



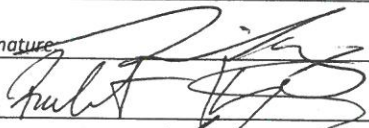
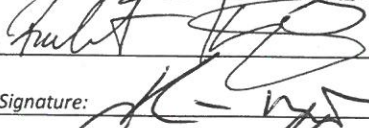
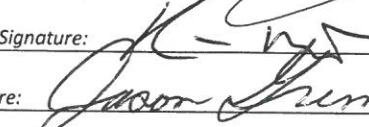

Type of Offense: Vehicle Pursuit			Incident/DR Number: LC191631	
Location of Incident				
Street Address or Location:			Time: 0158	Date: 9/20/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	553	Corporal	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Weiss	524	Sergeant	On	Uniform
Don McCarthy	561	Corporal	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input checked="" type="checkbox"/> Group of People: Age: 20 Race: White Height: 5'9" Weight: 145 Age: 19 Race: White Height: 5'7" Weight: 150 Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply) <input type="checkbox"/> Armed <input type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Attempted escape			Under the Influence <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to: <input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <input type="checkbox"/> Defend another <input checked="" 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: Pulled suspect through window to get out of vehicle.		
<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.				

Under Sheriff Signature: <i>Jason Lumina</i>	Date: 9/20/19
Comment: Click here to enter text.	



Type of Offense: Warrant Arrest		Incident/DR Number: LC191649		
Location of Incident				
Street Address or Location:			Time: 0403	Date: 9/24/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Haegele, Michael A	552	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Getz, Ken	533	Corporal	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
Suspect Information				
Suspect: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 31 Race: White Height: 5'5" Weight: 100lbs Age: Race: Height: Weight: Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Resisted arrest <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: <input type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input 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 checked="" type="checkbox"/> Other: Iron wrist takedown
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	

top of the female's hip and forced her to stay on the ground. The female was instructed to put her hands behind her back. She eventually complied and I finished handcuffing her. I realized her handcuff was very tight on her left wrist and assisted in standing her up. Corporal Getz and I moved her to the back of the vehicle and I adjusted her handcuffs. I asked the female if she was experiencing any pain. She expressed feeling pain in her left ankle and left wrist. I requested an ambulance respond to check the female. After speaking to the ambulance, the female asked to go to the hospital for further evaluation. I transported the female to Saint Peter's Hospital where she was seen by the emergency room doctor. After having an x-ray taken of her left wrist and forearm, it was determined there was no break and she likely had a sprained wrist. The female was cleared by the doctor and transported to the Lewis and Clark County Detention Center.

Reporting Officer Signature: 	Date: 9/24/19
Supervisor Signature: 	Date: 9/24/19
Division Commander Signature: 	Date: 9/26/19
Under Sheriff Signature: 	Date: 9/27/19
Comment: Click here to enter text.	



Type of Offense: Warrant Arrest		Incident/DR Number: LC190519		
Location of Incident				
Street Address or Location:			Time: 1245	Date: 9/4/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Greg Holmlund	548	Corporal	On	Civilian
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bill Pandis	556	Corporal	On	Civilian
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 42 Race: White Height: 60 Weight: 175 Age: Race: Height: Weight: Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input checked="" type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input checked="" type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input checked="" type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose:		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		<input type="checkbox"/> Angle Kick
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		<input type="checkbox"/> Other: Explain.
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input 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.				

Comment: [Click here to enter text.](#)



Type of Offense: Obstruction, PODD, PODP, Warrants		Incident/DR Number: LC191519		
Location of Incident				
Street Address or Location:			Time: 0410	Date: 9/4/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andy Haegele	552	Senior Deputy	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.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 25 Race: black Height: 5'11" Weight: 160lbs Age: Race: Height: Weight: Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> None Apparent	
<input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose:		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Click here to enter text. Lot number: Click here to enter text.				

Supervisor Signature: <i>Robert [Signature]</i>	Date: 9-21-19
Division Commander Signature: <i>[Signature]</i>	Date: 9/4/19
Under Sheriff Signature: <i>Jason [Signature]</i>	Date: 9/9/19
Comment: Click here to enter text.	



Type of Offense: Motor Vehicle Theft		Incident/DR Number: HP194788-1		
<i>Location of Incident</i>				
Street Address or Location:1			Time: 2256	Date: 9/3/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	564	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bob Kinyon	528	Sergeant	On	Uniform
Brad Bragg	553	Corporal	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
<i>Suspect Information</i>				
Suspect: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input checked="" type="checkbox"/> Group of People: Age: 32 Race: White Height: 5-01 Weight: 130 Age: 21 Race: White Height: 6-00 Weight: 160 Age: Race: Height: Weight:				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<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:				
<i>Use of Force / Control Necessary to:</i>				
<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: High Risk Traffic Stop <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				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other:		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	

