



Type of Offense: DISORDERLY CONDUCT

Incident/DR Number: LC182181

Location of Incident

Street Address or Location

Time: 1707

Date: 11/18/2018

Reporting Officer's Name:

Badge #

Rank

Duty Status:

Attire

Jerome Steiner Jr

554

Senior Deputy

On

Uniform

Involved Officer's Name:

Badge #

Rank

Duty Status:

Attire

Click here to enter text.

Click here to enter text.

Click here to enter text.

On

Uniform

Click here to enter text.

Click here to enter text.

Click here to enter text.

On

Uniform

Click here to enter text.

Click here to enter text.

Click here to enter text.

On

Suspect Information

Suspect:  Male  Female  Animal  Group of People:

Age: 47 Race: Caucasian Height: 6' Weight: 200 Age: Race: Height: Weight: Age: Race: Height: Weight:

Applicable Suspect Conditions (Check all that apply)

- Armed  History of violence
- Reported to be armed  Failed to comply
- Assaulted Deputy  Resisted arrest
- Assaulted civilian  Other:
- Attempted escape

Under the Influence

- Alcohol
- Drugs
- Mental Illness
- None Apparent
- Other: Explain.

Use of Force / Control Necessary to:

- Defend Self  Protective Custody  Other:
- Defend another  Prevent Escape  Accomplish official purpose: detain
- Make arrest

Commands Given:  Yes  No  Not Feasible Video:  Yes  No If No, explain in comments

Force Used

Physical Control:

Effective:  Yes  No

Soft Empty Hand Techniques

Hard Empty Hand Techniques

- Escort Position
- Transport Wrist Lock
- Straight Armbar Takedown
- Pressure Points
- Other:

- Palm Heel
- Straight Punch
- Brachial Stun
- Suprascapular Stun
- Front Thrust Kick

- Shoulder Pin Restraint
- Knee Strike
- Angle Kick
- Other: Explain.

OC Spray: Discharged:  Yes  No

Effective:  Yes  No

Exposure:  Airborne only  Targeted area  Single spray  Multiple spray

Serial number: Click here to enter text. Lot number: Click here to enter text.

Wrap Restraint System     Restraint Chair

Taser:    Discharged:  Yes     No    Effective:  Yes     No

Exposure:  Yes     No     Heavy clothing     Malfunction  
 Drive stun     Close probe strikes     No physical effect  
 Cartridge discharge     Missed

Cycles: Click here to enter text.

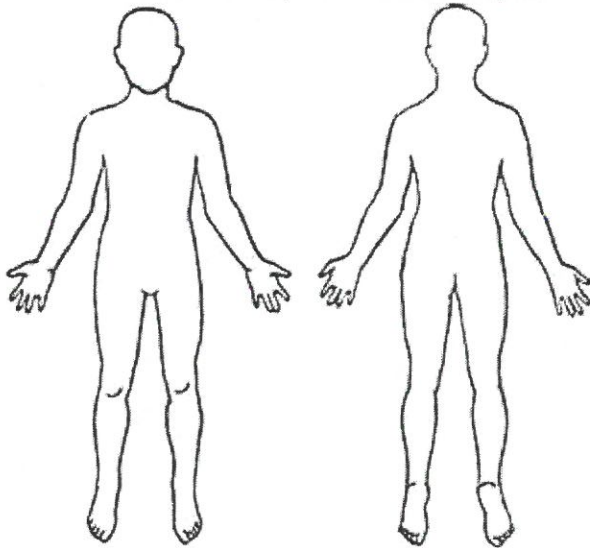
Taser Serial Number:    Cartridge(s) Serial Number:

Impact Weapons    Effective:  Yes     No

Baton     Weapon of opportunity     Other: Explain.

Firearms: Discharged:  Yes     No     Pistol     AR-15     Shotgun     Other:  
Number of rounds fired: )Serial number or department number of firearm(s) used:

Indicate Impact Zones on Suspect



Injuries

Officer	Suspect
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain

Check by Medical

Officer:  Yes     No <sup>39</sup>  
Suspect:  Yes     No

Transported to Hospital

Officer:  Yes     No  
Suspect:  Yes     No

After Action Report: Deputy Mike Bruce had detainec for disorderly conduct. was handcuffed behind his back and placed in the back seat of my patrol vehicle. began to hit his head on the front divider. I told to stop hitting his head and he tried again. I placed my left hand onto s right forearm and my right hand onto hest just below his neck. I pushed back and held him there until he calmed down approximately 2 minutes.

Reporting Officer Signature: *James Scott*

Date: 11-18-18

Supervisor Signature: *[Signature]*

Date: 11/18/18

Division Commander Signature: *[Signature]*

Date: 11-26-18

Under Sheriff Signature:

*Scott Summers*

Date:

*11/26/18*

Comment: Click here to enter text.



Type of Offense: Animal call		Incident/DR Number: 121018-74		
<b>Location of Incident</b>				
Street Address or Location: .....			Time: 1134	Date: 12/10/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Robert Kinyon	528	Sergeant	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
<b>Suspect Information</b>				
Suspect: <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Animal <input type="checkbox"/> Group of People:				
Age: Click here to enter text. Race: Click here to enter text. Height: Click here to enter text. Weight: Click here to enter text.				
Age:    Race:    Height:    Weight:    Age:    Race:    Height:    Weight:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<b>Use of Force / Control Necessary to:</b>				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose:		
<input type="checkbox"/> Make arrest				
Commands Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Feasible    Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain in comments				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
				<input type="checkbox"/> Knee Strike
				<input type="checkbox"/> Angle Kick
				<input type="checkbox"/> Other: Explain.
<input checked="" type="checkbox"/> OC Spray: Discharged: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input checked="" type="checkbox"/> Multiple spray				

Serial number: F3076336 Lot number: OC-943

Wrap Restraint System     Restraint Chair

Taser:    Discharged:  Yes     No    Effective:  Yes     No

Exposure:  Yes     No     Heavy clothing     Malfunction

Drive stun     Close probe strikes     No physical effect  
 Cartridge discharge     Missed

Cycles: Click here to enter text.

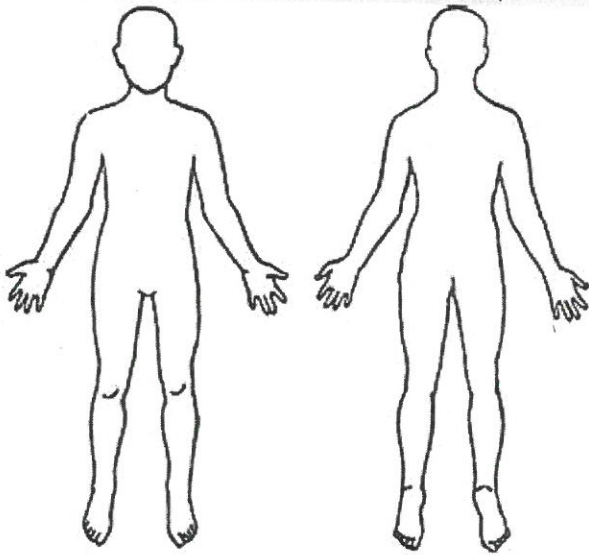
Taser Serial Number:    Cartridge(s) Serial Number:

Impact Weapons    Effective:  Yes     No

Baton     Weapon of opportunity     Other: Explain.

Firearms: Discharged:  Yes     No     Pistol     AR-15     Shotgun     Other:  
Number of rounds fired: )Serial number or department number of firearm(s) used:

Indicate Impact Zones on Suspect



Injuries

Officer	Suspect
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain

Check by Medical

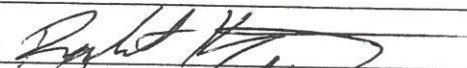
Officer:  Yes     No  
Suspect:  Yes     No

Transported to Hospital

Officer:  Yes     No  
Suspect:  Yes     No

After Action Report: I responded to a residence to check the welfare of two horses on the property. I was walking from the horse pen to the house. Two large dogs (great dane and Mastoff) approached me barking. I was able to pet both dogs and continued to walk towards the residence. As I was walking the dogs got more aggressive towards me. One dog was behind me and put its mouth on the back of my knee. The other dog had his mouth around my hand. I felt the dogs were too aggressive to continue to the residence and they began barking and growling at me. I used my department issued pepper spray and sprayed both dogs in the face to get the away from me. The OC was effective and dogs left back towards the house.

Reporting Officer Signature:



Date: 12-11-18

Supervisor Signature:



Date: 12/13/18

Division Commander Signature: <i>Brent &amp; Collet</i>	Date: <i>12-13-18</i>
Under Sheriff Signature:	Date:
Comment: Click here to enter text.	



Type of Offense: Warrant, Assault w/weapon		Incident/DR Number: LC180090		
<i>Location of Incident</i>				
Street Address or Location:			Time: 1240	Date: 1/16/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Haegle, Michael A.	552	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Wright, Kevin	565	Sergeant	On	Uniform
Eidt, Luke	537	Deputy	On	Uniform
Zufelt, Mike	310	Patrolman	On	Uniform
<i>Suspect Information</i>				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 43 Race: Height: 5'8" Weight: 175				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<i>Use of Force / Control Necessary to:</i>				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Warning Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Feasible				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:				
<i>Soft Empty Hand Techniques</i>		<i>Hard Empty Hand Techniques</i>		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other: Placed in a position against vehicle to limit his mobility		<input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Knee Strike		
		<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Click here to enter text. Lot number: Click here to enter text.				
<input type="checkbox"/> Wrap Restraint System				
<input checked="" type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)				
Exposure:		Cycles: <input type="checkbox"/> 1	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction

<input type="checkbox"/> Drive stun	<input type="checkbox"/> 2	<input type="checkbox"/> Close probe strikes	<input type="checkbox"/> No physical effect
<input type="checkbox"/> Cartridge discharge	<input type="checkbox"/> 3	<input type="checkbox"/> Missed	

Taser Serial Number: \_\_\_\_\_ Cartridge(s) Serial Number: \_\_\_\_\_

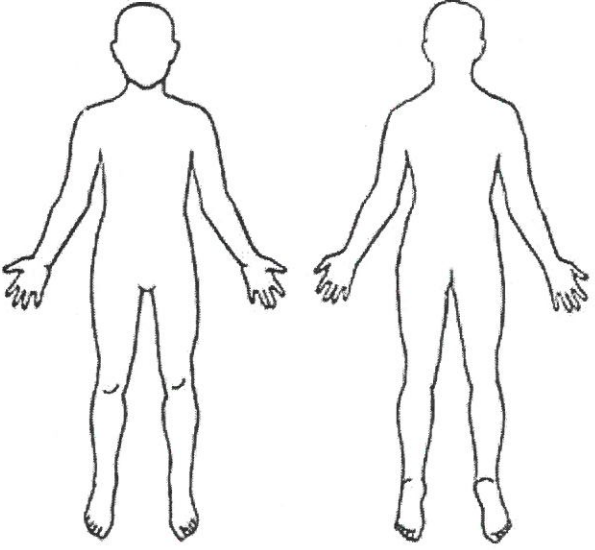
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: \_\_\_\_\_ Serial number of firearm(s) used: [Click here to enter text.](#)

Indicate Impact Zones on Suspect	Injuries	
	Officer	Suspect
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
	Check by Medical	
	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to Hospital	
	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

After Action Report: Deputy Luke Eidt and I, Deputy Michael "Andy" Haegele, went to \_\_\_\_\_ to make contact with \_\_\_\_\_, who is a witness to an assault with a weapon incident. The suspect for the assault was \_\_\_\_\_ who may have also been staying at the \_\_\_\_\_ s. We arrived on scene and Deputy Eidt covered the back door area. I knocked on the door and made contact with \_\_\_\_\_ who I recognized from his booking photos and previous investigations. \_\_\_\_\_ partially opened the door, but it was far enough for me to get a look at the entirety of his face. I asked \_\_\_\_\_ to open the door so I could talk to him. \_\_\_\_\_ said he would not admit to being \_\_\_\_\_ and slammed the door closed, locking it. I notified Sergeant Wright, who responded to assist. While Deputy Eidt and I were waiting for Sergeant Wright to arrive, I could hear him banging around on the inside of the residence. It sounded as though he was attempting to board the doors shut. Sergeant Wright requested additional units from Highway Patrol if they were available. Troopers Mike Zufelt, Tom Kruse, Tyler Swartz, and Luke Burson responded to assist. Trooper Kruse relieved me at the corner I was posted at. Deputy Eidt, Troopers Kruse, Swartz and Burson all deployed AR rifles, Trooper Zufelt deployed a patrol shotgun, and Sergeant Wright and I both used our pistols to cover the residence. After Sergeant Wright attempted to make contact with \_\_\_\_\_ or approximately 15 to 20 minutes using his in car PA system, Corporal Bradley Bragg and Deputy Neil Marks arrived to also assist. Soon after, the front door opened and \_\_\_\_\_ stepped out with his hands up. Sergeant Wright began giving commands and called him back towards the vehicle. Sergeant Wright had \_\_\_\_\_ stop just before the




gate and had him lift his shirt by his collar. After checking waist for weapons, Sergeant Wright had continue walking backwards towards us. While was walking backwards, Corporal Bragg, Sergeant Wright, and Deputy Marks all had pistols pointed at . Trooper Zufelt continued using his shotgun and Deputy Eidt moved to our position and transitioned to a taser. I put my pistol away and grabbed handcuffs. Sergeant Wright commanded to go to his knees and cross his ankles. Sergeant Wright then had lean forward at the waist and place his hands to the side. Sergeant Wright then had put his palms backwards towards us with his thumbs pointing down. Sergeant Wright told to not move. Trooper Zufelt, Deputy Eidt and I moved in towards . I handcuffed behind his back using chain handcuffs. I checked the handcuffs for tightness and double locked them. Deputy Eidt and I assistea to his feet and then walked him to my patrol vehicle . was pat searched and placed into my patrol vehicle. I transported to the Lewis and Clark County Detention Center without incident.

Reporting Officer Signature:



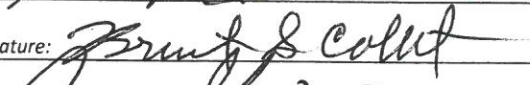
Date: 1/16/18

Supervisor Signature:



Date: 1/17/18

Division Commander Signature:



Date: 1-19-18

Under Sheriff Signature:



Date: 1/22/18

Comments:



Type of Offense: Criminal Endangerment/Resisting		Incident/DR Number: LC180501		
<b>Location of Incident</b>				
Street Address or Locatio.			Time:0058	Date: 4/3/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	5-53	Corporal	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jason Crum	5-49	Corporal	On	Uniform
Chris Rebo	5-31	Senior Deputy	On	Uniform
Tony Galahan	5-50	Deputy	On	
<b>Suspect Information</b>				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 19 Race: Native American Height: 6'0" Weight: 180 Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence	<input checked="" type="checkbox"/> Alcohol		
<input type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply	<input type="checkbox"/> Drugs		
<input type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest	<input type="checkbox"/> Mental Illness		
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:	<input type="checkbox"/> None Apparent		
<input type="checkbox"/> Attempted escape		<input type="checkbox"/> Other: Explain.		
<b>Use of Force / Control Necessary to:</b>				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<b>Force Used</b>				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike	
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick	
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.	
<input checked="" type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Click here to enter text. Lot number: Click here to enter text.				
<input checked="" type="checkbox"/> Wrap Restraint System				

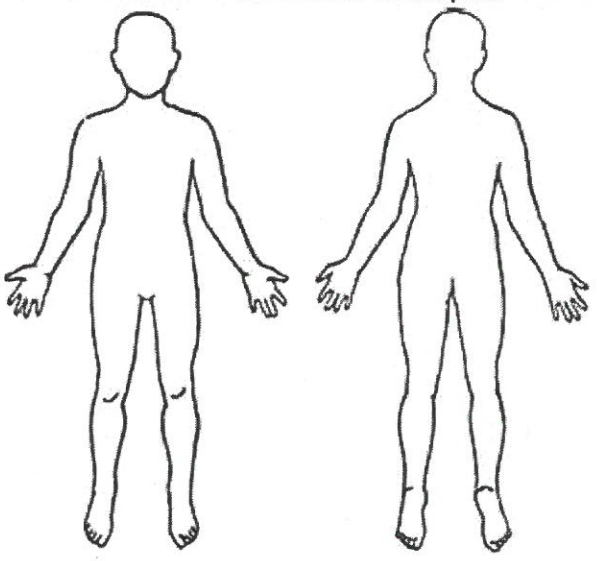
<input checked="" type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction	
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge Cycles: Click here to enter text.		<input type="checkbox"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Missed	

Taser Serial Number:	Cartridge(s) Serial Number:
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<input type="checkbox"/> Impact Weapons		Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.			
--	--	--	--

<input type="checkbox"/> Firearms: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other:	
Number of rounds fired: Serial number or department number of firearm(s) used: Click here to enter text.			

<p>Indicate Impact Zones on Suspect</p> 	<p>Injuries</p> <table border="0"> <tr> <td style="text-align: center;">Officer</td> <td style="text-align: center;">Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>		Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
	Officer	Suspect														
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None														
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<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones															
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain															
<p>Check by Medical</p> <table border="0"> <tr> <td>Officer:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>		Officer:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Suspect:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No									
Officer:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No														
Suspect:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No														
<p>Transported to Hospital</p> <table border="0"> <tr> <td>Officer:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>		Officer:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Suspect:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No									
Officer:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No														
Suspect:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No														

After Action Report: When suspect was placed under arrest for DUI, he refused to comply with multiple orders to face the patrol vehicle to be searched. After the suspect was informed if he continued to refused he would be forced against the vehicle, he still refused. I pushed the defendant towards the vehicle and Deputies Rebo and Galahan held the suspect while I conducted a search. When I attempted to place the suspect into the rear seat of my patrol vehicle, he continued to refuse to comply with orders. When we attempted to push him into the vehicle, he resisted our efforts. After several attempts, we moved him toward a vehicle with a full cage. The suspect refused to walk and had to be carried by us. Once inside the vehicle, the suspect wedged himself between the seat and cage on the floor. After several orders to get into the seat and the defendant refusing to comply, the suspect was removed from the vehicle and placed into the WRAP. The suspect continued to try to kick his feet in the area of us as we were placing him in the WRAP. At the detention center, the suspect continued to attempt to resist as he was removed from the WRAP. Along with the detention officers, we pinned him to a bed while we removed the restraints. When we attempted to leave the room, the suspect charged toward the door. Deputy Rebo removed his taser, turned it on, and pointed it at the suspect. The suspect stopped and the door was shut. During the incident, the suspect would yell loudly he could not breath and his legs were

hurt. However, he would still be kicking toward us when making these statements. At the detention center, the suspect was walking on both of his legs without any issues or pain apparent. Note: Deputy Tyler Coburn was also present during the incident, but there was not room for an additional name at the top of the form.

Reporting Officer Signature:

Date: 4/3/18

Supervisor Signature:

Date: 4/3/18

Division Commander Signature:

Date: 4-3-18

Under Sheriff Signature:

Date: 4/3/18

Comments: