

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

Wrap Restraint System

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

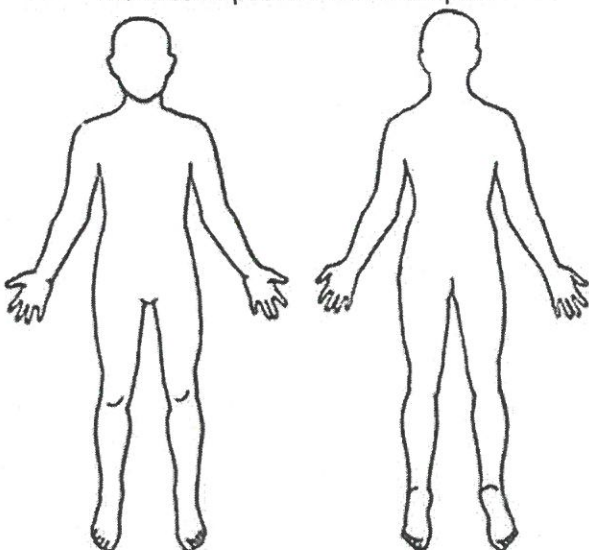
Drive stun Close probe strikes No physical effect
 Cartridge discharge Missed
 Cycles: Click here to enter text.

Taser Serial Number: Cartridge(s) Serial Number:

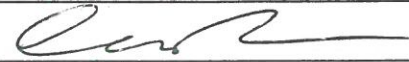
Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

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

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

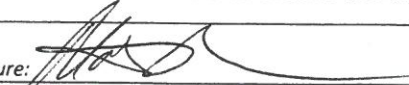
After Action Report: Deputies responded to 3375 Wylie Dr #19 for a report of a loud disturbance. Upon arrival, the female was sitting in the driver's seat of a vehicle out in front of the residence. As deputies approached the car, she exited and ran into the residence. A short time later, she exited the residence and tried to flee on foot. I pursued her, giving her commands to stop. She fell multiple times as she continued to run away. After a short foot pursuit I caught up to her, and had to tackle her and take her to the ground in order to detain her, as she was still trying to flee. The female sustained some small lacerations to her knees, either from one of the falls or from being taken to the ground. She was later checked and cleared by medical. She was arrested for DUI, obstructing a peace officer, and fictitious plates.

Reporting Officer Signature:  Date: 3/12/10

Supervisor Signature: <i>[Signature]</i>	Date: 3/12/18
Division Commander Signature: <i>Brent S Collet</i>	Date: 3-12-18
Under Sheriff Signature: <i>[Signature]</i>	Date: 3/12/18
Comments:	

thrust the male back into the vehicle to secure the door.

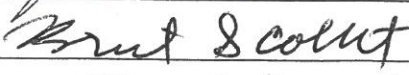
Reporting Officer Signature:



Date:

6/5/18

Supervisor Signature:



Date:

6-6-18

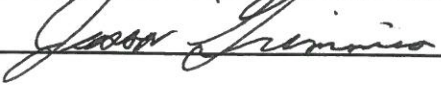
Division Commander Signature:



Date:

6-6-18

Under Sheriff Signature:



Date:

6/6/18

Comments:



Type of Offense: Theft, Obstructing Incident/DR Number: LC181600

Location of Incident

Street Address or Location: _____ Time: 1802 Date: 8/22/2018

Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	5-53	Corporal	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Ken Getz	5-33	Corporal	On	Uniform
Andy Haegele	5-52	Senior Deputy	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: 34 Race: White Height: 5'2" Weight: 160 Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.

Applicable Suspect Conditions (Check all that apply)

- 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: _____ 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.

Division Commander Signature: <i>[Signature]</i>	Date: 8-23-18
Under Sheriff Signature: <i>[Signature]</i>	Date: 8/23/18
Comments:	



Type of Offense: Traffic Stop / Pursuit Incident/DR Number: LC181364

Location of Incident

Street Address or Location: avenue Time: 0500 Date: 7/27/2018

Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andrew Blythe	566	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Ward	542	Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		

Suspect Information

Suspect: Male Female Animal Group of People:
 Age: 35 Race: w Height: 5'8" 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: Pursuit / Eluding – High risk stop
- 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:

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

Close probe strikes

No physical effect

Cartridge discharge

Missed

Cycles: Click here to enter text.

Taser Serial Number:

Cartridge(s) Serial Number:

Impact Weapons

Effective: Yes No

Baton

Weapon of opportunity

Other: Explain.

Firearms: Discharged: Yes No

Pistol

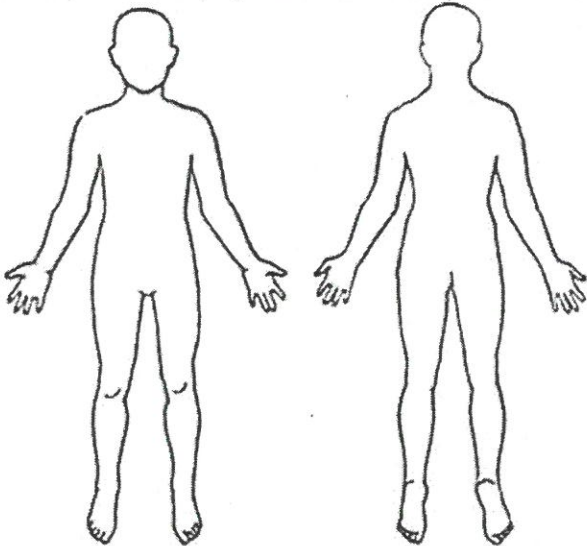
AR-15

Shotgun

Other:

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

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: attempted traffic stop on wrong way driver. Driver did not yield and deputy engaged in pursuit. Driver pulled into driveway at 705 6th avenue and exited vehicle. Driver did not comply with Deputies orders and was physically taken to the ground with an armbar takedown. Lethal force and a taser was presented prior to going hands on.

Reporting Officer Signature:



Date: 7-27-18

Supervisor Signature:



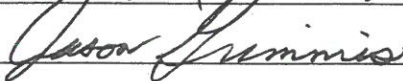
Date: 7/27/18

Division Commander Signature:



Date: 7-27-18

Under Sheriff Signature:



Date: 7/30/18



Type of Offense: Stolen vehicle

Incident/DR Number: LC181331

Location of Incident

Street Address or Location

Time: 2222

Date: 7/23/2018

Reporting Officer's Name:

Badge #

Rank

Duty Status:

Attire

Chris Rebo

5-31

Sr. Deputy

On

Uniform

Involved Officer's Name:

Badge #

Rank

Duty Status:

Attire

Brad Bragg

5-53

Corporal

On

Uniform

Michael Bruce

5-46

Sr. Deputy

On

Uniform

Robert Rivera

5-23

Deputy

On

Suspect Information

Suspect: Male Female Animal Group of People:

Age: 18 Race: W Height: 5'4" 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.

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:

Effective: Yes No

Soft Empty Hand Techniques

Hard Empty Hand Techniques

Escort Position

Palm Heel

Shoulder Pin Restraint

Transport Wrist Lock

Straight Punch

Knee Strike

Straight Armbar Takedown

Brachial Stun

Angle Kick

Pressure Points

Suprascapular Stun

Other: Explain.

Other:

Front Thrust Kick

OC Spray: Discharged: Yes No

Effective: Yes No

Exposure: Airborne only Targeted area Single spray Multiple spray

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

Wrap Restraint System

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

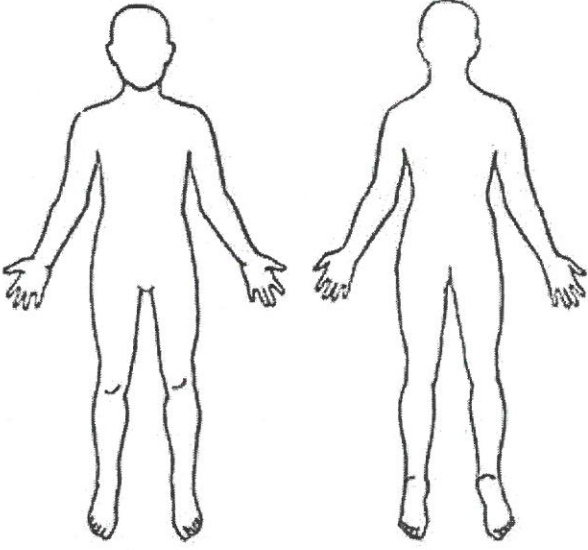
Drive stun Cartridge discharge
 Cycles: Click here to enter text. Close probe strikes No physical effect
 Missed

Taser Serial Number: Cartridge(s) Serial Number:

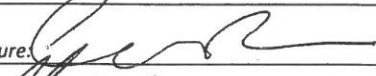
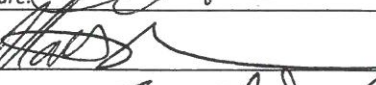


Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

Firearms: Discharged: Yes No Pistol AR-15 Shotgun Other:
 Number of rounds fired: 0
 Serial number or department number of firearm(s) used: AR-15 #15, Glock 22 BDWD438

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 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 assisting Helena Police Department with a pursuit of a stolen vehicle which started on the west side of town. HPD terminated the pursuit when the driver started driving west bound in the east bound lane of Euclid Ave. Deputies continued to follow from a distance and later reengaged the vehicle in a pursuit when it returned to its own lane of travel. Montana Highway Patrol troopers also assisted. The pursuit continued until t where the vehicle pulled into the turnout there. The vehicle was surrounded by law enforcement and all deputies deployed their firearms. I gave the driver commands, and she was arrested without incident.

Reporting Officer Signature: 	Date: 7/24/18
Supervisor Signature: 	Date: 7/25/18
Division Commander Signature: 	Date: 7-25-18
Under Sheriff Signature: 	Date: 7/26/18

Comments:



Type of Offense: WARRANT ARREST/ NO-CONTACT ORDER VIOLATION Incident/DR Number: LC181239

Location of Incident

Street Address or Location Time: 1930 Date: 7/14/2018

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.COURN	5-55	PATROL DEPUTY	On	Uniform
B. PANDIS	5-56	CPL.	On	Uniform
C. REBO	5-31	PATROL DEPUTY	On	

Suspect Information

Suspect: Male Female Animal Group of People:
 Age: 35 Race: WHITE Height: 6'01" Weight: 250
 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:

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

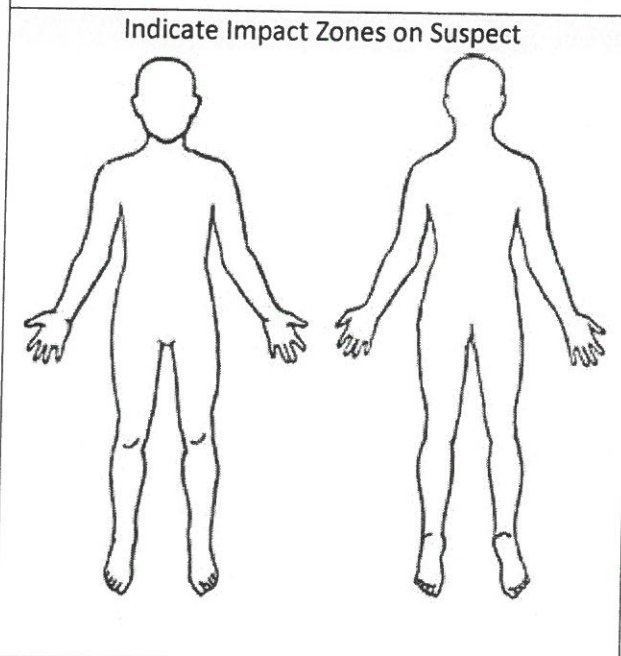
Drive stun Close probe strikes No physical effect
 Cartridge discharge Missed
 Cycles: Click here to enter text.

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

Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

Firearms: Discharged: Yes No Pistol AR-15 Shotgun Other:
 Number of rounds fired: 0)Serial number or department number of firearm(s) used: VCP525



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: Deputies were dispatched to 1 _____ complaint of a male, Identified _____ as _____, violating a no-contact order. The complainant, _____ called in telling Deputies, _____, came to her residence last night, spit in her face, and was currently at the house still. Deputies responded and attempted to make contact with _____ Deputy Galahan and Corporal Pandis attempted to get _____ / to come outside. They could hear movement in a bedroom and were unable to enter the home due to the doors being locked. _____ was given multiple direct orders to exit the home. The complainant gave Deputies consent to enter the home and gave them the front door key. Deputy Galahan unlocked the front door and was followed by Corporal Pandis, Deputy Coburn, and Deputy Rebo. They cleared the house and located _____ in the rear bedroom where they heard the noise coming from. Deputy Galahan observed _____ underneath a bed and gave him instructions to exit from underneath the bed. Deputy Galahan had his service pistol pointed at _____ due to him not

being able to see his hands. Deputy Coburn entered the bedroom and assisted. Deputy Coburn put his pistol away and had his Taser out of its holster. Deputy Galahan kept his pistol in a low ready until [redacted] exited from underneath the bed. Deputy Galahan instructed [redacted] to lie flat on his stomach with his hands behind his back. [redacted] complied and Deputy Galahan put his service pistol away while Deputy Coburn kept his Taser pointed at [redacted]. Note: While Deputy Galahan was giving directions, [redacted] was calling Deputy Galahan "Super Cop" and telling him to shoot him. [redacted] was removed from the house and transported to the detention center on a warrant arrest and no-contact order violation.

Reporting Officer Signature: <i>Tony Galahan</i>	Date: <i>7/15/18</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>7/15/18</i>
Division Commander Signature: <i>[Signature]</i>	Date: <i>7-16-18</i>
Under Sheriff Signature: <i>[Signature]</i>	Date: <i>7/16/18</i>

Comments:

flanking around behind me. I began to tell his friend to either help me or back away. His friend moved slightly away to where I could see him better but continued to yell at me, stating the male was his brother and he was "autistic". The male continued to be passive resistant, by not releasing his arms so I could secure him. I informed the male he was being placed under arrest and he continued to resist. The male attempted to reach into his pocket of his hooded sweatshirt. I was unsure of what was on his person and with the previous threat of shooting someone or something and not being able to conduct a search for weapons; I activated my emergency radio button to alert responding deputies. I disengaged from the male and drew my Taser. The male stood up and once he identified I was pointing my Taser at him and telling him he would be tased, he put his hands up. His friend was still yelling and approaching me. I turned the Taser to his direction and told him he would be tased if he did not back away. His friend complied. I gave commands to the male to get on his knees and cross his ankles. The male eventually complied and I was able to secure his hands in handcuffs, checking the tightness and double locking them. The male was secured in the back of a patrol vehicle and subsequently transported to the Detention Center.

Reporting Officer Signature:



Date:

7/17/18

Supervisor Signature:



Date:

7-17-18

Division Commander Signature:



Date:

7-17-18

Under Sheriff Signature:



Date:

7/17/18

Comments:



Type of Offense: Criminal Mischief / Obstructing		Incident/DR Number: LC181437		
Location of Incident				
Street Address or Location (Detention Center)			Time: 0910	Date: 8/6/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sergeant	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Taylor Westfall	579	Detention Officer	On	Uniform
Cody Colbert	592	Detention Officer	On	Uniform
Andrew Blythe	566	Senior Deputy	On	Uniform
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 20 Race: N Height: 600 Weight: 180 Age: 35 Race: H Height: 600 Weight: 280 Age: Click here to enter text. Race: Click here to enter text. Height: Click here to enter text. Weight: Click here to enter text.				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape	<input type="checkbox"/> Other: Explain.			
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: Establish Control of Pod and investigate crime.		
<input type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques	Hard Empty Hand Techniques			
<input checked="" type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input checked="" type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	<input checked="" type="checkbox"/> Other: Pushed against wall and forced to the floor.		
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			

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

Wrap Restraint System

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

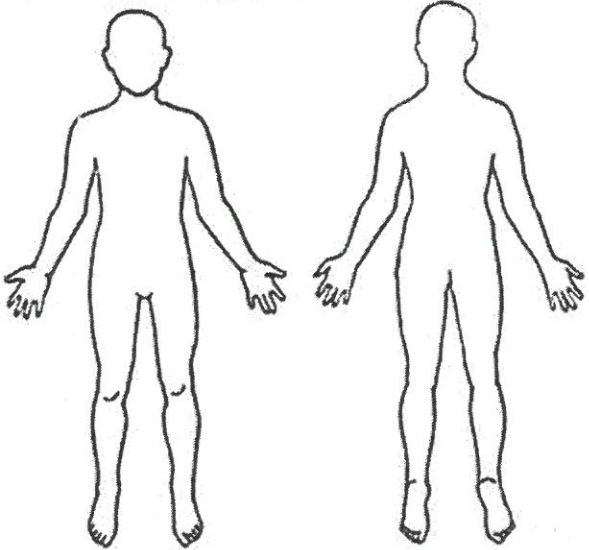
Drive stun Close probe strikes No physical effect
 Cartridge discharge Missed
 Cycles: Click here to enter text.

Taser Serial Number: Cartridge(s) Serial Number:

Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

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

Indicate Impact Zones on Suspect	Injuries										
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 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 </td> <td style="width: 50%; vertical-align: top;"> Suspect <input type="checkbox"/> None <input type="checkbox"/> Bruises <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain </td> </tr> <tr> <td colspan="2" style="text-align: center;">Check by Medical</td> </tr> <tr> <td colspan="2"> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td colspan="2" style="text-align: center;">Transported to Hospital</td> </tr> <tr> <td colspan="2"> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </table>	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 type="checkbox"/> None <input type="checkbox"/> Bruises <input checked="" 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 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	
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 type="checkbox"/> None <input type="checkbox"/> Bruises <input checked="" 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 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: Detention Officers were inside POD 1 to provide an inmate (Inmate 1) with a "write up" for earlier misconduct. Inmate 1 took the write up and ripped it up and tossed it at Officers. Inmate 1 was ordered to lock down in his cell and refused by stating "you will have to tase me." Additional orders to lock down were announced and Inmate 1 responded with "it would take more than three women to make me lock down." Multiple attempts were made with verbal instructions to Inmate 1 to lock down with no prevail. Inmate 1 obtained a book and placed it between his cell door and door frame and began to slam the door in an effort to cause damage to the door. Inmate 2 also refused to lock down when ordered. Inmate 1 caused damage to the door by causing it not to shut and secure properly. During this time Inmate 1 moved chairs and the table around the common area

and was stretching and rolling his pant legs up. This was apparent to be a no verbal sign of him prepping the area for when Officer's decided to use force against him. Law Enforcement Officers were dispatched to assist Detention Staff. Deputy entered the Pod and observed Inmate 1 standing in the common area. He was currently housed in Cell 103 with Inmate 2. Inmate 2 was standing inside of the cell initially. Deputy instructed Inmate 1 to lockdown into his cell. Inmate 1 refused. Deputy instructed him to turn around, go to his knees and place his hands behind his back. Inmate 1 continued to refuse my orders and continued to taunt officers. All other inmates housed in the Pod, other then Inmate 1 & 2, had been locked down. Deputy approached Inmate 1 and continued to order him to do as the Deputy was telling him too, with no compliance. Inmate 2 had come from out of his cell and began to interject himself into the situation. As Deputy approached Inmate 1 to try to secure his left arm to place him in an escort/transport position, Inmate 2 got between us. Deputy had to push into the wall to secure him to gain control of the situation. HPD Officer and Detention Officer gained control of Inmate 2, bringing him to the ground and securing him in handcuffs. Detention Officer and Deputy secured Inmate 1, bringing him to the ground and securing him in handcuffs with assistance from other Detention Officers. Another Deputy arrived on scene to provide assistance with moving Inmate 1 to Holding Cell 1 located on the Booking Floor. We brought Inmate 1 to Holding Cell and ordered him to go to his knees. Inmate 1 continued to resist and not comply with our orders. Detention Center Staff determined to place Inmate 1 into the Restraint Chair. Inmate 1 continued to resist our attempts, but subsequently was secured in the Restraint Chair. Officers used the amount of force necessary to get Inmate 1 secured into the chair. Inmate 1 sustained an abrasion to his arm as a result, but was later seen by the Detention Center Nurse.

Reporting Officer Signature: <i>[Signature]</i>	Date: 8/7/18
Supervisor Signature: <i>Brent S Collet</i>	Date: 8-10-18
Division Commander Signature: <i>Brent S Collet</i>	Date: 8-10-18
Under Sheriff Signature: <i>[Signature]</i>	Date: 8/10/18

Comments:



Type of Offense: Warrant Arrest		Incident/DR Number: LC180510		
Location of Incident				
Street Address or Location: <i>F</i>		Time:1350	Date: 4/4/2018	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sergeant	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Josh Schmidt	562	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: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 33 Race: W Height: 602 Weight: 180 Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text. Age: Click here to enter text. Race: Height: Click here to enter text. Weight: Click here to enter text.				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input 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				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike	
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick	
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Click here to enter text. Lot number: Click here to enter text.				

Wrap Restraint System

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

Drive stun Cartridge discharge Close probe strikes No physical effect
 Missed

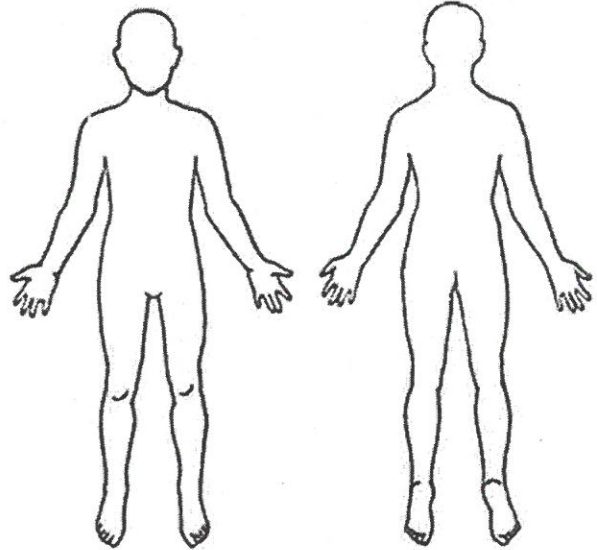
Cycles: Click here to enter text.

Taser Serial Number: X12007ER6 Cartridge(s) Serial Number:



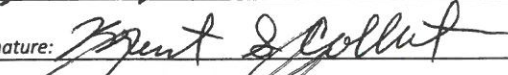

Impact Weapons Effective: Yes No

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 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: Deputy's made contact with a male and female who had warrants for their arrest. Male would not comply after being told he was being placed under arrest. Male became verbally aggressive and proceeded to get into a fighting stance, chanlanging Deputies. Sgt. Reighard unholstered his Taser and activated the laser and pointed it at male and gave the male verbal commands to comply. Male complied and placed in handcuffs, Taser was reholstered.

Reporting Officer Signature: 	Date: 4/4/18
Supervisor Signature: 	Date: 4/4/18
Division Commander Signature: 	Date: 4-5-18
Under Sheriff Signature: 	Date: 4/5/18

Comments:



Type of Offense: Domestic Disturbance Incident/DR Number: LC180598

Location of Incident

Street Address or Locatio. Time:1820 Date: 4/19/2018

Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Joyce	534	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Uriah Wood	525	Sergeant	On	Uniform
Josh Schmidt	562	Deputy	On	Uniform
Luke Eidt	537	Deputy	On	

Suspect Information

Suspect: Male Female Animal Group of People:
 Age: 72 Race: Height: 600 Weight: 220
 Age: Click here to enter text. Race: w 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: detain

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

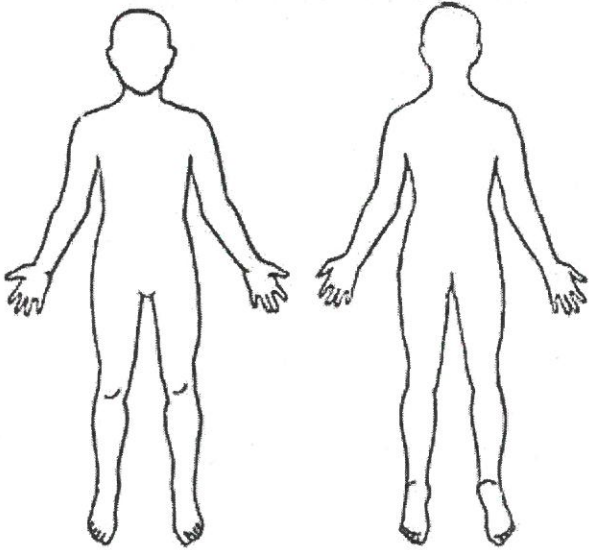
- Shoulder Pin Restraint
- Knee Strike
- Angle Kick
- Other: Explain.

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

<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 or department number of firearm(s) used: Rifle Number 4			

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

After Action Report: Thursday, April 19, 2018, deputies were dispatched to _____ for the report of a male threatening to kill his grandson and ramming a house multiple times with his pickup truck. Suspect stated he was going to break every bone in his grandson's body. On scene, Sergeant Uriah Wood was giving verbal commands for the suspect to get on the ground. Sergeant Wood entered the threshold with deputy's Josh Schmidt and Luke Eidt. I stepped in where I could see the male was not cooperating with Sergeant Wood's commands. I went around to the suspect where he was starting to go to the ground. I grabbed his sweat shirt on his back and assisted him to the ground. I controlled him with my body weight and detained him in handcuffs behind his person with Deputy Eidt and MHP trooper. Suspect stated his shoulder was uncomfortable. After pat searching him for weapons, suspect was stood up, and placed into two sets of chain handcuffs which were checked for tightness and double locked for safety.

Reporting Officer Signature: <i>Chris Taylor</i>	Date: 4-19-18
Supervisor Signature: <i>[Signature]</i>	Date: 4-19-18

Division Commander Signature: <i>Bryant & Collett</i>	Date: <i>4-2018</i>
Under Sheriff Signature: <i>Jason L. ...</i>	Date: <i>4/20/18</i>
Comments:	