

Type of Offense: Welfare Check

Incident/DR Number: LC170783

Location of Incident

Street Address or Location:

Time: 0638

Date: 5/3/2017

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

Kevin Wright

5-65

Sergeant

On

Uniform

Suspect Information

Suspect Sex: Male Female Animal Group of People: Age: 74 Race: White Height: 5'10" Weight: 160

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: Welfare Check on Armed Suicidal Male

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: Explain.

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:

Lot number:

Wrap Restraint System

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

Exposure: Cycles: 1 Heavy clothing 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: _____

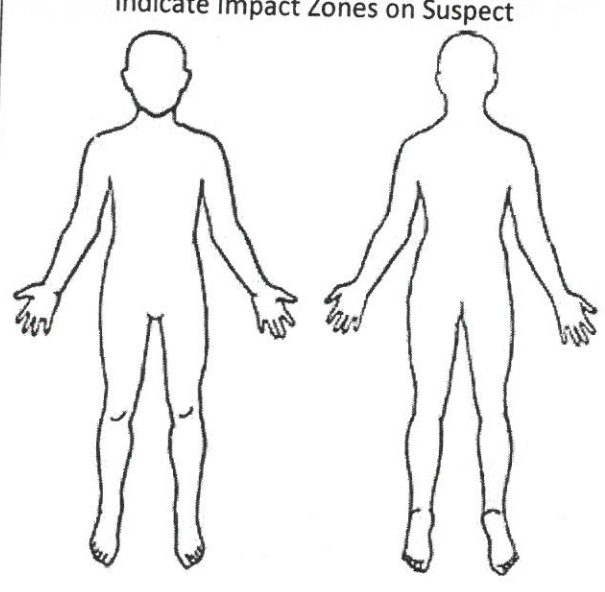
Impact Weapons Effective: Yes No

Baton Vehicle Other: Explain.

Firearms: Discharged: Yes No

Pistol AR-15 Shotgun Other:

Number of rounds fired: 0 Serial number of firearm(s) used: Patrol rifle #37, 5-65 pistol serial # NDW920



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: Deputies were dispatched to an armed suicidal male. Deputies arrived on scene and observed a male walking from the area of the camper the male was reported to be in. The male had his hands in his pockets and was walking toward the Deputies. Deputies identified themselves and ordered the male to stop and take his hands out of his pockets. The male did not comply and continued to walk toward the Deputies. The Deputies continued to order the male to stop and take his hands out of his pockets. The male took his hands out of his pockets, but continued to walk toward the Deputies. The Deputies continued to order the male to stop. The male informed the Deputies he was hard of hearing and could not understand our commands. Deputies were able to approach the male and verify he was not the suicidal male and was unarmed.

Reporting Officer Signature:	Date: 5/3/2017
Supervisor Signature:	Date: 5/3/17



Lewis and Clark County Sheriff's Office
USE OF FORCE REPORT FORM

Case # LC170655 Date of Incident: 4/14/2017 Time: 2223
 Deputy's Name Sergeant Jeff Stacey Badge Number 928
 Type of Incident: Assault on and Officer, Disorderly, Resisting, PODD, PODP, Trespass

SUBJECT:

Human: Defendant: (Male or Female) Other Involved Party _____ Group of People _____
 Animal: (Specify type) _____

TYPE OF FORCE (utilized and/or deployed):

Empty Hand Control	Impact Weapon
Gooseneck Arm Restraint	Baton
<u>Wrist Lock</u>	Flashlight
Arm Bar Takedown	Vehicle
Other _____	Other _____

Oleoresin Capsicum (OC Spray) Discharged: Yes No If yes, continue

Exposure:	Airborne only	Quantity:	Single Spray
	Targeted Area		Multiple Spray
	Unruly Crowd		

Other Chemical Agents (Explain): None

Other Restraints (Explain): Wrap restraint

Taser - Discharged Yes No Drive Stun or Cartridge Discharge (Circle One)

Number of Applications: _____ Number of 5 second cycles _____

Length of application (in seconds), if not a full cycle: _____

Firearms - Discharged	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of rounds fired: _____
Pistol	Long Rifle	Shotgun
		Other _____

Brief description of Incident: Female was being escorted out of event at Fairgrounds. Female became combative and was placed into handcuffs. Female grabbed my pistol and attempted to remove it from the holster. Female was placed on the ground and put into the wrap restraint system. Female was taken to the detention center

Subject's Behavior: No Resistance Active Resistance (Personal Weapons)
 Cooperative Active Resistance with Weapons
 Static Resistance Resisting Arrest

Effectiveness of Force Used: Immediate Reaction Aggressive Reaction
 Delayed Reaction: _____ seconds Regressive Reaction
 Minimal Reaction Static Reaction

Injury: (Check all that apply)
 Subject injured during or after initial use of force? Yes No
 Deputy injured during or after initial use of force? Yes No

Medical Follow-up: (Check all that apply)
 None -
 Treated by SPECTRUM Medical Staff
 Officer administered care (OC clean-up, Taser Probe removal, etc.)
 Fire/Medical treatment on scene
 Treatment at medical facility
 Treatment/decontamination at Detention Center
 Transported by Officer

Officer's Signature/Date [Signature] 4/15/17

Shift Supervisor's Signature/Date [Signature] 4-17-17



Type of Offense: Attempted Robbery		Incident/DR Number: 081317-2		
Location of Incident				
Street Address or Location:			Time:0000	Date: 8/13/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Blythe, Andrew	556	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Post, Matt	715	HPD	On	Uniform
Weiss, Chris	524	SGT	On	Uniform
Erickson, Delane	413	EHPD	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: 23 Race: White/Possibly Hispanic Height: 5'6 Weight: 145				
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 type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input checked="" type="checkbox"/> Other: Felony Stop		
<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				
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: Click here to enter text. Lot number: Click here to enter text.				
<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	

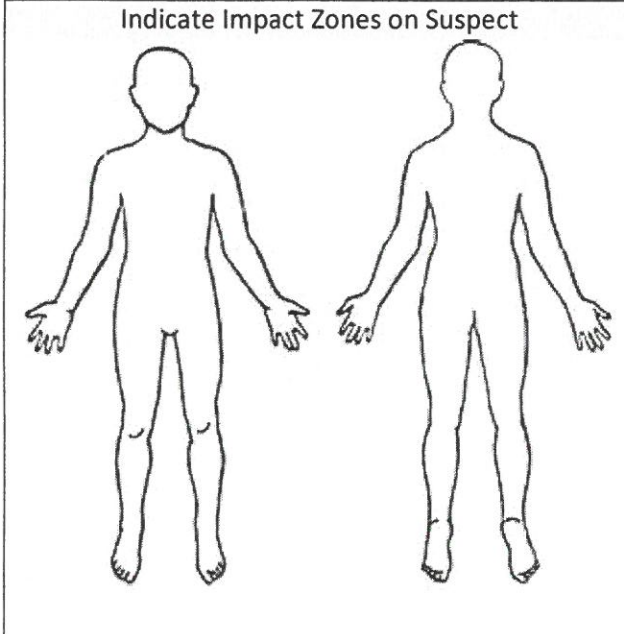
Taser Serial Number: _____ Cartridge(s) Serial Number: _____

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: [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: East Helena PD took a report of 4 individuals at Town Pump #1 in East Helena talking about Robbing the gas station. Clerk observed males leave in a turquoise truck with "Jeep" on the back. Helena Police Officer Post located the vehicle traveling eastbound on I-15 near the viaduct. Officer Post and I conducted a high risk stop on the vehicle. I pointed my AR-15 at the driver of the vehicle (sole occupant). Male complied with orders and was detained in handcuffs by HPD Officer Tyler Wood. East Helena detained the male and took over the investigation. A revolver was located in the suspect vehicle. Male was later released.

Reporting Officer Signature: Date: 8/13/17

Supervisor Signature: _____ Date: _____

Division Commander Signature: _____ Date: _____

Under Sheriff Signature: _____ Date: _____

Comments:



Type of Offense: Aggravated Assault		Incident/DR Number: HP171613		
Location of Incident				
Street Address or Location		Time: 1100	Date: 3/29/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Haegle, Michael A	552	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Boudreau, Joani	563	Deputy	On	Uniform
Holmlund, Greg	548	Deputy	On	Uniform
Click here to enter text.		.	.	.
Suspect Information				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 34 Race: White Height: 5'10" Weight: 200lbs				
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 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: 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 checked="" 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 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"/> Transport Wrist Lock	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Shoulder Pin Restraint
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.
<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 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"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)				
Exposure:		Cycles: <input type="checkbox"/> 1	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction

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

Taser Serial Number: _____ Cartridge(s) Serial Number: _____

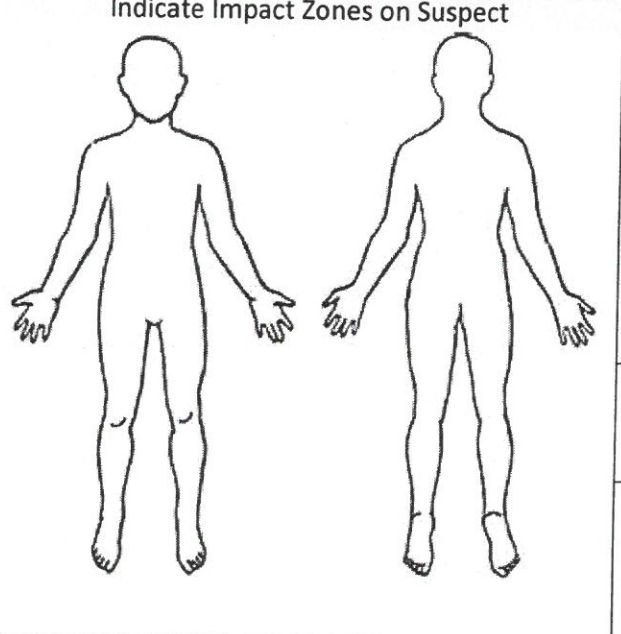
Impact Weapons Effective: Yes No

Baton Vehicle Other: Explain.

Firearms: Discharged: Yes No

Pistol AR-15 Shotgun Other:

Number of rounds fired: 0 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: Wednesday, March 29th, Helena Police Officers investigated an alleged aggravated assault. The suspect, identified as _____, fled from the scene in a vehicle. _____ is on probation and his probation officer advised _____ HPD Senior Officer Drew Barton advised _____ was known to carry a loaded AK-47 in his vehicle at all times. I was staged at the Glass Slipper waiting for backup to arrive in the area. BLM Agent Liastikos drove through the area and located the suspect's truck at his residence. BLM Agent Liastikos turned around and was waiting on the north end of the property. I decided to move to _____ in case the suspect approached BLM Agent Liastikos. As I turned onto _____ I noticed the suspect vehicle was approaching me. I drove past the vehicle, conducted a u-turn, and activated my emergency lights. I notified dispatch of the traffic stop. I drew my patrol rifle and called _____ out of his vehicle. I had _____ walk backwards towards me with his hands in the air. After _____ was closer to my vehicle, I had lay down on the ground with his hands out away from his body and had him cross his feet and place them against his posterior. Deputies Holmlund and J. Boudreau and BLM Agent Liastikos arrived on scene. I continued pointing my rifle at _____ until Deputy J. Boudreau was able to handcuff him. Deputy J. Boudreau secured Duane in the back of my patrol vehicle. I transported _____ to the LEC for an interview without incident.

Reporting Officer Signature: _____ Date: 3/29/17

Supervisor Signature: <i>Bandrew</i>	Date: <i>3/29/17</i>
Division Commander Signature: <i>Grant & Gilbert</i>	Date: <i>4-13-17</i>
Under Sheriff Signature: <i>John Morrison</i>	Date: <i>3/29/17</i>
Comments:	

Type of Offense: Arrest		Incident/DR Number: HP171594		
Location of Incident				
Street Address or Location:			Time: 2038	Date: 3/28/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sergeant	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Boudreau	539	Corporal	On	Uniform
Paul Weber	567	Deputy	On	Uniform
Mike Bruce	546	Deputy	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: 35 Race: W Height: 509 Weight: 155				
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"/> Alcohol <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input checked="" type="checkbox"/> History of violence <input 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 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 checked="" type="checkbox"/> Escort Position <input checked="" type="checkbox"/> Transport Wrist Lock <input 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"/> Knee Strike <input type="checkbox"/> Angle Kick		
		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Other: Explain.		
<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 type="checkbox"/> Yes <input checked="" 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				

Reporting Officer Signature: <i>[Signature]</i> 545	Date: 3/30/2017
Supervisor Signature: <i>[Signature]</i>	Date:



Type of Offense: Disorderly Conduct-45-8-101 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:	Attire
Corbett, Dennis	908	Patrolman II	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Wood, Uriah	525	Sergeant	On	Uniform
King, Darrell	915	Patrolman III	On	Uniform
Charles, Jacob	906	Patrolman III	On	Uniform

Suspect Information

Suspect Sex: Male Female Animal Group of People: Age: 66 Race: WHT Height: 600 Weight: 192

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 type="checkbox"/> Alcholah <input type="checkbox"/> Drugs <input checked="" 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: Ran from Deputies and hid	

Use of Force / Control Necessary to:

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

Warning Given: Yes No Not Feasible

Force Used

Physical Control:

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:	<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"/> Knee Strike <input type="checkbox"/> Angle Kick
	<input type="checkbox"/> Shoulder Pin Restraint <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

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

Exposure: Cycles: 1 Heavy clothing Malfunction

- Drive stun 2
- Cartridge discharge 3

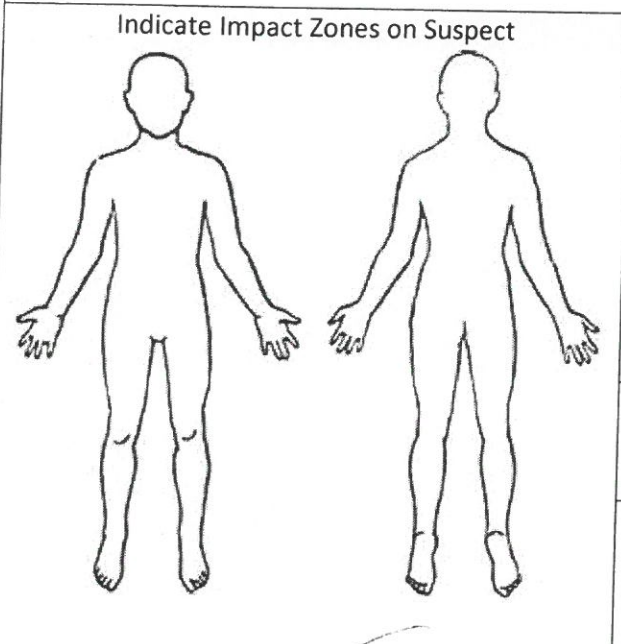
- Close probe strikes No physical effect
- Missed

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.



- | 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: LC171240

Reporting Officer Signature: *[Signature]* Date: 7-4-17

Supervisor Signature: *[Signature]* Date: 7-5-17

Division Commander Signature: *[Signature]* Date: 7-10-17

Under Sheriff Signature: *[Signature]* Date: 7/11/17

Comments:

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

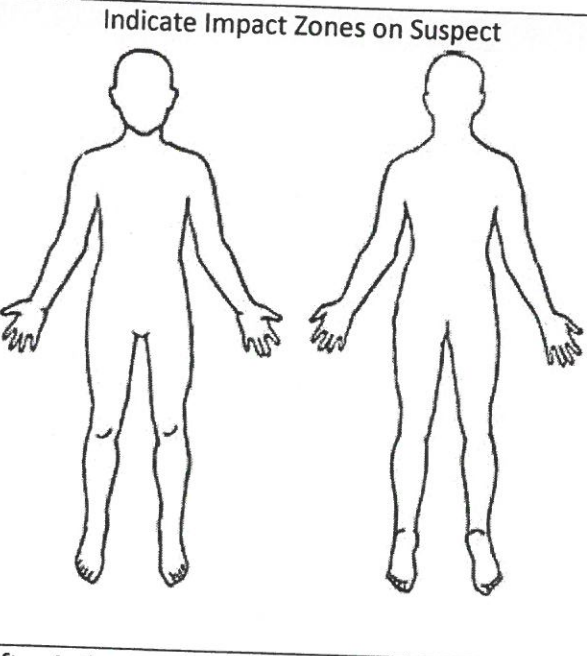
Baton Vehicle Other: Explain.

Effective: Yes No

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.



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: Deputies were dispatched to a burglary in progress. Upon arriving on scene, Deputies saw the front door was kicked in. All Deputies on scene deployed either a rifle or pistol to take command of the situation until the suspects could be detained. As the Deputies began setting up a perimeter, one suspect stepped outside. I gave him commands to stop and put his hands up. The suspect, later identified as _____, complied. As I was giving him commands, another male, later identified as _____ stepped outside. _____ was also told to stop and put his hands up. Sergeant Wright gave them commands one at a time to step closer to him and both were handcuffed and secured in the back of patrol vehicles. Both _____ and _____ were ultimately arrested for burglary, felony theft, and misdemeanor criminal mischief.

Reporting Officer Signature: _____	Date: 8/28/17
Supervisor Signature: _____	Date: 8/28/17
Division Commander Signature: _____	Date: 8-31-17
Under Sheriff Signature: _____	Date: 9/12/17

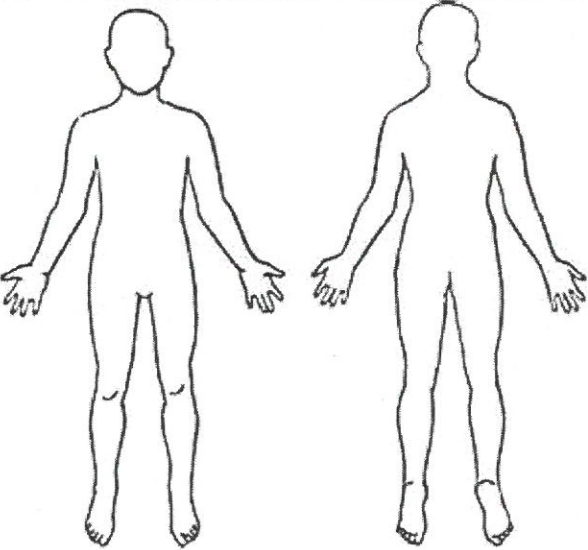


Type of Offense: Stolen Vehicle Pursuit		Incident/DR Number: LC171519		
Location of Incident				
Street Address or Location: Ridge Road.		Time: 1415	Date: 8/8/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Neil Marks	543	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	531	Deputy	On	Uniform
Andy Haegele	552	Deputy	On	Uniform
Jeff Stoltz	551	Corporal	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: 27 Race: White Height: 510 Weight: 220				
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 checked="" type="checkbox"/> Reported to be armed	<input 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:		<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: 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 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: Click here to enter text. Lot number: Click here to enter text.				
<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:
<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.	

Firearms: Discharged: Yes No
 Pistol AR-15 Shotgun Other:
Number of rounds fired: none Serial number of firearm(s) used: WDG365, NM375805, XHG894

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

After Action Report: Tuesday, August 8th, 2017, at approximately 1415 hours, I, Deputy Neil Marks, was pursuing a stolen Jeep Wrangler, bearing Montana license plate _____, in the area of _____ Jefferson County, Montana. The pursuit ended near the intersection of _____ when the suspect, identified as _____ stopped the stolen Jeep. Deputies Haegele, Stoltz, Rebo, and myself utilized firearms and verbal commands to order _____ out of the vehicle. While pursuing the vehicle, _____ was moving around inside the vehicle and appeared to be looking for something. Later, Probation and Parole advised _____ may be in possession of a firearm. No shots were fired and _____ was compliant after stopping the vehicle. _____ was arrested without incident and was secured in the back seat of Deputy Haegele's patrol vehicle. _____ was checked by medical staff for appearing to be extremely intoxicated on drugs and/or alcohol. _____ was medically cleared before being transported to the detention center.

Reporting Officer Signature: 	Date: 8/17/2017
Supervisor Signature: 	Date: 8/17/17
Division Commander Signature: 	Date: 8-18-17



Type of Offense: Burglary		Incident/DR Number: LC171678		
Location of Incident				
Street Address or Location:7		Time:1402	Date: 8/28/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Haegele, Michael A	552	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Rebo, Christopher	531	Deputy	On	Uniform
Wright, Kevin	565	Sergeant	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
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: White Height: 6'0" Weight: 140				
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 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: Burglary in Progress, unknown if they were armed		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input checked="" 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				
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: Click here to enter text. Lot number: Click here to enter text.				
<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)				

Comments:



Offense: Resisting Arrest

Incident/DR Number: LC171429

Location of Incident

Street Address or Location

Time: 1845

Date: 7/28/2017

Reporting Officer's Name:

Badge #

Rank

Duty Status:

Attire

Christopher Norris

564

Deputy

On

Uniform

Involved Officer's Name:

Badge #

Rank

Duty Status:

Attire

Greg Holmlund

548

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: 43 Race: White Height: 5-00 Weight: 105

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:

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: <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: _____

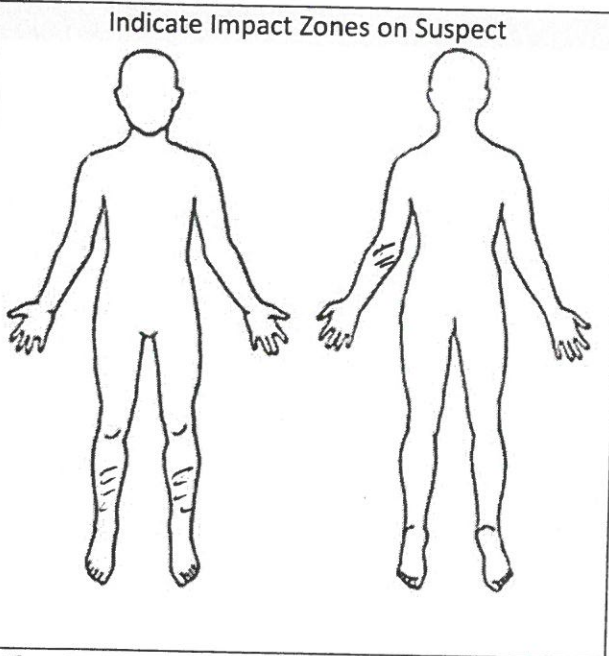
Impact Weapons Effective: Yes No

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.



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 checked="" 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 *Refused Medical*

Transported to Hospital

Officer: Yes No

Suspect: Yes No

After Action Report: While attempting to detain _____ ewis for interfering with a CPS Court Order, she ran away from me. I ordered her to stop and she continued to run away. Once I captured her, she continued to resist by punching and kicking. I utilized a straight armbat take down to get her to the ground and control her. Once on the ground I continued to order her to stop resisting and to place her hands behind her back. She was not compliant, forcing Deputy Holmlund and I to physically force her hands behind her back to place her in handcuffs. Once in handcuffs, she would not walk under her own power and had to be carried to my patrol vehicle. While carrying her, she continued to attempt to kick myself and Deputy Holmlund.

Reporting Officer Signature: <i>[Signature]</i>	Date: 7-28-17
Supervisor Signature: <i>[Signature]</i>	Date: 7-28-17
Division Commander Signature: <i>[Signature]</i>	Date: 7-31-17
Under Sheriff Signature: _____	Date: 8/28/17

Comments:

Type of Offense: Assault on a peace officer		Incident/DR Number: LC170588		
Location of Incident				
Street Address or Location:			Time: 1742	Date: 4/3/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sergeant	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 Group of People: <input type="checkbox"/> Age: 46 Race: W Height: 511 Weight: 225				
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 checked="" 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 type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input checked="" 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 checked="" type="checkbox"/> Accomplish official purpose: Escort arrestee to the Detention Center		
<input 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 checked="" type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint	
<input checked="" 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: Restrain and put to 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: 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				

