she did wish to press charges.

I called (S) HOLCOMB at his residence in Sweet Home. He told me he had gone to STEINBACHER'S apartment because he had visitation rights for his granddaughter. He thought that STEINBACHER was lying to him about the girl being sick. AN ARGUMENT did take place. HOLCOMB SAYS THIS WAS VERBAL ONLY AND he left without touching STEINBACHER in any way.

DTSP:

CASE REFERRED to the City Attorney for POSSIBLE

ISSUANCE OF A WARRANT FOR ASSAULT AND BATTERY
20 REPORTING OFFICER: B. WELAN 271 21 UNIT/POST 22 DISTRICT/POD 23 APPROVAL: [Signature]

Verified Correct Copy of Original 1/29/2018

SALEM POLICE DEPARTMENT

555 LIBERTY STREET SE • SALEM, OR 97301
(503) 588-8123

CASE MANAGEMENT RECEIPT

DATE: 09-19 INCIDENT TYPE: Harassment

INCIDENT NO.: 91-41238

SOLVABILITY FACTORS PRESENT

- 1. SUSPECT named, identified, or known (10)
 - 2. SUSPECT described (5)
 - 3. EYEWITNESS able to identify (10)
 - 4. WITNESS known but uncontacted (10)
 - 5. VEHICLE meaningfully described (10)
 - 6. VEHICLE described (5)
 - 7. PROPERTY traceable (serial #, ODL) (5)
 - 8. EVIDENCE significant, of value (10)
 - 9. M.O. - significant or unique (10)
 - 10. OTHER significance for assignment (10)
- victim condition
 mandated investigations
 other significant reason

✓	(10)
✓	(5)
✓	(10)
	(10)
	(10)
	(5)
	(5)
	(10)
	(10)
	(10)
20	
TOTAL	

COMMENTS: REFERRED TO CITY ATTORNEY
FOR POSSIBLE WARRANT

Rep. Off. B. FINERAN No. I.D. 271

RECOMMEND FOLLOW-UP BY:
 Patrol CIS OTHER (specify) none

<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Recommend	Signature of Patrol Supervisor	I.D. No.
		<u>576</u>
<input type="checkbox"/> Concur <input type="checkbox"/> Recommend	Signature of Follow Up Review Officer	I.D. No.

SPD-240-85