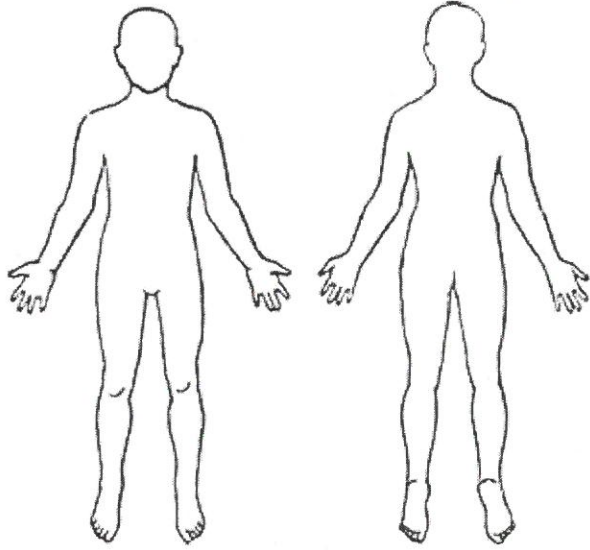






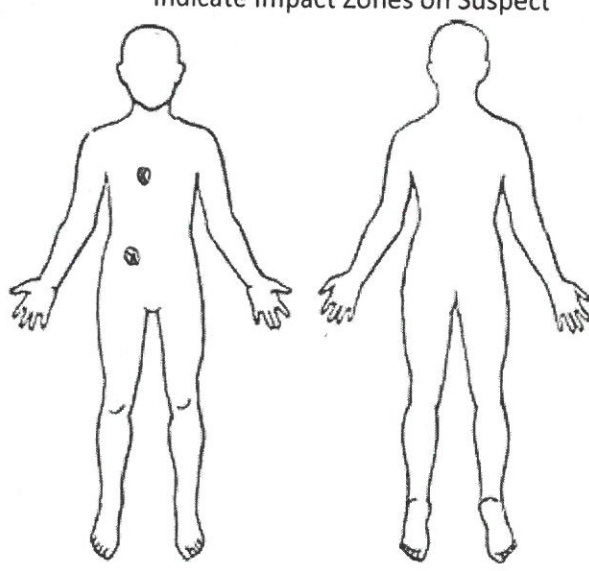
Type of Offense: Protective Custody			Incident/DR Number: LC200971	
Location of Incident				
Street Address or Location:			Time: 0325	Date: 06242020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jason Crum	549	Sgt	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Christopher Rebo	531	Deputy	On Duty	Uniform
Bradley Bragg	553	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: 68 Race: W Height: 5'11" Weight: 210 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 checked="" type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
Use of Force / Control Necessary to:				
<input checked="" type="checkbox"/> Defend Self <input checked="" type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input type="checkbox"/> Make arrest				
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"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other: Escorted to the ground		<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: <i>Explain.</i>																									
<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-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Injuries</th> </tr> <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 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: <i>Explain</i></td> <td><input type="checkbox"/> Other: <i>Explain</i></td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="2" style="text-align: center;">Check by Medical</th> </tr> <tr> <td>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="2" style="text-align: center;">Transported to Hospital</th> </tr> <tr> <td>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Injuries		Officer	Suspect	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input 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: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>	Check by Medical		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transported to Hospital		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Injuries																									
Officer	Suspect																								
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None																								
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises																								
<input type="checkbox"/> Abrasions	<input 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: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>																								
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Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
Transported to Hospital																									
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
<p><i>After Action Report: Deputies were dispatched to an address for the report of a mentally ill male who had taken all of the knives from his caretaker's kitchen into his room. The caretaker advised he was concerned for his safety and the safety of others. Upon my arrival, I met with the male in his bedroom. The male was seated on his bed, sharpening a large knife. I asked the male to speak with me in the living room, away from the knives and he agreed. In speaking with the male and the caretaker, I determined the male was a threat to others. The caretaker was concerned for his safety and advised the male had not been taking his medications as prescribed. I asked the male if he would voluntarily go to St. Peter's for a mental health evaluation and he advised he would not. I explained to the male I would place him into protective custody if he would not go voluntarily. He stated "no" and faced me, squaring his body to me in an aggressive stance. Deputies Bragg and Rebo were standing behind the male, each off to one side of him. I approached the male and tried to reason with him, grabbing him by his right arm. The male struck at my face in a sweeping motion with his left arm,</i></p>																									

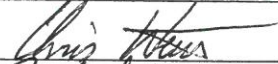



pulling some gear off of my external vest. I felt he was trying to grab my neck or strike my face. The male did not make contact with my face. Deputies Rebo and Bragg each grabbed one of his arms and I placed my arm on the back of his neck, pulling him forward and onto the floor, on his stomach. Deputy Bragg handcuffed the male behind his back. The male was transported to the ER without incident where he was evaluated by medical staff. The male sustained a small abrasion to his left wrist and an abrasion to his left shoulder during this incident.

Reporting Officer Signature: 	Date: 6/24/20
Supervisor Signature: 	Date: 6.24.20
Division Commander Signature: 	Date: 6/24/2020
Under Sheriff Signature: 	Date: 6/24/2020
Comment: Click here to enter text.	

Type of Offense: Protective Custody-Suicidal Male		Incident/DR Number: LC200936		
<i>Location of Incident</i>				
Street Address or Location:			Time: 1558	Date: 6/17/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Weiss	524	Sergeant	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Robert Kinyon	528	Sergeant	On Duty	Uniform
Jacob Isbell	565	Probationary 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 checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 37 Race: White Height: 6'00" Weight: 300 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 checked="" 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			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<i>Use of Force / Control Necessary to:</i>				
<input type="checkbox"/> Defend Self <input checked="" type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input type="checkbox"/> Make arrest				
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 checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" 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 checked="" type="checkbox"/> Other: Pushed male to ground		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Exposure: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input checked="" type="checkbox"/> Cartridge discharge	Cycles: 1 <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: 11002HX12009RFN	Cartridge(s) Serial Number: C4105V31R						
<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 border="0" style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Officer</td> <td style="width:50%; text-align: center;">Injuries</td> </tr> <tr> <td style="text-align: center;">Suspect</td> <td></td> </tr> <tr> <td> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain </td> <td> <input type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input checked="" type="checkbox"/> Other: Injuries from self cutting and Taser probes </td> </tr> </table>	Officer	Injuries	Suspect		<input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<input type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input checked="" type="checkbox"/> Other: Injuries from self cutting and Taser probes
Officer	Injuries						
Suspect							
<input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<input type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input checked="" type="checkbox"/> Other: Injuries from self cutting and Taser probes						
<p>Check by Medical</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<p>Transported to Hospital</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<p>After Action Report: June 17, 2020, at around 1546 hours, -- regarding a suicidal male. The dispatch center received a 911 call from a female at the residence who stated a male inside the home was cutting his wrists with a knife. I responded to the residence utilizing the emergency lights and siren on my patrol vehicle. Medical units were dispatched and were requested to stage in the immediate area. Upon arrival I entered the home and I observed a male standing in the kitchen. The male was holding a knife to his throat and a female and a male were speaking with the male on the other side of an island. I asked the male what was going on and he stated, "my voices are telling me to kill myself." I told the male I wanted to talk with him and he replied, "stay back from me or else I'm gonna do it." I took a few steps towards the kitchen and I told the male I was going to turn the lights on. As I did this, the male lowered the knife from his throat and he began to cut on his right inner wrist. I told the male to stop cutting on himself and he stopped. The male again</p>							

said to stay away from him or he will kill himself. The male then placed the knife against the left side of his throat. I told the male to put the knife down and he refused to do so. The male said he is getting kicked out of the house and he doesn't like the female who is kicking him out. The male lowered the knife from his throat and he began cutting on his right inner wrist. I withdrew my office issued Taser from my thigh holster and I placed the Taser behind my leg so the male could not see it. I got on the radio and requested responding deputies to expedite their response. I told the male to stop cutting on his wrist and to show me his wrist, which he did. I observed blood on his wrist and it appeared the wound was superficial. The male then placed the knife to his throat and I told him to put the knife down. The male did not put the knife down and he continued to say the voices are making him do it. I could see the male was putting pressure on his neck with the knife and I pointed my Taser at him. I deployed my Taser and the Taser probes struck the male, which caused him to lower the knife. The male continued to stand and he was moaning. I approached the male and I pushed him to the ground. As the male was falling to the ground, he let go of the knife and the knife slid across the kitchen floor away from the male. The male fell on his stomach and I placed my knee on the middle of his back. I kept the male in place utilizing my knee and my body weight. Other deputies arrived and we helped the male get up and we placed the male in a seated position on the floor. Medical units were summoned inside the home to evaluate and treat the male for his injuries. The male was transported to St. Peter's Emergency Room via ambulance.

Reporting Officer Signature: 	Date: 6/17/20
Supervisor Signature: 	Date: 6/17/20
Division Commander Signature: 	Date: 6/18/20
Under Sheriff Signature: 	Date: 6/18/20
Comment: Click here to enter text.	

<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other:	<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick	<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input checked="" type="checkbox"/> Cartridge discharge	Cycles: 3	<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: X12009RFC Cartridge(s) Serial Number: C4104EY1K

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: Harbour: 58W141119, Kultgen: 58H087390, Zarske: NAR6217

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

After Action Report: On Sunday, June 14, 2020, at approximately 1637 hours, I was dispatched to _____
 _____ for report of a male, identified as _____ who had multiple warrants for his arrest, was at that
 location. _____ was reported to be in a red Subaru sedan. I received a Driver's License Photo from dispatch for

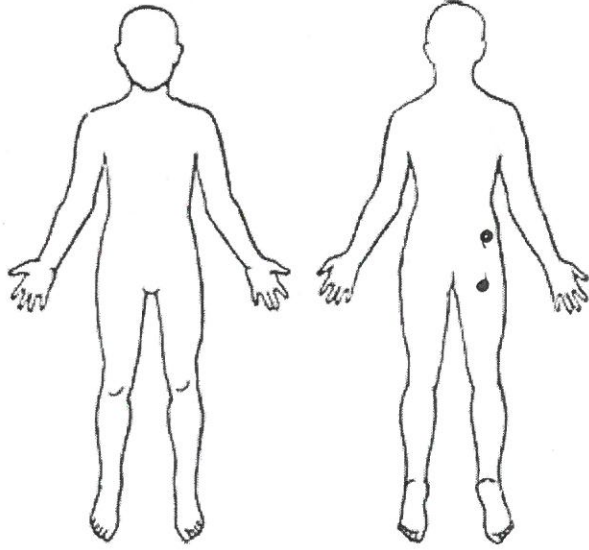
visual identification. Probationary Deputy Matt Kultgen and I arrived on scene to find [redacted] sitting in a red Subaru sedan at that location. I asked [redacted] to exit his vehicle. [redacted] revved the engine of the vehicle and lunged the vehicle forward toward me. This caused me to have reasonable apprehension that that he may strike me with the vehicle and cause injury to me. I drew my duty pistol, pointed it toward him, and continued to order [redacted] to exit the vehicle. I stepped to my right to avoid getting ran over by [redacted]. Deputy Matt Kultgen, who was positioned behind [redacted] vehicle, drew his duty pistol and pointed it toward [redacted]. [redacted] continued to rev his engine and sped away at a high rate of speed. I holstered my duty pistol, ran to my patrol car, and initiated a pursuit. I activated my emergency lights and siren, caught up to, and pursued southbound on McHugh Lane. I observed [redacted] vehicle fail to stop at the intersection of McHugh Lane and Forestvale Road while travelling at a high rate of speed and pass another vehicle on a double yellow line. I observed [redacted] vehicle reach speeds of 120 miles per hour southbound on McHugh Lane. Sergeant Eric Gilbertson positioned his patrol car near the double yellow line in the northbound lane of McHugh Lane. I observed [redacted] drive toward Sergeant Gilbertson and swerve around him at the last second. [redacted] turned eastbound on Wolf Road, barely missing a Subaru hatchback stopped at the stop sign in the westbound lane of Wolf Road. [redacted] continued to travel at a high rate of speed through a residential neighborhood on Wolf Road. [redacted] turned northbound on North Montana Avenue. I observed [redacted] reach speeds of 125 miles per hour while travelling northbound in the center turn lanes of North Montana Avenue. There was moderate traffic travelling both northbound and southbound on North Montana Avenue and the roads were wet. [redacted] travelled through the intersection of North Montana Avenue and Sierra Road at approximately 45 miles per hour, barely missing a red Minivan. [redacted] turned into a church parking lot at the intersection of North Montana Avenue and College Place Road. [redacted] turned his vehicle around and almost hit my patrol car. I had to stop my vehicle to avoid a collision. [redacted] continued South on North Montana Avenue at a high rate of speed. [redacted] stopped at his residence at [redacted]. [redacted] quickly exited his vehicle and attempted to enter his home. I stopped behind his vehicle, exited my patrol car, drew my Sheriff's Office issued Taser, and gave commands for him to stop. He refused to obey lawful commands from me. I deployed my Taser, striking [redacted] in the back. [redacted] fell forward to the inside of his residence and landed on the living room floor between a coffee table and a couch. [redacted] would not put his hands up, so I attempted to initiate another Taser cycle. One of the probes had become disconnected and the cycle had no effect on [redacted]. I transitioned to and drew my duty pistol and pointed it toward [redacted] at the same time [redacted] pulled a handgun from his pants. [redacted] pointed his pistol at himself, and threatened suicide. Trooper Brian Inman drew his duty pistol and pointed it at [redacted] at the same time I drew my duty pistol. Myself and Trooper Brian Inman attempted to convince [redacted] to put his gun down. [redacted] pulled another gun from his pants and pointed a second gun at himself. Other Deputies arrived on scene and assisted with the incident. [redacted] walked toward the rear of his residence. When [redacted] reached the hallway, he stated "Get out!". When [redacted] stated "Get out!", he swung the stainless steel pistol located in his left hand in an arcing motion across his body from left to right. When he swung the stainless steel pistol across the front of his body, his arm was extended out and he flagged me with his pistol. I started to pull the trigger of my duty pistol and realized there was a wooden kitchen cupboard support post between myself and [redacted] which covered him and prevented a clear shot. I stepped to my right for a clear shot. When I had a clear shot at [redacted] he had pointed both pistols in his hands at each side of his head. Deputy Ryan Zarske retrieved the ballistic shield from my patrol car and assisted Trooper Inman and I by providing cover behind the shield inside the residence. Deputy Zarske had his duty pistol pointed toward [redacted] once Deputy Zarske was inside the residence. Senior Deputy Rebo arrived and was able to eventually convince [redacted] to put his guns down. I arrested [redacted] and transported him to the Lewis and Clark County Detention Center without further incident. Note: I was advised by my on shift supervisor that I did not need to have [redacted] assessed by medical following this Taser deployment incident. I asked [redacted] if he was injured or needed medical to assess him. [redacted] stated "No". (For more detailed information, please refer to Case #LC200918 Initial Report).

Reporting Officer Signature: <i>[Signature]</i>	Date: 06/18/2020
Supervisor Signature: <i>[Signature]</i>	Date: 6/18/20
Division Commander Signature: <i>[Signature]</i>	Date: 6/19/20
Under Sheriff Signature: <i>[Signature]</i>	Date: 6/20/20

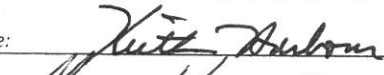
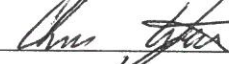


Comment: DISCUSSIONS WERE DONE W/ CAPTAIN WRIGHT + SGT KINYON ON DISCONTINUING THE PURSUIT TO PROTECT INNOCENT CITIZENS FROM UNNECESSARY INJURY OR WORSE. DISCUSSIONS WERE ALSO HELD BETWEEN SGT KINYON + DEPUTY HARBOUR OVER THE SAME.

PURSUIITS ARE DANGEROUS TO ALL THOSE DIRECTLY + INDIRECTLY INVOLVED. WE AS L.E. MUST REMAIN MINDFUL OF SAFETY OF ALL COMMUNITY MEMBERS + WEIGH THE CRIME OR EXIGENCY TO ASSUME THIS LEVEL OF RISK. 50294

Type of Offense: Resisting Arrest			Incident/DR Number: LC200858	
Location of Incident				
Street Address or Location:			Time: 1908	Date: 6/5/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Keith Harbour	526	Probationary Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	561	Corporal	On Duty	Uniform
Chris Rebo	531	Senior 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: 47 Race: H Height: 5' 9" Weight: 175 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 checked="" 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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Soft 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: Explain.		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 checked="" type="checkbox"/> Taser: Discharged: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drive stun <input checked="" type="checkbox"/> Cartridge discharge	Cycles: 1 <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: X12009RFC	Cartridge(s) Serial Number: C4105FA4D																												
<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 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: Probationary Deputy Harbour - 58H141119																													
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><i>Injuries</i></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;"><i>Officer</i></td> <td style="text-align: center;"><i>Suspect</i></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 border="0" style="width: 100%; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;"><i>Check by Medical</i></td> </tr> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width: 50%;"></td> </tr> <tr> <td>Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> </tr> </table> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;"><i>Transported to Hospital</i></td> </tr> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width: 50%;"></td> </tr> <tr> <td>Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> </tr> </table>	<i>Injuries</i>		<i>Officer</i>	<i>Suspect</i>	<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	<i>Check by Medical</i>		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>Transported to Hospital</i>		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><i>After Action Report: On Friday, June 5, 2020, at approximately 1858 hours, I, Probationary Deputy Keith Harbour, received a report from Dispatch of a possible DUI called in by two complainants willing to sign as witnesses. I located the suspect vehicle travelling eastbound on Highway 12 E, Mile Marker 51. I observed the vehicle cross the double yellow center line and cause a silver passenger car travelling westbound on Highway 12 to cross the white fog line in the westbound lane. I observed the suspect vehicle swerve back across the eastbound lane, cross the eastbound lane white fog line, and swerve back into the eastbound lane. I initiated my emergency lights and passed seven vehicles which were following closely together and behind the suspect vehicle. I initiated a traffic stop on Highway 12 East at the intersection of Highway 12 East and Diehl Ranch Drive. I initiated my siren and the suspect vehicle continued eastbound on Highway 12 East. I, along with Senior Deputy Chris Rebo, pursued the suspect vehicle for approximately 5 miles. The vehicle travelled at approximately 49 MPH in a posted 70 MPH zone and weaved within the eastbound lane throughout the pursuit.</i></p>																													

The suspect vehicle turned northbound onto Amber Lane from Highway 12 East and proceeded slowly down a long gravel driveway. The vehicle came to a stop in front of a residence located at _____ Note: Corporal Don McCarthy arrived on scene at that time. Corporal McCarthy, Senior Deputy Rebo, and I exited our patrol vehicles, drew our duty pistols, and pointed them at the suspect vehicle driver's door. I yelled clear and precise commands for the driver to exit the vehicle, turn the vehicle off, put his hands outside the vehicle where I could see them, and step out of the vehicle slowly. The suspect stepped out of the vehicle with his arms lowered. Corporal McCarthy, Senior Deputy Rebo, and I pointed our duty pistols at the suspect. I ordered the suspect to put his hands up and face away from me. The suspect did not obey my lawful commands and proceeded to walk toward his residence. I observed the suspect did not have anything in his hands. I holstered my duty pistol and drew my Sheriff's Office issued Taser at the same time Corporal McCarthy and Senior Deputy Rebo holstered their duty pistols. Senior Deputy Rebo ordered the suspect to put his hands up or the suspect would be Tased. Corporal McCarthy applied an escort hold to the suspect's left hand and arm to make a lawful arrest. The suspect attempted to pull away from Corporal McCarthy. I stated "Taser, Taser, Taser, Taser" and deployed my Sheriff's Office issued Taser at the suspect's right side belt line. The two Taser probes were discharged from the Taser unit. One Taser probe struck the suspect in his right upper buttocks, and the other Taser probe struck the suspect in his right lower buttocks. The Taser cycled for 5 seconds causing the suspect to become rigid and fall forward with assistance from Corporal McCarthy. After the initial 5 second Taser cycle, the suspect continued to resist arrest by not placing his hands behind his back. Corporal McCarthy and Senior Deputy Rebo were able to place the suspect's hands behind his back and place the suspect in chain handcuffs. I observed the suspect to have a superficial abrasion to his lower lip. The superficial abrasion was not actively bleeding and required no medical treatment. The suspect was placed in the back seat of my patrol car without further incident. I used a brown paper bag to collect the deployed Taser cartridge, wires, blast doors, and some afids. I later placed the deployed Taser cartridge, wires, blast doors, and afids into county evidence. I later uploaded my Taser data to Axon Evidence. End of report.

Reporting Officer Signature: 	Date: 06/06/2020
Supervisor Signature: 	Date: 6/6/20
Division Commander Signature: 	Date: 6/9/20
Under Sheriff Signature: 	Date: 6/9/20
Comment: Click here to enter text.	

Type of Offense: Eluding/Assault on Officer/Resisting		Incident/DR Number: LC200434		
Location of Incident				
Street Address or Location:			Time: 0007	Date: 3/13/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Tyler Coburn	555	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Haegele	552	Senior Deputy	On Duty	Uniform
Deputy Kultgen	537	Probationary Deputy	On Duty	Uniform
Corporal McCarthy	561	Corporal	On Duty	Uniform
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 33 Race: white Height: 5'7" Weight: 210				
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"/> History of violence		<input checked="" type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input checked="" type="checkbox"/> Other: Attempted to assault Deputy Haegele		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, explain in comments				
Force Used Yes & No				
<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"/> 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: Explain.		<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.		

commands can be heard as well as yelling from the suspect prior to hearing taser deployment. Only one cycle was used to gain control of the suspect. Probes were removed on scene by Corporal McCarthy. The suspect refused medical attention on scene.

Reporting Officer Signature: 	Date: 3/19/20
Supervisor Signature: 	Date: 3/19/20
Division Commander Signature: 	Date: 3/20/20
Under Sheriff Signature:  SEE COMMENT!	Date: 3/20/20
Comment: Click here to enter text.	

"HAEGELE ATTEMPTED TO ASSIST THE SUSPECT TO THE GROUND."

* WHAT DOES THAT MEAN?

* WHY ARE TWO DEPUTIES NOT WEARING BODY CAMERAS?

* WE PURCHASE QUALITY EQUIPMENT IN THE BEST INTEREST OF OUR DEPUTIES. IF THEY DONT WEAR THE EQUIPMENT WE FEEL IS IMPORTANT, WHY ARE WE BUYING SAID EQUIPMENT!

GRIMMIS

FIND ME ANSWERS!