

Type of Offense: DUI 1ST OFFENSE			Incident/DR Number: LC221094	
Location of Incident				
Street Address or Location:			Time: 1900 hours	Date: 7/9/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tony Galahan	5-50	Corporal	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tony Galahan	5-50	Corporal	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 66 Race: White Height: 5'03" Weight: 140 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input checked="" type="checkbox"/> Prevent Escape <input checked="" type="checkbox"/> Accomplish official purpose: Conduct DUI investigation <input 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				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other: Restrained female by grabbing left wrist / forearm		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> 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

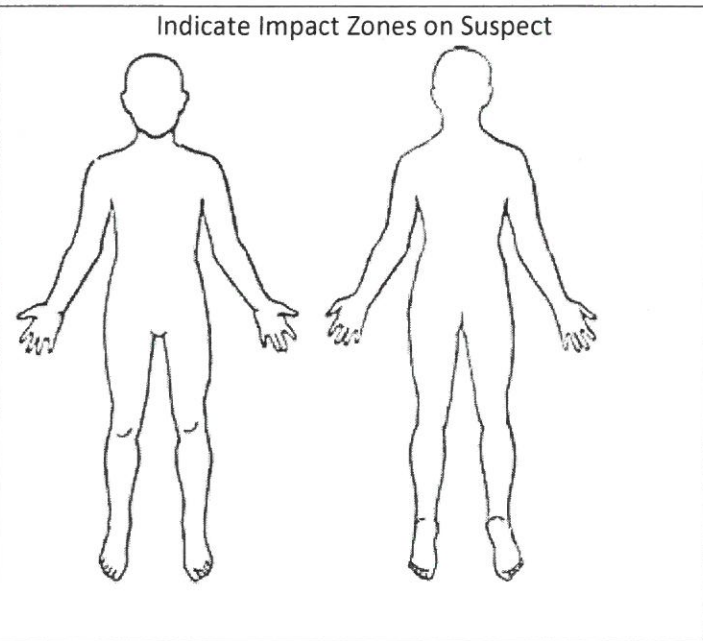
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect
<input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

Taser Serial Number: [Click here to enter text.](#) Cartridge(s) Serial Number: [Click here to enter text.](#)

Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: *Explain.*

Firearms: Pistol AR-15 Shotgun Other: [Click here to enter text.](#)
 Discharged: Yes No Number of rounds fired: [Click here to enter text.](#)
 Serial number or department number of firearm(s) used: [Click here to enter text.](#)



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: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>

Check by Medical

Officer: Yes No
 Suspect: Yes No

Transported to Hospital

Officer: Yes No
 Suspect: Yes No

After Action Report: [Click here to enter text.](#)

Reporting Officer Signature: <i>Tom Galahan 5-50</i>	Date: <i>7/13/22</i>
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Supervisor Signature: <i>[Signature] 524</i>	Date: <i>7/13/22</i>
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Division Commander Signature: <i>[Signature] 5-08</i>	Date: <i>7-13-22</i>
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Under Sheriff Signature: <i>Brent & Collect 5-02</i>	Date: <i>7-18-22</i>
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Comment: [Click here to enter text.](#)

Type of Offense: Attempted Homicide/Assault with Weapon		Incident/DR Number: LC221038		
Location of Incident				
Street Address or Location:		Time: 2134	Date: 6/30/2022	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Colbert	534	Senior Deputy	On Duty	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.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 54 Race: White Height: 5'10 Weight: 200				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input checked="" type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to: <input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <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				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		

<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: <i>Explain.</i>	<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick	<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: <i>Explain.</i>
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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

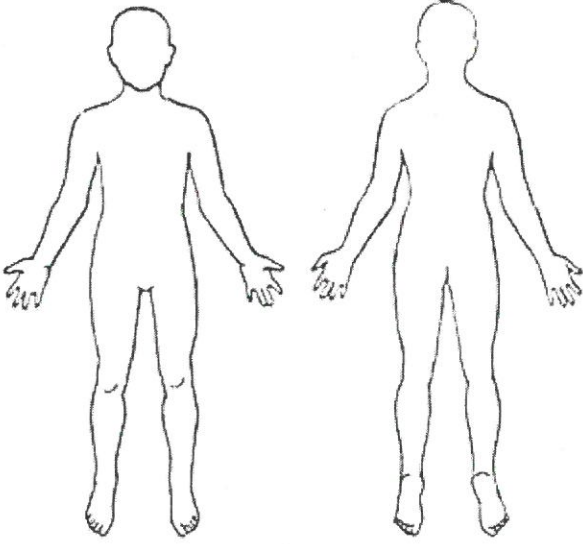
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Malfunction <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect
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Taser Serial Number: [Click here to enter text.](#) Cartridge(s) Serial Number: [Click here to enter text.](#)

Impact Weapons Effective: Yes No





Baton Weapon of opportunity Other: *Explain.*

Firearms: Pistol AR-15 Shotgun Other: [Click here to enter text.](#)
 Discharged: Yes No Number of rounds fired: [Click here to enter text.](#)
 Serial number or department number of firearm(s) used: M17-053123

<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;">Injuries</p> <table border="0"> <tr> <td style="text-align: center;"><i>Officer</i></td> <td style="text-align: center;"><i>Suspect</i></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: <i>Explain</i></td> <td><input type="checkbox"/> Other: <i>Explain</i></td> </tr> </table>	<i>Officer</i>	<i>Suspect</i>	<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: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>
	<i>Officer</i>	<i>Suspect</i>													
	<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: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>														
<p style="text-align: center;">Check by Medical</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
<p style="text-align: center;">Transported to Hospital</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															

After Action Report: Complainant called in stating he had just shot and killed another male. The complainant stated the male was shot multiple times and was dead. I responded utilizing my emergency lights and siren. I arrived on scene. The suspect was standing in the driveway near the residence. I exited my patrol vehicle and

unholstered my sidearm. I pointed it at the suspect and ordered him to put his hands in the air. He complied. I ordered the suspect to grab the collar of his shirt and pull it up so I could ensure there were no weapons in his waistband. He complied. I did not observe any weapons. I ordered the suspect to turn away from me and kneel on the ground. He complied. I holstered my sidearm. I handcuffed the suspect with chain handcuffs behind his back. I made sure they were double locked and checked for proper fit and tightness. I secured the suspect in the back of my patrol vehicle. Suspect was later transported to the detention center without incident by another deputy.

Reporting Officer Signature:  534 CODY COLBERT	Date: 7/3/22
Supervisor Signature:  525	Date: 7-13-22
Division Commander Signature:  508	Date: 7-14-22
Under Sheriff Signature:  5-02	Date: 7-15-22
Comment: Click here to enter text.	

Type of Offense: Strangulation/PFMA		Incident/DR Number: LC212122-1		
Location of Incident				
Street Address or Location: 2			Time: 1145 hours	Date: 1/7/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	561	Sergeant	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jacob Isbell	5-65	Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 45 Race: Caucasian Height: 6'0" Weight: 275 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input checked="" type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Alcoholic <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.				
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <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				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbars Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge discharge		<input type="checkbox"/> Missed
		<input type="checkbox"/> No physical effect

Taser Serial Number: Click here to enter text. Cartridge(s) Serial Number: Click here to enter text.

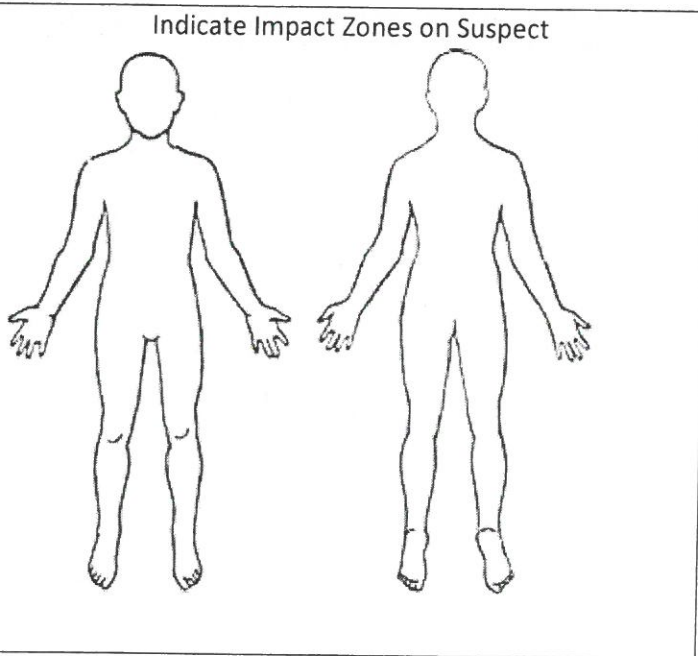
Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

Firearms: Pistol AR-15 Shotgun Other: Click here to enter text.

Discharged: Yes No Number of rounds fired: Click here to enter text.

Serial number or department number of firearm(s) used: Click here to enter text.



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


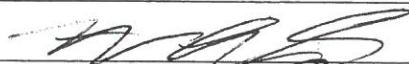


Check by Medical

Officer: Yes No
 Suspect: Yes No

Transported to Hospital

Officer: Yes No
 Suspect: Yes No

After Action Report: Friday, January 7th, 2022, Deputies in an unmarked unit were watching _____ for a suspect with a warrant. The suspect was wanted for strangling his significant other. Deputies were informed by the victim that the suspect has been carrying a 9mm pistol with him and knows law enforcement is looking for him. The victim stated the male had made threats to her and vague threats towards law enforcement. The suspect was named for possibly stealing explosive materials and the victim stated she has seen explosive type devices in the residence in the past. Deputies decided to wait until the suspect exited the residence due to the possibility of explosive devices in the house. The unmarked unit stated he was exiting the house and his vehicles door was open. Deputies approached the residence quickly with lights on. I, Sergeant McCarthy along with Deputy Isbell pointed our duty weapons at the male and gave commands until his was placed into handcuffs. The suspect was compliant and followed all commands.

Reporting Officer Signature: 	Date: 1/13/22
Supervisor Signature: 	Date: 1-13-22
Division Commander Signature: 	Date: 1-18-22
Under Sheriff Signature: 	Date: 1-18-22
Comment: Click here to enter text.	

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

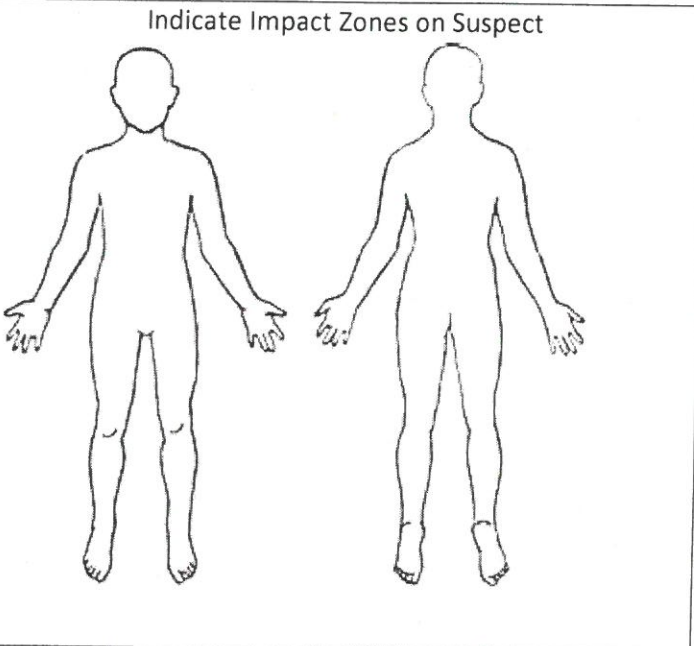
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge discharge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

Taser Serial Number: Click here to enter text. Cartridge(s) Serial Number: Click here to enter text.

Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

Firearms: Pistol AR-15 Shotgun Other: 40 MM
 Discharged: Yes No Number of rounds fired: Click here to enter text.
 Serial number or department number of firearm(s) used: LCSO 17, LCSO Patrol 40 MM, MHP Shotgun, MHP AR-15



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: The complainant reported a female at [redacted] was waving an "AR 15" rifle around and threatening neighbors with the rifle. When units arrived on scene the female was back inside [redacted]. Multiple attempts to contact the female were made and were unsuccessful. Deputies approached a windowless side of the residence with a shield and firearms deployed, knocking on the side of the residence to attempt contact with the occupants. [redacted] came out of the residence. Deputies and Troopers pointed firearms at [redacted] to protect civilians and law enforcement, due to the reports of firearms involved in the previous altercation. [redacted] was unarmed and complied with commands. [redacted] admitted to pointing a rifle towards her neighbors. The neighbors stated she came outside and swung her rifle around pointing in thier direction. She layed down and directly pointed the rifle in their direction. [redacted] was arrested for two counts of Assault With a Weapon.

Reporting Officer Signature: <i>Michael Helford 572</i>	Date: <i>3/19/2022</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>3/19/22</i>
Division Commander Signature: <i>[Signature]</i>	Date: <i>3-22-22</i>
Under Sheriff Signature: <i>Brent J Collet</i>	Date: <i>3-24-22</i>
Comment: Click here to enter text.	

<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: <i>Explain.</i>	<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick	<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: <i>Explain.</i>
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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

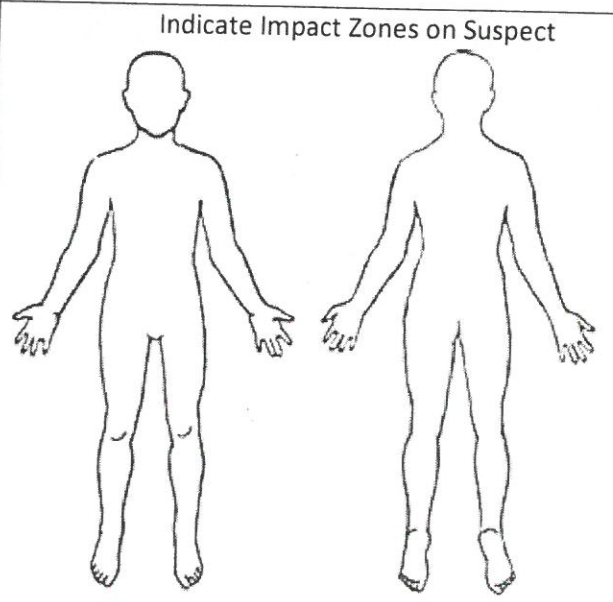
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect
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Taser Serial Number: [Click here to enter text.](#) Cartridge(s) Serial Number: [Click here to enter text.](#)

Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: *Explain.*

Firearms: Pistol AR-15 Shotgun Other: [Click here to enter text.](#)
 Discharged: Yes No Number of rounds fired: [Click here to enter text.](#)
 Serial number or department number of firearm(s) used: T6429-20U13441



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: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>

Check by Medical

Officer: Yes No
 Suspect: Yes No

Transported to Hospital

Officer: Yes No
 Suspect: Yes No

After Action Report: We received a 911 call transfer from Jefferson County. The reporting party was the Victim at Dispatch was unable to make contact with the Victim again as the call dropped. There is a history of domestic violence at this residence between the Victim and the Suspect.

During the last encounter I had at the residence the Victim stated the Suspect has access to weapons in the residence. There is an active NCO with the Victim as the protected party and the Suspect as the respondent. When Deputies arrived on scene I could see the Suspect in the residence near the bedroom door. He turned off the lights and I could no longer see him. I knocked loudly on the door and announced it was the Sheriff's Office. We could not get the Victim or the Suspect to come to the door. We could hear the Victim start yelling "Get off me." I yelled again stating I would kick the door in if no one answered, I heard the Victim yell "Get off me" again. I believed we had exigent circumstances to believe the Victim was being harmed by the Suspect. The front door was locked. I kicked the front door open and entered the residence. I announced I was the Sheriff's Office and entered the bedroom. I observed the Suspect holding the Victim down to the bed. I pointed my duty pistol at the Suspect and ordered him to show me his hands as they were hidden under the sheet and I believed he may have a weapon. He placed his empty hands out of the sheet and the Victim was able to crawl away. I ordered the Suspect to his feet and placed him in handcuffs without further incident. No weapons were found.

Reporting Officer Signature: <i>Mindy Adams</i> 572	Date: 3/21/22
Supervisor Signature: <i>[Signature]</i> 549	Date: 3/21/22
Division Commander Signature: <i>[Signature]</i>	Date: 3-29-22
Under Sheriff Signature: <i>Grant & Collett</i>	Date: 3-29-22
Comment: Click here to enter text.	

Type of Offense: Assault, Disorderly Conduct		Incident/DR Number: LC220416		
Location of Incident				
Street Address or Location:			Time: 2211	Date: 3/17/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Keith Harbour	526	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jeremiah Steiner	536	Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 30 Race: W Height: 5' 5" Weight: 158 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input checked="" type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input checked="" type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input checked="" 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				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input checked="" type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge discharge		<input type="checkbox"/> Missed
		<input type="checkbox"/> No physical effect

Taser Serial Number: Click here to enter text. Cartridge(s) Serial Number: Click here to enter text.

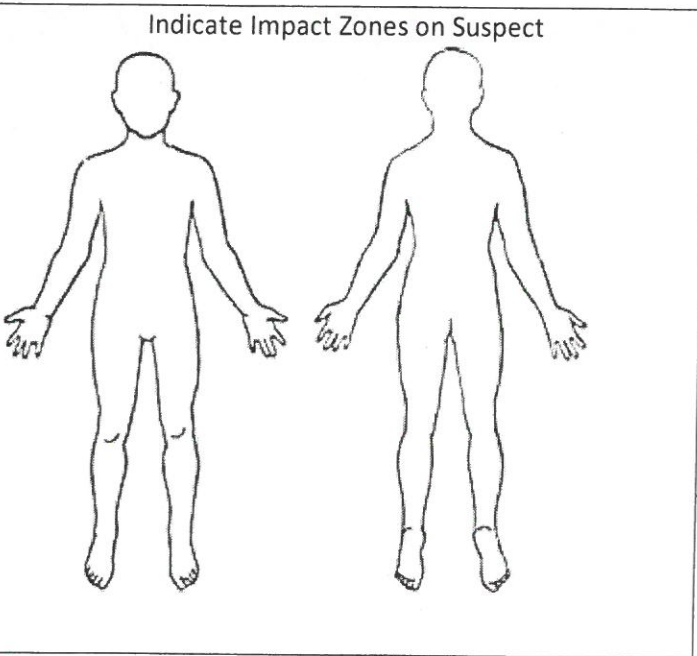
Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

Firearms: Pistol AR-15 Shotgun Other: Click here to enter text.

Discharged: Yes No Number of rounds fired: Click here to enter text.

Serial number or department number of firearm(s) used: Click here to enter text.



Injuries	
Officer	Suspect
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input checked="" 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

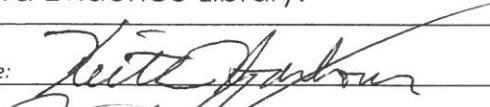

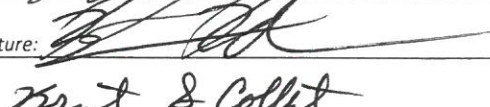
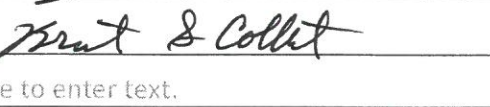
Transported to Hospital

Officer: Yes No
 Suspect: Yes No

After Action Report: On Thursday, March 17, 2022, at approximately 2148 hours, Corporal Christopher Rebo, Deputy Jeremiah Steiner, and I, Deputy Keith Harbour, were dispatched to _____ for a report of a disorderly female throwing pool cues and balls inside the bar. I identified the suspect as I _____ and she was initially docile and cooperative. I detained her without handcuffs in the back seat of my patrol vehicle for questioning. After questioning, I attempted to leave her in the back seat of my patrol vehicle to speak with Deputy Steiner about victim information. She attempted to block the rear passenger door with her foot. I attempted to get her foot inside the vehicle and she refused. She stated she was no longer detained. I informed her again she was being detained for

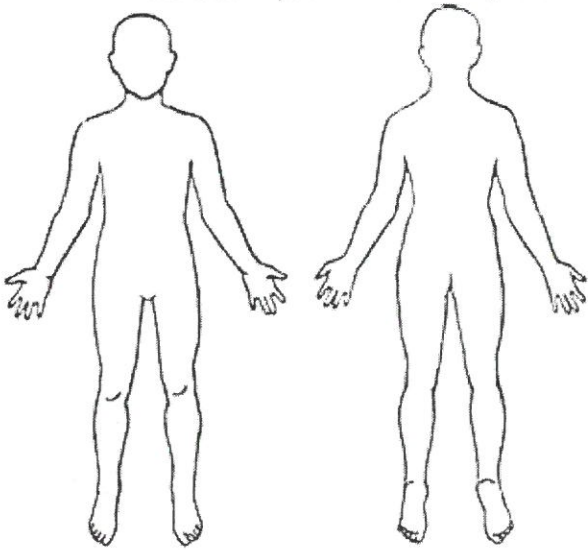
assault and disorderly conduct. She attempted to jump out of my patrol vehicle and climb over top of me. I held her against the doorway and requested assistance over my radio. I informed her she was under arrest and she stated, "I'm not her for nothing." She attempted to pull away from me to escape and I performed a straight armbar takedown of her left wrist and arm. I took her to the ground and she landed in a prone position on the ground. Deputy Steiner assisted me with handcuffing

We were able to verbally gain compliance from her and place her in the back seat of my patrol vehicle. She was transported to the detention center without further incident. At the detention center, I observed she had a superficial abrasion to her chin which was not observed before the straight armbar takedown. She did not require medical assistance for her injury. I took digital photos and uploaded them to the WatchGuard Evidence Library.

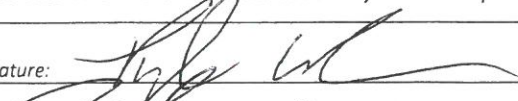



Reporting Officer Signature: 	Date: 03/22/22
Supervisor Signature: 	Date: 3-22-22
Division Commander Signature: 	Date: 3-29-22
Under Sheriff Signature: 	Date: 3-29-22
Comment: Click here to enter text.	



Type of Offense: Vehicle Theft		Incident/DR Number: HP222908		
Location of Incident				
Street Address or Location: _____			Time: 1200 hrs	Date: 6/30/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tyler Coburn	555	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jon Pulsifer	741	Officer	On	Uniform
Lynette Flink	743	Corporal	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People:				
Age: Race: Native American Height: 5'11" Weight: 210 Age: 41 Race: Height: Weight: Age: Race:				
Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<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 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 checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input checked="" type="checkbox"/> Defend another	<input checked="" 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				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<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 type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair																			
<input checked="" type="checkbox"/> Taser: Discharged: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
Exposure: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction																		
<input checked="" type="checkbox"/> Drive stun <input checked="" type="checkbox"/> Cartridge discharge Cycles: 1	<input type="checkbox"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Missed																		
Taser Serial Number: X12009P8R Cartridge(s) Serial Number: C4107T67M																			
<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<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 style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;">Injuries</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Officer</td> <td style="width: 50%; 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> <p style="text-align: center;">Check by Medical</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%;">Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <p style="text-align: center;">Transported to Hospital</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<p><i>After Action Report: I responded to assist HPD Officers in apprehending a motorcycle theft suspect. I was holding a door at the rear of the residence when I heard yelling in the front. I approached and saw Corporal Flink and Officer Pulsifer standing at the front door with the door open. Officer Pulsifer was holding the wrist of a male, who was trying to back into the house. A female was also standing in the door screaming at Officer Pulsifer and Corporal Flink. As I moved in behind Officer Pulsifer the male pulled into the house and tried to shut the door. Officer Pulsifer was giving the male commands throughout the encounter. When the male tried to shut the door, Officer Pulsifer and I pushed back and went through the door. The male turned and appeared to be reaching for something behind him. Officer Pulsifer and I pushed the male into the corner of the room and he fell on a large pile of unknown objects. We gave the male commands to get on his stomach and put his arms behind his back several times, to which he failed to comply. Due to the male falling on the unknown objects and those objects being within his reach, his failure to comply with commands, and our inability to gain control of his arms I informed the male I was going to utilize my Taser. The male still failed to comply with commands. I unholstered and activated my Taser. Due to Officer Pulsifer and I being in physical contact with the male and my inability to let go of his arm with my left hand to remove the Taser Cartridge, I chose to deploy the cartridge into the floor</i></p>																			

and utilize a drive stun technique. I deployed the cartridge and placed the Taser in the center of his back between his shoulder blades. The drive stun was successful and the male complied with commands to get on his stomach and he was handcuffed behind his back. Photographs were taken of the male's back and the floor where the probes hit. The male was assessed by medical personnel and determined to have no injury.

Reporting Officer Signature: 	Date: 7/12/22
Supervisor Signature:  5-49	Date: 7/17/22
Division Commander Signature:  508	Date: 7-18-22
Under Sheriff Signature:  502	Date: 7-15-22

Comment: [Click here to enter text.](#)