



Type of Offense: Threats to Public Servant/Drugs/ Traffic		Incident/DR Number: LC201969		
Location of Incident				
Street Address or Location:			Time: 2345 hours	Date: 12/19/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
R. Rivera	5-23	Deputy Sheriff	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 21 Race: Caucasian/Native Height: 600 Weight: 150 Age: Race: Height: Weight: 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 checked="" type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input checked="" type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose:		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position		<input checked="" 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:		<input type="checkbox"/> Front Thrust Kick		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				

Serial number: Click here to enter text. Lot number: Click here to enter text.

Wrap Restraint System     Restraint Chair

Taser:    Discharged:  Yes     No    Effective:  Yes     No

Exposure:  Yes     No     Heavy clothing     Malfunction

Drive stun     Close probe strikes     No physical effect  
 Cartridge discharge     Missed

Cycles: (1) 5 second cycle

Taser Serial Number: X12009P7T

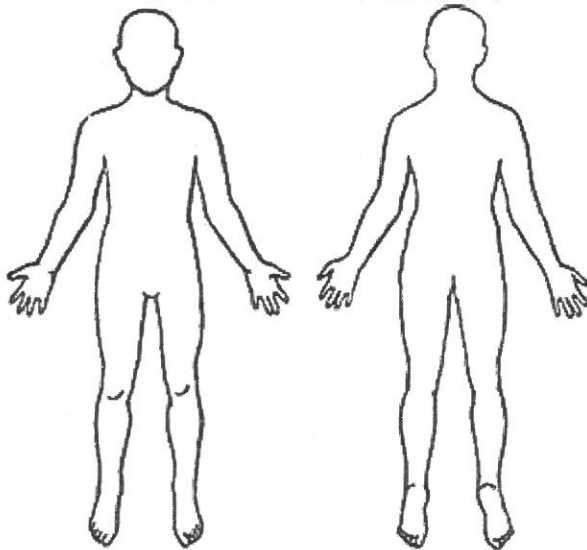
Cartridge(s) Serial Number:

Impact Weapons    Effective:  Yes     No

Baton     Weapon of opportunity     Other: Handcuffs / physical contact

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:	<input type="checkbox"/> Other: Explain




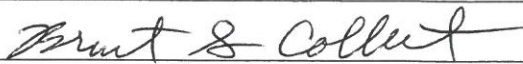
Check by Medical

Officer:  Yes     No  
Suspect:  Yes     No

Transported to Hospital

Officer:  Yes     No  
Suspect:  Yes     No

After Action Report: Saturday, December 19th, 2020, I, Senior Deputy Robert Rivera, conducted a traffic stop on \_\_\_\_\_ in the Lincoln area for a stop sign violation. I had knowledge \_\_\_\_\_ was suspended and he was just warned about driving suspended the day before. I told \_\_\_\_\_ to step out of the vehicle because I planned to detain him while I wrote the notice to appear. \_\_\_\_\_ became verbally aggressive and exited his vehicle quickly. \_\_\_\_\_ stepped toward me asking if I had something to say to him. I pushed \_\_\_\_\_ back with a palm heel strike to his chest and stated "back." \_\_\_\_\_ continued to step toward me, gesturing to fight, so I pulled my taser and deployed it at \_\_\_\_\_. The probes hit \_\_\_\_\_ in the upper torso and \_\_\_\_\_ locked up, falling to the ground. I informed dispatch of the taser deployment on \_\_\_\_\_. Once the 5 second cycle was completed \_\_\_\_\_ was no longer aggressive and made statements inferring he did nothing to deserve to be tased. I informed \_\_\_\_\_ to roll to his stomach and I handcuffed \_\_\_\_\_ behind his back with chain link handcuffs, no further force was used to affect the arrest. Later, I removed the probes from \_\_\_\_\_ clothing and he was cleared of any injuries from the probes by medical. [Please review LC201969 for complete details of the incident.]

Reporting Officer Signature:  5-23	Date: 12/25/2020
Supervisor Signature:  5-49	Date: 12/29/20
Division Commander Signature: 	Date: 1/4/2021
Under Sheriff Signature:  Print & Collect	Date: 1-5-21
Comment: Click here to enter text.	

Type of Offense: Resisting Arrest/ Theft/ Forgery			Incident/DR Number: LC201852-1	
<b>Location of Incident</b>				
Street Address or Location..			Time:1625	Date: 12/2/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Robert Kingon	5-28	Sergeant	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Weiss	5-24	Sergeant	On Duty	Uniform
Andy Haegele	5-52	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: 50 Race: white Height: 5'6" 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 checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input checked="" 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		

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

Wrap Restraint System  Restraint Chair

Taser: Discharged:  Yes  No Effective:  Yes  No

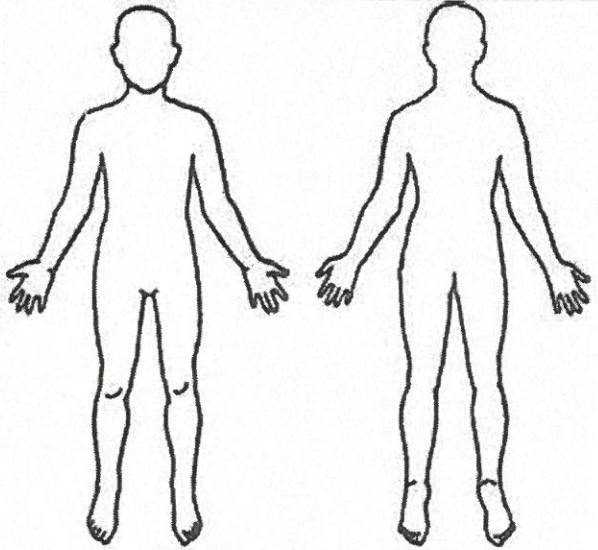
Exposure: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: One 5 second cycle	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect
<input type="checkbox"/> Drive stun		
<input checked="" type="checkbox"/> Cartridge discharge		

Taser Serial Number: X12009RFM Cartridge(s) Serial Number: C4105TTOP


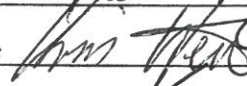
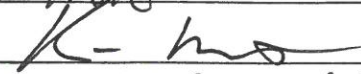
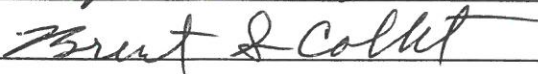
Impact Weapons Effective:  Yes  No

Baton  Weapon of opportunity  Other: Explain.

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

Indicate Impact Zones on Suspect	Injuries														
	<table style="width: 100%;"> <tr> <th style="width: 50%; text-align: center;">Officer</th> <th style="width: 50%; text-align: center;">Suspect</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input 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>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input checked="" type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
Officer	Suspect														
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None														
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input type="checkbox"/> Abrasions	<input checked="" type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
	<b>Check by Medical</b> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
	<b>Transported to Hospital</b> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														

After Action Report: Deputies arrived at \_\_\_\_\_, to conduct an investigation for Forgery and Theft. The suspects in this matter both had warrants for their arrest. Deputy's met with female suspect first and she was arrested without incident. The male suspect would not exit the camper after given orders to do so. Male suspect finally exited the camper with an object in his right hand and started to run away from deputies. Deputies ordered him to stop running and the he did not comply. I was not certain of the object in his hand, but felt it could have been a weapon that he could use on himself or deputies. The male had prior history of violence and resisting arrest according to the warrant cautions listed. I drew my X26P taser and deployed it. The taser was affective and the male fell to the ground. The probes from the taser struck the male in the back. When the male fell to the ground he had injuries to his right hand, elbow and knee. The male was checked by medical staff and cleared for transport to the detention center. No Deputies were injured during this incident.

Reporting Officer Signature: 	Date: 12/2/20
Supervisor Signature: 	Date: 12/3/20
Division Commander Signature: 	Date: 12/3/20
Under Sheriff Signature: 	Date: 12-3-20
Comment: Click here to enter text.	

Type of Offense: Homicide/ Arrest Warrant		Incident/DR Number: LC201790		
Location of Incident				
Street Address or Location:			Time: 2150	Date: 11/20/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Gilbertson, Eric	535	Sergeant	On Duty	Civilian
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
McDuffie, Ward	559 and 542	Corp, Sr. Dep	On Duty	Civilian
Robinson, Weiss	538 and 524	Sgt.	On Duty	Uniform
Norris, Bragg and others	564, 553	Corp, Sr. Dep	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: 31 Race: Native Height: 510 Weight: 220				
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 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: Explain.		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> 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			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.

Wrap Restraint System     Restraint Chair

Taser:    Discharged:  Yes     No    Effective:  Yes     No

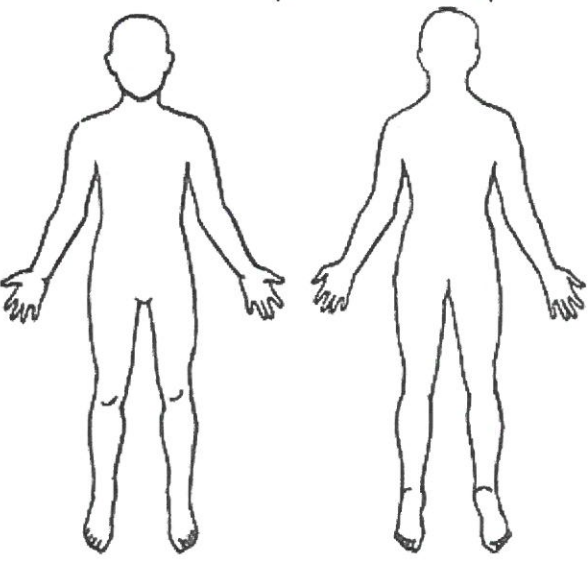
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge discharge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

Indicate Impact Zones on Suspect	Injuries														
	<table border="0"> <tr> <th>Officer</th> <th>Suspect</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
	Officer	Suspect													
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<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
<p style="text-align: center;">Check by Medical</p> <p>Officer:    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No          Suspect:    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">Transported to Hospital</p> <p>Officer:    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No          Suspect:    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>															

After Action Report: CID and Patrol responded to \_\_\_\_\_ to serve a homicide warrant for a male who fled the scene after shooting another male. Through reliable information it was believed the subject was in the residence. Deputies approached the apartment, exits, entrances, and windows with a mix of patrol rifles, handguns, and the shield. Contact was made at the door and the subject complied with verbal commands resulting in no application of force.

Reporting Officer Signature: *[Signature]*    Date: 11/25/20

Supervisor Signature: *[Signature]*    Date: 11/30/20

Division Commander Signature: *[Signature]*    Date: 11/30/20

Under Sheriff Signature: *[Signature]*    Date: 11-30-20



**Comment:** Click here to enter text.

Type of Offense: Assault with Weapon			Incident/DR Number: LC201706	
<b>Location of Incident</b>				
Street Address or Location:			Time: 1715	Date: 11/2/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Neil Marks	543	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
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.
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 type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 15 Race: W Height: 509 Weight: 217 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"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.				
<b>Use of Force / Control Necessary to:</b>				
<input checked="" 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 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

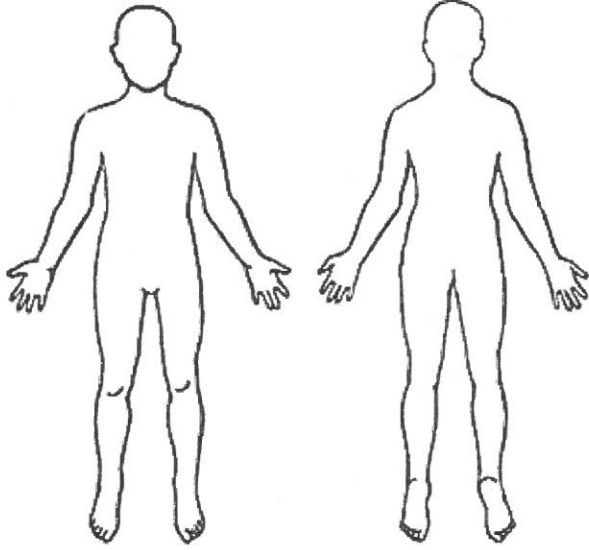
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cycles: N/A	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge		<input type="checkbox"/> Close probe strikes <input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

Taser Serial Number: X12009P8M Cartridge(s) Serial Number: N/A

Impact Weapons Effective:  Yes  No

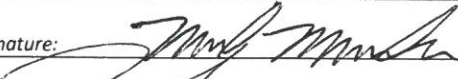



Baton  Weapon of opportunity  Other: Explain.

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

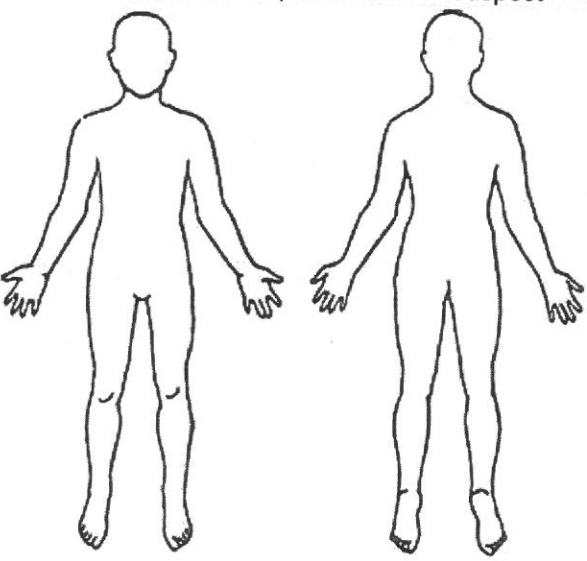
Indicate Impact Zones on Suspect	Injuries	
	Officer	Suspect
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
	<input type="checkbox"/>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

**After Action Report:** Monday, November 2, 2020, at approximately 1651 hours, I, Deputy Neil Marks, was dispatched to a report of a runaway juvenile. I located the juvenile, [redacted] (15 years of age) walking along Lake Helena Drive near Swan Road. I spoke with [redacted] who denied being suicidal and stated she was just going for a walk. [redacted] agreed to walk back to her residence located at [redacted] Road, with her Grandmother, [redacted]. While walking back to the residence, [redacted] stated she believed [redacted] was suicidal and may try to jump in front of traffic. I was in the area and observed [redacted] walking back to her residence. She did not make any movements indicating she was going to attempt to run into traffic. After [redacted] and [redacted] returned to the residence, I called [redacted] stated [redacted] was refusing to go inside and was sitting in the front yard. [redacted] asked for assistance getting [redacted] inside the residence. I spoke to [redacted] again in the front yard. [redacted] denied being suicidal or wanting to hurt herself several times but made vague suicidal statements to me while I was talking to her. Due to her arguing

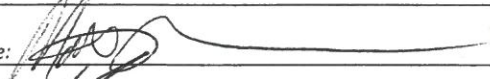



with [redacted], I asked [redacted] to go inside so I could speak to [redacted] alone. After speaking with [redacted] for several minutes, [redacted] exited the residence and stated she "could not do it anymore" and did not know what to do to help [redacted]. A short while after [redacted] came back outside, [redacted] got up and went inside the house. [redacted] followed her. I went into the house after [redacted]. I observed [redacted] in the kitchen screaming for [redacted] to stop. I was not able to see [redacted]. [redacted] left the kitchen crying and screaming. I entered the kitchen. I saw [redacted]: holding a large purple kitchen knife in her right hand. The sheath was removed from the knife. The blade of the knife appeared to be approximately 1 foot in length. I drew my taser, number 25, serial number X12009P8M. I turned my taser on, pointed it at [redacted] and gave her verbal commands to drop the knife. [redacted] complied and dropped the knife. I detained [redacted] in chain-link handcuffs behind her back. I checked the handcuffs for proper tightness and double locked them. Senior Deputy Chris Rebo arrived on scene to assist me. No one was injured during the incident and I did not discharge my taser. Deputy Rebo later spoke with [redacted] who stated when she first saw [redacted] with the knife, she was holding the sheathed knife in a stabbing motion and did not know what [redacted] would do with the knife. I charged [redacted] with Assault with Weapon, a felony, in violation of MCA 45-5-213 (1)(b). I transported [redacted] to rendezvous with Juvenile Detention Center staff. [redacted] was left in the care and custody of Juvenile Detention Center staff.

Reporting Officer Signature: 	Date: 11/3/20
Supervisor Signature: 	Date: 11/3/20
Division Commander Signature: 	Date: 11/4/2020
Under Sheriff Signature: 	Date: 11-4-20
Comment: Click here to enter text.	

Type of Offense: Agency Assist/PFMA			Incident/DR Number: 102120-153 / EH200260	
<b>Location of Incident</b>				
Street Address or Location: _____			Time: 2320	Date: 10/21/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sergeant	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Kultgen	537	Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<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: 42 Race: N Height: 600 Weight: 180 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 checked="" type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input checked="" type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input 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 checked="" 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 checked="" type="checkbox"/> Accomplish official purpose: Detain for other agency for investigation		
<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 checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>																									
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: 0 <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: X12009RFX	Cartridge(s) Serial Number: N/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: 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: 0 Serial number or department number of firearm(s) used: VVD696																									
<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: Explain</td> <td><input type="checkbox"/> Other: Explain</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>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 border="0" style="width:100%; 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 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: Explain	<input type="checkbox"/> Other: Explain	Check by Medical		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transported to Hospital		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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>After Action Report: Deputies were dispatched to assist EHPD in regard to a domestic between a husband and wife. Suspect left on foot and was possibly heading to his address. Deputies arrived at the address and were speaking with the babysitter when the suspect arrived at the northside of the property. Deputies announced suspects name and that they were LEO's. Suspect began walking toward the deputies with his hands in his jacket pockets, yelling "shoot me". Deputies gave verbal commands for the suspect to show his hands and stop advancing toward the deputies. Suspect continued to keep his hands in his jacket pockets telling the deputies to shoot him. Suspect continued to advance toward the deputies in a haisitly manner. Deputy drew his service pistol and pointed it at the suspect while the other deputy drew his issued Taser pointing it at the suspect. Suspect stopped advancing and showed deputies his hands as they were instructing him to do so. Deputy holstered his pistol, while the other deputy kept his Taser pointed at the suspect. Deputy detained the suspect in handcuffs and secured him in a patrol vehicle, pending the other agency arrival for their investigation. Suspect</p>																									

was subsequently arrested for PFMA and while escorting him to their patrol vehicle he began to pull away and resist being searched. Deputy utilized a transport wristlock as a pain compliance to get the suspect to comply. Suspect complied and was transported to the LCDC. Suspect was seen by medical in the field due to complaints of not being able to breath and having some type of medical issue. EMT's assted the suspect and determined he clear of any medical issues.

Reporting Officer Signature: 	Date: 10/22/20
Supervisor Signature: 	Date: 10/22/20
Division Commander Signature: 	Date: 10/22/20
Under Sheriff Signature: 	Date: 10-22-20
Comment: Click here to enter text.	

Type of Offense: DUI		Incident/DR Number: LC201625		
Location of Incident				
Street Address or Location.			Time: 1611	Date: 10/16/2020
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
DON McCARTHY	5-61	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.
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 69 Race: WHITE Height: 5'11" Weight: 172				
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	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.		
<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 checked="" type="checkbox"/> Other: FAILED TO STOP ON TRAFFIC STOP WITH LIGHTS AND SIRENS FOR MULTIPLE MILES			
<input type="checkbox"/> Attempted escape				
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 checked="" type="checkbox"/> Accomplish official purpose: HIGH RISK TRAFFIC STOP		
<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 type="checkbox"/> Physical Control:				
Soft Empty Hand Techniques	Hard Empty Hand Techniques	Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No		



<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.
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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

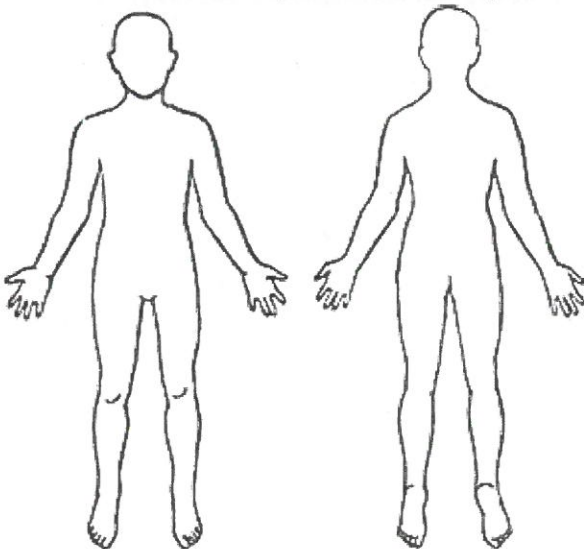
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <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: 5-50 SERIAL# VCP525, 5-61 # XWM205

<p align="center">Indicate Impact Zones on Suspect</p> 	<p align="center"><b>Injuries</b></p> <table border="0"> <tr> <td align="center"><b>Officer</b></td> <td align="center"><b>Suspect</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>	<b>Officer</b>	<b>Suspect</b>	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
	<b>Officer</b>	<b>Suspect</b>													
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None													
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<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
<p align="center"><b>Check by Medical</b></p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<p align="center"><b>Transported to Hospital</b></p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															

After Action Report: At approximately 1600 hours, the dispatch center broadcasted an ATL for a moving violation of a black truck swerving and hitting the center median wall near I-15 mm 228 southbound. I was patrolling near the area and was at mm 214 northbound when I noticed the vehicle depicted pass me going

southbound. I initiated a traffic stop by activating my emergency lights. The driver continued driving and I maintained my trucks max speed of around 105 mph and was not gaining much ground. My radar indicated the driver was driving around 94 mph. I caught up to the vehicle around mm 204 and began initiating my siren to get the driver to stop. The driver slowed his speed and turned his hazards on, but did not stop. This continued approximately two more miles until the driver pulled into the truck weigh station at mm 202. The driver drove near the end of the pullout and abruptly hit his brakes coming to a stop. The male opened the driver's door and got out of the vehicle without being instructed to do so. The male was ordered to keep his hands up and he responded by yelling profanities and flipping off the deputies. Corporal McCarthy and I had our service weapons out and pointed at the male. The male continued to not listen to our commands. Corporal McCarthy switched to his taser and we continued to give the male commands. The male was ordered to the ground and he complied. The male was detained by Corporal McCarthy using chainstyle handcuffs behind his back. The handcuffs were checked for proper tightness and double locked. The conclusion of the stop / investigation ended up with the male being arrested for DUI.

Reporting Officer Signature: <i>Tony Galahan</i>	Date: 10/16/20
Supervisor Signature: <i>[Signature]</i>	Date: 10-17-20
Division Commander Signature: <i>[Signature]</i>	Date: 10/19/2020
Under Sheriff Signature: <i>[Signature]</i>	Date: 10-21-20
Comment: Click here to enter text.	

Type of Offense: **Trespassing, Resisting Arrest, etc.** Incident/DR Number: **LC201542**

**Location of Incident**

<i>Street Address or Location</i>			<i>Time: 1930</i>	<i>Date: 10/1/2020</i>
<b>Reporting Officer's Name:</b>	<b>Badge #</b>	<b>Rank</b>	<b>Duty Status:</b>	<b>Attire</b>
Chris Norris	564	Deputy	On Duty	Uniform
<b>Involved Officer's Name:</b>	<b>Badge #</b>	<b>Rank</b>	<b>Duty Status:</b>	<b>Attire</b>
Cpl. Brad Bragg	553	Corporal	On Duty	Uniform
Sgt. Brian Robinson	538	Sergeant	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:**  Male  Female  Animal  Group of People  
 Age: 42 Race: White Height: 5-07 Weight: 145  
**Suspect 2:**  Male  Female  Animal  Group of People  
 Age: 36 Race: White Height: 5-04 Weight: 230  
**Suspect 3:**  Male  Female  Animal  Group of People  
 Age: Race: Height: Weight:

**Applicable Suspect Conditions (Check all that apply)**

- Armed
- Reported to be armed
- Assaulted Deputy
- Assaulted civilian
- Attempted escape
- History of violence
- Failed to comply
- Resisted arrest
- Other: Explain.

**Under the Influence**

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

**Use of Force / Control Necessary to:**

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

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

**Force Used**

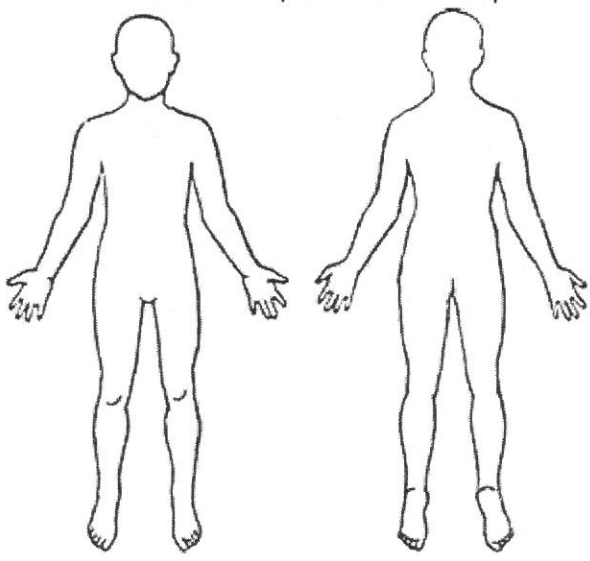
**Physical Control:**

**Effective:**  Yes  No

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

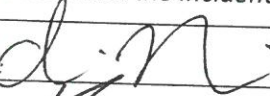
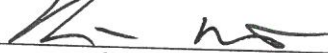

- Hard Empty Hand Techniques**
- Palm Heel
  - Straight Punch
  - Brachial Stun
  - Suprascapular Stun
  - Front Thrust Kick

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

<input 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>																							
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<input checked="" type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Effective: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>																							
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<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 type="checkbox"/> Firearms: <input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a> Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Number of rounds fired: <a href="#">Click here to enter text.</a></span> Serial number or department number of firearm(s) used: <a href="#">Click here to enter text.</a>																							
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Officer</th> <th style="width: 50%; text-align: center;">Suspect</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input checked="" type="checkbox"/> Bruises</td> <td><input checked="" type="checkbox"/> Bruises</td> </tr> <tr> <td><input checked="" type="checkbox"/> Abrasions</td> <td><input checked="" type="checkbox"/> Abrasions</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lacerations</td> <td><input checked="" type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other: Back pain</td> <td><input checked="" type="checkbox"/> Other: Complaint of pain in several areas.</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2" style="text-align: center;">Check by Medical</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width: 50%;">Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2" style="text-align: center;">Transported to Hospital</th> </tr> </thead> <tbody> <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> </tbody> </table>	Officer	Suspect	<input type="checkbox"/> None	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Bruises	<input checked="" type="checkbox"/> Bruises	<input checked="" type="checkbox"/> Abrasions	<input checked="" type="checkbox"/> Abrasions	<input checked="" type="checkbox"/> Lacerations	<input checked="" type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input checked="" type="checkbox"/> Other: Back pain	<input checked="" type="checkbox"/> Other: Complaint of pain in several areas.	Check by Medical		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transported to Hospital		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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After Action Report: Deputies responded to a complaint of two woman trespassing in a residence. The females locked the front door on the Deputies and home owner. The home owner provided Deputies with keys to the residence. Deputies announced their presence several times as they entered the residence. The female suspects barricaded themselves in a bedroom and Deputies had to force entry into the bedroom. One female was originally armed with a long hiking stick type wood pole. Once Deputies were in the bedroom both females resisted arrest. Female 1 physically resisted arrest and I was able to place one handcuff on the suspects wrist. The female continue to pull her handcuffs hand away from the me, causing the Deputies hand to become pinched and caused pain to my hand. I told the suspect multiple times she was hurting my hand and to stop resisting. I initially drew my Taser and pointed it at the suspect. I told the suspect I was going to Tase her if she continued to resist. Due to the small room and the likely exposure all three Deputies may have had if the Taser was discharged, I decided not to deploy the Taser. I then delivered two or three knee strikes to the suspects left

leg to gain compliance and secure the suspects other arm. The knee strikes were not affective. I applied the Mandibular Angle pressure point on the suspect left Mandibular, with no compliance. Eventually Deputies were able to prone out the suspect and get her second hand secured. I then assisted Cpl. Bragg with the Female 2. Female 2 physically pulled her arms away from Deputies, resisting arrest. During the struggle, I was pushed backwards into a window, breaking the window. As the struggle continued, I ended up at the window again, breaking it more. Cpl. Bragg and I were able to secure the female against a corner of the wall and place her in handcuffs. Female 1 requested medical for pain on several parts of her body as well as a pre-existing infection on her foot. Female 2 declined medical. Female 1 was charged with Felony Assault on a Peace Officer, Felony Impersonating a Peace Officer, Resisting Arrest, Obstructing a Peace Officer and Trespassing. Female 2 was charged with Resisting Arrest, Trespassing, P.O.D.D and Obstructing. Photos were taken of both females and Body Worn Camera's recorded the incident.

Reporting Officer Signature: 	Date: 10-1-20
Supervisor Signature: 	Date: 10/2/2020
Division Commander Signature: 	Date: 10/2/2020
Under Sheriff Signature:	Date:
Comment: Click here to enter text.	