## Other FBI Crimes Questions



PACT act violation - ma	y involve law enforcement ager	ncy corruption.	
			11
			Characters remaining: 133
When did the crime/in	cident occur/begin?		
Specific Date	<ul><li>Approximate Date</li></ul>	Ounknown	
O Opecinic Date	Approximate bate	Olikilowii	
Specify Date	te		
Animal tort	ure appears to have begun arou	und 2016, amplified ir	
Where did the crime/i	ncident occur? (Select and	d enter any locatio	n information you know
☐ State			
Nearest city	or town		
	ation (e.g., address, street,	building, school,	park, memorial)
✓ Specific loca			
Specific local	<b>3</b> -		
	9 -		
everywhere I live			
everywhere I live			
everywhere I live How do you know this Unknown		of my pet cat, Roxy.	

0	- :5	Date
Sne	CITY	LIPTE
UNC	VIIV	

Animal torture appears to have begun around 2016, amplified ir

Where did the crime/incident occur? (Select and enter any location information you know)

State
☐ Nearest city or town
Specific location (e.g., address, street, building, school, park, memorial
everywhere I live -

How do you know this information?

1 1		4				
l l	Jr	١K	n	O١	N	r

I have witnessed and documented this wireless torture of my pet cat, Roxy.

Characters remaining: 126

### Provide a brief description of the incident

Roxy began to suffer a number of mysterious ailments, especially to ears and skin, beginning around 2016. By 2019 I came to believe she was being affected with wireless weapons, because it seemed like burns to her ears and injuries to her body were coming out of thin air, forming in a matter of minutes. This has come in waves, changed in nature, and is significantly worse at night. But it also seems to be tied to positive activities, conditioning the cat to do nothing but sit and sleep. A few weeks ago I purchased a bug detector and consistently found wireless signals coming from the areas where she is currently suffering the most - as well as from the area of her heart. As far as I'm concerned, this confirms the hypothesis I've held since 2019.

In addition to Portland Police (noted below) - I have reported and provided information to Multnomah Co Animal Services (phone: 503-988-7387).



Other Agency Report

HIDE



## Portland Police Bureau GOVERNMENT AGENCY RELEASE

						-							
OCCURRED DATE/TIME 01/01/2022 0101 TO 04/27/2023 2201 AUTHOR ONLINE REPORT (OL)					(OL)								
LOCATION OF INCIDENT 305 NE 61ST AVE, PORTLAND							PLACE						
COUNTY DISTRICT EA			I Secretary I Secr			GRID 20565							
IOLENCE	E GANG INVOLVEMENT SPECIAL STUDY												
TOTAL LOSS TOTAL RECOVERED DAMAGED TOTAL D				DRUG TOTAL									
INTERNAL STATUS NOT A CRIMINAL OFFENSE								<b>APPROVED ON</b> 05/12/2023					
										· ·			
OFFENSE SUSPICIOUS PERSONS STATUTE PREMISE TYPE Other/Unknown													
BIAS NONE (NO BIAS)													
ANT #1													
NAME (LAST, FIRST MIDDLE) MEYER, ERIKA KATRIN				SEX FEMA	LE	RACE WHITE				<b>DOB</b> 03/29/1968		68	AGE 55
HOME ADDRESS - STREET, CITY ZIP 305 NE 61ST AVE, Apt. D13, PORTLAND OR 972						HEIGHT		WEIGHT	HAIR C	OLOR	E	YES	
CELL PH	ONE	WORK PH	IONE										
SOCIAL	SECURITY NUMBER	РОВ	ETHNICITY										
	O1/O PORTLA  //OLENCE  FENSE  S ANT #1 IN Apt. D CELL PH	PORTLAND  DISTRICT EA  VIOLENCE GANG INVOLVEMENT  TOTAL RECOVERED  S  ANT #1  IN	PORTLAND  DISTRICT EA  VIOLENCE GANG INVOLVEMENT  TOTAL RECOVERED  S S ANT #1 IN PAPT. D13, PORTLAND OR 972 CELL PHONE WORK PF	PORTLAND    DISTRICT   EA     MOLENCE   GANG INVOLVEMENT   SP     TOTAL RECOVERED   LED     STATUTION     STATUTION     STATUTION     SAPT. D13, PORTLAND OR 97213     CELL PHONE   WORK PHONE	PORTLAND    DISTRICT   BEAT   901     VIOLENCE   GANG INVOLVEMENT   SPECIAL ST     TOTAL RECOVERED   DAMAGE     FENSE   APPROVED BY   LEDFORD,     STATUTE   SEX   FEMA     Apt. D13, PORTLAND OR 97213     CELL PHONE   WORK PHONE	PORTLAND    DISTRICT   EA	PORTLAND    DISTRICT   EA	O1/01/2022 0101 TO 04/27/2023 2201 ONLINE FORTLAND  DISTRICT EA 901  TOTAL RECOVERED DAMAGED TOTAL  APPROVED BY LEDFORD, ADRIAN L (57)  STATUTE PREMISE TYPE Other/Unknown  ANT #1  SEX FEMALE WHITE  Apt. D13, PORTLAND OR 97213  CELL PHONE WORK PHONE EMAIL ADDRES REDACTED	O1/01/2022 0101 TO 04/27/2023 2201 ONLINE REPORT  PORTLAND  DISTRICT EA 901  TOTAL RECOVERED DAMAGED TOTAL  APPROVED BY LEDFORD, ADRIAN L (57521)  STATUTE PREMISE TYPE OTHER	O1/01/2022 0101 TO 04/27/2023 2201 ONLINE REPORT (OL)  PORTLAND  DISTRICT BEAT 901 2056  FEA 901 APPROVED BY LEDFORD, ADRIAN L (57521)  STATUTE PREMISE TYPE OTHER (OTHER CONTROLL)  STATUTE PREMISE TYPE OTHER (OTHER CONTROLL)  ANT #1  SEX FEMALE WHITE  APPL. D13, PORTLAND OR 97213  CELL PHONE WORK PHONE EMAIL ADDRESS REDACTED	O1/01/2022 0101 TO 04/27/2023 2201 ONLINE REPORT (OL)  PORTLAND  DISTRICT EA  POLICE  GANG INVOLVEMENT  DAMAGED TOTAL  APPROVED BY LEDFORD, ADRIAN L (57521)  STATUTE  PREMISE TYPE Other/Unknown  S)  ANT #1  IN  SEX FEMALE FEMALE WHITE  DOB 03/29  Apt. D13, PORTLAND OR 97213  CELL PHONE  WORK PHONE  PLACE  GRID 20565  DRUG TOTAL  HEIGHT WEIGHT HAIR COLOR  HAIR COLOR  EMAIL ADDRESS REDACTED	O1/01/2022 0101 TO 04/27/2023 2201   ONLINE REPORT (OL)	O1/01/2022 0101 TO 04/27/2023 2201   ONLINE REPORT (OL)

# Portland Police Bureau GOVERNMENT AGENCY RELEASE

ONLINE REPORT TEXT	
AUTHOR	DATE/TIME
ONLINE REPORT (OL)	04/27/2023 2212

#### SUBJECT

I was told by an officer responding to my phone call that I should fill this out as suspicious person activity online.

I have a great deal of documentary evidence. This has been going on over a year and is still going on. My cat Roxy is suffering tremendously and I believe my other animals have been killed with directed energy weapons that seem to be drone-based. Roxy needs to be scanned with a bug detector or checked with a RFID device for biomedical implants. ID numbers in the implants and/or the frequency will likely reveal the perpetrator. Update: Officer Adrian Ledford was provided with a flash drive with more information but declined to investigate. Vets RFID scanners are not sufficient because these implants are operating on different frequencies. That's why a wide range scanner is needed.



## GENERAL LIABILITY **CLAIM AGAINST THE CITY OF PORTLAND**

\* for damages to persons or property \*

File Number:



A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident or event CEIVED

Claims received during regular business hours will be recorded on the date received.

Faxed or emailed claims received after business hours will be recorded on the next working day.

Please be sure your claim is against the City of Portland, not another public entity.

Where space is insufficient, please use additional paper and identify information by section number and letter. Y OF PORTLAND

RISK MANAGEMENT RISK MANAQU

Risk Management/Liability, 1120 S.W. 5th Ave., Suite 1040, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120 LiabilityClaims@portlandoregon.gov
. Claimant (Circle: Mr. Mrs Ms. Miss) Erika Meyer Date of Birth 3-29-1968
a. Address 305 NE GIST Ave #DI3 City Portland State OR Zip 97213
b. Home Phone 971-8861202 Business Telephone Cell Phone 971 888 1202
c. Occupation Musician d. Marital Status: Single (Married () Divorced or Widowed ()
If married, name of spouse
d. E-mail address ekm a seastorm. com
2. If claim involves a vehicle: a. Year, make and model
b. License Plate Number State State
c. At time of accident, were you (check all that apply) Owner:Driver Passenger N/A
d. Name and address of owner if different from claimant (1.Above)
a. Date Jan 1, 2014 (about Time Am Circle AM) PM  b. Place (exact and specific location) Portland OR Most of The  Problems Occured in my residence, but it not my  c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary):  Attached
1 State I with Sites of Postland on its amplement was at fault. Ch. of Postland No G. S. C.
d. State how the City of Portland or its employees were at fault: City of Fortland refuses  to investigate complaints of committee activity harming
me gash my loved mes, and pets. They appear to ke
e. Were you on the job at the time of the accident? Yes No
If yes, what is the name / phone number of employer
H:\Projects\Web Pages\Liability Documents\2020 GENERAL LIABILITY CLAIM form  MEYER, ECITY) 1000

4.	Description: Describe the injury, property damage or loss so far as is known at the time of this claim.
^	animal torture, abuse, killing, severe emotional distress
fro	m whening and experience abuse assault, buttery -
5.	*We are required to report all claims for injuries to Medicare/Medicaid Services* Wing he class
	If you were injured please provide the following: Social Security #:
	Medicare/Medicaid Beneficiary? Yes No OTT
6.	Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury  Portland Police Dept.
7.	Name and address of any other person injured Chris Newman, de ceased, Sume address.
8.	Name and address of the owner of any damaged property if different from claimant
9.	Damages claimed: III to lost 100 100 00 s 500, 000 00
	b. Estimated amount of future costs:  \$ 1,000,000
	c. Total amount claimed:
	d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):  Park Suffering Wrongful death, Purtive Day  Thurste relief and accurate
10.	Names, addresses / phone #s of all witnesses
	-N/A
11.	Any additional information that might be helpful in considering your claim  I am most intrested in injunctive relief  and accounts 5, lites - Being East sale
	holders The corrupt to account
W	ARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)
kr ur	have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own lowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. Inderstand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and at the statements are in connection with an application for a benefit from the City of Portland.
I	Date: 5-3-2023
<del>(:</del>	Claimant's Signature  Eaka Meser  Print Name
	Community of Springer

An official website of the United States government. Here's how you know >



## **Electronic Tip Form**



**Submission Successful**