

Type of Offense: Pursuit/ Parole Violation		Incident/DR Number: EH200169-3		
Location of Incident				
Street Address or Location			Time: 1921	Date: 7/17/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Tyler Coburn	555	Sworn Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 19 Race: Caucasian Height: 5'10" Weight: 200 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input checked="" type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick <input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

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

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

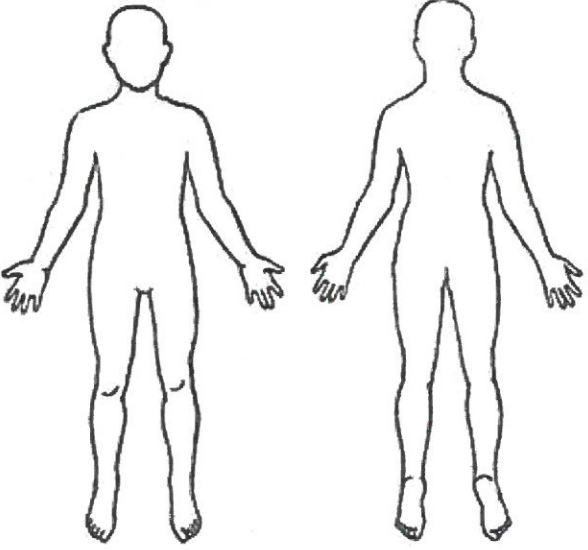
Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

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

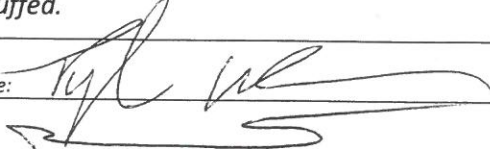

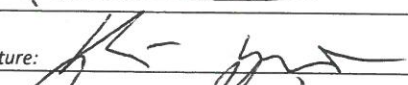
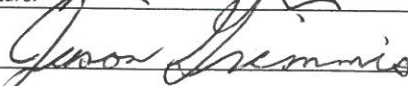
Discharged: Yes No Number of rounds fired: Click here to enter text.

Serial number or department number of firearm(s) used: BDWD438

Indicate Impact Zones on Suspect	Injuries														
	<table style="width: 100%;"> <tr> <th style="width: 50%; text-align: center;">Officer</th> <th style="width: 50%; 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														
	<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: On 7/17/2020, at approximately 1921 hours, East Helena Police called out a vehicle pursuit in East Helena near Prickly Pear Avenue. I was in the area and responded utilizing my emergency lights and siren. I located East Helena Officer Kenneth Harris who stated two suspects bailed out of the vehicle in the area. One suspect was located but the other was still unaccounted for. I proceeded to the area he was believed to be hiding in and drew my service pistol to search the area. I located the male hiding under a deck at [redacted] I began to give him commands to "get out here" and "show me your hands". The male crawled out from under the deck and stood up. During this time, I had my service pistol out and was pointing it at the suspect. The male did not comply and go to the ground, but instead started running southbound. I chased the male and continued to give commands. I followed the male through two backyards and over a fence before drawing my taser device. I gave the command of "you're going to get tased, get on the ground." The male ran a short distance further before dropping to the ground and immediately placing his

hands behind his back. An additional officer on scene handcuffed the male while I kept the male at taser point until he was handcuffed.

Reporting Officer Signature: 	Date: 7/21/20
Supervisor Signature: 	Date: 7/21/20
Division Commander Signature: 	Date: 7/29/2020
Under Sheriff Signature: 	Date: 7/30/2020
Comment: Click here to enter text.	

* Consider holding suspect at own point, with directions/ commands to not move + show hands until a secondary officer can get on site. 502 off
This may avoid another foot pursuit.

Type of Offense: Traffic Stop/Pursuit			Incident/DR Number: LC200972	
Location of Incident				
Street Address or Location			Time: 0135	Date: 6/24/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	5-31	Sr. Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	5-64	Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 36 Race: Caucasian Height: 507 Weight: 150 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input type="checkbox"/> Alchohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

Exposure: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: 1 per cartridge	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input checked="" type="checkbox"/> Cartridge discharge		<input checked="" type="checkbox"/> Missed
		<input type="checkbox"/> No physical effect

Taser Serial Number: X12009P8A (5-64) X12009RK2 (5-31) Cartridge(s) Serial Number: C4105RY67 (5-64) C4105V0AX and C4105V367 (5-31)

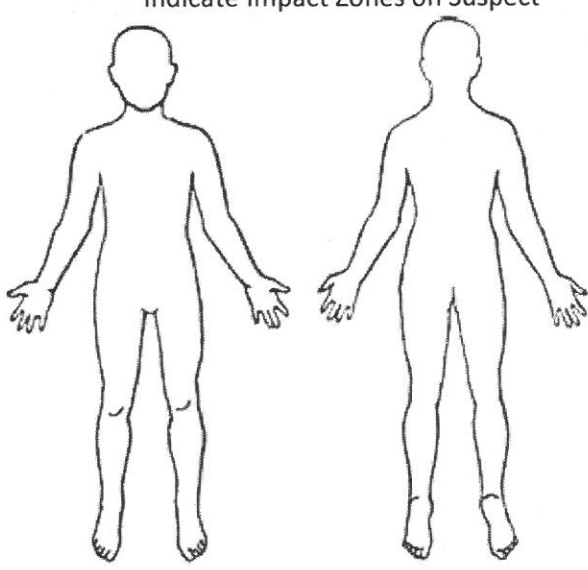
Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

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




Discharged: Yes No Number of rounds fired: 0

Serial number or department number of firearm(s) used: Sig 226 U851229 (5-64) Glock 45 BLAU289 (5-31)

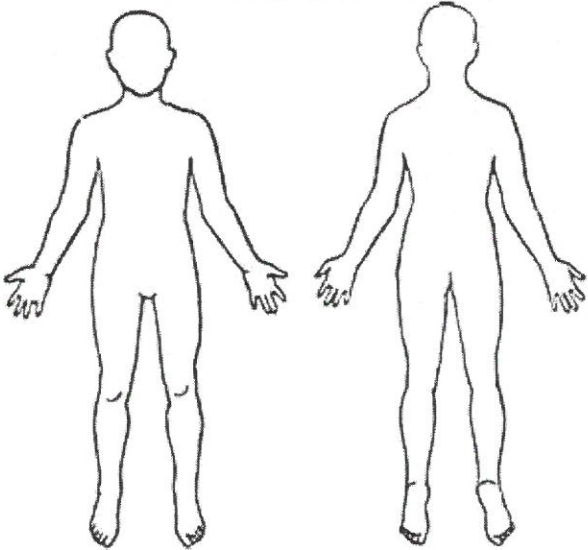
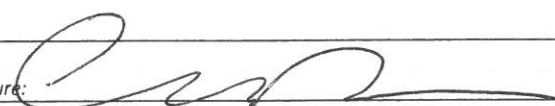
Indicate Impact Zones on Suspect	Injuries	
	Officer	Suspect
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
	<input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input 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 Norris attempted a traffic stop and the male driver tried to flee in the vehicle but crashed a few hundred yards away. He would not obey commands and Deputy Norris drew his sidearm. I arrived on scene and drew my sidearm, just as the male exited the vehicle from the passenger side and started to flee on foot. Deputy Norris deployed his taser at the male but it was not effective. The male continued to run and I deployed my taser but it was not effective. The male continued to flee and jumped a fence, where he fell briefly on the other side. I deployed my taser again as I was near the fence, but do not think the taser darts hit. The male fled, but was located several hours later and checked by medical. The male was arrested on a warrant and obstructing and eluding charges.

Reporting Officer Signature:  Date: 6/2/20

Supervisor Signature: 	Date: 6/25/20
Division Commander Signature: 	Date: 6/25/20
Under Sheriff Signature: 	Date: 6/25/20
Comment: Click here to enter text.	

Type of Offense: DUI, Criminal Child Endangerment		Incident/DR Number: 050620-103		
Location of Incident				
Street Address or Location			Time: 1540	Date: 5/6/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	5-31	Sr. Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 35 Race: W Height: 506 Weight: 135 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply) <input type="checkbox"/> Armed <input type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Attempted escape			Under the Influence <input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to: <input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other: Was taken to the ground by pushing her in the back		Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.

<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.																							
<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair																							
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text. <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect																						
Taser Serial Number: Click here to enter text. Cartridge(s) Serial Number: Click here to enter text.																							
<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																							
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.																							
<input type="checkbox"/> Firearms: <input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Click here to enter text. Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of rounds fired: Click here to enter text. Serial number or department number of firearm(s) used: Click here to enter text.																							
<p style="text-align:center">Indicate Impact Zones on Suspect</p> 	<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 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 checked="" 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> <table style="width:100%; border:none; margin-top:10px;"> <tr> <td colspan="2" style="text-align:center">Check by Medical</td> </tr> <tr> <td style="width:50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width:50%;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="text-align:center">Transported to Hospital</td> </tr> <tr> <td style="width:50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width:50%;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input checked="" type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain	Check by Medical		Officer: <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
Officer	Suspect																						
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Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
Transported to Hospital																							
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
<p>After Action Report: I arrived on scene to assist MHP Trooper Chris Benson with a DUI investigation. Female was being uncooperative and we ended up detaining her in handcuffs. I was holding on to her as Trooper Benson was doing a pat search. The female started screaming and thrashing around, and tried to pull away from me. She twisted and bent over, so I used her momentum and took her to the ground so we could gain control of her. The female continued to thrash around and scream, and tried to kick me, but was unsuccessful. She was held there by myself and Trooper Benson until she calmed down. At that point she was placed in Trooper Benson's patrol vehicle. The female had one small cut (1/2 inch or less) on her ankle that bled a little. She did not require any medical attention. I left the scene shortly thereafter. Trooper Benson arrested her for DUI and Criminal Child Endangerment.</p>																							
Reporting Officer Signature: 	Date: 5/11/20																						

Supervisor Signature: 	Date: 5/11/20
Division Commander Signature: 	Date: 5/11/2020
Under Sheriff Signature: 	Date: 5/11/20
Comment: Click here to enter text.	

Type of Offense: No Contact Order Violation			Incident/DR Number: LC200693	
Location of Incident				
Street Address or Location			Time: 2333	Date: 5/5/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Keith Harbour	5-26	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Corporal Bradley Bragg	5-53	Corporal	On Duty	Civilian
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
<p>Suspect 1: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 29 Race: N Height: 5'4" Weight: 145</p> <p>Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:</p> <p>Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:</p>				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input checked="" type="checkbox"/> Resisted arrest <input checked="" type="checkbox"/> Other: Suspect rapidly exited the rear passenger side of the vehicle hastily, raised her arms, and started to approach the Deputies.				
Use of Force / Control Necessary to:				
<input checked="" type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		

<input checked="" type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: <i>Explain.</i>	<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick	<input type="checkbox"/> Shoulder Pin Restraint <input checked="" type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: <i>Explain.</i>
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OC Spray: Discharged: Yes No Effective: Yes No
 Exposure: Airborne only Targeted area Single spray Multiple spray
 Serial number: Click here to enter text. Lot number: Click here to enter text.

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

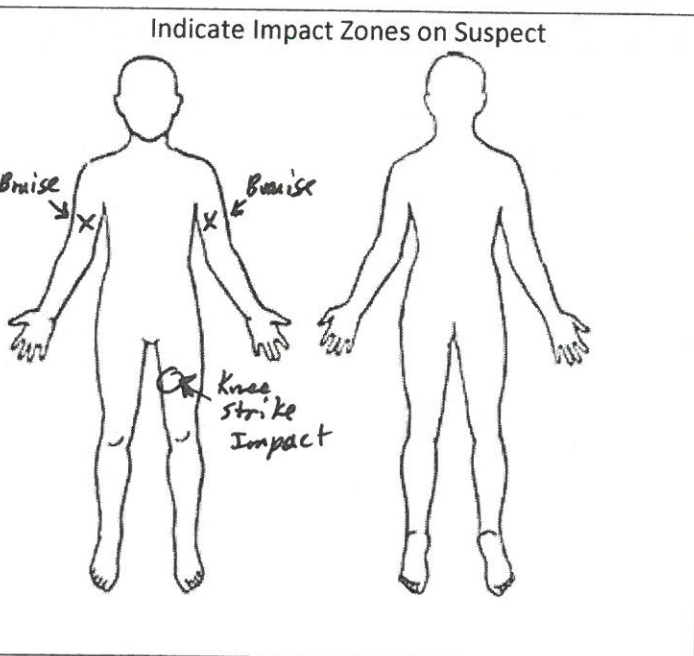
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes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

Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: *Explain.*

Firearms: Pistol AR-15 Shotgun Other: Click here to enter text.
 Discharged: Yes No Number of rounds fired: None
 Serial number or department number of firearm(s) used: Corporal Bragg/SHM499



Injuries	
Officer	Suspect
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Bruises	<input checked="" type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Other: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>

Check by Medical

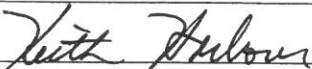



Officer: Yes No
 Suspect: Yes No

Transported to Hospital

Officer: Yes No
 Suspect: Yes No

After Action Report: Deputy Harbour conducted a traffic stop for a speeding vehicle. When the vehicle stopped, the suspect immediately exited the rear passenger side of the vehicle hastily with her arms raised and confronted the Deputies. Corporal Bragg initially pointed his weapon at the suspect until he saw both of her

hands empty and immediately holstered his weapon. The suspect was detained in hinged handcuffs behind her back. When escorting the suspect to the patrol car, she continually pulled away from Deputy Harbour while he held her right arm in an escort position. When Deputy Harbour attempted to place the suspect in the back seat of his patrol car, the suspect wrapped both of her legs around Deputy Harbour's right leg. The suspect began to twist her body and her legs which caused Deputy Harbour to begin to lose balance. Deputy Harbour delivered a knee strike with his right knee to the suspect's left thigh causing her to release her legs from being wrapped around Deputy Harbour's right leg. The suspect was assisted to her feet by both Deputies grabbing her upper arms and lifting her to her feet. The suspect was held against the passenger side rear fender of the patrol car by her upper arms until a backup unit arrived. The suspect was placed into the rear seat of the patrol car. The suspect was transported to the Lewis and Clark County Detention Center without incident. On the booking floor of the jail, Deputy Harbour observed bruising to both of the suspect's upper arms. Deputy Harbour observed the suspect had full range of motion of her arms with no upper extremity deficits noted.

Reporting Officer Signature: 	Date: 05/06/2020
Supervisor Signature: 	Date: 5/6/2020
Division Commander Signature: 	Date: 5/6/2020
Under Sheriff Signature: 	Date: 5/7/20
Comment: Click here to enter text.	

Type of Offense: Assault with a Weapon			Incident/DR Number: LC200114	
Location of Incident				
Street Address or Location:			Time: 1415	Date: 1/19/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
PAUL WEBER	567	DEPUTY	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
PAUL WEBER	567	DEPUTY	On Duty	Uniform
RYAN ZARSKÉ	532	DEPUTY	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 45 Race: C Height: 5' 9" Weight: 165 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply) <input type="checkbox"/> Armed <input type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Resisted arrest <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Attempted escape			Under the Influence <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to: <input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input checked="" type="checkbox"/> Other: Prevent suspect from barricading himself in residence <input type="checkbox"/> Defend another <input checked="" type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other: Grabbed suspect on wrist and shoulder to prevent him from retreating into residence		Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick <input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

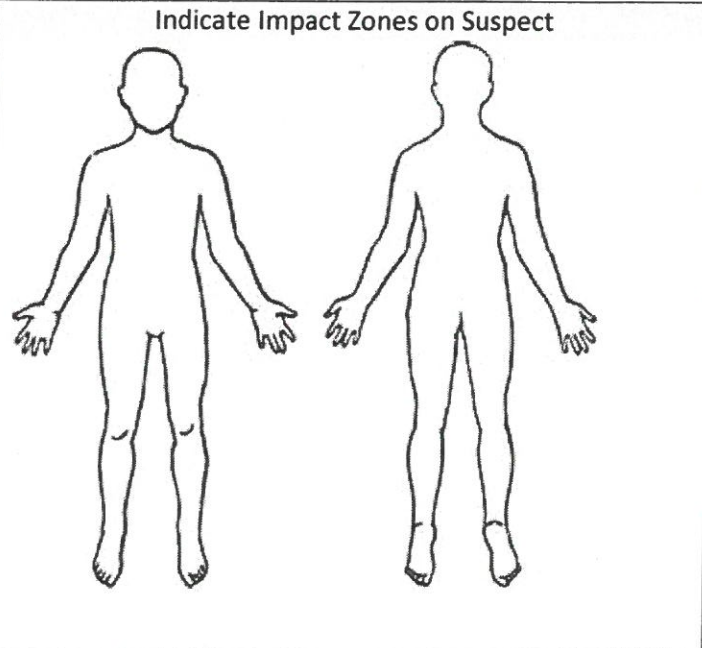
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge discharge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

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

Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

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







Injuries	
Officer	Suspect
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain

Check by Medical
 Officer: Yes No
 Suspect: Yes No

Transported to Hospital
 Officer: Yes No
 Suspect: Yes No

After Action Report: I, Deputy Paul Weber, and Deputy Ryan Zarske made contact with _____, who was the suspect of an assault with a weapon against his wife. Wife was no longer on scene and was with Deputy Cody Colbert. Deputy Colbert had PC to arrest _____ When _____ saw us approach, he came outside acting agitated. I asked to speak with him. He told me "Fuck you" and went back inside the residence. I knocked several times. _____ refused to open the door and talk to me. I opened the storm door and locked it open in order to continue knocking. _____ cracked open the door and noticed the storm door was open. _____ attempted to close the door. While his attention was on the door I approached him and grabbed his left bicep and left wrist to prevent him from retreating into the house. After grabbing him I asked him to sit down. He complied. Later on in the interview we moved into the house where he sat down in his recliner and talked with us. _____ was later placed in handcuffs and taken to my patrol vehicle. _____ was very agitated and hostile. In the patrol vehicle I attempted to seatbelt him in for safety. He leaned away or held his hips up to prevent me

from putting the seat belt on. I was able to pin him down with my left arm while I secured the belt. He was transported to the detention center. At the detention center I walked up to the booking floor. While waiting for a door to open, turned around to face me and leaned in an attempt to get in my face. I pushed into the wall next to the door and kept him pinned until the door unlocked. continued to make derogatory comments about me until we reached the booking floor but not other restraint was required.

Reporting Officer Signature: 	Date: 1/26/20
Supervisor Signature: 	Date: 2-3-20
Division Commander Signature: 	Date: 2/3/2020
Under Sheriff Signature: 	Date: 2/4/2020
Comment: Click here to enter text.	



Type of Offense: Warrant Arrest		Incident/DR Number: LC200435		
Location of Incident				
Street Address or Location:			Time: 1320	Date: 3/13/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	553	Corporal	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	564	Deputy	On	Uniform
Jordan Hall	521	Deputy	On	Uniform
Greg Holmlund	542 & 548	Detective	On	
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 22 Race: White Height: 5'8" Weight: 145 Age: Race: Height: Weight: 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 checked="" type="checkbox"/> Failed to comply	<input type="checkbox"/> Drugs		
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest	<input type="checkbox"/> Mental Illness		
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> None Apparent		
<input 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				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	<input checked="" type="checkbox"/> Other:		
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Click here to enter text. Lot number: Click here to enter text.				
<input type="checkbox"/> Wrap Restraint System		<input type="checkbox"/> Restraint Chair		

Type of Offense: Vicious Dog Incident/DR Number: LC200617

Location of Incident

Street Address or Location: _____			Time: 1955	Date: 4/20/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jake Isbell	5-65	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.

Suspect Information

Suspect 1: Male Female Animal Group of People:
 Age: Race: Height: Weight:
 Suspect 2: Male Female Animal Group of People
 Age: Race: Height: Weight:
 Suspect 3: Male Female Animal Group of People
 Age: Race: Height: Weight:

Applicable Suspect Conditions (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Armed | <input type="checkbox"/> History of violence |
| <input type="checkbox"/> Reported to be armed | <input type="checkbox"/> Failed to comply |
| <input type="checkbox"/> Assaulted Deputy | <input type="checkbox"/> Resisted arrest |
| <input type="checkbox"/> Assaulted civilian | <input type="checkbox"/> Other: Explain. |
| <input type="checkbox"/> Attempted escape | |

Under the Influence

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

Use of Force / Control Necessary to:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Defend Self | <input type="checkbox"/> Protective Custody | <input type="checkbox"/> Other: Explain. |
| <input type="checkbox"/> Defend another | <input type="checkbox"/> Prevent Escape | <input type="checkbox"/> Accomplish official purpose: Explain. |
| <input type="checkbox"/> Make arrest | | |

Commands Given: Yes No Not Feasible Video: Yes No If No, explain in comments

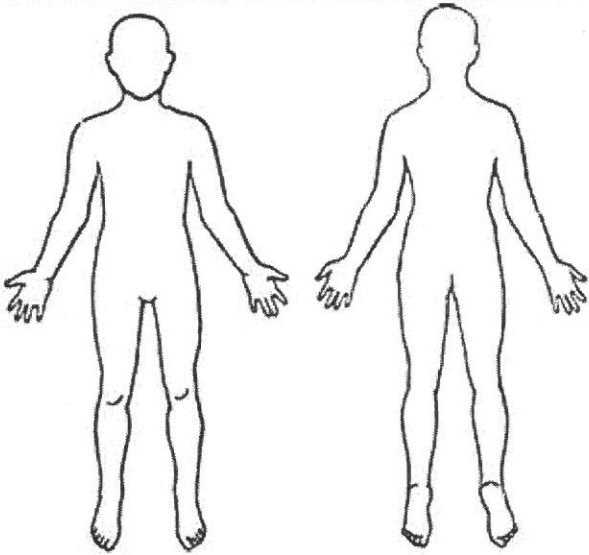


Force Used



Physical Control: Effective: Yes No

- Soft Empty Hand Techniques**
- Escort Position
 - Transport Wrist Lock
 - Straight Armbar Takedown
 - Pressure Points
 - Other: Explain.

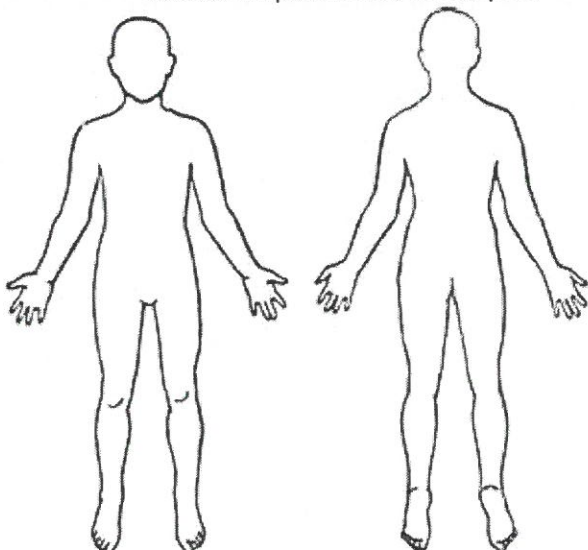
- Hard Empty Hand Techniques**
- Palm Heel
 - Straight Punch
 - Brachial Stun
 - Suprascapular Stun
 - Front Thrust Kick

- Shoulder Pin Restraint
- Knee Strike
- Angle Kick
- Other: Explain.

<input checked="" type="checkbox"/> OC Spray: Discharged: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input checked="" type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: 3495552391 Lot number: OCX2-041															
<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair															
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No															
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text. <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect														
Taser Serial Number: Click here to enter text.	Cartridge(s) Serial Number: Click here to enter text.														
<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No															
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.															
<input type="checkbox"/> Firearms: <input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Click here to enter text. Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of rounds fired: Click here to enter text. Serial number or department number of firearm(s) used: Click here to enter text.															
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;">Injuries</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;">Officer</td> <td style="width:50%; text-align: center;">Suspect</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>	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
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														
<p>Check by Medical</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<p>Transported to Hospital</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: At approximately 1955 hours, I was at the residence of _____ attempting to make contact with the homeowner. As I was knocking on the front door, a black aggressive dog had ran towards me and stopped approximately 20 feet in front of me. As I was observing the dog and its behavior, I was unsure if the dog was going to attack me. I had my OC spray unholstered in order to defend myself in the event of an attack from the dog. The dog remained still for a few seconds before lunging towards me, I deployed a single spray towards the dog but the stream did not make contact with it. The dog ran away after I deployed my OC. The home owner shortly after secured the dog in his home.</p>															
Reporting Officer Signature: 	Date: 04/21/20														
Supervisor Signature: 	Date: 4/21/20														

Division Commander Signature: 	Date: 4/22/20
Under Sheriff Signature: 	Date: 4/22/20
Comment: Click here to enter text.	

Type of Offense: Disorderly Conduct			Incident/DR Number: LC200719	
<i>Location of Incident</i>				
Street Address or Location: <i>J</i>			Time: 1955	Date: 4/20/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jake Isbell	5-65	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	5-64	Deputy	On Duty	Uniform
Tyler Coburn	5-55	Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<i>Suspect Information</i>				
Suspect 1: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 25 Race: C Height: 505 Weight: 165 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input type="checkbox"/> Armed <input checked="" type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Drugs <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: 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: Explain. <input checked="" type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Soft Empty Hand Techniques</i>		<i>Hard Empty Hand Techniques</i>		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.

<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.																			
<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair																			
<input checked="" type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text. <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect																		
Taser Serial Number: X12009P8A	Cartridge(s) Serial Number: Click here to enter text.																		
<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.																			
<input checked="" type="checkbox"/> Firearms: <input checked="" type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input checked="" type="checkbox"/> Shotgun <input type="checkbox"/> Other: Click here to enter text. Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of rounds fired: Click here to enter text. Serial number or department number of firearm(s) used: (Pistol) BGLY757 (Shotgun) CC88107D																			
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> <div style="text-align: center;">  </div>	<p style="text-align: center;">Injuries</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; border: none;">Officer</th> <th style="text-align: center; border: none;">Suspect</th> </tr> </thead> <tbody> <tr> <td style="border: none;"><input checked="" type="checkbox"/> None</td> <td style="border: none;"><input checked="" type="checkbox"/> None</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bruises</td> <td style="border: none;"><input type="checkbox"/> Bruises</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Abrasions</td> <td style="border: none;"><input type="checkbox"/> Abrasions</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Lacerations</td> <td style="border: none;"><input type="checkbox"/> Lacerations</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Broken Bones</td> <td style="border: none;"><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other: Explain</td> <td style="border: none;"><input type="checkbox"/> Other: Explain</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">Check by Medical</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td style="border: none;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">Transported to Hospital</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td style="border: none;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain	Officer: <input type="checkbox"/> Yes <input 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
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<p>After Action Report: I responded to the _____, for a report of a female who was lunging and charging at people, breaking items outside of the bar, hit a truck with a level, was in possession of a knife, and may have been in possession of a firearm. Before we arrived, the suspect already assaulted her ex step mother and attempted entry into a residence. I arrived on scene, drew my firearm, and located the suspect. I drew my firearm because of the above described report before we arrived. I was unsure if she had weapons on her, she was acting erratic, and I felt she was unpredictable. To keep myself, deputies, and the public safe, I felt it was necessary to point my gun at her. The suspect failed to comply to my commands. The suspect stood up and faced Deputy Coburn which stopped me from seeing her right hand. Deputy Norris drew his Taser and Deputy Coburn had his shotgun pointed at her. The suspect complied when Deputy Coburn approached her with his shotgun. I gave her commands to get her on the ground, roll over on her stomach, and place her hands behind her back. She complied to my commands. I pat searched her and found a large knife on the inside of her coat</p>																			

pocket. I placed her in chained handcuffs, checked for proper tightness, and double locked them. The suspect was charged with disorderly conduct and transported to ST Peter's Hospital for a mental health evaluation.

Reporting Officer Signature: <i>John Doherty</i> <i>CR 54-1</i>	Date: <i>5/10/20</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>5/10/20</i>
Division Commander Signature: <i>[Signature]</i>	Date: <i>5/11/20</i>
Under Sheriff Signature: <i>[Signature]</i>	Date: <i>5/11/20</i>
Comment: Click here to enter text.	