



Type of Offense: Suicide		Incident/DR Number: LC180529		
Location of Incident				
Street Address or Location: 59602				Date: 4/7/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	564	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	564	Deputy	On	Uniform
Darrell King	915	Reserve Deputy	On	Uniform
Joshua Schmidt	562	Deputy	On	
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 46 Race: White Height: 6-2 Weight: 220 Age: Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input checked="" type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input checked="" type="checkbox"/> Defend Self	<input checked="" type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<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				
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:		<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

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

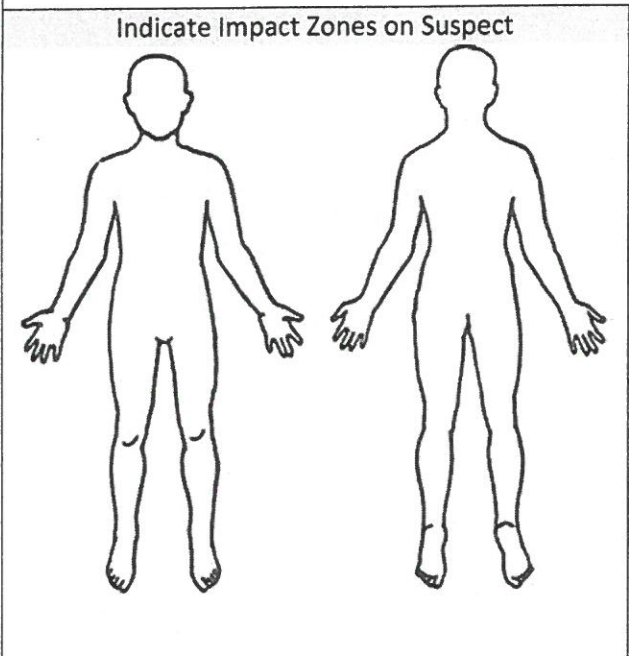
Drive stun Cartridge discharge
Cycles: Click here to enter text. Close probe strikes No physical effect
 Missed

Taser Serial Number: 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: 0 Serial number or department number of firearm(s) used: U 851229



Injuries

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

Check by Medical

Officer: Yes No
Suspect: Yes No

Transported to Hospital

Officer: Yes No
Suspect: Yes No

After Action Report: Subject was reported to be armed with a pistol and suicidal. Upon initiation of a traffic stop, the subject exited his vehicle with a pistol in his right hand. I pointed my pistol at the subject and gave multiple commands for him to drop his gun. I also informed him I just wanted to talk to him. The subject then discharged his pistol one time into the right side of his head. He was later pronounced dead at the scene by responding medical personnel.

Reporting Officer Signature: *[Signature]* Date: 4-8-18

Supervisor Signature: *[Signature]* Date: 4/8/18

Division Commander Signature: *[Signature]* Date: 4-9-18

Under Sheriff Signature:

Joan Grimmo

Date:

4/9/17

Comments:

*Please have people check in w/
CHRIS NORRIS, DARRELL KING, + JOSH SCHMIOT ON
THEIR MENTAL/EMOTIONAL WELL-BEING. 50294*



Type of Offense: Juvenile Pickup and Hold		Incident/DR Number: LC180555		
Location of Incident				
Street Address or Location: 1		Time: 2240	Date: 4/12/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tyler Coburn	555	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Uriah Wood	525	Sergeant	On	Uniform
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: 17 Race: N Height: 5'5" Weight: 160 Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence	<input type="checkbox"/> Alcohol		
<input type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply	<input 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 checked="" 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 type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
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:		<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

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

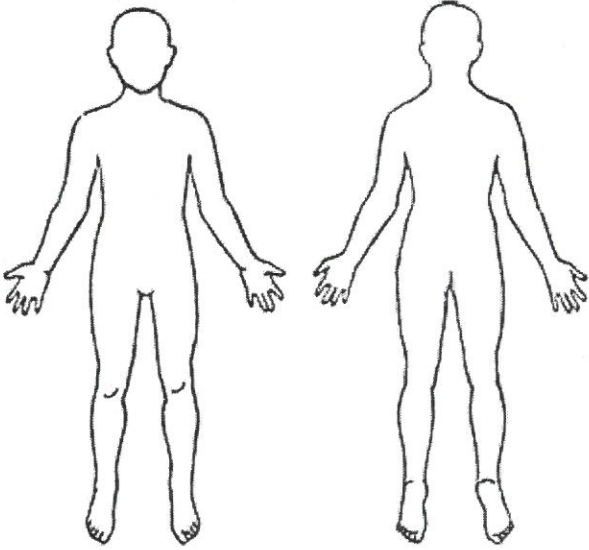
Drive stun Cartridge discharge
Cycles: Click here to enter text.
 Close probe strikes No physical effect
 Missed

Taser Serial Number: 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Transported to Hospital		
	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

After Action Report: Deputies had a juvenile run from them, juvenile confirmed for pickup and hold. Deputies later located the juvenile laying in a field. Deputies drew sidearms pointed them at the juvenile, not knowing if he was armed. Deputy Coburn transitioned to Taser after he complied. Deputy Coburn then holstered his Taser, and handcuffed the male without incident.

Reporting Officer Signature: *[Signature]* Date: 4/13/18

Supervisor Signature: *[Signature]* 524 Date: 4/13/18

Division Commander Signature: *[Signature]* Date: 4-13-18

Under Sheriff Signature: *[Signature]* Date: 4/13/18

Comments:



Type of Offense: BURGLARY/BARRICADED SUSPECTS		Incident/DR Number: HP183480		
Location of Incident				
Street Address or Location:		Time: 0400	Date: 6/14/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Blythe, Andrew	566	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Brady Gray	722	Click here to enter text.	On	Uniform
Kyle Walter	738	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input checked="" type="checkbox"/> Group of People: Age: 24 Race: w Height: 6 Weight: 300 Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.				
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 checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
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:		<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

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

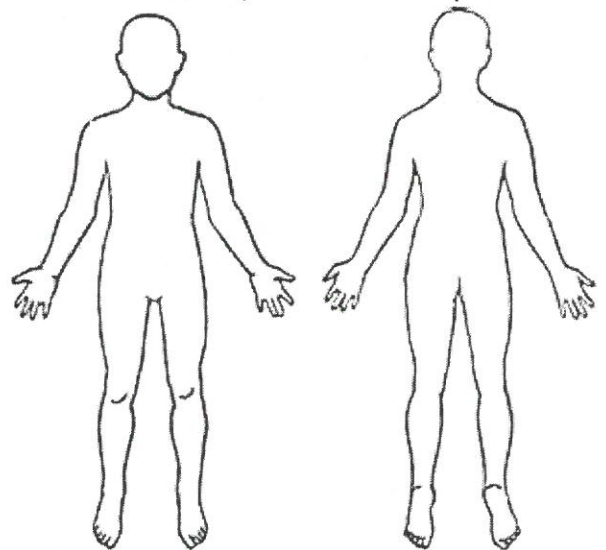
Drive stun Close probe strikes No physical effect
 Cartridge discharge Missed
 Cycles: Click here to enter text.

Taser Serial Number: 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.

<p style="text-align: center;">Indicate Impact Zones on Suspect</p> <div style="display: flex; justify-content: space-around; align-items: center;">  </div>	<p style="text-align: center;">Injuries</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p style="text-align: center;">Officer</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain </td> <td style="width: 50%; border: none;"> <p style="text-align: center;">Suspect</p> <input type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain </td> </tr> </table> <hr/> <p style="text-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> <hr/> <p style="text-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>	<p style="text-align: center;">Officer</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<p style="text-align: center;">Suspect</p> <input type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain
<p style="text-align: center;">Officer</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<p style="text-align: center;">Suspect</p> <input type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain		

After Action Report: report of barricaded suspect at storage shed on Lyndale. Officers made contact with suspect who eventually surrendered. Utilized lethal cover during interaction with suspects until they were taken into custody.

Reporting Officer Signature:  Date: 6/14/18

Supervisor Signature:  Date: 6-12-18

Division Commander Signature:  Date: 6-15-18

Under Sheriff Signature:  Date: 6/18/18



Type of Offense: family disturbance		Incident/DR Number: LC180906		
Location of Incident				
Street Address or Location:			Time: 06/04/2018	Date: 2120
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Kevin Wright	565	Sgt.	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: 26 Race: w Height: 506 Weight: 150 Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence	<input type="checkbox"/> Alcohol		
<input checked="" type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply	<input type="checkbox"/> Drugs		
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest	<input type="checkbox"/> Mental Illness		
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:	<input type="checkbox"/> None Apparent		
<input type="checkbox"/> Attempted escape		<input checked="" type="checkbox"/> Other: Reported to be under the influence of drugs		
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 checked="" type="checkbox"/> Accomplish official purpose: 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				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.		
<input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area		<input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray		

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

Wrap Restraint System

Taser: Discharged: Yes No

Effective: Yes No

Exposure: Yes No

Heavy clothing

Malfunction

Drive stun

Cartridge discharge

Cycles: Click here to enter text.

Close probe strikes

No physical effect

Missed

Taser Serial Number:

Cartridge(s) Serial Number:

Impact Weapons

Effective: Yes No

Baton

Weapon of opportunity

Other: Explain.

Firearms: Discharged: Yes No

Pistol

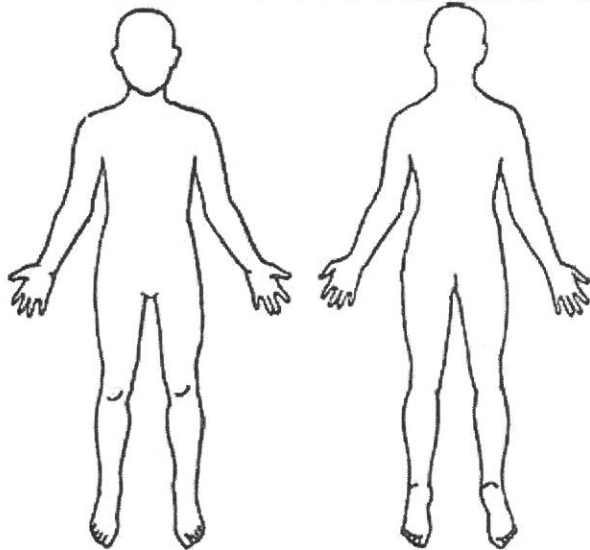
AR-15

Shotgun

Other:

Number of rounds fired:)Serial number or department number of firearm(s) used: Glock 17, Serial # NDW920

Indicate Impact Zones on Suspect



Injuries

Officer

Suspect

None

None

Bruises

Bruises

Abrasions

Abrasions

Lacerations

Lacerations

Broken Bones

Broken Bones

Other: Explain

Other: Explain

Check by Medical

Officer: Yes No

Suspect: Yes No

Transported to Hospital

Officer: Yes No

Suspect: Yes No

After Action Report: Deputies were dispatched to the report of a male who was armed with a handgun and high on drugs. The complainant reported she was hiding in the bathroom from the male. The complainant then reported she had run from the residence and was hiding in a field and the male was trying to find her. The complainant's mother called in and stated the male did not have a gun and had left the residence in a vehicle. I located the vehicle driving southbound on Montana Ave. I turned around and acticated the emergency lights on my patrol vehicle. The suspect vehicle abbruptly pulled to the side of the road near . I ordered the male driver to put his hands out of the vehicle. The male was very animated and was yelling at me. Note: at that time, three Montana Highway Patrol Troopers arrived to assist. Due to the report of the male having a handgun and possible on drugs, I had my duty pistol pointed at the male. I gave the male commands to exit the vehicle and walke backwards towards me. I had the male kneel down on the ground. Two MHP Troopers approached the male and

attempted to handcuff him. They were able to put a handcuff on the male's left wrist. The male began to pull away and flex his arms preventing him from being fully handcuffed. I grabbed the male's neck and pulled him onto the pavement on his chest. I held the males' upper body and was able to put a handcuff on the male's right wrist. The male was kicking his legs and yelling. One of the Troopers was able to attach my handcuff to the one attached to the male's left wrist. During this time the male was yelling and very animated and upset. I was able to speak with the male and get him to calm down enough to have him sit up and walk to a patrol vehicle. I observed the male was wearing a tank top. There were abrasions to his left shoulder and on his knees, due to he was wearing shorts. The male stated he was okay and it was apparent the injuries were superficial.

Reporting Officer Signature:

K. [Signature]

Date:

6/11/18

Supervisor Signature:

Brant & Collet

Date:

6-12-18

Division Commander Signature:

Brant & Collet

Date:

6-12-18

Under Sheriff Signature:

Jason Linnis

Date:

6/12/18

Comments:



Type of Offense: Assault on a minor		Incident/DR Number: LC180796		
Location of Incident				
Street Address or Locatio...			Time: 0110	Date: 5/21/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Kevin Wright	565	Sgt.	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sgt.	On	Uniform
Chris Norris	564	Deputy	On	Uniform
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: 41 Race: w Height: 5'10" Weight: 180 Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.				
Applicable Suspect Conditions (Check all that apply) <input type="checkbox"/> Armed <input checked="" type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Resisted arrest <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: <input type="checkbox"/> Attempted escape			Under the Influence <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to: <input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <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 <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:		Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick <input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No 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.			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	



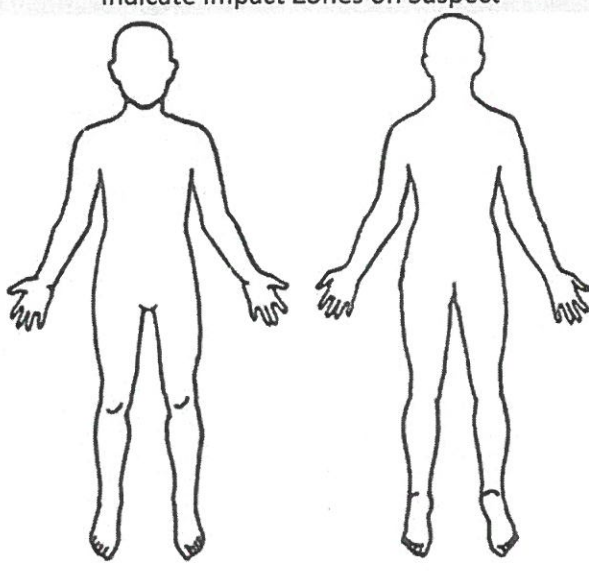
Type of Offense: Protective Custody-Suicidal Male		Incident/DR Number: LC180883		
Location of Incident				
Street Address or Location:			Time: 0210	Date: 6/2/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Weiss	524	Sergeant	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	561	Senior Deputy	On	Uniform
Neil Marks	543	Deputy	On	Uniform
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: Race: WHeight: 6'2"Weight: 165 lbs Age: 31Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.				
Applicable Suspect Conditions (Check all that apply) <input type="checkbox"/> Armed <input type="checkbox"/> History of violence <input checked="" 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: <input type="checkbox"/> Attempted escape			Under the Influence <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to: <input checked="" type="checkbox"/> Defend Self <input checked="" type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input type="checkbox"/> Make arrest				
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 <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:		Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Straight Punch <input type="checkbox"/> Knee Strike <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Angle Kick <input type="checkbox"/> Suprascapular Stun <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.				

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

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

<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.	

<input checked="" type="checkbox"/> Firearms: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> 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 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	
Check by Medical		
Officer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspect:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transported to Hospital		
Officer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspect:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

After Action Report: Deputies were dispatched to _____ regarding a report of a suicidal male. The male's wife called the sheriff's office to report her husband was suicidal and he was armed with a knife. When the wife called the sheriff's office, the wife reported her husband ran away from the house and he was still in possession of the knife. When deputies arrived at the residence, the wife reported her husband threatened to kill himself with the knife and she was unsure of where her husband ran off to. Deputies began to search the surrounding area for the male. I located the male in a yard next to the male's property. The male was lying on his stomach in the grass. Due to the information regarding the male having a knife, I pointed my duty handgun at the male. I instructed the male to show me his hands, to which he complied. The male was not holding a knife and I instructed him to remain in his current position until more deputies arrived to assist. When more deputies arrived, the male was handcuffed without further incident. Deputies searched the male and the area he was located in and no knife was found.

Reporting Officer Signature: *[Signature]* 5-24 Date: 6/7/18

Supervisor Signature: <i>Frank & Collette</i>	Date: <i>6-8-18</i>
Division Commander Signature: <i>"</i>	Date: <i>"</i>
Under Sheriff Signature: <i>Jason Trimmis</i>	Date: <i>6/11/18</i>
Comments:	



Type of Offense: Assault w/ a Weapon		Incident/DR Number: HP181358		
Location of Incident				
Street Address or Location		Time: 2017	Date: 3/5/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	564	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Suspect Information				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input checked="" type="checkbox"/> Age: 58 Race: White Height: 5-09 Weight: 140				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input checked="" type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input checked="" 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 checked="" type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input checked="" type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Warning Given: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Feasible				
Force Used				
<input type="checkbox"/> Physical Control:				
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun			
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun			
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			
	<input type="checkbox"/> Knee Strike			
	<input type="checkbox"/> Angle Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Click here to enter text. Lot number: Click here to enter text.				
<input type="checkbox"/> Wrap Restraint System				

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

Exposure: Cycles: 1 2 3 Heavy clothing Malfunction

Drive stun Cartridge discharge Close probe strikes Missed No physical effect

Taser Serial Number: Cartridge(s) Serial Number:

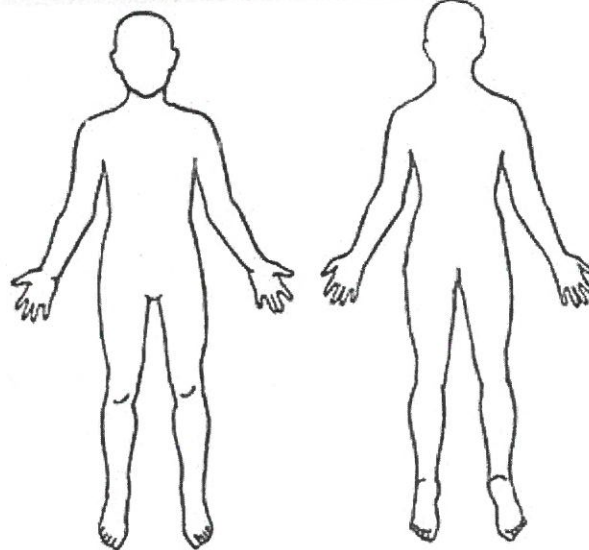
Impact Weapons Effective: Yes No

Baton Vehicle Other: Explain.

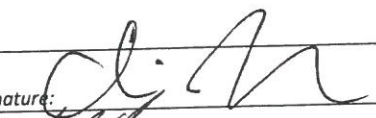

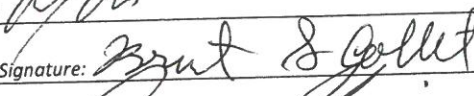
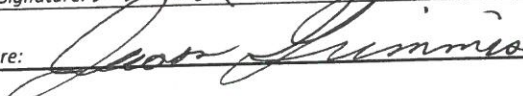
Firearms: Discharged: Yes No

Pistol AR-15 Shotgun Other:

Number of rounds fired: Click here to enter text. Serial number of firearm(s) used: 22

Indicate Impact Zones on Suspect	Injuries	
	Officer	Suspect
	<input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain
	<p>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: I assisted the Helena Police Department with a reported armed individual. Dispatch initially advised a subject later identified as _____; had someone at gunpoint with a "high powered rifle". I responded to the area, deploying my patrol rifle and helped establish a perimeter. While on scene, William told another individual he was going to kill him. I pointed my rifle at Williams chest and back as he walked around outside of his camper. William was taken into custody without incident.

Reporting Officer Signature: 	Date: 3.5.18
Supervisor Signature: 	Date: 3/5/18
Division Commander Signature: 	Date: 3-12-18
Under Sheriff Signature: 	Date: 3/12/18

Comments:



Type of Offense: Disorderly Conduct, Warrant Arrest Incident/DR Number: LC181620

Location of Incident

Street Address or Location			Time: 2346	Date: 8/24/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Christopher Norris	564	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	561	Senior Deputy	On	Uniform
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: Male Female Animal Group of People:
 Age: 18 Race: Native American Height: 5-07 Weight: 135 Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.

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:

Under the Influence

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

Use of Force / Control Necessary to:

- Defend Self
- Defend another
- Make arrest
- Protective Custody
- Prevent Escape
- Other:
- Accomplish official purpose: Investigate Disorderly Conduct

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:

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

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

OC Spray: Discharged: Yes No Effective: Yes No
 Exposure: Airborne only Targeted area Single spray Multiple spray

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

Wrap Restraint System

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

Drive stun Cartridge discharge Close probe strikes No physical effect
 Missed

Cycles: Click here to enter text.

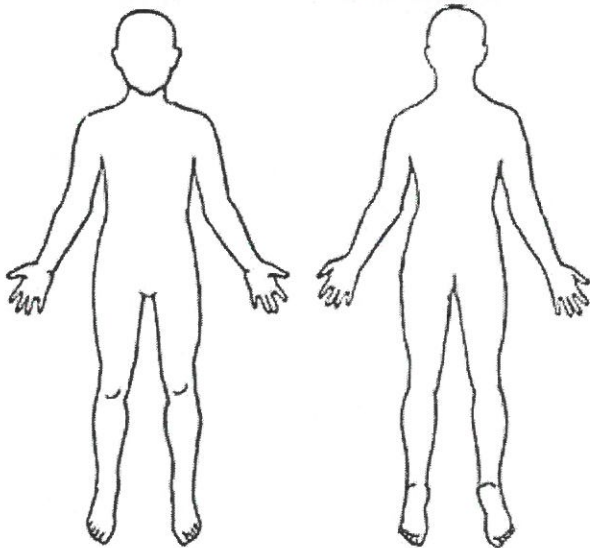
Taser Serial Number: Cartridge(s) Serial Number:

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: SHM499

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

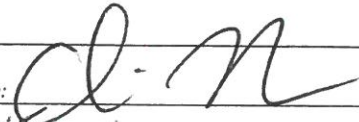
Transported to Hospital

Officer: Yes No
 Suspect: Yes No

After Action Report: I was driving in the area of _____ when I observed a male pushing over the tire displays at the above business. I initially thought the male had tackled another person before realizing he pushed over tire displays. The male was yelling and swinging his arms around in an aggressive manner and yelling. The male started to walk away from me and into the parking lot of the business. I activated my vehicles emergency lights to get the male to stop walking away. The male then turned and walked toward my truck. As I exited my vehicle, I instructed the male to back up. He responded, "I will, fuck!" as he took another step toward me. I drew my Taser fearing a physical altercation was imminent due to his aggressive actions and not complying with commands to back up. I then backed up to create space between us. The male continued to yell and scream and slammed his hands onto the hood of my vehicle. The male then yelled, "Fuck you man, fuck you!" I ordered the male to get onto his knees and then to lay on his stomach on the ground. The male complied with those

commands but initially did not comply with keeping his arms out to his side. After several instructions to keep his hands out to his side, the male complied until additional Deputies arrived and could secure the male in handcuffs.

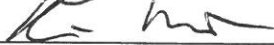
Reporting Officer Signature:



Date:

8-26-18

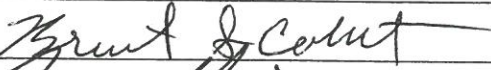
Supervisor Signature:



Date:

8/26/18

Division Commander Signature:



Date:

8-27-18

Under Sheriff Signature:



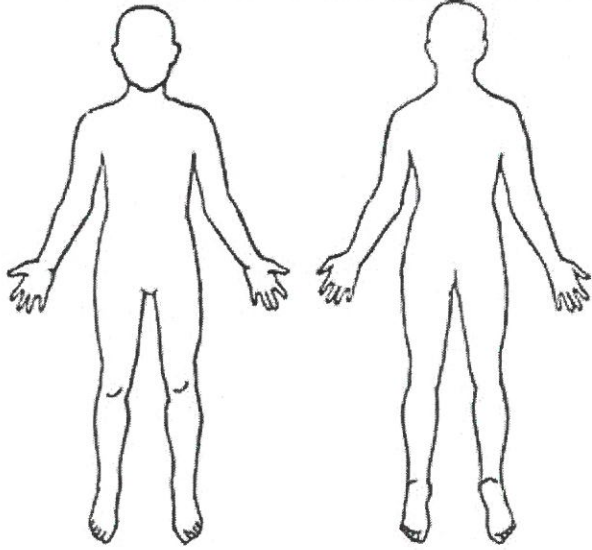
Date:

8/29/18

Comments:



Type of Offense: Suspicious Activity		Incident/DR Number: LC181815		
Location of Incident				
Street Address or Location: L		140	Date: 9/22/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Tyler Coburn	555	Probationary Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 29 Race: Caucasian Height: 5'11 Weight: 165 Age: Race: Height: Weight: Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input checked="" type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input checked="" type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: Be detained		
<input type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		
<input checked="" type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Shoulder Pin Restraint		
		<input type="checkbox"/> Knee Strike		
		<input type="checkbox"/> Angle Kick		
		<input type="checkbox"/> Other: Explain.		

<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.																							
<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair																							
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction																						
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge Cycles: Click here to enter text.	<input type="checkbox"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Missed																						
Taser Serial Number:	Cartridge(s) Serial Number:																						
<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																							
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.																							
<input type="checkbox"/> Firearms: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Number of rounds fired:)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> <div style="text-align: center;">  </div>	<p style="text-align: center;">Injuries</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Officer</td> <td style="width: 50%; text-align: center;">Suspect</td> </tr> <tr> <td><input 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> <p style="text-align: center;">Check by Medical</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%;"></td> </tr> <tr> <td>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table> <p style="text-align: center;">Transported to Hospital</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width: 50%;"></td> </tr> <tr> <td>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain	Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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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																						
Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
<p><i>After Action Report: I responded to a call of a suspicious male. During my attempt to speak with the male, he walked from the sidewalk into the roadway. I escorted the male out of the roadway and back onto the grass next to the sidewalk. I asked the male for his name to which he refused to give to me. Based on the male's behavior and agitated state, I choose to detain him until his identity could be determined. I told the male to place his hands behind his back and he became passively resistant. I used a straight armbar takedown to place the male on the ground in a prone position and handcuffed him behind his back. Another deputy arrived and was able to identify the male from a previous encounter. It was decided no laws had been broken and the male was free to leave. The male asked to be seen by medical personnel. Medical personnel responded and the male was released to medical personnel. He refused to answer any questions by medical personnel on scene and was transported by ambulance to St. Peter's Hospital per his request.</i></p>																							

Reporting Officer Signature: <i>[Signature]</i>	Date: 10/1/18
Supervisor Signature: <i>[Signature]</i>	Date: 10/1/18
Division Commander Signature: <i>[Signature]</i>	Date: 10-1-18
Under Sheriff Signature: <i>[Signature]</i>	Date: 10/2/18
Comment: Suspect did not have any apparent injury, refused to answer medical staff questions and requested to be taken to hospital.	



Type of Offense: Misdemeanor		Incident/DR Number: LC182068		
Location of Incident				
Street Address or Location:		Time: 1910	Date: 10/31/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Metcalf	547	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andy Haegele	552	Senior Deputy	On	Civilian
Jerome Steiner	554	Senior Deputy	On	Uniform
Matt Reighard, Ryan Zarske	545,932	Sergeant and Reserve Deputy	On	Uniform
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input checked="" type="checkbox"/> Group of People: Age: 22 Race: white Height: 504 Weight: 115 Age: 21 Race: White Height: 504 Weight: 145 Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply) <input type="checkbox"/> Armed <input type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: <input type="checkbox"/> Attempted escape			Under the Influence <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to: <input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <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		
<input type="checkbox"/> Soft Empty Hand Techniques <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick	<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input 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.				

