



Type of Offense: Assault with a weapon Incident/DR Number: LC172413

Location of Incident

Street Address or Location: Time: 1402 Date: 12/30/2017

Reporting Officer's Name: Badge # Rank Duty Status: Attire

GALAHAN 550 PROBATIONARY DEPUTY On Uniform

Involved Officer's Name: Badge # Rank Duty Status: Attire

GALAHAN 550 PROBATIONARY DEPUTY On Uniform

SCHMIDT 562 DEPUTY On Uniform

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: 24 Race: Native  
Height: 5'02" Weight: 150

Applicable Suspect Conditions (Check all that apply)

- Armed  History of violence
- Reported to be armed  Failed to comply
- Assaulted Deputy  Resisted arrest
- Assaulted civilian  Other: came out of residence with male who was reported to be armed and reported to have stabbed someone
- Attempted escape

Under the Influence

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

Use of Force / Control Necessary to:

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

Warning Given:  Yes  No  Not Feasible

Force Used

Physical Control:

- |   |   |   |
|---|---|---|
| <p>Soft Empty Hand Techniques</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Escort Position</li> <li><input type="checkbox"/> Transport Wrist Lock</li> <li><input type="checkbox"/> Straight Armbar Takedown</li> <li><input type="checkbox"/> Pressure Points</li> <li><input type="checkbox"/> Other:</li> </ul> | <p>Hard Empty Hand Techniques</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Palm Heel</li> <li><input type="checkbox"/> Straight Punch</li> <li><input type="checkbox"/> Brachial Stun</li> <li><input type="checkbox"/> Suprascapular Stun</li> <li><input type="checkbox"/> Front Thrust Kick</li> <li><input type="checkbox"/> Knee Strike</li> <li><input type="checkbox"/> Angle Kick</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Shoulder Pin Restraint</li> <li><input type="checkbox"/> Other: Explain.</li> </ul> |
|---|---|---|

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  Close probe strikes  No physical effect

Cartridge discharge  3  Missed

Taser Serial Number: Cartridge(s) Serial Number:

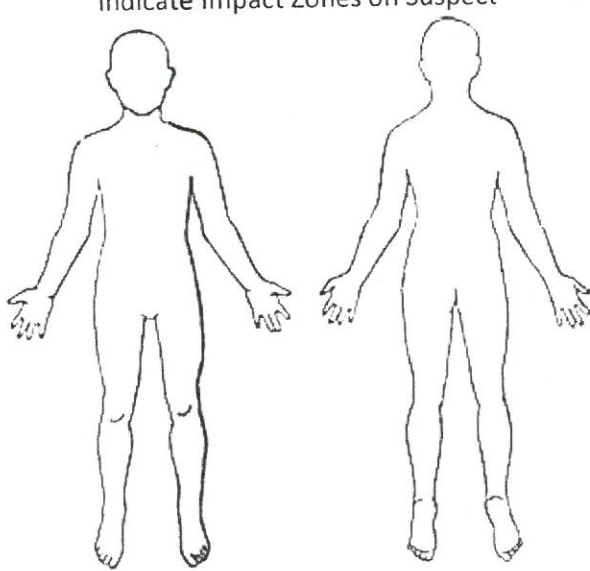
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: 0 Serial number of firearm(s) used: USW351 & VCP525

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
	<p>Check by Medical</p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Transported to Hospital</p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

After Action Report: After Action Report: Deputies were dispatched to \_\_\_\_\_ for a reported altercation between two males and one of the males attempting to light the other male on fire by throwing lighter fluid on him. Additional call came in from the complainant to dispatch stating the other male had stabbed his girlfriend and killed her. When Deputies arrived at the residence, a male exited the residence and was ordered at gunpoint to walk backwards where he was detained with handcuffs. A female was also exited the residence with the male and at the time was unknown if she was involved in any criminal activity. After an investigation was completed, the male was arrested for assault with a weapon and negligent arson. The female was released and not charged with any crime.

Reporting Officer Signature: <i>Tony Galahan</i>	Date: 1/1/18
Supervisor Signature: <i>[Signature]</i>	Date: 1/1/18
Division Commander Signature: <i>[Signature]</i>	Date: 1-3-18

Under Sheriff Signature:

*Jan Jimenez*

Date:

*1/4/18*

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: \_\_\_\_\_

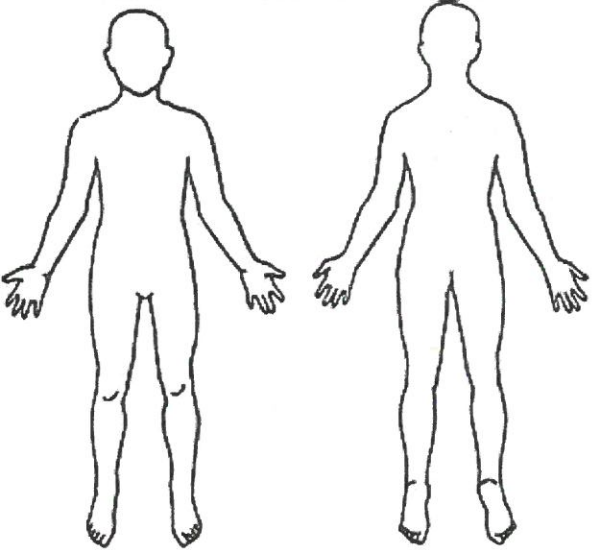
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

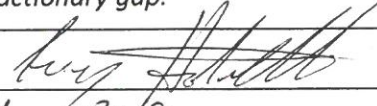
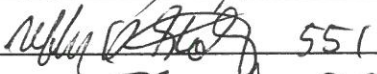
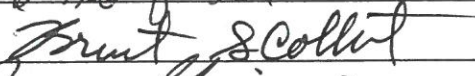

Firearms: Discharged:  Yes  No

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

After Action Report: Deputies were investigating a PFMA where a 16 year old male assaulted his father and pushed his mother. Suspect was trying to force deputy out of his room and became physically aggressive, clenching fist and leaning forward on his feet. Deputy told the male twice to sit down on his bed and he refused to comply with deputy's order. Deputy with open hands pushed the male onto the bed to create a safe reactionary gap.

Reporting Officer Signature: 	Date: 2-15-2017
Supervisor Signature:  551	Date: 2/15/17
Division Commander Signature: 	Date: 2-17-17
Under Sheriff Signature: 	Date: 2/21/17

Comments:





Type of Offense: PODD/PODP		Incident/DR Number: LC170338		
<i>Location of Incident</i>				
Street Address or Location		Time: 0100	Date: 2/23/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Paul Weber	567	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Greg Holmlund	548	Deputy	On	Uniform
Jeffery Stoltz	551	Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
<i>Suspect Information</i>				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 41 Race: Caucasian Height: 6' 3" Weight: 375				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<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: Suspect near firearm in vehicle		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<i>Use of Force / Control Necessary to:</i>				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input checked="" type="checkbox"/> Other: Prevent Control of Firearm by Suspect		
<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				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:				
<i>Soft Empty Hand Techniques</i>		<i>Hard Empty Hand Techniques</i>		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other:		<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: \_\_\_\_\_

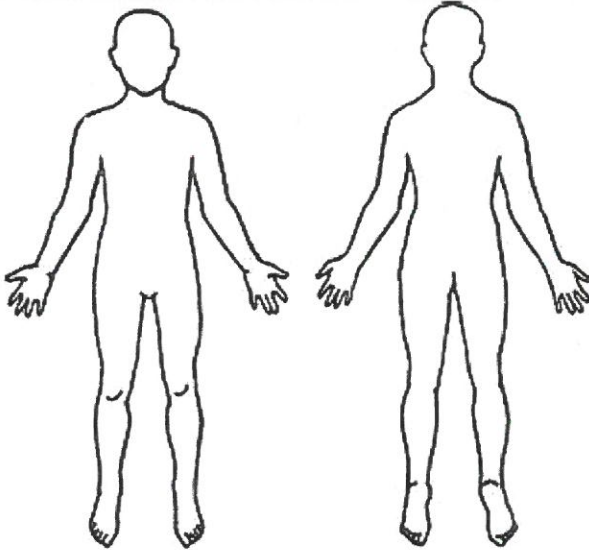
Impact Weapons Effective:  Yes  No

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.

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: Deputies conducted an officer stop at \_\_\_\_\_ t under MRDTF advisement. While contacting suspect Deputy asked if there were any weapons in the vehicle. Upon further inspection Deputy discovered a handgun in the driver side door handle. Suspect had hand near the handgun. Deputy opened door, secured handgun, and drew duty firearm. Suspect was verbally ordered out of the vehicle and detained at gunpoint.

Reporting Officer Signature: *[Signature]* Date: 02/24/2017

Supervisor Signature: *[Signature]* 551 Date: 02/24/17

Division Commander Signature: *[Signature]* Date: 2-24-17

Under Sheriff Signature: *[Signature]* Date: 2/24/17

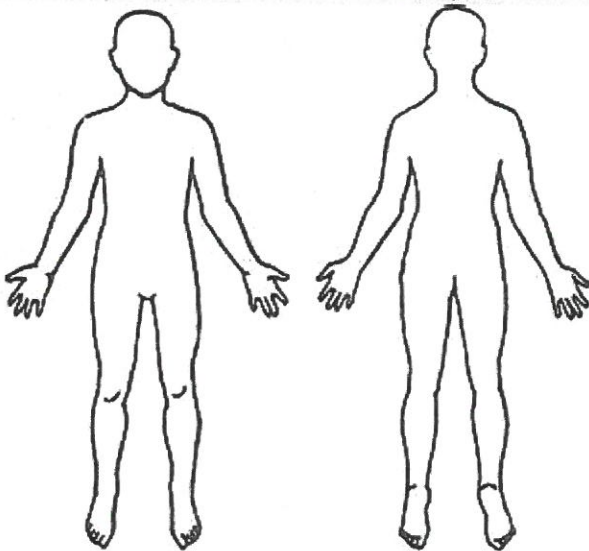
Comments:





Type of Offense: Warrant Arrest		Incident/DR Number: LC170350		
<b>Location of Incident</b>				
Street Address or Location:		Time: 2018	Date: 2/24/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
McCarthy	561	Patrolman III	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
<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: <input type="checkbox"/> Race: N Height: 509 Weight: 165				
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 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 Deputy		<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 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:				
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: Ground fight for wrist control		<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 checked="" 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.			
<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: Serial number of firearm(s) used: XWM205			
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: Suspect was sitting in passenger seat of vehicle. Suspect refused to provide his name to the Deputy and would not keep his hands in view. Deputy drew pistol and ordered the suspect out of the vehicle at gun point. Suspect complied and was arrested for a Warrant.			
Reporting Officer Signature:		Date: 2/26/2017	
Supervisor Signature:		Date: 3/1/2017	

*Chris [Signature]*  
*Dean Jimenez*

3/7/17

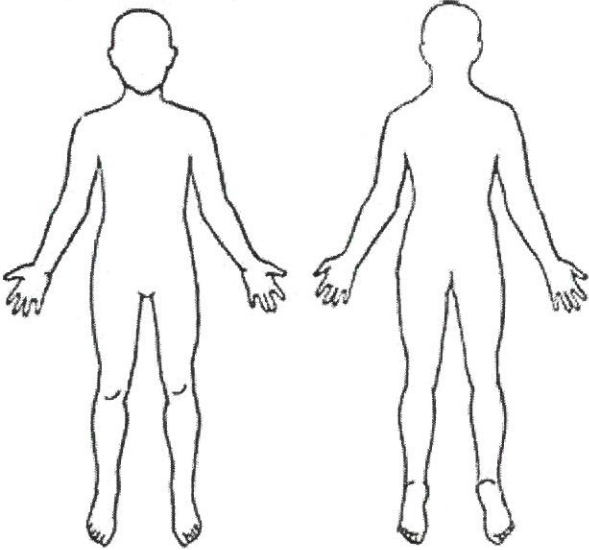


Type of Offense: Probation and Trespass Arrest		Incident/DR Number: LC170451		
Location of Incident				
Street Address or Location:			Time: 1220	Date: 3/14/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Holmlund	548	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Ward	542	Deputy	On	Uniform
Haegele	552	Deputy	On	Uniform
Liakos	244	BLM Officer	On	Uniform
Suspect Information				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input checked="" type="checkbox"/> Age: 38 Race: White Height: 5'08" Weight: 190				
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 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 checked="" 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 type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Defend another	<input checked="" type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: Suspect ran from deputies the day prior and made a gesture like he was shooting a rifle at them.		
<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)				

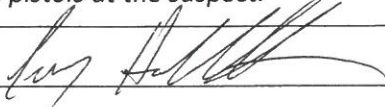


Exposure:	Cycles: <input type="checkbox"/> 1	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun	<input type="checkbox"/> 2	<input type="checkbox"/> Close probe strikes	<input type="checkbox"/> No physical effect
<input type="checkbox"/> Cartridge 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: [Click here to enter text.](#) Serial number of firearm(s) used: [Click here to enter text.](#)

<p>Indicate Impact Zones on Suspect</p> 	<p>Injuries</p> <table border="0"> <tr> <td>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 type="checkbox"/> Yes <input checked="" 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: Deputies responded to the area of \_\_\_\_\_ ...o days in a row for a report of a suspicious male in the area trespassing on private property. The first day the male failed to comply with lawful orders and walked away into the wilderness (private property) after making gestures which appeared he was shooting a rifle at deputies. The complainant called back the next day and said the male was back. Deputies approached the male and configured patrol vehilces in a high risk stop position and called the suspect back to them using the PA system. While doing so all LEOs involved pointed duty rifles and pistols at the suspect.

Reporting Officer Signature: 	Date: 3-15-2017
Supervisor Signature:	Date:
Division Commander Signature: 	Date: 3-16-17
Under Sheriff Signature: 	Date: 3/20/17

Comments:





Type of Offense: Assault on Peace Officer, DC, Crim. Mischief		Incident/DR Number: LC171790		
<b>Location of Incident</b>				
Street Address or Location:		Time: 2212	Date: 9/10/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
L. Pekovitch	558	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Becky Hawthorne	574	Detention Corporal	On	Uniform
Samantha Warren	578	Detention Officer	On	Uniform
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: 27 Race: white Height: 510 Weight: 220				
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 checked="" type="checkbox"/> Other: Assaulted Detention Officer		<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 and place in holding cell		
<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				
<b>Force Used</b>				
<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 checked="" type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)
Exposure: Cycles: <input type="checkbox"/> 1	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun <input type="checkbox"/> 2	<input type="checkbox"/> Close probe strikes <input type="checkbox"/> No physical effect
<input type="checkbox"/> Cartridge discharge <input type="checkbox"/> 3	<input type="checkbox"/> Missed

Taser Serial Number: X12007EP2 Cartridge(s) Serial Number:

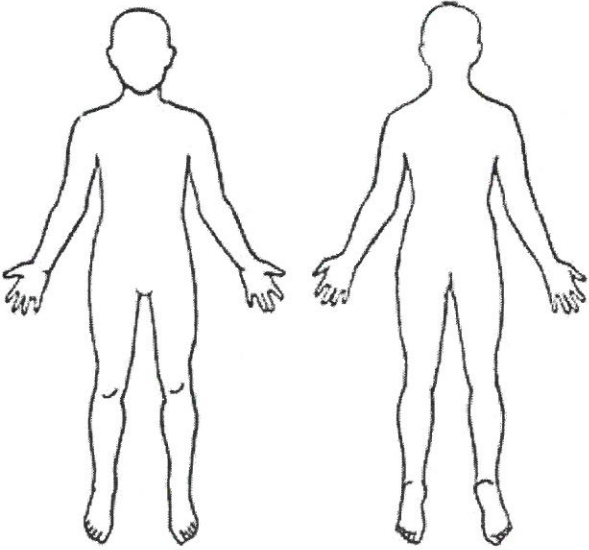
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.



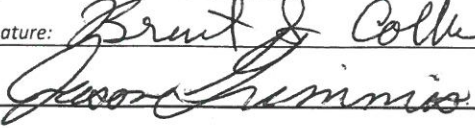
Firearms: Discharged:  Yes  No

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"/> Bruises <input type="checkbox"/> Abrasions <input checked="" 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: Deputy was called for assistance with an inmate to the Detention Center. Upon arrival inmate was throwing things and non compliant with verbal commands given by Detention Officers. Deputy pulled taser and gave verbal command while pointing taser. Inmate complied with commands and was placed in handcuffs. Inmate was later move to holding cell.

Reporting Officer Signature: 	Date: 9/11/17
Supervisor Signature: 	Date: 9/11/17
Division Commander Signature: Brent J. Collett	Date: 9/11/17
Under Sheriff Signature: 	Date: 9/12/17

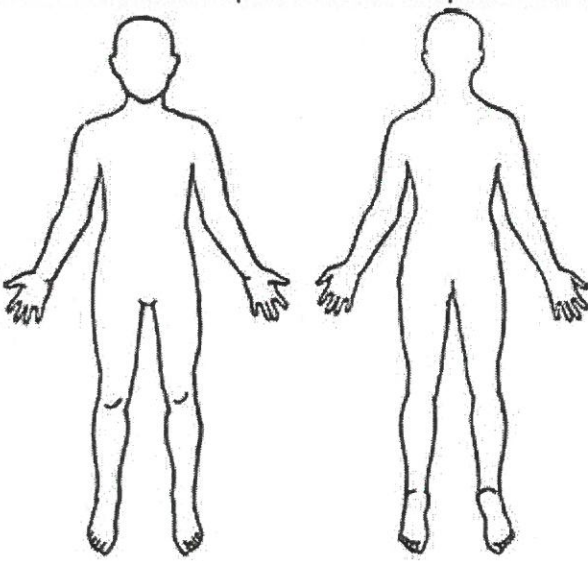
Comments:





Type of Offense: SUSPICIOUS ACTIVITY/ POSSIBLY AGGRAVATED BURGLARY		Incident/DR Number: LC171998		
<b>Location of Incident</b>				
Street Address or Location:			Time: 0314	Date: 9/14/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
TONY GALAHAN	5-50	DEPUTY	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
JOANI BOUDREAU	5-63	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.		
<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: 21 Race: WHITE Height: 505 Weight: 155				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input checked="" 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 type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: SECURE SCENE AND DETAIN SUSPECT		
<input 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:				
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.																							
<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 rounds   Serial number of firearm(s) used: 563: EUW676, 550: VCP525																							
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;">Injuries</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;">Officer</td> <td style="width:50%; text-align: center;">Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table> <p style="text-align: center;">Check by Medical</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Officer: <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</td> <td style="width:50%;"></td> </tr> <tr> <td>Suspect: <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</td> <td></td> </tr> </table> <p style="text-align: center;">Transported to Hospital</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Officer: <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</td> <td style="width:50%;"></td> </tr> <tr> <td>Suspect: <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</td> <td></td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Officer	Suspect																						
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None																						
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<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions																						
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations																						
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones																						
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain																						
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
<p>After Action Report: DEPUTIES WERE DISPATCHED TO _____ REGARDING A MALE BEATING ON THE FRONT DOOR AND THREATENING THE COMPLAINANT WITH A "MAGNUM." DEPUTY JOANI BOUDREAU AND I ARRIVED ON SCENE AND MADE CONTACT WITH A MALE IN THE BACK YARD OF THE _____ ADDRESS. DEPUTY J. BOUDREAU AND I HAD OUR SERVICE PISTOLS POINTED AT THE MALE, IDENTIFIED AS I _____; BECAUSE WE WERE TOLD HE WAS ARMED. DEPUTY J. BOUDREAU AND I OBSERVED _____ HAD NO WEAPONS AND APPEARED TO BE VERY INTOXICATED. _____ WAS DETAINED WITHOUT INCIDENT, THEN TRANSPORTED HOME LATER ON.</p>																							
Reporting Officer Signature: <i>Jerry Galahan</i>	Date: 10.14.17																						
Supervisor Signature: <i>[Signature]</i>	Date: 10-16-17																						
Division Commander Signature: <i>[Signature]</i>	Date: 10-16-17																						
Under Sheriff Signature: <i>[Signature]</i>	Date: 10/16/17																						

Comments:



Type of Offense: Protective Custody		Incident/DR Number: 101317-12		
<i>Location of Incident</i>				
<i>Street Address or Location:</i>			<i>Time: 0506</i>	<i>Date: 10/13/2017</i>
<i>Reporting Officer's Name:</i>	<i>Badge #</i>	<i>Rank</i>	<i>Duty Status:</i>	<i>Attire</i>
J. Boudreau	563	Deputy	On	Uniform
<i>Involved Officer's Name:</i>	<i>Badge #</i>	<i>Rank</i>	<i>Duty Status:</i>	<i>Attire</i>
Holmlund	548	Deputy	On	Uniform
Stoltz	551	Corporal	On	Uniform
Ward	542	Deputy	On	Uniform
<i>Suspect Information</i>				
<i>Suspect Sex:</i> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> <i>Age:</i> 48 <i>Race:</i> W <i>Height:</i> 507 <i>Weight:</i> 200				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input 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 type="checkbox"/> Resisted arrest		<input checked="" type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Assaulted Detention Officer		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<i>Use of Force / Control Necessary to:</i>				
<input checked="" type="checkbox"/> Defend Self	<input checked="" type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input checked="" type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input type="checkbox"/> Make arrest				
<i>Warning Given:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:				
<i>Soft Empty Hand Techniques</i>		<i>Hard Empty Hand Techniques</i>		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun			
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun			
<input type="checkbox"/> Other:	<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 <span style="float: right;"><i>Effective:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
<i>Exposure:</i> <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
<i>Serial number:</i> Click here to enter text. <i>Lot number:</i> Click here to enter text.				
<input checked="" type="checkbox"/> Wrap Restraint System				
<input type="checkbox"/> Taser:	<i>Discharged:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Effective:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)		
<i>Exposure:</i>	<i>Cycles:</i> <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: \_\_\_\_\_

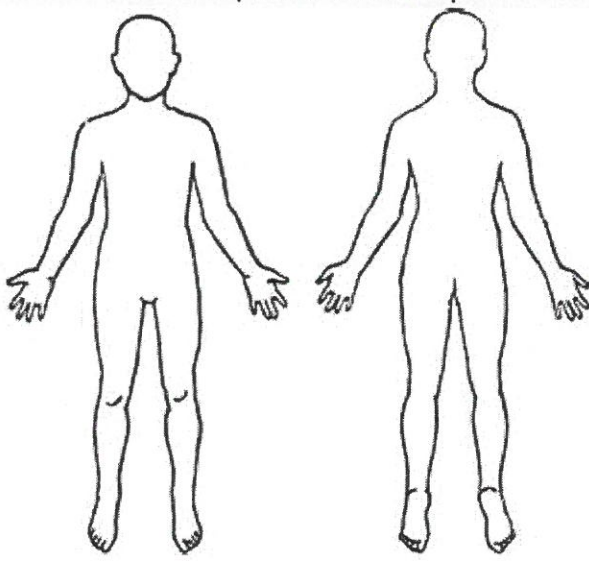
Impact Weapons Effective:  Yes  No

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.

Indicate Impact Zones on Suspect	Injuries	
	Officer	Suspect
	<input 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
	Check by Medical	
	Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Suspect: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to Hospital	
	Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Suspect: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*After Action Report: While trying to take a female into protective custody she became combative and refused to go. Once she was handcuffed she continued to fight and refused to go into patrol vehicle. The female was placed into the wrap for her safety and taken to the hospital.*

Reporting Officer Signature: \_\_\_\_\_ Date: 10-13-17

Supervisor Signature: \_\_\_\_\_ Date: 10/20/17

Division Commander Signature: \_\_\_\_\_ Date: 10-20-17

Under Sheriff Signature: \_\_\_\_\_ Date: 10/24/17

Comments:



Type of Offense: DUI / Eluding		Incident/DR Number: LC171889		
<b>Location of Incident</b>				
Street Address or Location.			Time: 0234	Date: 9/26/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sergeant	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
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: 58 Race: N Height: 603 Weight: 335				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<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 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 type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose:		
<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:				
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				