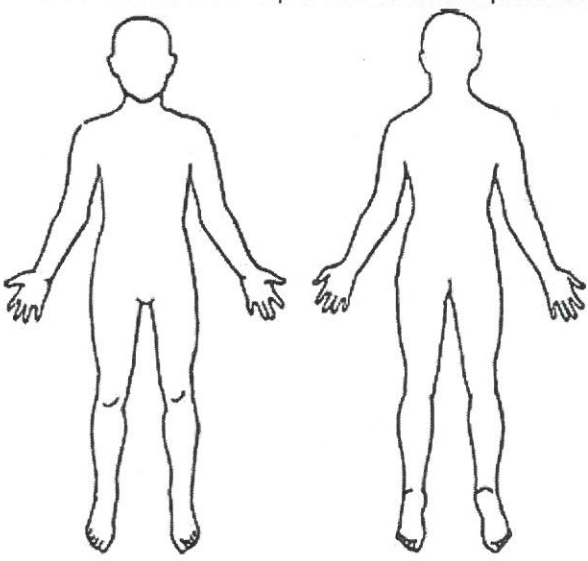
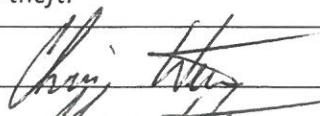
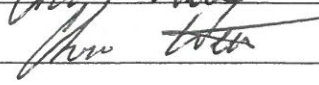
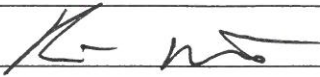


Type of Offense: Theft of motor vehicle			Incident/DR Number: LC201531	
<b>Location of Incident</b>				
Street Address or Location.			Time: 1021	Date: 9/30/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Weiss	524	Sergeant	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	561	Corporal	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.
<b>Suspect Information</b>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 54 Race: W Height: 5'07" Weight: 130 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:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply		<input checked="" type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input checked="" type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<b>Use of Force / Control Necessary to:</b>				
<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				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<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 type="checkbox"/> Other: Explain.
<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Front Thrust Kick		

<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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 <span style="float:right">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																									
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. <span style="float:right">Cartridge(s) Serial Number: Click here to enter text.</span>																									
<input type="checkbox"/> Impact Weapons <span style="float:right">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																									
<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 <span style="float:right">Number of rounds fired: Click here to enter text.</span> Serial number or department number of firearm(s) used: 58B0914966																									
<p style="text-align:center">Indicate Impact Zones on Suspect</p> 	<table border="0" style="width:100%;"> <tr> <td colspan="2" style="text-align:center"><b>Injuries</b></td> </tr> <tr> <td style="width:50%; text-align:center"><i>Officer</i></td> <td style="width:50%; text-align:center"><i>Suspect</i></td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table> <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%;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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%;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	<b>Injuries</b>		<i>Officer</i>	<i>Suspect</i>	<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	<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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Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
<p>After Action Report: September 30, 2020, deputies assisted the Cascade County Sheriff's Office regarding locating a stolen motor vehicle that was stolen earlier in the day in the Great Falls, MT area. The vehicle was entered stolen in NCIC. A deputy located the vehicle on HWY 287 near MM 8. When the deputy got behind the vehicle, OnStar sent a signal to the vehicle which disables its operating systems. The driver of the vehicle pulled over to the side of the HWY and the vehicle stopped. The deputy exited his patrol vehicle, aimed his duty handgun at the driver/suspect, and yelled demands at the him. The suspect complied with the demands and he was arrested for felony theft.</p>																									
Reporting Officer Signature: 	Date: 10/1/20																								
Supervisor Signature: 	Date: 10/1/20																								

Division Commander Signature: 	Date: 10/2/2020
Under Sheriff Signature:	Date:
Comment: Click here to enter text.	

Type of Offense: BURGLARY		Incident/DR Number: LC201406		
<i>Location of Incident</i>				
Street Address or Location.			Time: 2200 Hours	Date: 9/10/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Kultgen	537	Deputy Sheriff	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Metcalf	547	Deputy Sheriff	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.
<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: 27 Race: White Height: 5'05 Weight: 145 lbs 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 type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<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.	
<i>Use of Force / Control Necessary to:</i> <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				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		

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:  Yes  No  Heavy clothing  Malfunction

Drive stun  Cartridge discharge  
 Close probe strikes  No physical effect  
 Missed

Cycles: Click here to enter text.

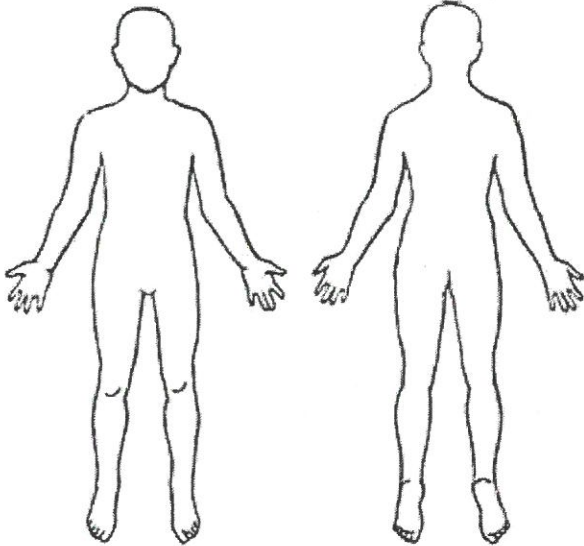
Taser Serial Number: X12009RFX Cartridge(s) Serial Number:

Impact Weapons Effective:  Yes  No

Baton  Weapon of opportunity  Other: Explain.

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

Indicate Impact Zones on Suspect



Injuries

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

Check by Medical



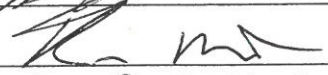
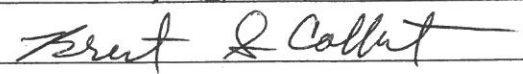
Officer:  Yes  No  
 Suspect:  Yes  No

Transported to Hospital

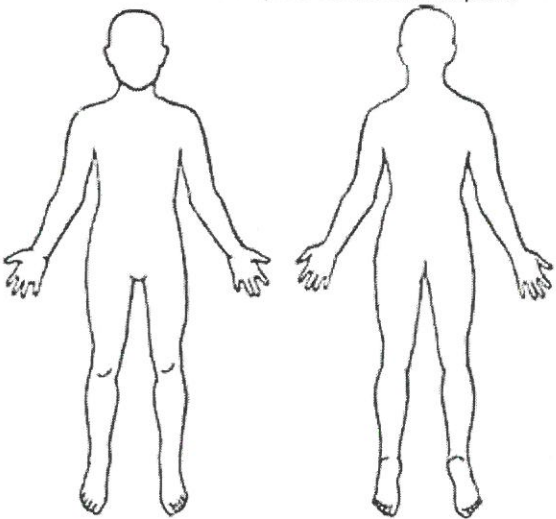
Officer:  Yes  No  
 Suspect:  Yes  No

After Action Report: On September 10, 2020, at about 2220 hours, I, Deputy Matthew Kultgen, assisted Deputy Keith Harbour, as well as other Deputies, in responding to the area of . Deputy Keith Harbour had received a report from Dispatch of a male, , who was causing a disturbance at the residence and possibly kicking the side of a camper trailer. Before my arrival the Deputies on scene stated had fled on foot. I knew to be residing somewhere on the 800 block of East Riggs. Upon pulling into the driveway/alley entrance of , I observed a male wearing black clothing who matched both the description of the initial officers sent out on an Attempt to Locate, and from my own personal observations of earlier in the day. attempted to hide between two vehicles before I called out to him to show me his hands. was non-compliant by attempting to walk away from us and not removing his hands from his

sweatshirt. Due to the possibility of a weapon being used in Deputy Keith Harbour's initial call for service, I pointed my department issued Taser at as Deputy Jess Metcalf placed him in handcuffs behind his back.

Reporting Officer Signature:  #537	Date: 9/17/20
Supervisor Signature: 	Date: 9-17-20
Division Commander Signature: 	Date: 10/15/2020
Under Sheriff Signature: 	Date: 10-15-20
Comment: Click here to enter text.	

Type of Offense: Assault with a weapon		Incident/DR Number: LC201249		
<b>Location of Incident</b>				
Street Address or Location: _____			Time: 1602	Date: 8/13/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tony Galahan	5-50	Senior Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tony Galahan	5-50	Senior Deputy	On Duty	Uniform
Jerome Steiner	5-54	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.
<b>Suspect Information</b>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 46 Race: White Height: 5'07" Weight: 145				
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:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input checked="" type="checkbox"/> Mental Illness	
<input checked="" type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<b>Use of Force / Control Necessary to:</b>				
<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 checked="" type="checkbox"/> Accomplish official purpose: Detain for questioning in possible assault with a weapon case		
<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				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<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.		

<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: <a href="#">Click here to enter text.</a> Lot number: <a href="#">Click here to enter text.</a>																									
<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair																									
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																									
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: <a href="#">Click here to enter text.</a> <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: <a href="#">Click here to enter text.</a> Cartridge(s) Serial Number: <a href="#">Click here to enter text.</a>																									
<input type="checkbox"/> Impact Weapons <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: <a href="#">Explain.</a>																									
<input checked="" type="checkbox"/> Firearms: <input type="checkbox"/> Pistol <input checked="" type="checkbox"/> AR-15 <input checked="" type="checkbox"/> Shotgun <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a> Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of rounds fired: <a href="#">Click here to enter text.</a> Serial number or department number of firearm(s) used: 5-54 AR#45, 5-50 shotgun #R559858N																									
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<table border="0" style="width: 100%;"> <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 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: <a href="#">Explain</a></td> <td><input type="checkbox"/> Other: <a href="#">Explain</a></td> </tr> </table> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <th colspan="2" style="text-align: center;">Check by Medical</th> </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> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <th colspan="2" style="text-align: center;">Transported to Hospital</th> </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>	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: <a href="#">Explain</a>	<input type="checkbox"/> Other: <a href="#">Explain</a>	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
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Transported to Hospital																									
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
<p><i>After Action Report: Deputies were dispatched to the Log Gulch / Departure Point campgrounds on Holter Lake for a reported assault with a weapon. I had dispatch contact the Idaho law enforcement agency related to the males driver license return. It was relayed to me the male had a history of drug use and an aggravated assault charge. I responded and arrived on scene to speak with the female reporting this. The female stated her friend and her where on a road trip due to her being diagnosed with cancer. Today she stated she was at the willow creek campground and ended up taking a nap by the creek. The female stated she was woken up by her friend who began assaulting her. The assault described was her being slapped, punched in the ribs, and strangled at one point. The male then brandished a knife putting it to the female's throat and threatening her life, according to the female complainant. The female stated she heard a side by side UTV driving by and ran to the occupants screaming for help. I looked at the female's neck area and face and did not observe signs of injury matching what was reported at that time. Based on the female's statement and the history provided by Idaho, I</i></p>																									



determined a felony stop would be appropriate if we contacted this male. The male ended up calling the female's phone while we were at the Log Gulch Campground. The spot common for cellphone service was on Beartoothroad near the gate to the game range. Game Wardens S. Briggs, T. Kelly, MHP Trooper B. Inman, Deputy Steiner, and I responded to that area to attempt contact. The male was in his truck at the suspected location. I deployed my office issued shotgun and gave the male instructions. The other LEO's also had their respective weapons deployed at this time. The male was detained with no issue. See report for further details.

Reporting Officer Signature: <i>Tony Selehman</i>	Date: 8/14/20
Supervisor Signature: <i>Chris Steiner</i>	Date: 8/14/20
Division Commander Signature: <i>[Signature]</i>	Date: 8/17/20
Under Sheriff Signature: <i>Dean Jimmie</i>	Date: 8/9/2020
Comment: Click here to enter text.	

Type of Offense: PFMA		Incident/DR Number: LC201201		
<b>Location of Incident</b>				
Street Address or Location:			Time: 0210 hours	Date: 8/5/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	561	Corporal	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andy Haegel	552	Senior Deputy	On Duty	Uniform
Ryan Zarske	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.
<b>Suspect Information</b>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 38 Race: white Height: 5'8" Weight: 190				
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:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input checked="" 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			<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<b>Use of Force / Control Necessary to:</b>				
<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				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<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 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.

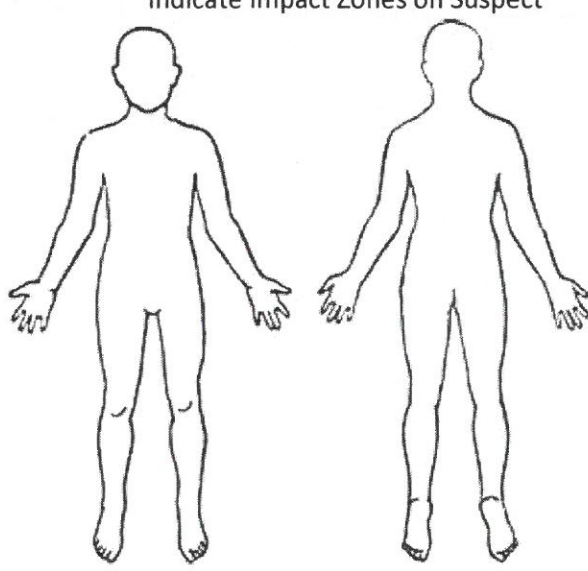
Impact Weapons Effective:  Yes  No

Baton  Weapon of opportunity  Other: Explain.


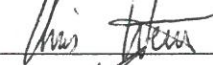

Firearms:  Pistol  AR-15  Shotgun  Other: Click here to enter text.

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

Serial number or department number of firearm(s) used: 561- XWM205, 532-NAR6217, 552-58J037022

<p>Indicate Impact Zones on Suspect</p> 	<p>Injuries</p> <table border="0"> <tr> <td>Officer</td> <td>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> <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: Deputies approached the residence to interview the suspect for a PFMA. The male was reportedly intoxicated and had firearms in the residence. While speaking with the victim in driveway, the suspect emerged from the garage carrying a pistol in his right hand. All 3 deputies drew their sidearms and gave the male commands to put the gun down. The male realized we were law enforcement and placed the pistol on a nearby garbage can. The male was compliant and no other use of force was necessary.

Reporting Officer Signature:  5-61	Date: 8/6/2020
Supervisor Signature: 	Date: 8/6/20
Division Commander Signature: 	Date: 8/6/20

Under Sheriff Signature:

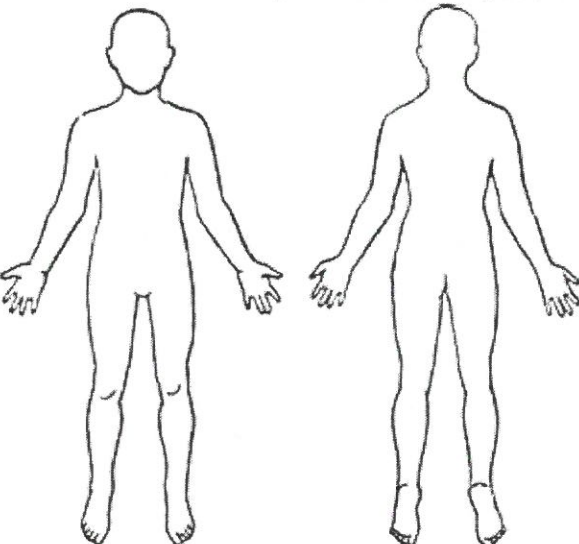
*James J. [Signature]*

Date:

*8/12/20*

Comment: [Click here to enter text.](#)

Type of Offense: Disorderly Conduct		Incident/DR Number: LC201187		
<b>Location of Incident</b>				
Street Address or Location			Time: 0825	Date: 8/4/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Boudreau	539	Corporal	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Mark Baker	766	Senior Officer	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.
<b>Suspect Information</b>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 65 Race: White Height: 511 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:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<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"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input checked="" type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.				
<b>Use of Force / Control Necessary to:</b>				
<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				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b> <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 from behind by Officer Baker while running away. Caused defendant to fall face first into dirt.		<b>Hard Empty Hand Techniques</b> <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 checked="" type="checkbox"/> No <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																													
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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																													
<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="text-align: center; width: 50%;"><i>Injuries</i></td> <td style="text-align: center; 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 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:</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</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:</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	<i>Injuries</i>		<i>Officer</i>	<i>Suspect</i>	<input 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 checked="" type="checkbox"/> Yes <input 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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<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																												
<p>After Action Report: 08/04/20 at approximately 0825 hours, Cpl Boudreau was impounding a bicycle that had left secured to the courthouse bicycle rack. [redacted] observed Cpl Boudreau impounding the bicycle at the Commissioner's Garage and became highly confrontational, agitated, was yelling and threatening Cpl Boudreau. [redacted] began yelling at people walking at the sidewalk entering the courthouse from nearby parking lots and walking towards the courthouse. Cpl Boudreau advised [redacted] he was under arrest for Disorderly Conduct. [redacted] ran away from Cpl Boudreau and would not comply with commands [redacted] was yelling, running east down Breckenridge and ran out into traffic on Rodney Street. Officer Baker from the Helena Police Department arrived on scene. [redacted] ran away from law enforcement back towards the courthouse still yelling threats. Officer Baker and Cpl Boudreau continued the foot pursuit and were concerned for the safety of people entering the courthouse due to [redacted] erratic and confrontational behavior. [redacted] was not complying with commands to stop. [redacted] was running down an alley towards the courthouse between Rodney and Breckenridge. Officer Baker</p>																													

pushed from behind while he was running. This caused to fall face first into the dirt and gravel. kept his arms under his body and Cpl Boudreau pulled hands and arms out from under his body to behind his lower back so Cpl Boudreau could handcuff . suffered minor abrasions and cuts to his face from his fall. He was examined by St. Peter's Ambulance and cleared to be booked into jail.

Reporting Officer Signature: <i>Matt Boudreau #539</i>	Date: <i>8/4/20</i>
Supervisor Signature:	Date:
Division Commander Signature:	Date:
Under Sheriff Signature:	Date:
Comment: Click here to enter text.	

Type of Offense: High Risk Stop		Incident/DR Number: CFS #071620-164 / LC201053-2		
Location of Incident				
Street Address or Location: _____		Time: 1824	Date: 7/16/2020	
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
Andy Haegele	552	Senior Deputy	On Duty	Uniform
Paul Weber/Kyle Brown	567/905	Senior Deputy/ Reserve Deputy	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: 30 Race: W Height: 5' 5" 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 checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other:	
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 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:	<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

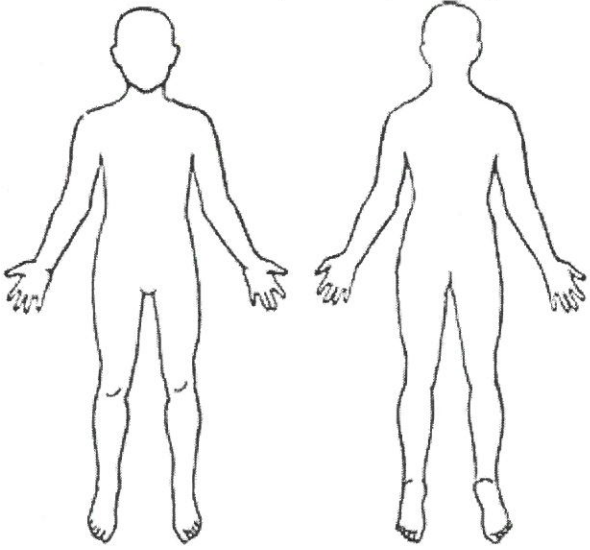
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <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: Click here to enter text.  
 Serial number or department number of firearm(s) used: 526: Rifle #53 / 561: XWM205 / 552: Rifle #13 / 567: 58C193204 / 905: 8GMH943

<p align="center">Indicate Impact Zones on Suspect</p> 	<p align="center">Injuries</p> <table border="0"> <tr> <td><i>Officer</i></td> <td><i>Suspect</i></td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>	<i>Officer</i>	<i>Suspect</i>	<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
	<i>Officer</i>	<i>Suspect</i>													
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None													
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<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
<p align="center">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 align="center">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 Thursday, July 16, 2020, at approximately 1824 hours, Corporal Don McCarthy received information \_\_\_\_\_ was located in the area of \_\_\_\_\_ Corporal McCarthy, Senior Deputy Andy Haegele, Senior Deputy Paul Weber, Reserve Deputy Kyle Brown, and I, Deputy Keith

Harbour, staged in the area of \_\_\_\_\_  
 suspect driving the suspect vehicle. Note: \_\_\_\_\_  
 Assault and Assault with a Weapon case. (For more information, please refer to case # LC201053 Initial Report.)  
 After observing the suspect vehicle drive through the Taco John's drive-thru twice, the suspect vehicle pulled into  
 a parking space in the southwest corner of Taco John's parking lot. I initiated a high risk stop accompanied by  
 Corporal McCarthy, Senior Deputy Haegele, Senior Deputy Weber, Reserve Deputy Brown, Montana Highway  
 Patrol Trooper Ryan Daub, and Helena Police Officers 772 and 747. I positioned my patrol vehicle Unit #52  
 behind and to the left of \_\_\_\_\_ vehicle. Due to \_\_\_\_\_'s history of violence and information he was  
 in possession of a firearm, I pointed my patrol rifle in \_\_\_\_\_ direction and ordered him to place both of  
 his hands out the driver's side window. All units mentioned above pointed their service weapons in  
 \_\_\_\_\_ direction to aid in \_\_\_\_\_ arrest. \_\_\_\_\_ complied with my verbal commands  
 throughout the high risk stop. Senior Deputy Weber placed \_\_\_\_\_ in handcuffs and took him into custody  
 without incident. \_\_\_\_\_ was transported to the Lewis and Clark County Detention Center by Senior Deputy  
 Weber and Reserve Deputy Brown without incident. End of report.

Reporting Officer Signature: <i>Keith Harbour</i>	Date: 07/17/2020
Supervisor Signature: <i>[Signature]</i> 5-61	Date: 7/17/2020
Division Commander Signature: <i>[Signature]</i>	Date: 7/22/2020
Under Sheriff Signature: <i>[Signature]</i>	Date: 7/22/2020
Comment:	