

Type of Offense: Stolen Vehicle		Incident/DR Number: LC191985		
Location of Incident				
Street Address or Location:'			Time: 2115	Date: 11/23/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	564	Deputy	On Duty	Unifrom
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cassandra Breker	903	Reserve Deputy	On Duty	Uniform
Ryan Zarske	532	Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 37 Race: White Height: 6-04 Weight: 185				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input checked="" type="checkbox"/> Other: Male was the driver of a stolen vehicle during a high risk stop.				
Use of Force / Control Necessary to:				
<input checked="" type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input checked="" type="checkbox"/> Accomplish official purpose: Standard law enforcement practice during high risk stops. <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"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick <input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

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

Taser Serial Number: Click here to enter text. Cartridge(s) Serial Number: Click here to enter text.

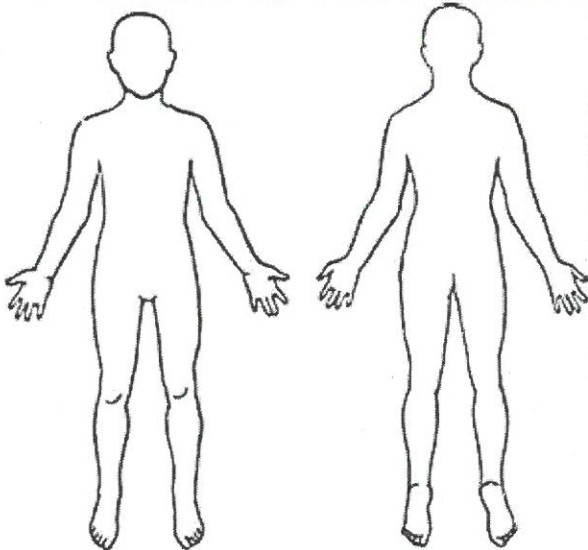
Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

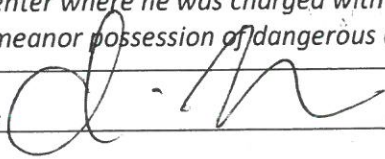
Firearms: Pistol AR-15 Shotgun Other: Click here to enter text.

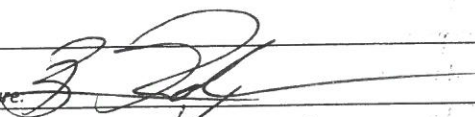
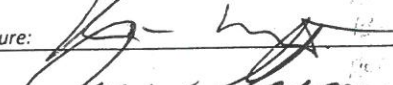
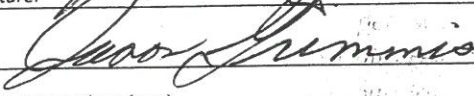
Discharged: Yes No Number of rounds fired: Click here to enter text.

Serial number or department number of firearm(s) used: Norris U851229, Breker HRP8758, Zarske NAR6217

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

After Action Report: A High Risk Traffic Stop was conducted on a vehicle that was reported stolen out of Butte, Montana. Suspects who steal vehicles are often armed. While making the traffic stop, the male suspect in the vehicle turned onto a dark street and appeared to be evading law enforcement due to taking the turn at a high rate of speed. When the suspect initially stopped, he was looking back to see where law enforcement was. When ordered to exit the vehicle the suspect would comply with commands, but regularly looked back at officers, despite being told to look away. The suspect was arrested and transported to the Lewis and Clark County Detention Center where he was charged with Felony Possession of a Stolen Vehicle, Felony Criminal Mischief and misdemeanor possession of dangerous drugs.

Reporting Officer Signature:  Date: 12.14.19

Supervisor Signature: 	Date: 12-14-19
Division Commander Signature: 	Date: 12/16/19
Under Sheriff Signature: 	Date: 12/16/19
Comment: Click here to enter text.	

Type of Offense: Family Disturbance		Incident/DR Number: CFS 111619-23		
Location of Incident				
Street Address or Location:			Time: 0445	Date: 11/16/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Weber, Paul	567	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Hall, Jordan	521	Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 37 Race: C Height: 6'02" Weight: 198				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input checked="" type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input 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 checked="" type="checkbox"/> Other: Explain AAR		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques	Hard Empty Hand Techniques			
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Knee Strike	
<input type="checkbox"/> Straight Armbars Takedown	<input type="checkbox"/> Brachial Stun		<input type="checkbox"/> Angle Kick	
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun		<input type="checkbox"/> Other: Explain.	
<input checked="" type="checkbox"/> Other: Bear Hug Takedown to prone cuff	<input type="checkbox"/> Front Thrust Kick			

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

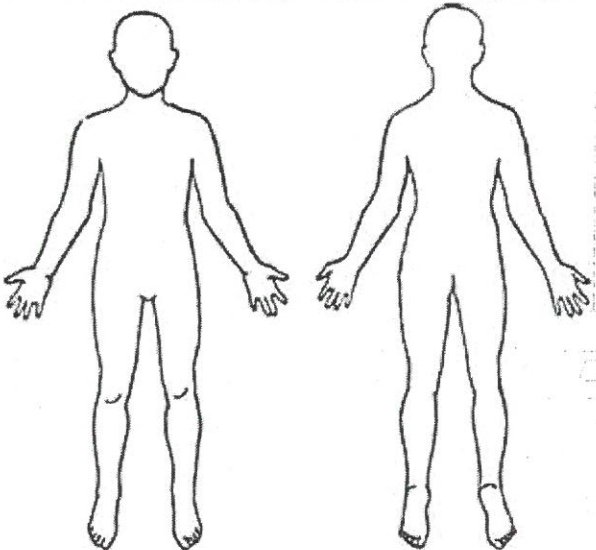
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge discharge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

Taser Serial Number: Click here to enter text. Cartridge(s) Serial Number: Click here to enter text.

Impact Weapons Effective: Yes No



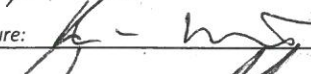

Baton Weapon of opportunity Other: Explain.

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

<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-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 style="text-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 type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table> <p style="text-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 type="checkbox"/> Yes</td> <td><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																										
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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: On November 16, 2019, at 0445 hours, Deputies responded to 1040 Sun Valley initially for a 911 hangup. Female, _____, had called because husband had turned off her phone service and called her names. _____ was intoxicated and did not want to be in the house, nothing physical had occurred. Male, _____, was upset _____ did not come home until after 3 in the mornina and suspected she had cheated on him. _____ consumed a bottle of wine and became very intoxicated so _____ would "hang out with him". _____ called a family friend, _____ to pick her up. _____ and _____ children wanted to leave with Deputies determined have parents separated would be the best course of action for the night. _____ was at first okay with them leaving and then stated we would have to take him to jail first before his kids left his house. Deputies attempted for over an hour to calm _____ down and have him agree to allow the children and _____ to leave and go to bed. _____ arrived at the residence and tried to call _____ down. Due to _____ level of intoxication the logic of _____ statements had no effect on him. _____ stayed with _____

as: and children left the residence. I then became very aggressive and agitated. He began yelling and punching the walls of his house then ran to the back door of the residence in an attempt to stop his children from leaving. I, Deputy Paul Weber, followed to the back door. Due to unpredictable nature while intoxicated I believed if he went outside he would attempt to physically grab his children, hurting them in the process or physically hurt if she tried to stop him. As attempted to open the door I grabbed in a bear hug, lifted and rotated him away from the door and placed him on the floor. Deputy Hall assisted me in placing handcuffs on . I informed he was not under arrest and he was only being detained to allow and the children to leave for the night. I asked if he was okay, in which he told me he was. was currently in the prone position with his hands handcuffed behind him. He was angled to allow for comfortable breathing and stayed in this position for a couple minutes at his request. We asked him if he wanted to sit up. He agreed and we placed him in a seated position. After a couple more minutes we positioned to stand. was completely calm and compliant while he was under detention. We asked if he wanted to go to bed. He agreed. We led him to his bedroom where took the handcuffs off. We asked if he was still okay. He said he was. We persuaded him to sleep off this night and restart later in the morning with his family when everyone was sober and rested. He agreed. We shook hands and left the residence.

Reporting Officer Signature: 	Date: 11/18/19
Supervisor Signature: 	Date: 11/19/19
Division Commander Signature: 	Date: 11/19/19
Under Sheriff Signature: 	Date: 11/19/19
Comment: Click here to enter text.	

Type of Offense: WEAPONS CALL		Incident/DR Number: DR# LC191928		
Location of Incident				
Street Address or Location:			Time: 1704	Date: 11/15/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
KYLE BROWN	905	RESERVE DEPUTY	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
CHRIS NORRIS	564	DEPUTY SHERIFF	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 55 Race: WHITE Height: 5'09" Weight: 190				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input checked="" type="checkbox"/> Armed			<input type="checkbox"/> Alcohol	
<input type="checkbox"/> History of violence			<input type="checkbox"/> Drugs	
<input checked="" type="checkbox"/> Reported to be armed			<input checked="" type="checkbox"/> Mental Illness	
<input type="checkbox"/> Failed to comply			<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Assaulted Deputy			<input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Resisted arrest				
<input type="checkbox"/> Assaulted civilian				
<input type="checkbox"/> Other: Explain.				
<input type="checkbox"/> Attempted escape				
Use of Force / Control Necessary to:				
<input checked="" type="checkbox"/> Defend Self		<input checked="" type="checkbox"/> Protective Custody		<input type="checkbox"/> Other: Explain.
<input checked="" type="checkbox"/> Defend another		<input type="checkbox"/> Prevent Escape		<input type="checkbox"/> Accomplish official purpose: Explain.
<input type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		

<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: <i>Explain.</i>	<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: <i>Explain.</i>
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OC Spray: Discharged: Yes No Effective: Yes No
 Exposure: Airborne only Targeted area Single spray Multiple spray
 Serial number: Click here to enter text. Lot number: Click here to enter text.

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

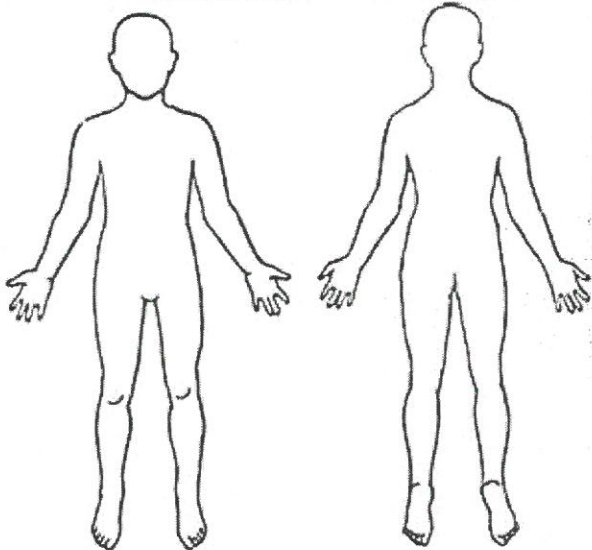
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect
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Taser Serial Number: Click here to enter text. Cartridge(s) Serial Number: Click here to enter text.

Impact Weapons Effective: Yes No


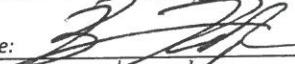


Baton Weapon of opportunity Other: *Explain.*

Firearms: Pistol AR-15 Shotgun Other: Click here to enter text.
 Discharged: Yes No Number of rounds fired: Click here to enter text.
 Serial number or department number of firearm(s) used: GLOCK 17 BGMH943 & RIFLE 22

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

After Action Report: Suspect reported armed and shots fired by neighbors. Upon arrival found male suspect on front porch, with pistol. We pointed our firearms at suspect and gave verbal commands. Suspect complied with commands and was taken into custody without incident. Prior to our arrival, suspect fell down on porch and

sustained abrasions. During commands, suspect was instructed to crawl towards officers, however he rolled while proned to us and may have sustained minor abrasions. We offered medical evaluation and suspect declined any assistance. Suspect was transported to St. Peters Hospital for mental health evaluation.

Reporting Officer Signature:  905	Date: 11/15/19
Supervisor Signature:  534	Date: 11-15-19
Division Commander Signature:  5-5	Date: 11/18/19
Under Sheriff Signature: 	Date: 11/18/19
Comment: Click here to enter text.	



Type of Offense: Amber Alert on missing juvenile		Incident/DR Number: LC191773		
Location of Incident				
Street Address or Location:.....			Time: 2046	Date: 10/14/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Metcalf	547	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Colbert	534	Deputy	On	Uniform
James Coppola	530	Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 29 Race: Native American Height: 511 Weight: 190 Age: N/A Race: N/A Height: N/A Weight: N/A Age: N/A Race: N/A Height: N/A Weight: N/A				
Applicable Suspect Conditions (Check all that apply) <input type="checkbox"/> Armed <input type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Assaulted civilian <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Attempted escape			Under the Influence <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input checked="" type="checkbox"/> Other: was reported as a known methamphetamine user who was "highly distraught" over the recent death of his wife	
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: Amber alert was issued for missing 10 year old female. Suspect was found driving vehicle as described in the amber alert. Suspect was reported as a known methamphetamine user who was "highly distraught" over the recent death of his wife. High risk traffic stop was conducted.				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other:		Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

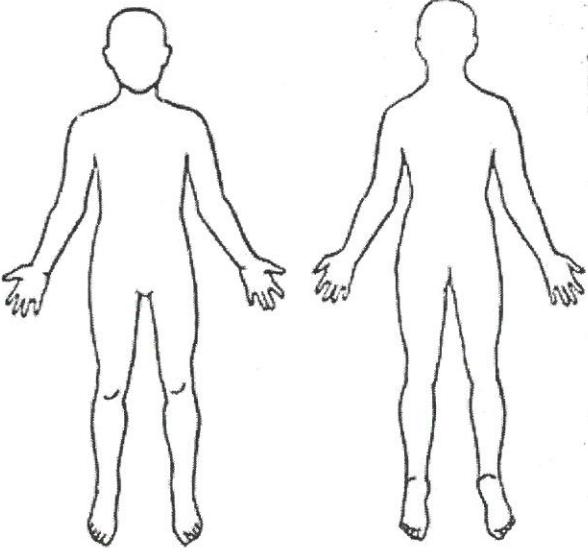
Exposure: Yes No Heavy clothing Malfunction

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

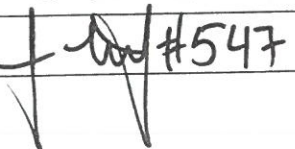
Taser Serial Number: Cartridge(s) Serial Number:

Impact Weapons Effective: Yes No
 Baton Weapon of opportunity Other: Explain.

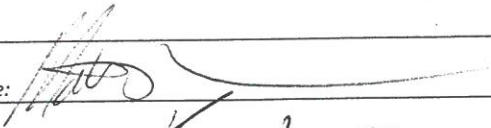
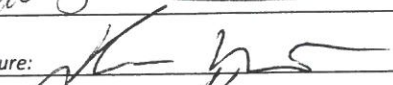
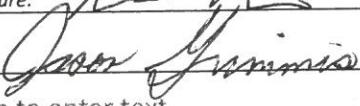
Firearms: Discharged: Yes No Pistol AR-15 Shotgun Other:
 Number of rounds fired:)Serial number or department number of firearm(s) used: Click here to enter text.

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

After Action Report: An Amber Alert was issued for a 10 year old female. The AA stated the female was taken by her non-custodial father, [redacted] from Browning, Montana. [redacted] was allegedly taking the female to Las Vegas traveling in a blue, 1988, Chevrolet Corsica. The AA also stated [redacted] was a known methamphetamine user and was "highly distraught" over the recent death of his wife. I observed the vehicle traveling southbound on Interstate 15 and followed it until approximately mile marker 198. I turned on my overhead emergency lights and initiated a traffic stop. The vehicle immediately pulled over. I was assisted in the traffic stop by Deputies James Coppola, Cody Colbert and Highway Patrol Trooper Griffin Southerland. Multiple Helena Police Officers also came to our location. For the safety of all persons involved and due to the circumstances described above, a high risk stop was performed on the driver of the vehicle. The male was detained without any injury to himself or law enforcement. The male was ultimately released due to the issuing agency declining to pursue any criminal charges

Reporting Officer Signature:  #547

Date: 10/15/19

Supervisor Signature: 	Date: 10/20/19
Division Commander Signature: 	Date: 10/21/19
Under Sheriff Signature: 	Date: 10/21/19
Comment: Click here to enter text.	



Type of Offense: Disorderly Conduct		Incident/DR Number: LC191657		
Location of Incident				
Street Address or Location:		Time: 0100	Date: 9/25/2019	
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	553	Corporal	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Ken Getz	533	Corporal	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 type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 29 Race: White Height: 5'2" Weight: 180 Age: Race: Height: Weight: Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply) <input type="checkbox"/> Armed <input type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input checked="" type="checkbox"/> Failed to comply <input checked="" type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: <input type="checkbox"/> Attempted escape			Under the Influence <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to: <input checked="" type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other:		Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick <input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input checked="" type="checkbox"/> Other: Physically restrain suspect and put her into handcuffs		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.				

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

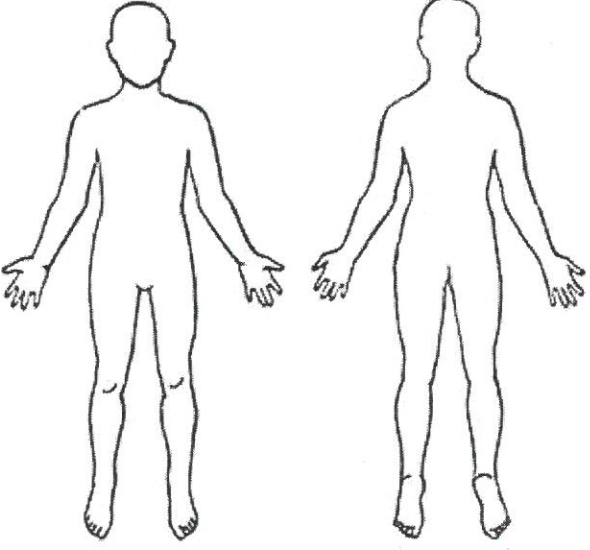
Drive stun
 Cartridge discharge
Cycles: Click here to enter text.
 Close probe strikes No physical effect
 Missed

Taser Serial Number: Cartridge(s) Serial Number:

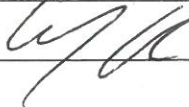
Impact Weapons Effective: Yes No

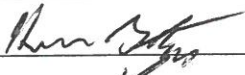


Baton Weapon of opportunity Other: Explain.

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

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

After Action Report: Corporals Bragg and Getz were dispatched to an assault at the ' The complainant did not want to pursue charges and wanted to ensure the victim was able to get home safely. Suspect was highly intoxicated and eventually talked into receiving a ride from Corporal Bragg. Suspect made comments about physically assaulting complainant again before she began walking to the patrol vehicle. Approximately half way to the patrol vehicle, suspect stated she would not go with Deputies and began walking back to the bar where the complainant was. To avoid suspect from having access to assault complainant again, Corporal Bragg grabbed the suspect from behind by both of her arms. Corporal Bragg began pulling suspect toward patrol vehicle and suspect swung her left arm down, hitting Corporal Bragg in the upper thigh. Corporal Bragg pushed the suspect against a vehicle and Corporal Getz came to assist. Corporal Bragg was able to handcuff the suspect and the suspect had to be carried to a patrol vehicle. Suspect was taken to detention center on a Disorderly Conduct charge.

Reporting Officer Signature:  Date: 9/25/19

Supervisor Signature: 	Date: 9/25/2019
Division Commander Signature: 	Date: 9/26/19
Under Sheriff Signature: 	Date: 9/27/19
Comment: Click here to enter text.	