



Type of Offense: Disorderly Conduct      Incident/DR Number: LC171240

**Location of Incident**

Street Address or Location		Time: 1800	Date: 7/2/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:
Jaocb Charles	906	Patrolman 3	On
Involved Officer's Name:	Badge #	Rank	Duty Status:
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	

**Suspect Information**

Suspect Sex:  Male  Female  Animal 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.

**Applicable Suspect Conditions (Check all that apply)**

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

**Under the Influence**

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

**Use of Force / Control Necessary to:**

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

Warning Given:  Yes  No  Not Feasible

**Force Used**

Physical Control:

**Soft Empty Hand Techniques**

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

**Hard Empty Hand Techniques**

- Palm Heel
- Straight Punch
- Brachial Stun
- Suprascapular Stun
- Front Thrust Kick
- Knee Strike
- Angle Kick

Shoulder Pin Restraint

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

Taser: Discharged:  Yes  No      Effective:  Yes  No (If no, why)

Exposure: Cycles:  1  2  3       Heavy clothing       Malfunction

Drive stun       Close probe strikes       No physical effect

Cartridge discharge       Missed

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

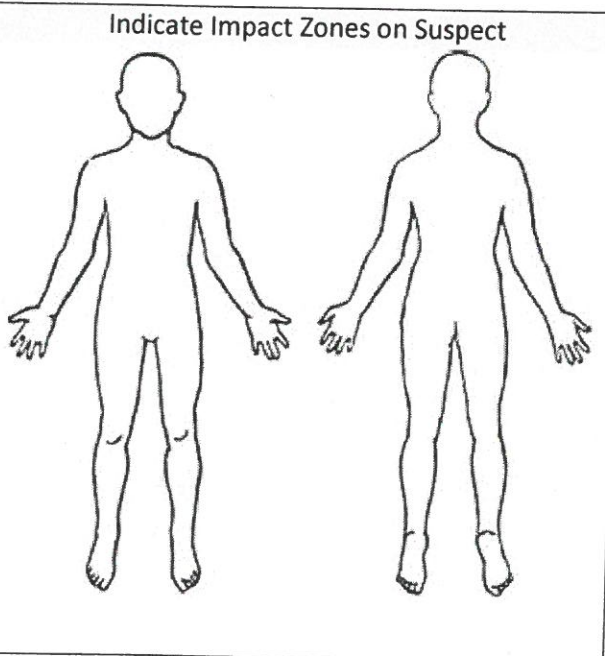
Impact Weapons      Effective:  Yes  No

Baton       Vehicle       Other: Explain.

Firearms: Discharged:  Yes  No

Pistol       AR-15       Shotgun       Other:

Number of rounds fired: Click here to enter text. Serial 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: Click here to enter text.

Reporting Officer Signature: <i>[Signature]</i>	Date: 7-5-17
Supervisor Signature: <i>[Signature]</i>	Date: 7-5-17
Division Commander Signature: <i>[Signature]</i>	Date: 7-10-17
Under Sheriff Signature: <i>[Signature]</i>	Date: 7/11/17

Comments:  
 I deployed my duty pistol to assist 8254908 while their weapons were drawn. I holstered my duty pistol & handcuffed the suspect once he was out of the vehicle.





Type of Offense: Disorderly conduct threats		Incident/DR Number: LC17		
<b>Location of Incident</b>				
Street Address or Location:			Time: Click here to enter text.	Date: 7/2/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Darrell R. King	915	Patrolman 3	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.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
<b>Suspect Information</b>				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: unknown Race: white Height: unknown Weight: unknown				
<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 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 checked="" type="checkbox"/> Other: threats to kill patrons		<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: Explain.		
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:				
<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"/> 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:	<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.				

Wrap Restraint System

Taser: Discharged:  Yes  No Effective:  Yes  No (If no, why)

Exposure: Cycles:  1  Heavy clothing  Malfunction

Drive stun  2  Close probe strikes  No physical effect  
 Cartridge discharge  3  Missed

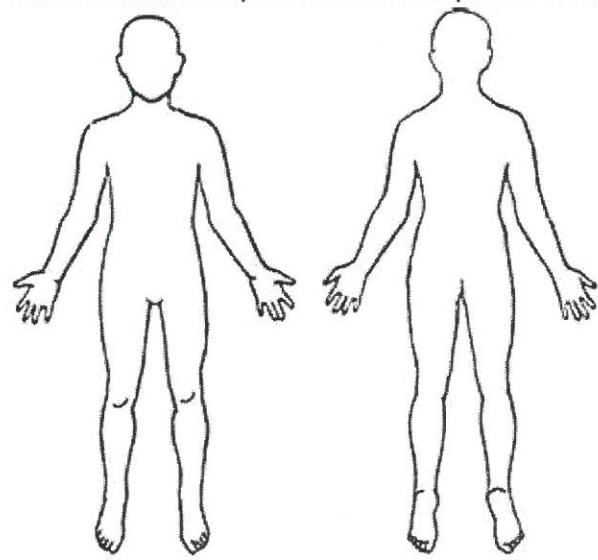
Taser Serial Number: Cartridge(s) Serial Number:

Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No  
 Pistol  AR-15  Shotgun  Other:

Number of rounds fired: Click here to enter text. 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 type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <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: Click here to enter text.

Reporting Officer Signature:  Date: 7-4-17

Supervisor Signature:  Date: 7-4-17

Division Commander Signature:  Date: 7-10-17

Under Sheriff Signature:  Date: 7/11/17

Comments: Deployed AR-15 TO apprehend suspect and provide cover for other officers.

Type of Offense: Warrant Arrest/Eluding		Incident/DR Number: LC170036		
Location of Incident				
Street Address or Location:			Time: 1841	Date: 1/7/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	5-31	Patrolman 3	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Suspect Information				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Age: 28 Race: White Height: 6'2" Weight: 180				
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 type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input checked="" type="checkbox"/> None Apparent	
<input 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: 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				
Warning Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Feasible				
Force Used				
<input type="checkbox"/> Physical Control:				
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"/> 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:	<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:			Lot number:	
<input type="checkbox"/> Wrap Restraint System				
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input 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: \_\_\_\_\_

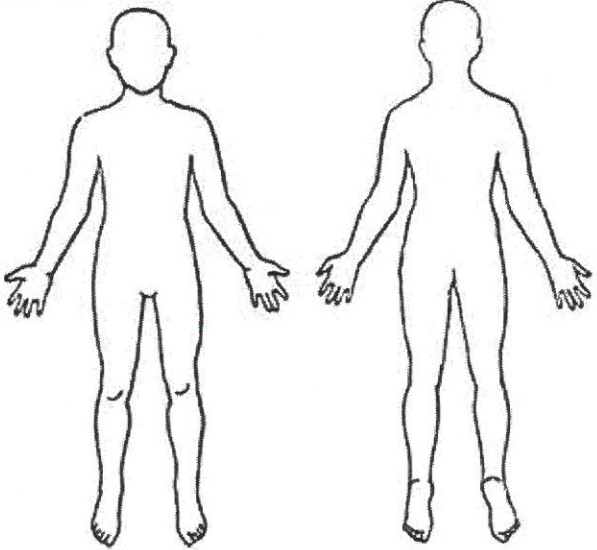
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: 0 Serial number of firearm(s) used: USW351

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: MRDTF received information on \_\_\_\_\_ whereabouts and located him in a vehicle. I initiated a traffic stop at I15 mm191 south bound and the vehicle did not stop. After a slow speed pursuit, the vehicle turned into a long driveway at \_\_\_\_\_ About halfway up the driveway, \_\_\_\_\_ stopped the car and fled on foot. I followed on foot with my handgun drawn and pointed at \_\_\_\_\_ stopped and followed commands to keep his hands up. Once another officer got to our location I holstered my handgun and \_\_\_\_\_ was arrested without further incident.

Reporting Officer Signature: _____	Date: 1/7/2017
Supervisor Signature: _____ 5-24	Date: 1/7/2017

UNDERSHERIFF : *José Ramirez* 1/9/17



Type of Offense: Domestic Call		Incident/DR Number: LC170081		
<b>Location of Incident</b>				
Street Address or Location		Time: 0020	Date: 1/14/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Joyce	534	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.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
<b>Suspect Information</b>				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: Click here to enter text. Race: Click here to enter text. 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 checked="" type="checkbox"/> Failed to comply		<input checked="" 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: Ran from Deputies and hid		<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 checked="" type="checkbox"/> Other: Detain		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input type="checkbox"/> Make arrest				
Warning Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Feasible				
<b>Force Used</b>				
<input checked="" type="checkbox"/> Physical Control:				
<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 checked="" type="checkbox"/> Other: Grabbed Defendant who was mad wanting to fight and assault me.	
<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"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input checked="" 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				

Taser: Discharged:  Yes  No Effective:  Yes  No (If no, why)

Exposure: Cycles:  1  Heavy clothing  Malfunction

Drive stun  2  Close probe strikes  No physical effect  
 Cartridge discharge  3  Missed

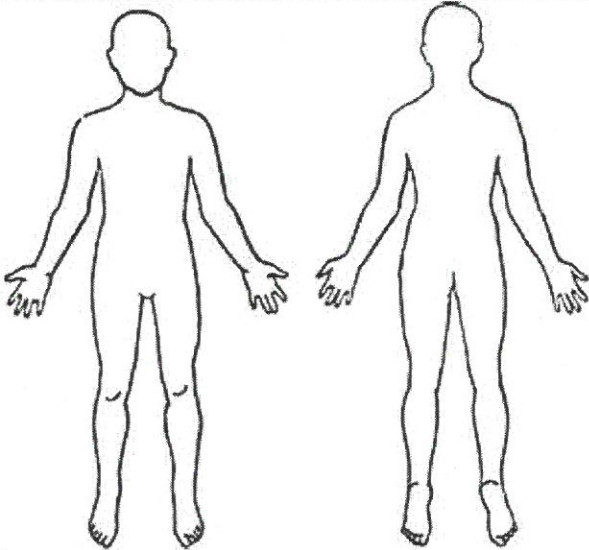
Taser Serial Number: Cartridge(s) Serial Number:

Impact Weapons Effective:  Yes  No


Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No  
 Pistol  AR-15  Shotgun  Other:

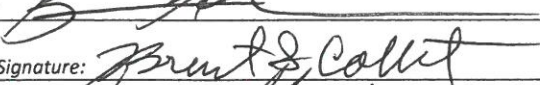
Number of rounds fired: Click here to enter text. Serial number of firearm(s) used: Click here to enter text.

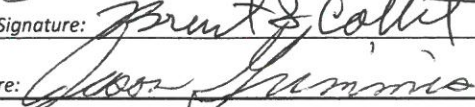
Indicate Impact Zones on Suspect	Injuries	
	<b>Officer</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<b>Suspect</b> <input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

After Action Report: Mad male was wanting to assault me and wanted me to assault him. When I tried to explain I was going to detain him, male escalated in anger making comments making me believe he would assault me. Man was grabbed by arms, turned around and detained in chain handcuffs behind his person. Male was later charged with assault with bodily fluids not affiliated with the initial call for service.

Reporting Officer Signature:  Date: 1-15-17

Supervisor Signature:  Date: 2-12-17

Division Commander Signature:  Date: 2-13-17

Under Sheriff Signature:  Date: 2/13/17

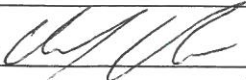

Comments:





Type of Offense: Escape		Incident/DR Number: LC171709		
<b>Location of Incident</b>				
Street Address or Location Room		Time: 1410	Date: 9/1/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Neil Marks	543	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Brad Bragg	553	Corporal	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
<b>Suspect Information</b>				
Suspect Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 43 Race: White Height: 4'11" Weight: 100				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input 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 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: 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				
Warning Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Feasible				
<b>Force Used</b>				
<input checked="" type="checkbox"/> Physical Control:				
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"/> Other: Explain.	
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input checked="" type="checkbox"/> Other: Corporal Bragg grabbed Carlyn by her shoulders and forced her to the ground.		<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.				



Supervisor Signature: 	Date: 9/1/17
Division Commander Signature: 	Date: 9-5-17
Under Sheriff Signature:	Date:
Comments:	



Type of Offense: Welfare check		Incident/DR Number: LC171692		
Location of Incident				
Street Address or Location.			Time: 2205	Date: 8/29/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	5-31	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tony Galahan	5-50	Deputy	On	Uniform
Andy Haegele	5-52	Deputy	On	Uniform
Jeff Stoltz	5-51	Corporal	On	On
Suspect Information				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Age: 17 Race: White Height: 6' Weight: 200				
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 checked="" 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 checked="" type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input checked="" 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 type="checkbox"/> Make arrest				
Warning Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
Force Used				
<input type="checkbox"/> Physical Control:				
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"/> 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:	<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: Lot number:				
<input type="checkbox"/> Wrap Restraint System				
<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 (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 checked="" type="checkbox"/> Cartridge discharge	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Missed	

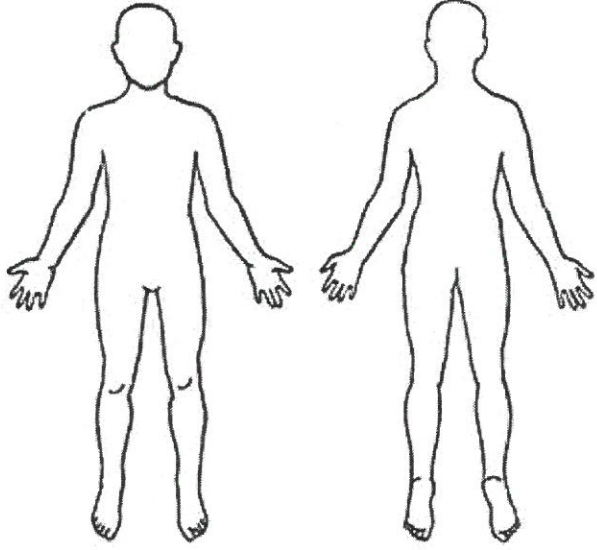
Taser Serial Number: X120033M5 (Rebo), X12006NF8 (Galahan)	Cartridge(s) Serial Number: C4104TM4H (Rebo), C4104T211 (Galahan)
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Impact Weapons Effective:  Yes  No

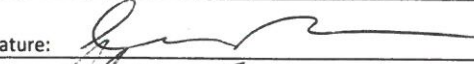
Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No  
 Pistol  AR-15  Shotgun  Other:

Number of rounds fired: Serial number of firearm(s) used:

Indicate Impact Zones on Suspect		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 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 checked="" type="checkbox"/> Other: Probe strikes in back
Check by Medical			
		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Transported to Hospital			
		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

After Action Report: Deputies responded to this location for a report of a 17 year old male who had possibly been in an altercation with his mother. Upon arrival, male had left on foot after making suicidal statements to mother. Male told mother over the phone he had a knife. Deputies eventually located him in the trailer park, where he held a hand up to his throat and said he would slice his throat. Male walked away from deputies and would not follow commands to stop. Male walked out into traffic on Montana Ave. at least twice. As male walked onto Montana Ave. the last time, Deputy Rebo deployed his taser, which was not effective. (One probe did not penetrate clothing) Deputy Rebo cycled his Taser a second time in an effort to stop the male, which did not work. Deputy Galahan deployed his Taser, which was immediately effective. Deputies gained control of the male and handcuffed him. Medical arrived, removed the probes, and cleared him medically. Male was taken to St. Peter's Hospital for protective custody.

Reporting Officer Signature: 	Date: 8/29/2017
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Supervisor Signature: 	Date: 8/29/17
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**TASER Information**

**Serial** X12006NF8  
**Model** TASER X26P  
**Firmware Version** Rev. 04.030  
**Application Version** 3.15.57  
**Health** Good

**Offline Report**

**Local Timezone** Mountain Daylight Time (UTC -06:00)  
**Generated On** 29 Aug 2017 23:43:08

**Dates from : Tue Aug 29 13:00:00 2017 to : Wed Aug 30 00:00:00 2017**

**Device (X26P)**

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
601	29 Aug 2017 22:00:07	Armed		25	70
602	29 Aug 2017 22:00:41	Safe	34	26	69
603	29 Aug 2017 22:05:28	Armed		24	69
604	29 Aug 2017 22:05:29	Trigger	5		69
605	29 Aug 2017 22:06:30	Safe	62	27	69
606	29 Aug 2017 23:32:26	USB Connected			
607	29 Aug 2017 23:33:12	Time Sync	29 Aug 2017 23:33:21 to 29 Aug 2017 23:33:12		





**TASER Information**

**Serial** X120033M5  
**Model** TASER X26P  
**Firmware Version** Rev. 04.030  
**Application Version** 3.15.57  
**Health** Good

**Offline Report**

**Local Timezone** Mountain Daylight Time (UTC -06:00)  
**Generated On** 29 Aug 2017 22:39:29

**Dates from : Tue Aug 29 13:00:00 2017 to : Tue Aug 29 23:00:00 2017**

**Device (X26P)**

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Duration [Seconds]	Temp [Degrees Celsius]	Batt Remaining [%]
2059	29 Aug 2017 22:04:29	Armed		20	94
2060	29 Aug 2017 22:04:31	Safe	2	21	94
2061	29 Aug 2017 22:05:07	Armed		20	94
2062	29 Aug 2017 22:05:09	Trigger	5		94
2063	29 Aug 2017 22:05:15	Trigger	5		94
2064	29 Aug 2017 22:06:33	Safe	86	25	93
2065	29 Aug 2017 22:37:58	USB Connected			
2066	29 Aug 2017 22:38:09	Time Sync	29 Aug 2017 22:38:04 to 29 Aug 2017 22:38:09		



- Drive stun  2
- Cartridge discharge  3

- Close probe strikes  No physical effect
- Missed

Taser Serial Number:

Cartridge(s) Serial Number:

Impact Weapons

Effective:  Yes  No

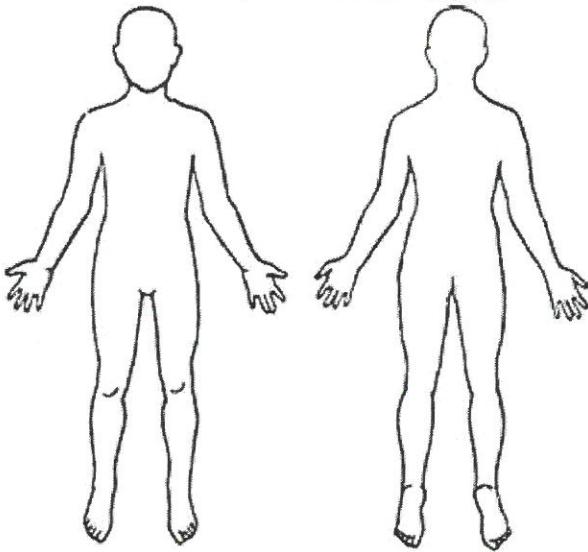
- Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: Click here to enter text. Serial number of firearm(s) used: Click here to enter text.

Indicate Impact Zones on Suspect



Injuries

- | Officer   | Suspect                                  |
|---|--|
| <input 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 checked="" type="checkbox"/> Other: minor pain in knees an hip | <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, Deputy Michael "Andy" Haegele, was dispatched to [redacted] in an attempt to locate [redacted] for HPD. [redacted] is a suspect in a No Contact Order violation and has a \$5000 warrant for his arrest approved for day or night service. Deputy Schmidt and I responded to his address and located lights on in the basement. Deputy Schmidt knocked on the door and saw a male inside the residence. The male looked at Deputy Schmidt and then ran inside the residence. A female came to the door and stated [redacted] was home and she believed he just ran outside. Deputy Schmidt and I went to the back of the residence to search for [redacted]. As we were outside, I saw [redacted] running through the inside of the residence towards the front door. I ran through the residence, tripping on a small ledge and falling face down. I got up and went through the front door and saw [redacted] getting into a vehicle. I drew my pistol, pointed it at [redacted], and began giving him commands. [redacted] drove off at a high rate of speed. I got into my patrol car and began to pursue. After following [redacted] for some time, he circled back and parked in the driveway to his residence. As soon as he stopped, I got out of my patrol car and drew my pistol. I pointed my pistol at [redacted] and began yelling commands at him. I had [redacted] prone out on the ground and Deputy Schmidt handcuffed [redacted]. I placed [redacted] into the backseat of my patrol car and transported him to the detention center without further incident.

Reporting Officer Signature:

Date:

6/27/17



Supervisor Signature: <i>W. V. [Signature] 551</i>	Date: <i>6/27/17</i>
Division Commander Signature: <i>[Signature] &amp; Collet</i>	Date: <i>6-27-17</i>
Under Sheriff Signature:	Date:
Comments:	



Type of Offense: SVOR Check/Obstructing Incident/DR Number: LC171101

Location of Incident

Street Address or Location		Time: 1850	Date: 6/16/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	5-53	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jason Crum	5-49	Senior Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		

Suspect Information

Suspect Sex:  Male  Female  Animal Group of People:  Age: 48 Race: White Height: 6'2" Weight: 210

Applicable Suspect Conditions (Check all that apply)

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

Under the Influence

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

Use of Force / Control Necessary to:

- Defend Self
- Defend another
- Make arrest
- Protective Custody
- Prevent Escape
- Other: Explain.
- Accomplish official purpose: Suspect ran during attempted SVOR check and hid in dumpster

Warning Given:  Yes  No  Not Feasible

Force Used

Physical Control:

Soft Empty Hand Techniques

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

Hard Empty Hand Techniques

- Palm Heel
- Straight Punch
- Brachial Stun
- Suprascapular Stun
- Front Thrust Kick
- Knee Strike
- Angle Kick

Shoulder Pin Restraint

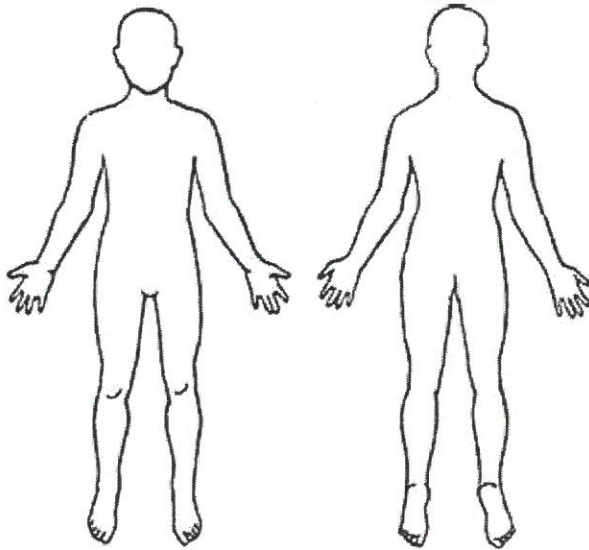
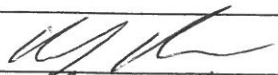
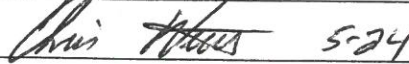

Other: Explain.

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

<input 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"/> Cartridge discharge <input type="checkbox"/> 3		<input type="checkbox"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Missed	
Taser Serial Number:		Cartridge(s) Serial Number:	
<input type="checkbox"/> Impact Weapons		Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Baton <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: Explain.			
<input checked="" type="checkbox"/> Firearms: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other:			
Number of rounds fired: 0 Serial number of firearm(s) used: SHM499			
Indicate Impact Zones on Suspect 		Injuries	
		Officer <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	Suspect <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <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
<p>After Action Report: I responded to conduct an SVOR check on a male. I knocked on the door and a male replied, "Who is it?". I identified myself and the reason for being there. A short time later, I heard a chain link fence rattle in the back of the trailer. I went around the trailer and observed a male walking in the neighbor's backyard and go behind the trailer. I was contacted by the neighbor, who reported seeing the male and speaking with him. Deputies looked around the area before the male was located hiding in a dumpster. When he was located, the male's left hand was visible, but his right hand was hidden under garbage. I drew my pistol and pointed it at him while ordering him to show me his hands. The male showed me his hands and I verified he had nothing in them. I holstered my pistol and got the male out of the dumpster. The male was handcuffed and cited for Obstructing a Peace Officer before being released.</p>			
Reporting Officer Signature: 		Date: 6/16/2017	
Supervisor Signature: 		Date: 6/16/2017	
Division Commander Signature: 		Date: 6-19-17	



*Under Sheriff Signature:*

*Date:*

**Comments:**



Type of Offense: PFMA		Incident/DR Number: HP172586		
Location of Incident				
Street Address or Locatic			Time: 1152	Date: 5/22/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andrew Blythe	566	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jeff Wilson	729	Sergeant	On	Uniform
Brandon Wootan	773	Officer	On	Uniform
John Kaleczyc	753	Officer	On	Uniform
Suspect Information				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 19 Race: Native American Height: 6' Weight: 180				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input checked="" 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 checked="" type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Ran from Deputies and hid		<input type="checkbox"/> None Apparent	
<input 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 checked="" type="checkbox"/> Other: Detain for officer safety		
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
Force Used				
<input checked="" type="checkbox"/> Physical Control:				
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 checked="" type="checkbox"/> Other: placed in wrap	
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input checked="" type="checkbox"/> Other: wrist lock		<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 checked="" type="checkbox"/> Wrap Restraint System				
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input 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: \_\_\_\_\_

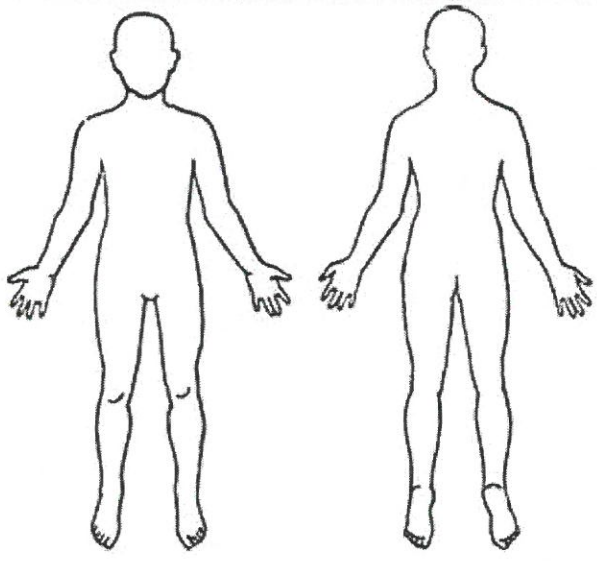
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.





Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: Click here to enter text. Serial number of firearm(s) used: Click here to enter text.

<p align="center">Indicate Impact Zones on Suspect</p> 	<p align="center"><b>Injuries</b></p> <table border="0"> <tr> <td><b>Officer</b></td> <td><b>Suspect</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input 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>	<b>Officer</b>	<b>Suspect</b>	<input checked="" type="checkbox"/> None	<input 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
	<b>Officer</b>	<b>Suspect</b>													
	<input checked="" type="checkbox"/> None	<input 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														
<p align="center"><b>Check by Medical</b></p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>															
<p align="center"><b>Transported to Hospital</b></p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>															

After Action Report: Male refused to comply with directions to sit in patrol vehicle after being detained. Escalated to refusing to comply with any directions and had to be physically moved to another patrol vehicle. Male placed his foot in the door as to deter officers from closing the door, causing injury to the males right foot. The injury appeared minor with bruising and a small laceration. Male continued to resist being placed in the patrol car. Male was put in the Wrap system and transported to the detention center without incident

Reporting Officer Signature: 	Date: 5/22/17
Supervisor Signature: 	Date: 5/22/17
Division Commander Signature: 	Date: 5-23-17
Under Sheriff Signature: 	Date: 5/25/17

Comments: