



Type of Offense: DUI / Eluding		Incident/DR Number: LC171889		
<i>Location of Incident</i>				
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.		
<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: 58 Race: N Height: 603 Weight: 335				
<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 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.	
<i>Use of Force / Control Necessary to:</i>				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose:		
<input checked="" 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				

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

Exposure: Cycles:  1  Heavy clothing  Malfunction

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

Taser Serial Number: Cartridge(s) Serial Number:

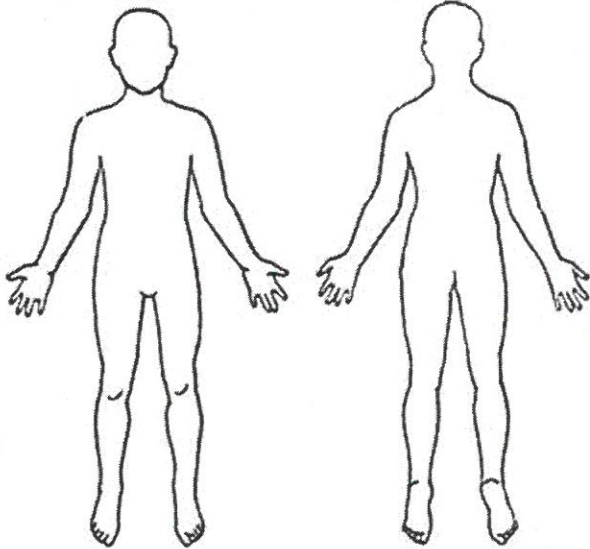
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

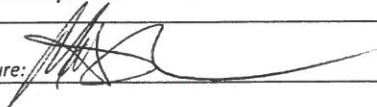
Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: Click here to enter text. Serial number of firearm(s) used: VVD696

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

After Action Report: Deputy attempted to stop vehicle involved in a hit and run crash, driver was possibly DUI. Defendant eluded law enforcement when attempting to stop vehicle. Once vehicle was stopped a modified high risk stop was conducted. Deputy had his weapon drawn and ordered the defendant out of the vehicle and he complied.

Reporting Officer Signature:  Date: 9/26/17

Supervisor Signature: Date:

Division Commander Signature:  Date: 10-2-17

Under Sheriff Signature: Date:

Comments:



Type of Offense: Trespassing		Incident/DR Number: LC172034		
Location of Incident				
Street Address or Location:		Time: 2314 hrs	Date: 10/18/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Boudreau, Joani	563	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Wright, Kevin	565	Sergeant	On	Uniform
Haegle, M.A.	552	Deputy	On	Uniform
Schmidt, Josh	562	Deputy	On	Uniform
Suspect Information				
Suspect Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 36 Race: C Height: 5'6 Weight: 235				
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 checked="" type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Assaulted Detention Officer		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape	<input type="checkbox"/> Other: Explain.			
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Warning Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
Force Used				
<input checked="" type="checkbox"/> Physical Control:				
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Knee Strike		
		<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Shoulder Pin Restraint				
<input checked="" type="checkbox"/> Other: Resist arrest after advised not to return to property. She entered back to the property and she was escorted to the ground and had to apply pressure to place handcuffs on female.				
<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: <a href="#">Click here to enter text.</a> Lot number: <a href="#">Click here to enter text.</a>				
<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: \_\_\_\_\_

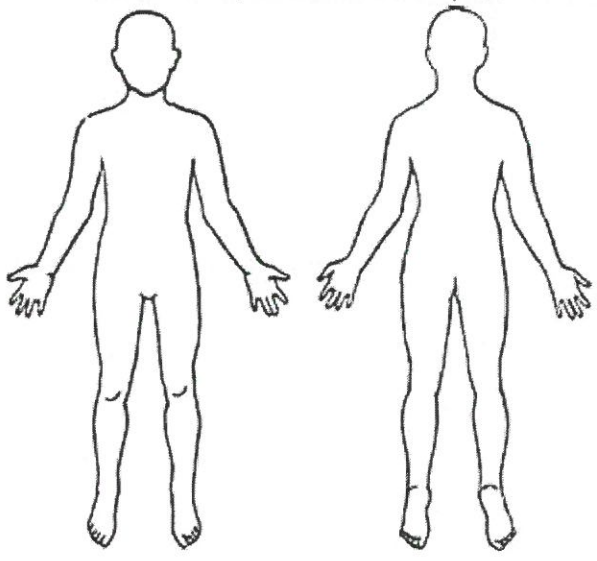
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: [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 checked="" 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: Resist arrest after advised not to return to property. Suspect entered back to the property and she was escorted to the ground and had to apply pressure to place handcuffs on her. Upon arrival at the Detention Center the Suspect got out of the patrol vehicle and continued to resist arrest. The suspect kicked me on the left leg, knee area, leaving a bruise. Detention Staff and deputies placed her in the restraint chair to ensure no other injuries to deputies or her. Suspect was very loud and used profane language during contact with her both at the residence, transport to the Detention Center and upon our arrival. The suspect threatened to kill deputies and the complainant numerous times.*

Reporting Officer Signature: *[Signature]* Date: *10/19/17*

Supervisor Signature: *[Signature]* 565 Date: *10/19/17*

Division Commander Signature: *[Signature]* Date: *10-19-17*

Under Sheriff Signature: *[Signature]* Date: *10/19/17*

Comments:



Type of Offense: Agency Assist

Incident/DR Number: 102317-102

Location of Incident

Street Address or Location:

Time: 1511

Date: 10/23/2017

Reporting Officer's Name:

Badge #

Rank

Duty Status:

Attire

Luke Eidt

537

Deputy

On

Uniform

Involved Officer's Name:

Badge #

Rank

Duty Status:

Attire

Greg Holmlund

548

Deputy

On

Uniform

Jason Crum

549

Corporal

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: Race: W Height: 508 Weight: 165

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: Assaulted Detention Officer

Attempted escape

Under the Influence

Alcohol

Drugs

Mental Illness

None Apparent

Other: Explain.

Use of Force / Control Necessary to:

Defend Self

Protective Custody

Other:

Defend another

Prevent Escape

Accomplish official purpose: Detain as a person of interest for HPD stabbing case

Make arrest

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: \_\_\_\_\_

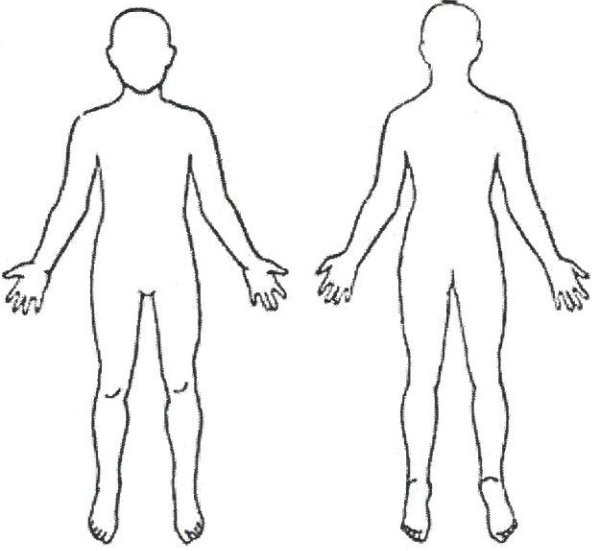
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.



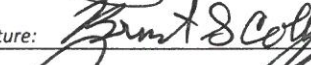

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: 0 Serial number of firearm(s) used: 15

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

After Action Report: Person of interest was wanted for questioning in a HPD stabbing case that took place early Sunday morning. The male was known to have a handgun and possibly a shotgun with him. Male is known to be a drug user. The vehicle was located driving east \_\_\_\_\_ Deputies recognized the vehicle and conducted a high risk traffic stop on the vehicle. Deputies deployed their patrol rifles on the individual based on the information provided by city officers. The pistol was located between the drivers seat and center console in the vehicle.

Reporting Officer Signature: 	Date: 10/23/17
Supervisor Signature:  552	Date: 10/23/17
Division Commander Signature:  Brent Scott	Date: 10-24-17
Under Sheriff Signature:  Jason Jimenez	Date: 10/24/17

Comments:



Type of Offense: Involuntary PC		Incident/DR Number: LC172156		
<b>Location of Incident</b>				
Street Address or Location:		Time: 2300	Date: 11/10/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	553	Corporal	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Joshua Schmidt	562	Deputy	On	Uniform
Donald McCarthy	561	Deputy	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: 36 Race: Wht Height: 5'8 Weight: 175 pounds				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input 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.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input checked="" type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input type="checkbox"/> Make arrest				
Warning Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Feasible				
<b>Force Used</b>				
<input 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 checked="" type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input checked="" type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Knee Strike		
		<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input 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: \_\_\_\_\_

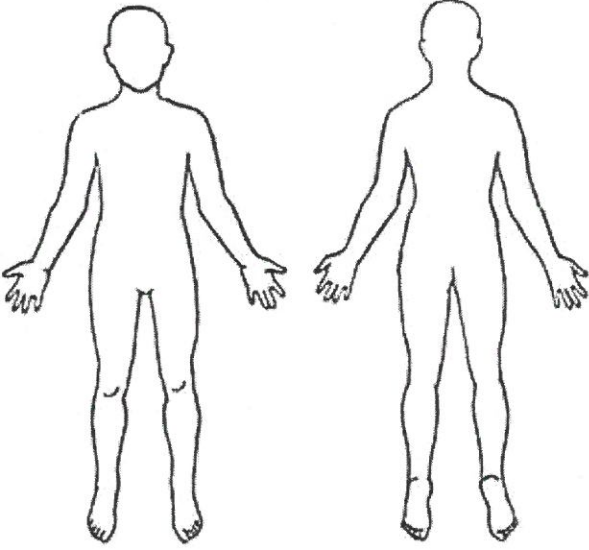
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.


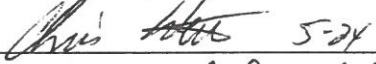


Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: 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>	
	<p>Officer</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Bruises</p> <p><input type="checkbox"/> Abrasions</p> <p><input type="checkbox"/> Lacerations</p> <p><input type="checkbox"/> Broken Bones</p> <p><input checked="" type="checkbox"/> Other: Epicondylitis</p>	<p>Suspect</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Bruises</p> <p><input type="checkbox"/> Abrasions</p> <p><input type="checkbox"/> Lacerations</p> <p><input type="checkbox"/> Broken Bones</p> <p><input type="checkbox"/> Other: Explain</p>
	<p>Check by Medical</p> <p>Officer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
		<p>Transported to Hospital</p> <p>Officer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

After Action Report: Dispatched to conduct a welfare check on suicidal male. Located male in Walmart parking lot inside vehicle. Male refused to get out of vehicle at first. Deputies were able to talk him out of vehicle. When Deputies tried to convince male to go voluntarily to St. Peter's Hospital for mental health evaluation, male refused. Male began to move back towards driver door of vehicle. Deputies grabbed the male and forced him to the ground. Male had arms underneath him and refused to put them behind his back. Corporal Bragg applied a mandible angular pressure point while Deputies pulled male's arms to the back. Male was handcuffed and had to be carried to patrol vehicle. Corporal Bragg noticed pain in his left elbow and responded to St. Peter's for treatment

Reporting Officer Signature: 	Date: 11/11/17
Supervisor Signature:  5-24	Date: 11/11/17
Division Commander Signature: 	Date: 11-13-17
Under Sheriff Signature: 	Date: 11/13/17

Comments:





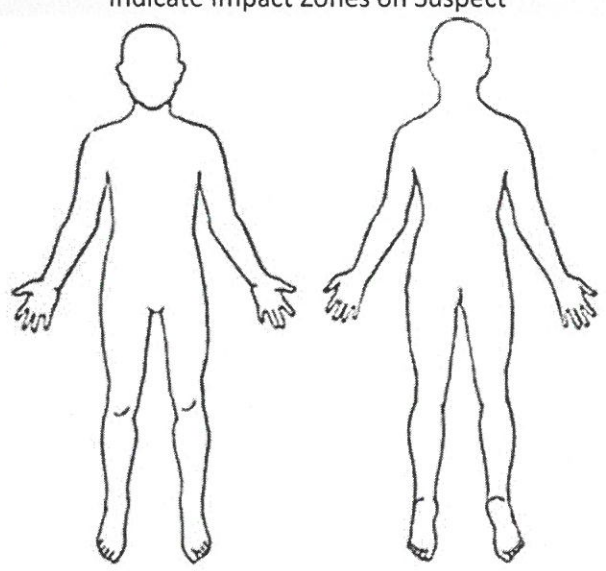
Type of Offense: PFMA		Incident/DR Number: LC172213		
Location of Incident				
Street Address or Location:			Time: 2054	Date: 11/22/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sergeant	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Uriah Wood	525	Sergeant	On	Uniform
Mike Bruce	546	Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Suspect Information				
Suspect Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 20 Race: W Height: 503 Weight: 119				
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 type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input checked="" type="checkbox"/> Mental Illness	
<input checked="" 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 checked="" 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: Explain.		
<input type="checkbox"/> Make arrest				
Warning Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
Force Used				
<input type="checkbox"/> Physical Control:				
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun			
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun			
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			
	<input type="checkbox"/> Knee Strike			
	<input type="checkbox"/> Angle Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: 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: 0 Serial number of firearm(s) used: VVD696

<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 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 checked="" type="checkbox"/> Other: Prior self inflicted</td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input checked="" type="checkbox"/> Other: Prior self inflicted
	Officer	Suspect													
	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None													
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input checked="" type="checkbox"/> Other: Prior self inflicted														
<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: Deputies were dispatched to the above address for a female who was suicidal and was possibly armed with a piece of glass. The female has also assaulted her mother and was possibly barricaded in the residence. Sergeant Wood and I moved toward the residence and upon making it to the front door I observed the female suspect through the front door. Upon moving toward the residence I had my duty pistol drawn. The female came toward the front and I could not tell if she was armed or not. I pointed my duty pistol toward her and announced our presence and instructed her to come outside. The female complied and I holstered my weapon and secured her in handcuffs.

Reporting Officer Signature: 	Date: 11/27/17
Supervisor Signature:  525	Date: 12-1-17
Division Commander Signature:  Collet	Date: 12-3-17
Under Sheriff Signature:  Jimonis	Date: 12/4/17

Comments:



Type of Offense: Felony Warrant Incident/DR Number: LC172334

Location of Incident

Street Address or Location: Time: 1445 Date: 12/14/2017

Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Michael Hayes	557	Cpl	On	Civilian
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Michael Bruce	546	Deputy	On	Uniform
Matt Boudreau	539	Cpl	On	Uniform
Josh Schmidt	562	Deputy	On	Uniform

Suspect Information

Suspect Sex:  Male  Female  Animal Group of People:  Age: 33 Race: Hispanic Height: 5'10" Weight: 180

Applicable Suspect Conditions (Check all that apply)	Under the Influence
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.
<input checked="" type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input checked="" type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Assaulted Detention Officer	

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:

Soft Empty Hand Techniques	Hard Empty Hand Techniques
<input type="checkbox"/> Escort Position <input checked="" type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other: Placed in a position against vehicle to gain control and limit his mobility during handcuffing	<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: <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: \_\_\_\_\_

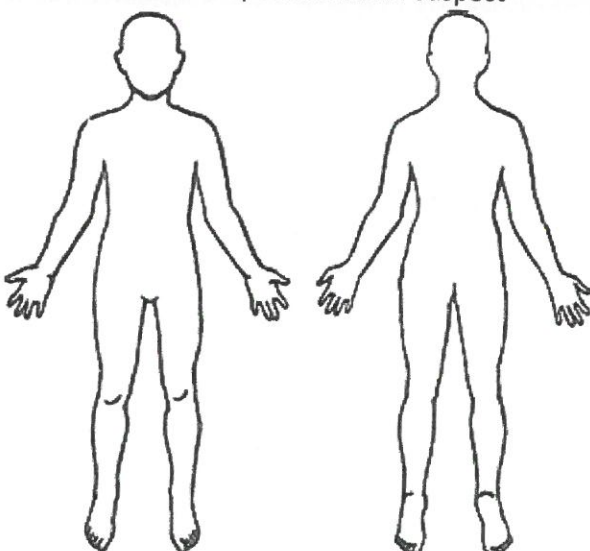
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

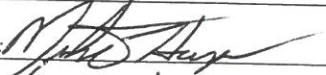
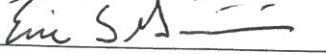

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: N/A Serial number of firearm(s) used: NPF977

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: Male subject had a felony warrant out of WY for attempted deliberate homicide and assault with a weapon. Both offenses were for violent acts committed against WY police officers. The warrant had an officer caution listed noting subject has violent tendencies. During initial contact the male immediately exited the vehicle and engaged deputies in a verbal confrontation. Subject was non-compliant with verbal commands and was reaching into the front of his coat. Cpl. Hayes pointed his office approved handgun at the male until he complied with commands to remove his hand from his coat and submit to handcuffing. Male attempted to pull away during handcuffing and was placed against the side of his vehicle to gain control and limit his mobility. Male remained verbally aggressive and uncooperative. Male claimed his hands were weapons and he "should've socked you (Cpl. Hayes) when I had the chance." Male stated he had affiliations with the Sureno street gang and made threats of retaliation towards deputies by "his people." Once male was secured in handcuffs and placed in the rear seat of a patrol vehicle, no further use or threat of force was used.

Reporting Officer Signature: 	Date: 12-15-17
Supervisor Signature: 	Date: 12-15-17
Division Commander Signature: 	Date: 12-25-17

Under Sheriff Signature:

*Jason L. Linn*

Date:

*12/27/17*

Comments:



Type of Offense: Burglary Incident/DR Number: LC172304-2

Location of Incident

Street Address or Locatic			Time:0328	Date: 12/9/2017
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Luke Eidt	537	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		

Suspect Information

Suspect Sex:  Male  Female  Animal Group of People:  Age: Race: WHeight: 510Weight: 150

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: Unknown if armed, was involved in a burglary

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:
- Accomplish official purpose: Detain as a person of interest for buglary

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>
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OC Spray: Discharged:  Yes  No Effective:  Yes  No  
 Exposure:  Airborne only  Targeted area  Single spray  Multiple spray  
 Serial number: Click here to enter text. Lot number: Click here to enter text.

Wrap Restraint System

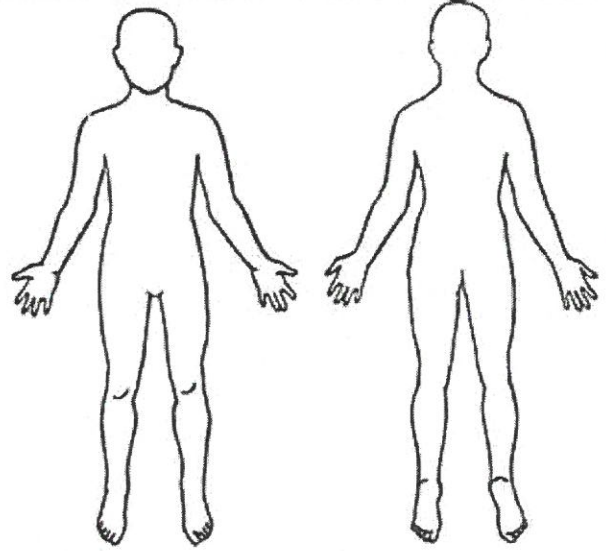
Taser: Discharged:  Yes  No Effective:  Yes  No (If no, why)

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: 0 Serial number of firearm(s) used: #15 Rifle, VSM203 pistol

Indicate Impact Zones on Suspect	Injuries														
	<table border="0" style="width: 100%;"> <tr> <th style="text-align: center;">Officer</th> <th style="text-align: center;">Suspect</th> </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														
<b>Check by Medical</b>															
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<b>Transported to Hospital</b>															
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															

*After Action Report: Suspect in a burglary that had just taken place. Suspect was attempting to flee from the complainant. Unknown if the male was armed or under the influence at the time. Given the circumstances, I instructed the male out of the vehicle utilizing my patrol rifle. Once the male was proned out on the road, I used my service pistol to approach the male. Up to this point the male was following instructions and was compliant. I decided to holster my pistol and place the male in handcuffs prior to another Deputy arriving on scene.*

Reporting Officer Signature: 	Date: 12/11/17
Supervisor Signature: 	Date: 12/11/17
Division Commander Signature: 	Date: 12-11-17
Under Sheriff Signature: 	Date: 12/22/17

Comments:

Type of Offense: Vehicle pursuit		Incident/DR Number: LC170126		
Location of Incident				
Street Address or Location:		Time: 1900	Date: 1/21/2017	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jason Crum	549	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jason Crum	549	Senior 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: Race: Height: Weight:				
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: Vehicle pursuit ending in crash		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input checked="" 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 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: Explain.	<input type="checkbox"/> Front Thrust Kick			
	<input type="checkbox"/> Knee Strike			
	<input type="checkbox"/> Angle Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number:		Lot number:		
<input type="checkbox"/> Wrap Restraint System				
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)				
Exposure:		Cycles: <input type="checkbox"/> 1	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction



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

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

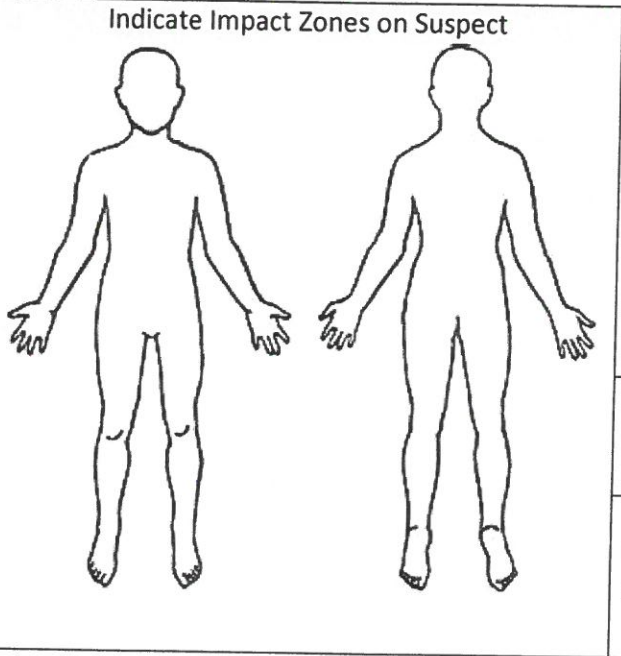
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

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



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 pursued a vehicle containing an individual with a large arrest warrant to the Wolf Creek area. I attempted to spike the tires of the vehicle, and the vehicle diverted onto the Rec Rd. The vehicle subsequently crashed. Upon my arrival, deputies had the two males in the vehicle at gunpoint. I drew my pistol, and pointed it at the passenger so deputies could affect an arrest.

Reporting Officer Signature:	Date: 1/22/2017
Supervisor Signature:	Date: 1-27-17