



Type of Offense: Dispatched Injured Deer		Incident/DR Number: CFS 042018-23		
Location of Incident				
Street Address or Location: I-15		Time: 0518	Date: 4/20/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Neil Marks	543	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 type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Animal <input type="checkbox"/> Group of People:				
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.				
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 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 type="checkbox"/> Make arrest				
Commands Given: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, explain in comments				
Force Used				
<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 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

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

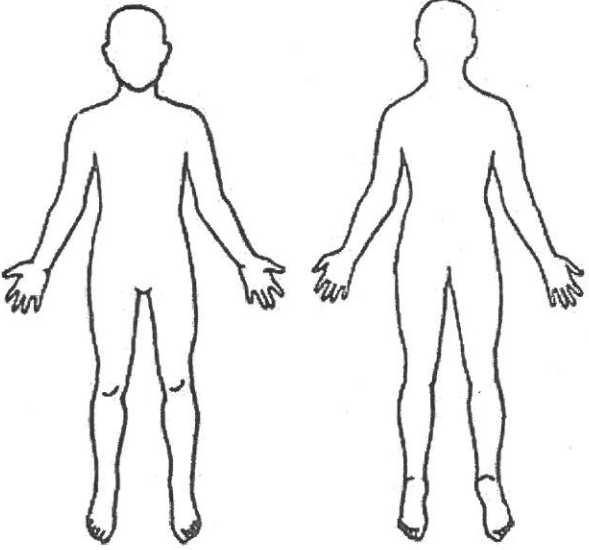
Drive stun
 Cartridge discharge
 Cycles: Click here to enter text. Close probe strikes No physical effect
 Missed

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: 1 Serial number or department number of firearm(s) used: Rifle Number 4

Indicate Impact Zones on Suspect	Injuries	
	Officer <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	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
	Check by Medical Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to Hospital Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

After Action Report: Friday, April 20th, 2018, at approximately 0508 hours, I, Deputy Neil Marks, was dispatched to the area of I-15 mile marker 196 for a report of an injured deer in the median. I was able to locate the injured deer and determined the deer was too badly injured to walk. I dispatched the deer firing a single shot from patrol rifle number 4. After dispatching the deer I left it in the median because it was not a hazard to passing traffic. I did not have my body camera activated when I dispatched the deer because the battery in my body camera had died.

Reporting Officer Signature: *Neil Marks* Date: 4/20/18

Supervisor Signature: *Chris [unclear] 5-24* Date: 4/20/18

Division Commander Signature: *Brent & Collett* Date: 4-20-18

Under Sheriff Signature:

John L. Sumner

Date:

5/19/18

Comments:

[Empty rectangular box for comments]



Type of Offense: Suspicious Incident/DR Number: 031918-157

Location of Incident

Street Address or Loc: Time: 0305 Date: 3/20/2018

Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
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Bradley Bragg	5-53	Corporal	On	Uniform
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Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
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Andy Haegele	5-52	Senior Deputy	On	Uniform
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Chris Rebo	5-31	Senior Deputy	On	Uniform
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Click here to enter text.	Click here to enter text.	Click here to enter text.		
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Suspect Information

Suspect: Male Female Animal Group of People:
 Age: 40 Race: White Height: 6'0" Weight: 150 Age: 34 Race: White Height: 5'2" Weight: 110 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 History of violence
- Reported to be armed Failed to comply
- Assaulted Deputy Resisted arrest
- Assaulted civilian Other:
- Attempted escape

Under the Influence

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

Use of Force / Control Necessary to:

- Defend Self Protective Custody Other:
- Defend another Prevent Escape Accomplish official purpose: Searching for Homicide suspect
- Make arrest

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

Force Used

Physical Control: Effective: Yes No

Soft Empty Hand Techniques <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.
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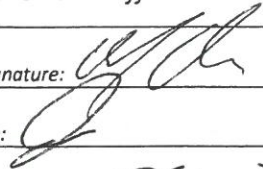
OC Spray: Discharged: Yes No Effective: Yes No

Exposure: Airborne only Targeted area Single spray Multiple spray

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

released from the handcuffs.

Reporting Officer Signature:



Date: 3/20/18

Supervisor Signature:



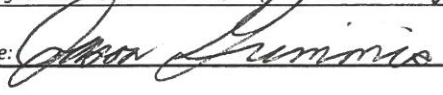
Date:

Division Commander Signature:

Grant & Collet

Date: 3-20-18

Under Sheriff Signature:



Date: 3/21/18

Comments:



Type of Offense: Protective Custody		Incident/DR Number: LC180064		
Location of Incident				
Street Address or Location:			Time: 1830	Date: 1/11/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Christopher Norris	564	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jason Crum	549	Corporal	On	Civilian
Joani Boudreau	563	Deputy	On	Uniform
Luke Eidt	537	Deputy	On	Uniform
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: 29 Race: White Height: 6-00 Weight: 220				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input checked="" type="checkbox"/> Alcohol	
<input checked="" 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 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: Explain.		
<input checked="" type="checkbox"/> Defend another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input 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				
<input checked="" type="checkbox"/> Taser: Discharged: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)				
Exposure:		Cycles: <input checked="" type="checkbox"/> 1	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction

<input type="checkbox"/> Drive stun <input checked="" type="checkbox"/> Cartridge discharge	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed	<input type="checkbox"/> No physical effect
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Taser Serial Number: X120034N3 Cartridge(s) Serial Number: C4104T24Y

Impact Weapons Effective: Yes No

Baton Vehicle Other: Explain.

Firearms: Discharged: Yes No

Pistol AR-15 Shotgun Other:

Number of rounds fired: 0 Serial number of firearm(s) used: N/A

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 type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input checked="" type="checkbox"/> Other: Taser probes
	Check by Medical	
	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to Hospital	
	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

After Action Report: The suspect was reported to be armed with a handgun and suicidal. He made comments to his wife about suicide by cop. The suspect was confronted by the above Deputies in his driveway after turning his vehicle and facing the Deputies. Deputies confronted the suspect with patrol rifles and pistols. Initially the suspect did not respond to commands to get out of the vehicle. The suspect eventually complied with commands to get out of the vehicle and kept his hands down by his side. The suspect was instructed to put his hands above his head and to face away from the Deputies, which he complied. As Deputies approached the suspect over the course of approximately 50 yards, the suspect was instructed multiple times to get on his kness. The suspect was not responding to commands to get down on his knees. As Deputies entered the suspects immediate proximity he was still not compliant with commands. I deployed my Taser striking the suspect in the back with an approximate 8 inch spread. I made the decision to deploy the Taser due to the suspect no longer following commands, the possibility of him being armed with a handgun and having immediate access to a firearm and the potential for him to escape and flee towards the house where his wife and children were located. The Taser was affective and the suspect was taken into protective custody without further incident.

Reporting Officer Signature:	Date: 1-11-18
Supervisor Signature:	Date: 1-11-18

Division Commander Signature: <i>Brent S. Collet</i>	Date: <i>1-12-18</i>
Under Sheriff Signature: <i>Jason Grinnis</i>	Date: <i>1/12/18</i>
Comments: <i>EXCEPT USE OF TASER & DEPLOYMENT.</i>	



Type of Offense: Detention Disorderly Incident/DR Number: LC180705

Location of Incident

Street Address or Location			Time: 2146	Date: 5/5/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andy Haegele	552	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Uriah Wood	525	Sergeant	On	Uniform
Chris Joyce	534	Deputy	On	Uniform
Chris Norris	564	Deputy	On	Uniform

Suspect Information

Suspect: Male Female Animal Group of People:
 Age: 19 Race: Hispanic Height: 6'00" Weight: 180lbs 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: Render medical aid

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

Force Used

Physical Control:

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

Effective: Yes No

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


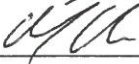


OC Spray: Discharged: Yes No

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

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

Wrap Restraint System

were placing [redacted] n the chair, [redacted] came incredibly resistive, attmpeting to kick and headbutt law enforcement. After Officer Warren was able to put both of [redacted] legs into the leg restraints on the chair, I attempted to assist getting his hands and arms into the restraint. Since the handcuffs were still on, I attempted to unlock them. As I was doing so, [redacted] grabbed onto my hand with his hand and tried to dig his fingernails into my hand. [redacted] then attempted to headbutt me, but was unable to due to Sergeant Wood and Helena Police Officer Steven Cornish restraining his head. I applied three different pressure points in an attempt to get [redacted] to stop fighting with law enforcement. I applied one pressure point under the nose. When that was ineffective, I attempted a clavical notch, which also was ineffective. Sergeant Wood and I both put pressure onto [redacted] superclavical areas and that seemed to work long enough to finish putting his other hand into the restraints.

Reporting Officer Signature: 	Date: 5/16/18
Supervisor Signature: 	Date: 5/16/18
Division Commander Signature: 	Date: 5-15-18
Under Sheriff Signature: 	Date: 5/16/18

Comments:



Type of Offense: Lakota Salminen Warrant Arrest		Incident/DR Number: LC180736		
Location of Incident				
Street Address or Location:		:0005	Date: 5/11/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Neil Marks	543	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	564	Deputy	On	Uniform
Josh Schmidt	562	Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Suspect Information				
Suspect: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 19 Race: Native American Height: 503 Weight: 140 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 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 type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" 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 checked="" type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input 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 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.				

his commands and ordered her to get on her stomach. I slowly got onto her stomach and I was unable to see her hands because they were tucked underneath her body. I was unsure if she had any weapons on her person and I could see Deputy Schmidt was in close proximity to her and did not have his handgun out. I drew my handgun to cover Deputy Schmidt as he attempted to handcuff her. I reholstered my handgun in order to assist Deputy Schmidt in handcuffing her. Deputy Schmidt was handcuffed. Deputy Norris arrived on scene. Because she had just attempted to run away from deputies, hesitated to comply with commands from deputies, and was not yet fully handcuffed, Deputy Norris drew his Taser and aimed it at her back as Deputy Schmidt finished handcuffing her. After being handcuffed, she was compliant and no further force was necessary to complete the arrest.

Reporting Officer Signature: <i>[Signature]</i>	Date: 5/11/18
Supervisor Signature: <i>[Signature]</i>	Date: 5-11-18
Division Commander Signature: <i>[Signature]</i>	Date: 5-11-18
Under Sheriff Signature: <i>[Signature]</i>	Date: 5/15/18

Comments:

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

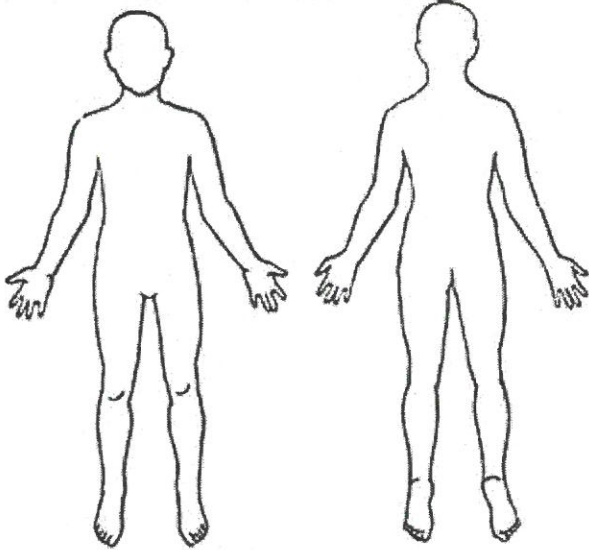
Drive stun Cartridge discharge Close probe strikes No physical effect
 Missed
 Cycles: Click here to enter text.

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: Click here to enter text.




Indicate Impact Zones on Suspect	Injuries	
	Officer <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	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
	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: 05/10/2018 While on booking floor of Detention Center, inmate was allowed out of holding cell by Detention Officer. refused to re-enter the cell and walked away from Detention Officer who was commanding his return into the cell. I placed him into a wrist hold and escorted him into the cell.

Reporting Officer Signature: <i>[Signature]</i>	Date: 5/11/2018
Supervisor Signature: <i>[Signature]</i>	Date: 5-11-18
Division Commander Signature: <i>[Signature]</i>	Date: 5-11-18
Under Sheriff Signature: <i>[Signature]</i>	Date: 5/14/18

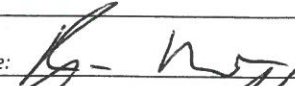



Type of Offense: PFMA Domestic Disturbance		Incident/DR Number: 123018-128		
Location of Incident				
Street Address or Location			Time: 2011	Date: 12/30/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Luke Eidt	537	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Neil Marks	543	Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 47 Race: White Height: 508 Weight: 160 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 checked="" 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 checked="" type="checkbox"/> Other: <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
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 checked="" type="checkbox"/> Accomplish official purpose: Detain male, suspect with warrants for arrest and PFMA suspect. Unknown need for medical. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other:		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.
<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.				

Supervisor Signature: 	Date: 12/31/18
Division Commander Signature: 	Date: 12/31/18
Under Sheriff Signature: 	Date: 1/3/19
Comment: Click here to enter text.	



Type of Offense: Armed Robbery			Incident/DR Number: HP187377	
Location of Incident				
Street Address or Location			Time: 2250	Date: 12/1/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jerome Steiner Jr	554	Senior 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.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People				
Age: 43 Race: Hispanic Height: 504 Weight: 215 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 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 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 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	

Division Commander Signature: 	Date: 12/4/18
Under Sheriff Signature: 	Date: 12/5/18
Comment: Click here to enter text.	



Type of Offense: Protective Custody Incident/DR Number: LC182206

Location of Incident

Street Address or Locatic....			Time:1940	Date: 11/23/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
T.GALAHAN	5-50	PATROL DEPUTY	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
T.GALAHAN	5-50	PATROL 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 Sex: Male Female Animal Group of People: Age: 21 Race: WHITE Height: 5'05" Weight: 100 POUNDS

Applicable Suspect Conditions (Check all that apply)

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

Under the Influence

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

Use of Force / Control Necessary to:

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

Warning Given: Yes No Not Feasible

Force Used

Physical Control:

<p>Soft Empty Hand Techniques</p> <ul style="list-style-type: none"> <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: 	<p>Hard Empty Hand Techniques</p> <ul style="list-style-type: none"> <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"/> Knee Strike <input type="checkbox"/> Angle Kick 	<ul style="list-style-type: none"> <input type="checkbox"/> Shoulder Pin Restraint <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

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

Exposure: Cycles: 1 2 3 Heavy clothing Malfunction

Drive stun Close probe strikes No physical effect

Cartridge discharge Missed

Taser Serial Number: X12009RFO Cartridge(s) Serial Number: n/a

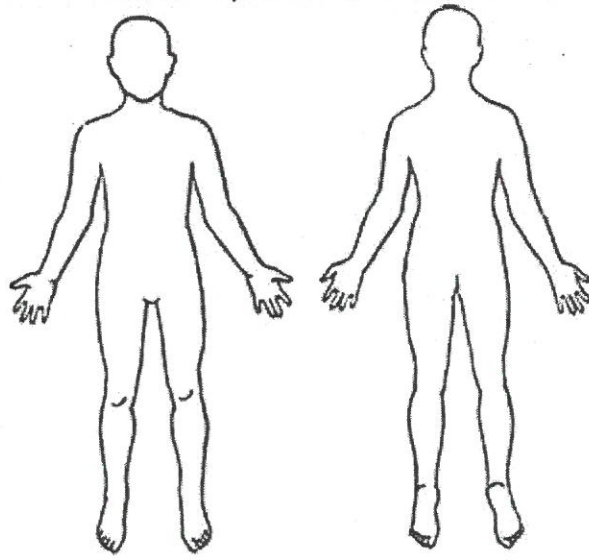
Impact Weapons Effective: Yes No

Baton Vehicle Other: Explain.

Firearms: Discharged: Yes No

Pistol AR-15 Shotgun Other:

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

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 type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input checked="" type="checkbox"/> Other: small cuts on foot from running															
Check by Medical																	
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Officer:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td colspan="3" style="text-align: center;">Transported to Hospital</td> </tr> <tr> <td>Officer:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>			Officer:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Suspect:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Transported to Hospital			Officer:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Suspect:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Officer:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No															
Suspect:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No															
Transported to Hospital																	
Officer:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No															
Suspect:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No															

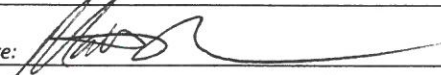


After Action Report: Deputies were dispatched to _____ a possible domestic issue. The deputy arrived on scene and spoke with a male and female. The female told the Deputy she had high anxiety and was suffering from PTSD. The male and female both denied any physical altercation occurred and only had a verbal argument. The male told deputies his girlfriend made suicidal comments stating she was going to kill herself. The female admitted she made this comment and has a past of being suicidal. The deputy told the female she was being placed in protective custody and the female agreed to go up to the hospital. The female was walking to the deputy's patrol vehicle and then she ran on foot away from deputies. The deputy pursued the female on foot for a short distance and told the female she needed to stop or he would "tase" her. The deputy unholstered his taser because the female was a potential danger to herself and the deputy also did not have a chance to perform a pat search for weapons prior to the femal running away. The deputy pointed his taser at the ground near the female, but never directly pointed it at her. The female complied and was transported to St. Peter's Health without incident. The female sustained small cuts to her feet due to her running on a gravel road. The female was seen by medical staff for her minor injuries.

Reporting Officer Signature: <i>[Signature]</i>	Date: 11/23/18
Supervisor Signature: <i>[Signature]</i>	Date: 11-23-18
Division Commander Signature: <i>[Signature]</i>	Date: 11-24-18
Under Sheriff Signature: <i>[Signature]</i>	Date: 11/26/18
Comments:	



Type of Offense: Warrant Arrest		Incident/DR Number: LC182097		
Location of Incident				
Street Address or Location		Time: 1329	Date: 11/4/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sergeant	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	531	Sr. Deputy	On	Uniform
Matt Reighard	545	Sergeant	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: White Height: 600 Weight: 205 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 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 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 checked="" 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 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.				

floor but he continued to proceed forward to the point he was in close proximity to us. Deputy Rebo was transitioning to his Taser, a less than lethal option of force. Due to the male coming close to our location and not adhering to my commands to stop, I utilized the palm of my hand to strike the male in the chest, pushing him back a few feet in order to provide Deputy Rebo enough time to draw his Taser. Deputy Rebo pointed his Taser at the male and told him he would be Tased if he did not comply with our commands. The male complied, providing me an opportunity to secure my weapon and control the males left arm and escort him to the floor. Once on the floor, I placed his hands behind his back and secured them in handcuffs. The handcuffs were checked for tightness and double locked. Due to concern for the males medical status and ingesting the substance, I requested medical personnel respond to our location to assess the male prior to him being transported to the Lewis and Clark County Detention Center due to him admitting to ingesting a substance that could cause medical issues.

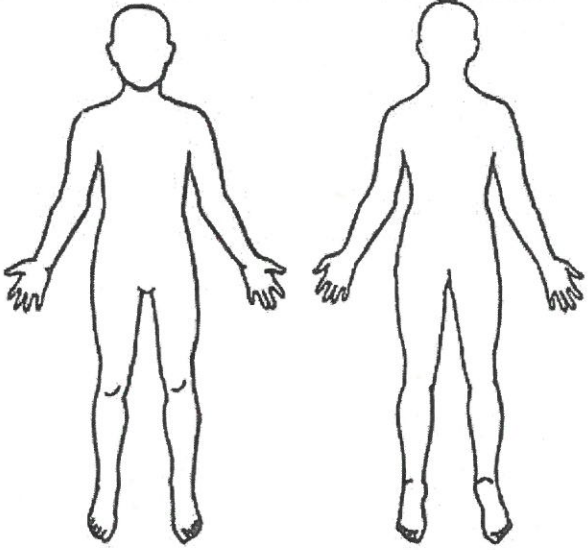
Reporting Officer Signature: 	Date: 11/4/18
Supervisor Signature:	Date:
Division Commander Signature: 	Date: 11-5-18
Under Sheriff Signature: 	Date: 11/5/18
Comment: Click here to enter text.	



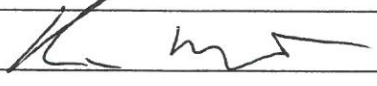

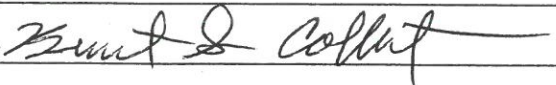
Type of Offense: Suspicious male in building		Incident/DR Number: 103018-33		
Location of Incident				
Street Address or Location: _____		Time: 0420	Date: 10/30/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Kevin Wright	565	Sgt.	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tyler Coburn	555	Deputy	On	Uniform
Ken Getz	533	Corporal	On	Uniform
Marvin Weber	536	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: 33 Race: white Height: 6'03" Weight: 215 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 checked="" 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 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 checked="" type="checkbox"/> Accomplish official purpose: Detain a suspect of a possible burglary		
<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.				
<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 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: Glock 17 Serial # NDW920			

<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	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
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 were dispatched to the church for the report of a suspicious male inside the building. Helena Police Officers located a window screen had been broken out and the window was open. They observed a male walking around inside the building. Upon arrival, I was was requested to got to the area of the open window. I met with Helena Police Sergeant Adam Shanks, who held the window open as I attempted to make entry into the building through the window. I observed a male, Austin Watkins, standing in the room to the right of the window. I had may handgun drawn and I ordered the male to get on the ground. The male had his hands held up but did not move. I ordered the male several times to get on the ground, which he finally complied. I handcuffed the male behind his back with hinged style handcuffs, which were checked for proper fit and double locked. It was later detemrned the male was the night janitor. The male had locked himself out of the church and had used the window to gain access. The male was then released from custody.

Reporting Officer Signature: 	Date: 10/31/18
Supervisor Signature: 	Date:
Division Commander Signature: 	Date: 10-31-18



Type of Offense: OBSTRUCTING / PODP		Incident/DR Number: LC182004		
Location of Incident				
Street Address or Location: AVENUE		Time: 0929	Date: 10/19/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
T.GALAHAN	5-50	PATROL DEPUTY	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
T.GALAHAN	5-50	PATROL 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 Sex: Male Female Animal Group of People: Age: 32 Race: WHITE Height: 6'00" Weight: 191 POUNDS

Applicable Suspect Conditions (Check all that apply)		Under the Influence
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply	<input type="checkbox"/> Drugs
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Assaulted civilian	<input 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:

Defend Self Protective Custody Other:

Defend another Prevent Escape Accomplish official purpose: Explain.

Make arrest

Warning Given: Yes No Not Feasible

Force Used

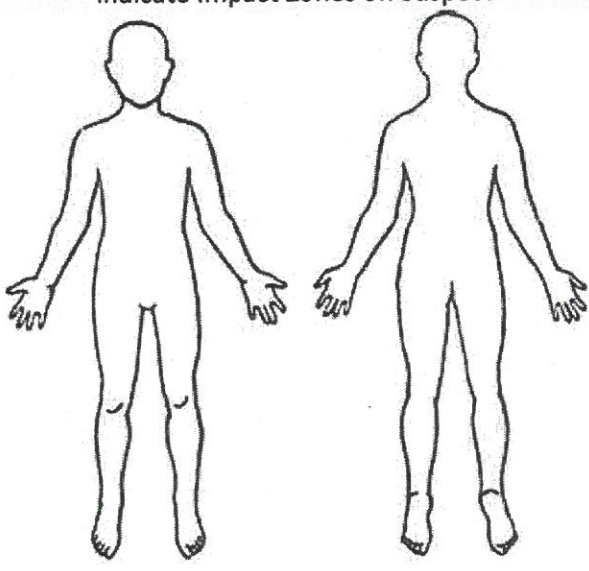
Physical Control:

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"/> Knee Strike <input type="checkbox"/> Angle Kick	<input type="checkbox"/> Shoulder Pin Restraint <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.

<input type="checkbox"/> Wrap Restraint System															
<input checked="" type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)															
Exposure:	Cycles: <input type="checkbox"/> 1 <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Drive stun <input type="checkbox"/> 2 <input type="checkbox"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Cartridge discharge <input type="checkbox"/> 3 <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"/> Vehicle <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 of firearm(s) used: VCP525															
Indicate Impact Zones on Suspect 	Injuries <table border="0"> <tr> <td style="text-align: center;">Officer</td> <td style="text-align: center;">Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input 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 checked="" type="checkbox"/> Other: COMPLAINED OF BACK PAIN</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 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: COMPLAINED OF BACK PAIN
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: COMPLAINED OF BACK PAIN														
Check by Medical Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
Transported to Hospital Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
After Action Report: Friday, October 19, 2018, at approximately 0929 hours, I, Deputy Tony Galahan, was patrolling in my marked patrol vehicle in the 800 block of Hoback Street. I observed a male walking down the side walk and recognized him from prior involvements as _____ I knew _____ was currently an absconder with Probation and Parole. I saw _____ walk onto someone's property and head towards an alley way. I walked to the back of the house and went to the alley way just south of _____. I did not see anyone at first and saw _____ step out into the alley way. I told _____ he needed to stop walking. _____ turned away from me and began running away. I gave verbal commands to _____ multiple times to stop. _____ did not stop. I pursued _____ on foot for approximately 3 minutes. During some portions of the pursuit, I had _____ at gun point giving him commands to stop. _____ did not stop and continued to run away. I caught up with _____ in the back yard of a house on the southwest corner of _____. I had _____ at gunpoint and then holstered my gun, pulling my department issued Taser giving _____ instructions to come out of the bush he was behind. _____ I kept my Taser pointed at _____ until															

additional units arrived to assist. came out of the bush and proned out in the lawn. Helena
Officer Brandon Wootan handcuffed was later transported to the Lewis and Clark
County Detention Center.

Reporting Officer Signature: <i>Tony Galaban</i>	Date: <i>10-19-18</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>10-19-18</i>
Division Commander Signature: <i>Brent & Coffey</i>	Date: <i>10-24-18</i>
Under Sheriff Signature: <i>[Signature]</i>	Date: <i>10/30/18</i>

Comments: