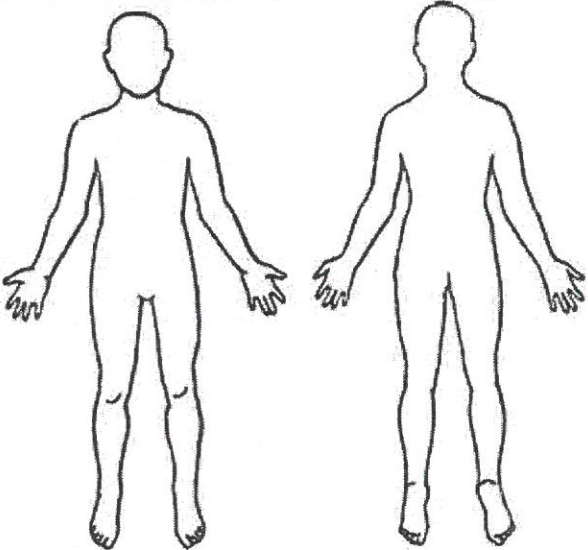
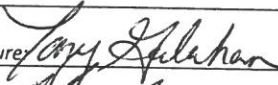
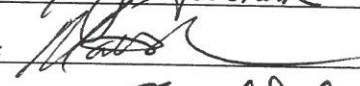
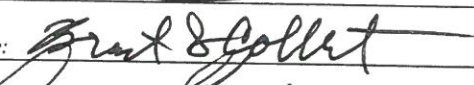
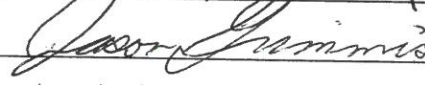




Type of Offense: Vicious Dog			Incident/DR Number: LC181893	
<b>Location of Incident</b>				
Street Address or Location			Time: 1610	Date: 10/1/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
T. GALAHAN	550	PATROL DEPUTY	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
T. GALAHAN	550	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.		
<b>Suspect Information</b>				
Suspect: <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Animal <input type="checkbox"/> Group of People:				
Age: Race: Click here to enter text. Height: Click here to enter text. Weight: Click here to enter text. Age: Race: Height: Weight:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence	<input type="checkbox"/> Alcohol		
<input 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.		
<b>Use of Force / Control Necessary to:</b>				
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input checked="" type="checkbox"/> Other: Prevent killing of livestock		
<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 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				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			

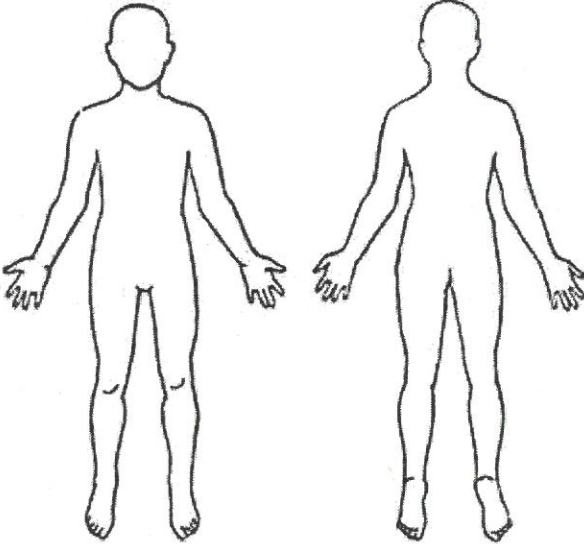
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.															
<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair															
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>															
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>															
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.															
<input checked="" type="checkbox"/> Firearms: Discharged: <input checked="" type="checkbox"/> Yes <input 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: 3 Serial number or department number of firearm(s) used: VCP525															
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Officer</th> <th style="width: 50%; text-align: center;">Suspect</th> </tr> </thead> <tbody> <tr> <td><input 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: gun shot wounds located on midsection of pitbulls</td> </tr> </tbody> </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: gun shot wounds located on midsection of pitbulls
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<p>Check by Medical</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<p>Transported to Hospital</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<p><b>After Action Report:</b> Monday, October 1, 2018, at approximately 1600 hours, I, Deputy Tony Galahan, heard dispatch radio a call located at _____ regarding a dog that just killed another dog. Deputy Andrew Blythe was dispatched to this call for service (CFS) and I was close to the location advising Deputy Blythe I would assist him. I arrived at the residence a short time later and was first on-scene. I went to the east side of the trailer court and was waived down by three individuals. Two women and a man were at a homemade goat pen, yelling at me. The two females were stating there were two vicious pit bulls in the pen actively eating their goat, and not a dog as originally dispatched. I walked over to the pen and observed two pit bulls actively eating the face region of a deceased goat. The first dog is described as a pit bull, black in color with a white chest, and the other dog is described as a brown in color pit bull with a white chest. I clapped my hands together and voiced to the dogs, "No." The black colored pit bull turned towards me, snarled showing its teeth, and then</p>															

sprinted full speed towards me. The pallets making the perimeter of the pen were about 3 - 4 feet tall, and I thought the dog was going to jump over it. At this moment I thought the dog was going to attack me. I took a step back and drew my service pistol. The dogs redirected their attention to another goat that was located in the pen. The male who was originally on-scene climbed into the pen and began yelling at the dogs. I told him to get out and he did. The dogs kept actively biting at the goat and chasing it within the pen. I side stepped to the right from my original location of where the black colored dog charged me. The dogs chased the goat into an enclosed shelter and where still attacking the goat. I determined the owner's livestock (goat- as defined under 81-2-702) was in danger of being killed. I shot my service weapon three times. I struck the brown colored dog twice and the black colored once. This action was justified under MCA 81-7-401, Killing of dogs harassing, destroying, or injuring stock. I radioed to dispatch I had shot the dogs and requested additional units to respond. After I shot the dogs, both of them died shortly after. I instructed everyone at the scene to back away. I could hear yelling behind me and told a group of individuals standing around a white passenger car to separate. The group listened and I stood by my patrol vehicle until additional units arrived. Reserve Deputy Dennis Corbett, East Helena Police Officer Bill Harrington, East Helena Police Chief Mike Sanders, Deputy Blythe, Sergeant Matt Reighard, and Deputy Michael arrived at the scene to assist. The assisting units spoke with the individuals involved and gathered statements. I photographed the scene and later placed the pictures into the WatchGuard Evidence Library (WGEL). I recorded my involvement with WatchGuard body worn camera #29 and patrol unit camera #14. The videos have been uploaded into the WGEL. This case is inactive and refer to the supplemental reports for further details.

Reporting Officer Signature: 	Date: 10/01/18
Supervisor Signature: 	Date: 10/1/18
Division Commander Signature: 	Date: 10-3-18
Under Sheriff Signature: 	Date: 10/5/18
Comment: Click here to enter text.	



Type of Offense: Family Disturbance		Incident/DR Number: LC180129		
Location of Incident				
Street Address or Location:			Time: 01:20	Date: 1/24/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Boudreau	539	Corporal	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Boudreau	539	Corporal	On	Uniform
Suspect Information				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age:36 Race: H Height:504 Weight: 145				
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 checked="" type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose:		
<input checked="" type="checkbox"/> Make arrest				
Warning Given: <input checked="" type="checkbox"/> Yes <input 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: Explain.	<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: Lot number:				
<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 checked="" type="checkbox"/> No (If no, why) Ran away				
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"/> Cartridge discharge <input type="checkbox"/> 3		<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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																	
<input type="checkbox"/> Baton <input type="checkbox"/> Vehicle <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: 1     Serial number of firearm(s) used: HBB746																	
Indicate Impact Zones on Suspect		Injuries															
		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Officer</th> <th style="width: 50%; text-align: center;">Suspect</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> None</td> <td><input 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> </tbody> </table>		Officer	Suspect	<input 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
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<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: Report of physical altercation b/w male and female. Could hear yelling and movement inside residence. Refused to open door for deputies. Deputy opened door and male ran away. Deputy activated Taser and pointed at male as he was running away. Male ran into a bed with children in it. Deputy deactivated Taser and holstered it.																	
Reporting Officer Signature: <i>Matt Sanders</i>			Date: 1/25/2018														
Supervisor Signature: <i>[Signature]</i>			Date: 1/25/18														

*Brent & Collett*

*1-25-18*



Type of Offense: Medical Call

Incident/DR Number: LC180228

Location of Incident

Street Address or Location

Reporting Officer's Name:	Badge #	Rank	Time: 2015 hrs	Date: 2/11/2018
Chris Rebo	5-31	Deputy	Duty Status: On	Attire: Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Neil Marks	5-43	Deputy	On	Uniform
Brad Bragg	5-53	Corporal	On	Uniform
Kyle Brown	Click here to enter text.	Reserve	On	

Suspect Information

Suspect:  Male  Female  Animal  Group of People:  
 Age: 48 Race: White Height: 5'10" Weight: 200 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  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: Explain.
- Make arrest

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

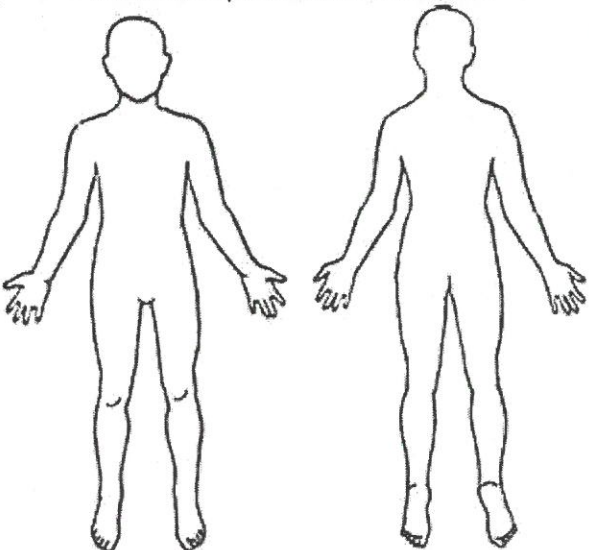
Effective:  Yes  No

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

<input checked="" type="checkbox"/> Wrap Restraint System	
<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

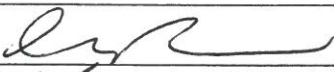



Taser Serial Number:	Cartridge(s) Serial Number:
<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<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 align="center">Indicate Impact Zones on Suspect</p> 	<p align="center">Injuries</p> <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 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 align="center">Check by Medical</p> <table border="0"> <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> <p align="center">Transported to Hospital</p> <table border="0"> <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	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 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
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Officer:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																									
Suspect:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																									

After Action Report: I responded to a report of a 911 hangup. Just prior to arriving on scene, medical was paged to the same residence for an unresponsive male. Upon arrival, I located the patient on the couch, breathing but unresponsive. I attempted to wake him but was unsuccessful. Medical personnel arrived shortly after and began trying to wake him and treat him. Their initial belief was he was on some sort of opiate drug. After several moments, they were able to wake him briefly and attempt to speak with him. The male nodded back off after just a couple moments. They did a sternum rub to try and wake him again, and when he awoke he came up off the couch and went on the fight with medical staff. I, along with Reserve rider Kyle Brown and medical staff, escorted the male to the ground and detained him in handcuffs. He continued to try and fight with us, to included trying to bite and spit on medical staff. Corporal Bragg and Deputy Marks arrived to assist. Corporal Bragg tried to speak with the male to calm him down, but he continued to be disorderly. Due to his unknown medical issues and his combative nature, we placed him in protective custody and utilized the wrap restraint system to secure him. He was transported to the ER by Deputy Marks. He was later admitted to the hospital due to

having opiates in his system, and we were released by medical staff.

Reporting Officer Signature: 	Date: 2/12/18
Supervisor Signature: 	Date: 2/12/18
Division Commander Signature: Brent & Collet 	Date: 2-13-18
Under Sheriff Signature: 	Date: 2/15/18

Comments:





Type of Offense: Assault with a Weapon		Incident/DR Number: LC180221		
<b>Location of Incident</b>				
Street Address or Locatio			Time: 2010 hours	Date: 2/10/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	5-31	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Brian Robinson	5-38	Sgt.	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.		
<b>Suspect Information</b>				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 21 Race: White Height: 6'02" Weight: 145 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.				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input checked="" type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input 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 type="checkbox"/> Mental Illness	
<input checked="" type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<b>Use of Force / Control Necessary to:</b>				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other:		<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.

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

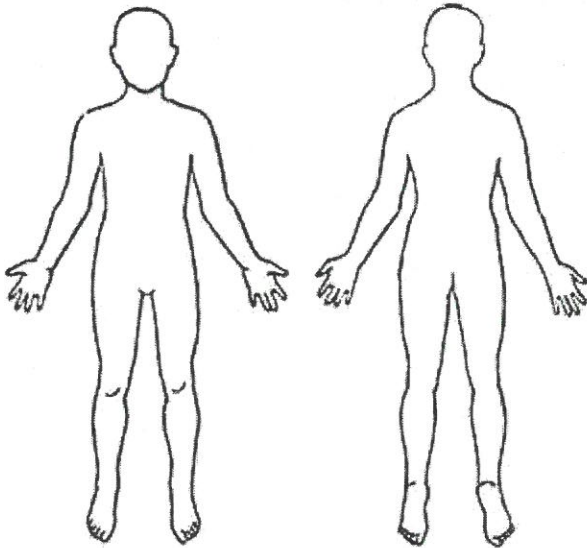
AR-15

Shotgun

Other:

Number of rounds fired: Serial number or department number of firearm(s) used: Rifle number 25

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 *or a report of a male who had assaulted his mother and also pointed a gun at her. He left the house and was believed to be in the garage. He was also reported to still be armed with a handgun. Sgt. Robinson and I arrived on scene and depolyed our patrol rifles. We used the PA system on my patrol vehicle to attempt to call the male out of the garage. As soon as Sgt. Robinson announced our presence, the male fled the garage on foot. The male continued to flee as Sgt. Robinson and I followed. Sgt. Robinson and I both used our rifles to cover the male as it was unknown if he was still armed at that time. We lost sight of him briefly, and he was later located hiding in a shed. After a standoff and attempted negotiations, SWAT was utilized to take him into custody.*

Reporting Officer Signature:

Date:

*2/12/18*

Supervisor Signature: <i>[Signature]</i>	Date: 2/12/18
Division Commander Signature: <i>Brent &amp; Collet</i>	Date: 2-13-18
Under Sheriff Signature: <i>John Summris</i>	Date: 2/15/18
Comments:	



Type of Offense: Motor Vehicle Theft Incident/DR Number: LC180143-1

Location of Incident

Street Address or Location:			Time:1600	Date: 1/29/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
GALAHAN	550	DEPUTY	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
C. NORRIS	564	PROBATIONARY DEPUTY	On	Uniform
J. CRUM	549	CORPORAL	On	Uniform
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: 30 Race: HISPANIC Height: 5'06" Weight: 125 LBS  
 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: Suspect located in Stolen Vehicle

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: Explain.

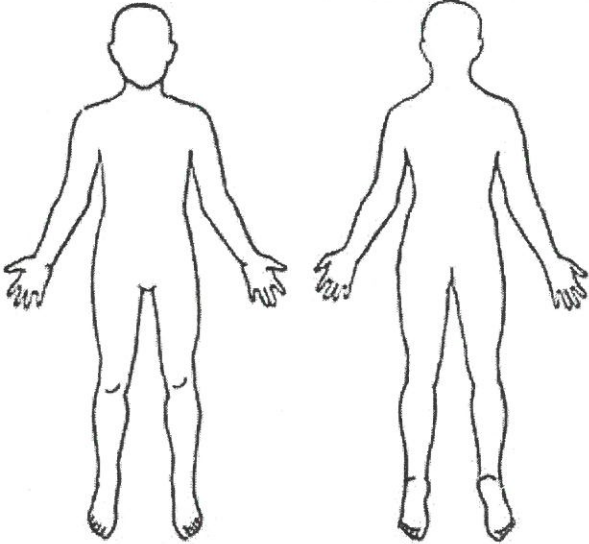
Commands Given:  Yes  No  Not Feasible Video:  Yes  No If No, explain in comments

Force Used

Physical Control: Effective:  Yes  No

Soft Empty Hand Techniques	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.

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 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"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Cartridge discharge <input type="checkbox"/> Missed														
Cycles: Click here to enter text.															
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: 0      Serial number or department number of firearm(s) used: U851229, FFX186, & VCP525															
<b>Indicate Impact Zones on Suspect</b> 	<b>Injuries</b> <table border="0"> <tr> <td style="text-align: center;"><i>Officer</i></td> <td style="text-align: center;"><i>Suspect</i></td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>	<i>Officer</i>	<i>Suspect</i>	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
<i>Officer</i>	<i>Suspect</i>														
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None														
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
<b>Check by Medical</b> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<b>Transported to Hospital</b> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<b>After Action Report:</b> Mondav. January 29, 2018, Deputy Chris Norris, Corporal Jason Crum, and I responded to _____ or a report of a stolen vehicle possibly parked in a garage. I, Deputy Tony Galahan, arrived shortly after Corporal Crum and Deputy Norris. I cleared the main house and found no persons inside. While searching, Corporal Crum and Deputy Norris stood by while the home owner attempted to open the door to the garage. The door was opened to the garage and a vehicle was observed inside. The vehicle inside was identified as stolen. The doors to the vehicle were locked. Deputies observed blankets and pillows in the rear seats. It appeared someone might be under the blankets. I observed the blankets moving up and down consistent with someone breathing. I knocked on the glass and announced, "Sheriff's Office." A male uncovered himself. The male inside the car was identified as _____ was ordered at gunpoint to exit the vehicle. _____ complied and was handcuffed by Corporal Crum. I transported Ronnie to the Lewis and Clark County Detention Center without incident. Refer to Deputy Norris' supplemental report for further details (LC180143-1).															

Reporting Officer Signature: <i>Tony Geelahan</i>	Date: <i>1/29/18</i>
Supervisor Signature: <i>[Signature]</i> 595	Date: <i>1/29/18</i>
Division Commander Signature: <i>Sgt &amp; Collet</i>	Date: <i>1-30-18</i>
Under Sheriff Signature: <i>[Signature]</i>	Date: <i>1/30/18</i>
Comments:	



Type of Offense: Suspicious Activity Incident/DR Number: LC180344

Location of Incident

Street Address or Location: Time: 0910 hours Date: 3/4/2018

Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
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Michael Bruce	546	Senior Deputy	On	Uniform
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Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
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Suspect Information

Suspect:  Male  Female  Animal  Group of People:  
 Age: 26 Race: W Height: 509 Weight: 165 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: Explain.

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

Force Used

Physical Control: Effective:  Yes  No

Soft Empty Hand Techniques

- Escort Position
- Transport Wrist Lock
- Straight Armbar Takedown
- Pressure Points
- Other:

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

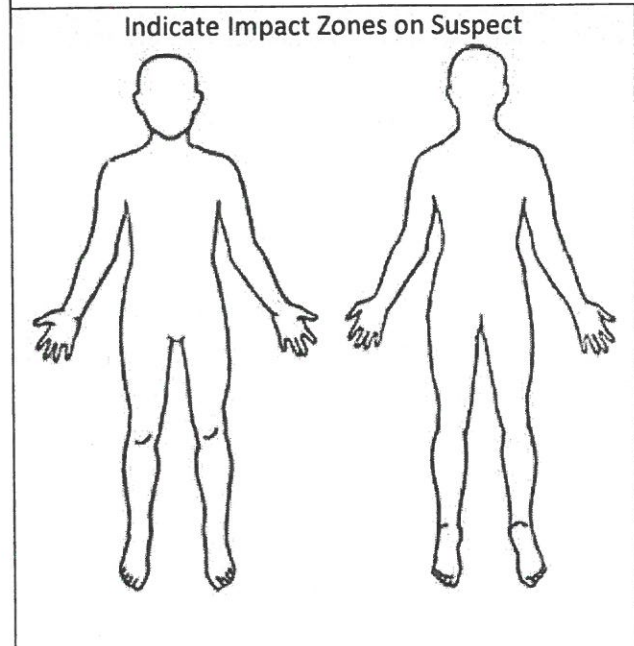
Drive stun  Cartridge discharge  
 Cycles: Click here to enter text.  Close probe strikes  No physical effect  
 Missed

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: XD702450



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: Deputy was dispatched to \_\_\_\_\_, for the report of a suspicious vehicle matching the description of comps ex's vehicle, \_\_\_\_\_ Deputy made contact with the vehicle and was advised by dispatch. \_\_\_\_\_ has prior history of suicide by cop. This was reported by the comp. Deputy attempted to make contact with anyone inside the vehicle by knocking on the rear driver side window, but was unsuccessful and due to falling snow could not see inside the vehicle. Deputy went back to his vehicle to wait for additional deputies to arrive. While waiting for additional deputies the driver side door opened and I instructed the driver to put his hands out the door. The driver did so but then took his right hand and began reaching for something inside the vehicle. The Deputy instructed the male to show him both hands. The male refused to cooperate and the Deputy drew his pistol. The Deputy did not point his pistol at the male, but had it out and ready. The male ended up complying with Deputies commands and did not have any weapons with him. The male later identified as \_\_\_\_\_ advised



the Deputy he wants to die by suicide by cop and thought about pretending to have a firearm this morning in order to force me to shoot him was placed into protective custody and taken to St. Peter's Hospital for a mental health evaluation.

Reporting Officer Signature: *Michael Bue*

Date: *3/5/18*

Supervisor Signature: *[Signature]*

Date: *3/5/18*

Division Commander Signature: *Brent Gullett*

Date: *3-12-18*

Under Sheriff Signature: *Jason Simmons*

Date: *3/12/18*

Comments: