



Type of Offense: PFMA Arrest

Incident/DR Number: LC191459

Location of Incident

Street Address or Location:

Reporting Officer's Name:	Badge #	Rank	Time: 2040	Date: 8/25/2019
Don McCarthy	561	Corporal	Duty Status: On	Attire: Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire:
Tyler Coburn	5-55	Deputy	On	Uniform
Jared Ryan	7-26	Corporal	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	

Suspect Information

Suspect: Male Female Animal Group of People:
 Age: 34 Race: Caucasian Height: 5'9" Weight: 200 Age: Race: Height: Weight: Age: Race:
 Height: Weight:

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:

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

Force Used

Physical Control:

- Soft Empty Hand Techniques
- Escort Position
 - Transport Wrist Lock
 - Straight Armbar Takedown
 - Pressure Points
 - Other:

Hard Empty Hand Techniques

- Palm Heel
- Straight Punch
- Brachial Stun
- Suprascapular Stun
- Front Thrust Kick

Effective: Yes No

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

OC Spray: Discharged: Yes No

Exposure: Airborne only Targeted area Single spray Multiple spray

Effective: Yes No

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No

Effective: Yes No

Exposure: Yes No

Heavy clothing Malfunction

Drive stun
 Cartridge discharge

Close probe strikes No physical effect
 Missed

Cycles: Click here to enter text.

Taser Serial Number:

Cartridge(s) Serial Number:

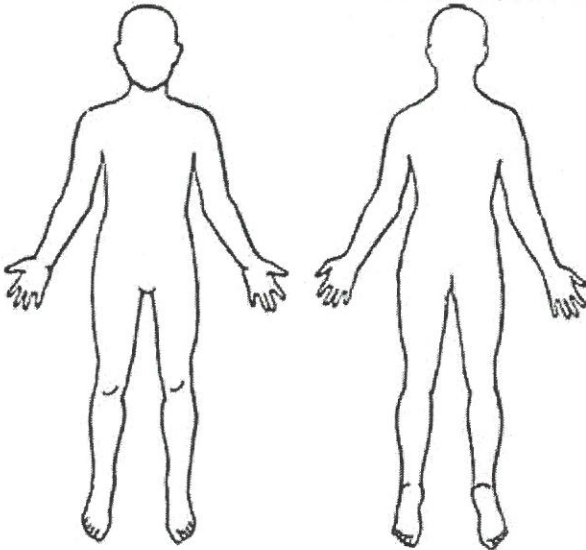
Impact Weapons

Effective: Yes No

Baton Weapon of opportunity Other: Explain.

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

Indicate Impact Zones on Suspect



Injuries

Officer

Suspect

None
 Bruises
 Abrasions
 Lacerations
 Broken Bones
 Other: Explain

None
 Bruises
 Abrasions
 Lacerations
 Broken Bones
 Other: Explain

Check by Medical

Officer: Yes No

Suspect: Yes No

Transported to Hospital

Officer: Yes No

Suspect: Yes No

After Action Report: Suspect was being placed under arrest for PFMA. Suspect was asked to turn around and place his hands behind his back. Suspect clinched his fists, turned toward the deputy, and said "No." Deputy pulled his taser from his holster and pointed it at the suspect. Suspect eventually placed his hands behind his back and was detained.

Reporting Officer Signature:

Date: 8/30/2019

Supervisor Signature:

Date: 8/30/2019

Division Commander Signature:

Date: 8/30/19

Under Sheriff Signature:

Date: 8/9/19

Comment: Click here to enter text.



Type of Offense: Warrants Incident/DR Number: CFS-072219-133

Location of Incident

Street Address or Location: Time: 1600 Date: 7/22/2019

Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Coppola	530	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Ward	542	Deputy/CID	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: Male Female Animal Group of People:
 Age: 21 Race: white Height: 6ft Weight: 200 Age: Race: Height: Weight: Age: Race: Height: Weight:

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: Suspect was at the above location with a person who has history of violence with law enforcement
- 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.

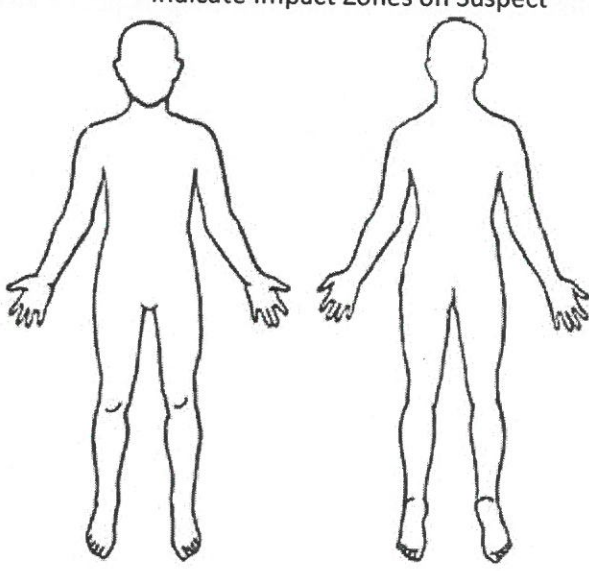
OC Spray: Discharged: Yes No Effective: Yes No

Exposure: Airborne only Targeted area Single spray Multiple spray

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

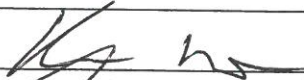

<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair	
<input checked="" type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure: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

Taser Serial Number:	Cartridge(s) Serial Number:
<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Firearms: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Number of rounds fired:)Serial number or department number of firearm(s) used:	

<p>Indicate Impact Zones on Suspect</p> 	<p>Injuries</p> <table border="0"> <tr> <th style="text-align: left;">Officer</th> <th style="text-align: left;">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:</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:
	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:														
<p>Check by Medical</p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>															

After Action Report: Deputy Ward and I arrived to above _____ at approximately 1545 hours, July 22, 2019 to look for _____, a parolee at large from California. _____ has a history of violence with law enforcement. The manager requested we show him his warrant from California prior to letting us knock on the door and make an arrest. Rm 212, where _____ was staying, door was open when we arrived. We announced ourselves and opened the door the rest of the way. The room was empty. The manager later stated _____ may be in Rm 227. We knocked on the door and announced. The manager opened the door, but the door was bolted shut from the inside. I pointed my taser on who I believe to be _____ at first. The male, later identified as _____, voluntarily opened the door and walked out to speak to us. As soon as _____ opened the door and was identified as not being _____, my taser was holstered.

Reporting Officer Signature: _____	Date: 27/6/19
Supervisor Signature: _____ 545	Date: 7/29/19

Division Commander Signature: 	Date: 7/31/19
Under Sheriff Signature: 	Date: 8/2/19
Comment: Click here to enter text.	

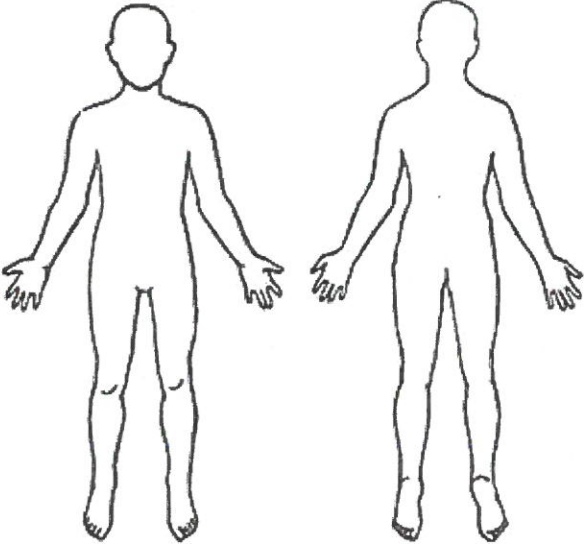


Type of Offense: Warrants		Incident/DR Number: LC191117		
Location of Incident				
Street Address or Location:			Time: 0819	Date: 7/6/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Metcalf	547	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Uriah Wood	525	Sergeant	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: 36 Race: Non Hispanic Height: 601 Weight: 180 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 checked="" type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: <input type="checkbox"/> Attempted escape			Under the Influence <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to: <input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <input 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 type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other:		Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick <input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input 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>Jose Jimenez</i>	Date: <i>7/9/19</i>
Comment: Click here to enter text.	



Type of Offense: Involuntary Protective Custody		Incident/DR Number: LC191106-1		
Location of Incident				
Street Address or Location: _____			Time: 2110	Date: 7/4/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jordan Chriske-Hall	521	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	561	Corporal	On	Uniform
Brandon Wootan	773	Officer	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: 14 Race: White Height: 5'6" Weight: 145 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 type="checkbox"/> Resisted arrest <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input checked="" 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 checked="" 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 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:		<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	

<input checked="" type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair																									
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction																								
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge Cycles: Click here to enter text.	<input type="checkbox"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Missed																								
Taser Serial Number:	Cartridge(s) Serial Number:																								
<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.																									
<input type="checkbox"/> Firearms: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Number of rounds fired: }Serial number or department number of firearm(s) used:																									
<p>Indicate Impact Zones on Suspect</p> 	<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">Injuries</td> </tr> <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> <tr> <td colspan="2" style="text-align: center;">Check by Medical</td> </tr> <tr> <td>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>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>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	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: <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
Injuries																									
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Transported to Hospital																									
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
<p>After Action Report: Juvenile female placed under involuntary protective custody. Deputies/Officers attempted to handcuff and place her in the back seat of the patrol vehicle. Female was kicking and preventing Deputies/Officers from securing her in the vehicle. Female was placed on the ground. She continued to resist and hit her head on the patrol vehicle. Female was secured in the wrap restraint system and transported to St. Peter's Hospital.</p>																									
Reporting Officer Signature: <i>[Signature]</i>	Date: 07/06/19																								
Supervisor Signature: <i>[Signature]</i>	Date: 7-7-19																								
Division Commander Signature: <i>[Signature]</i>	Date: 7/9/19																								
Under Sheriff Signature: <i>[Signature]</i>	Date: 7/9/19																								
Comment: Click here to enter text.																									



Type of Offense: Alarms		Incident/DR Number: CFS-061819-13		
Location of Incident				
Street Address or Location:			Time: 0218	Date: 6/18/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Coppola	530	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Metcalf	547	Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 50 Race: white Height: 6ft Weight: 300 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 checked="" 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 checked="" type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: Suspect was at the above location and gave the alarm company an improper code		
<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"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input checked="" type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Shoulder Pin Restraint		
		<input type="checkbox"/> Knee Strike		
		<input type="checkbox"/> Angle Kick		
		<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

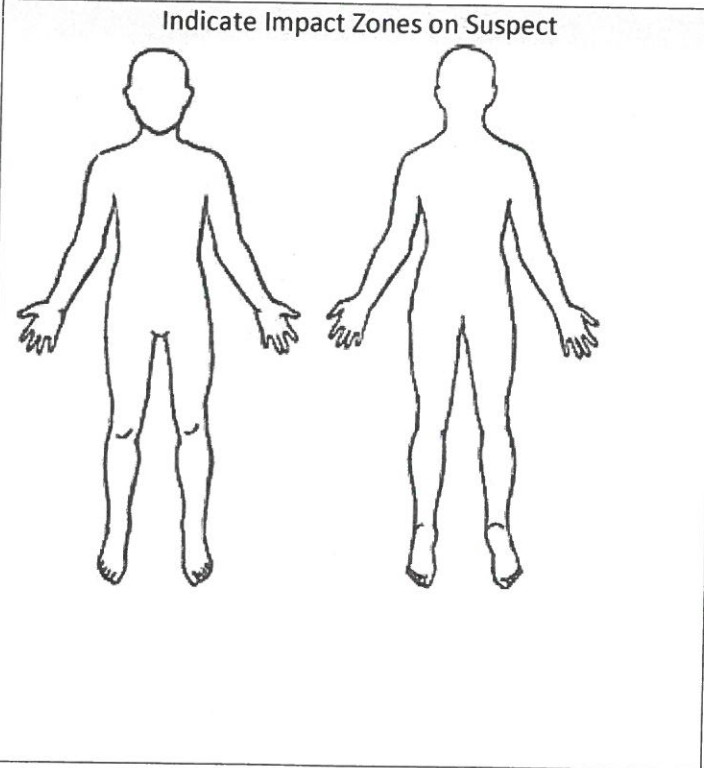
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge Cycles: Click here to enter text.	<input type="checkbox"/> Close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

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

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: _____



Injuries	
Officer	Suspect
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Bruises	<input checked="" 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: Suspect received a bruise on his inner left arm from being grabbed prior to being handcuffed

Check by Medical

Officer: Yes No
Suspect: Yes No

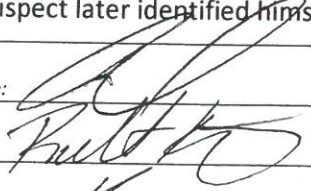
Transported to Hospital

Officer: Yes No
Suspect: Yes No

After Action Report: Deputy Metcalf and I took this call for Helena PD at their request. Suspect was in the back of the location unloading a _____ and had the keys to the back door of the restaurant to make a delivery. He had given the alarm company an improper code. When I arrived, Deputy Metcalf was already onscene attempting to have the driver identify himself. He refused to identify himself and continuously stated he was not going to tell us anything. Both Deputy Metcalf and I tried to explain to the suspect Montana Code 45-5-401, Investigative Stop and reiterate it was simply to ensure he was supposed to be at the location making a delivery. He continued to not identify himself and was ignoring our requests. Deputy Metcalf explained if he did not comply, we would detain him in handcuffs until he is identified. He still refused to

identify himself and continued to ignore our requests. After Deputy Metcalf asked him multiple times to put his hands behind his back, I grabbed his left arm to place it behind his back. Although he stated he would put his hands behind his back, he continued to resist. I tighten my grip and forced his arm behind his back. Deputy Metcalf took out his taser, pointed it at the suspect and warned him to stop resisting or he will get tased. After the suspect turned and saw Deputy Metcalf had his taser pointed at him, he let us handcuff him without further incident. Suspect later identified himself and was released with no charges.

Reporting Officer Signature:



Date: 18 Jun 19

Supervisor Signature:



Date: 6-18-19

Division Commander Signature:



Date: 6/19/19

Under Sheriff Signature:



Date: 6/24/19

Comment: Click here to enter text.



Type of Offense: Warrant Arrest		Incident/DR Number: LC190997		
Location of Incident				
Street Address or Location:			Time: 0926	Date: 6/15/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	561	Corporal	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 27 Race: White Height: 5' 11" 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 checked="" 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			<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 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 type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other:		Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

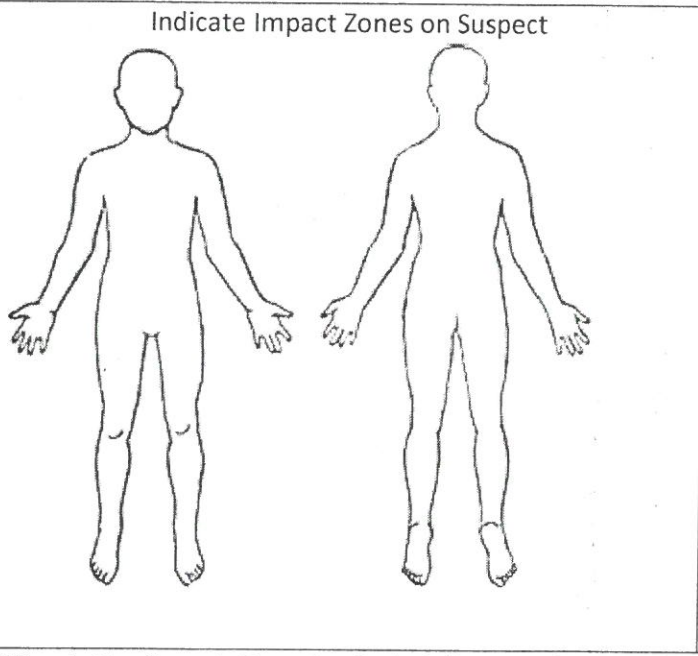
Drive stun Close probe strikes No physical effect
 Cartridge discharge Missed
Cycles: Click here to enter text.

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:



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

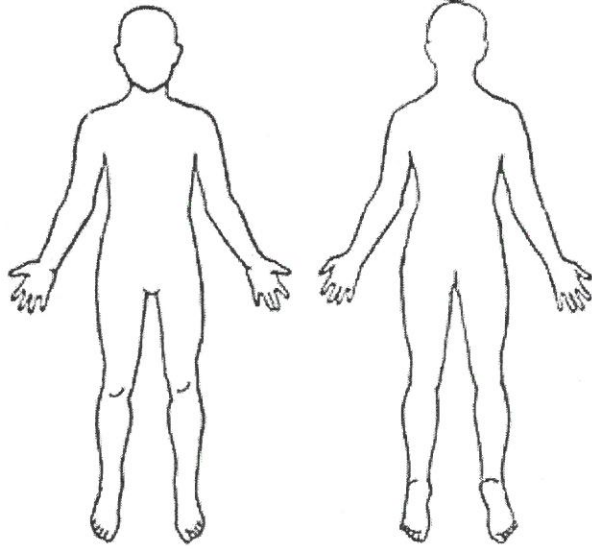
After Action Report: Deputies Cody Colbert, Andy Haegele, and Tyler Coburn attempted to make contact with the suspect in the parking lot at The suspect had confirmed warrants out of Oregon, Washington, and Jefferson County. The suspect was wanted for questioning in regards to several burglaries. The suspect fled on foot and I remained in my vehicle while the other deputies chased him on foot. I caught up to the suspect north of Billings Ave., near the railroad tracks. The suspect stopped running in front of my vehicle and put his hands in the air. I pointed my pistol at him and ordered him to the ground. The suspect complied and was taken into custody. The suspect stated he swallowed some heroin and needed an ambulance. The suspect was taken by ambulance to the ER and cleared by medical staff. The suspect was booked into the jail on the warrants with pending burglary charges.



Reporting Officer Signature: Date: 6/16/2019

Supervisor Signature: <i>Chris Wren</i>	Date: 6/20/19
Division Commander Signature: <i>[Signature]</i>	Date: 6/20/19
Under Sheriff Signature: <i>Jason Summisa</i>	Date: 6/24/19
Comment: Click here to enter text.	



Type of Offense: PFMA-Strangulation		Incident/DR Number: LC190975		
Location of Incident				
Street Address or Location:			Time: 0218	Date: 6/12/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Coppola	530	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Matt Reighard	545	Sgt	On	Uniform
John Kaleczyc	753	Officer	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: 34 Race: white Height: 5ft 6in Weight: 140 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 checked="" type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input 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 checked="" type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: Suspect was hiding in a shed under a large dog bed and deputies were unable to see his hands		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input checked="" type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		<input type="checkbox"/> Angle Kick
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		<input type="checkbox"/> Other: Explain.
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Click here to enter text. Lot number: Click here to enter text.				

<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair																													
<input checked="" type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge Cycles: Click here to enter text.																												
<input type="checkbox"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Missed																													
Taser Serial Number: _____ Cartridge(s) Serial Number: _____																													
<input type="checkbox"/> Impact Weapons Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																													
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.																													
<input checked="" type="checkbox"/> Firearms: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Number of rounds fired:) Serial number or department number of firearm(s) used:																													
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Injuries</td> </tr> <tr> <td style="width:50%; text-align: center;">Officer</td> <td style="width:50%; 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> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;">Check by Medical</td> </tr> <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> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;">Transported to Hospital</td> </tr> <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>	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:	<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
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Officer:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
Suspect:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
<p><i>After Action Report:</i> Suspect was seen by his vehicle at _____ . Sgt Matt Reighard and Corporal Stolz verified the plate was the same as the complainant reported leaving the residence after a PFMA occurred. Suspect ran away from the vehicle and was later found hiding under a large dog bed in the back corner of a garage north of the residence. Sgt Reighard, Deputy Coppola and Helena PD K9 Officer Kaleczyc opened the door to the garage. After Officer Kaleczyc informed the suspect he was getting his K9, suspect slowly stood up from under the dog bed. Suspects hands were not visible at this time and it was unknown if the suspect had any weapons in his hands or on his person. Sgt Reighard and Officer Kaleczyc had their handguns pointed at the suspect. Deputy Coppola had his Taser pointed at the suspect. Once it was determine he had no weapons in his hands, Sgt Reighard and Officer Kaleczyc holstered their weapons to handcuff the suspect. I kept my Taser pointed at the suspect until he was handcuffed, once handcuffed, I holstered my Taser.</p>																													
Reporting Officer Signature: _____	Date: 6/12/19																												
Supervisor Signature: _____	Date: 6/12/19																												

Division Commander Signature: 	Date: 6/12/19
Under Sheriff Signature: 	Date: 6/14/19
Comment: Click here to enter text.	



Type of Offense: Warrant Arrest		Incident/DR Number: LC190972		
<i>Location of Incident</i>				
Street Address or Location:.			Time: 1620 hours	Date: 6/12/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
R. Rivera	5-23	Deputy Sheriff	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
J. Stiener	5-54	Senior 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.		
<i>Suspect Information</i>				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 41 Race: Caucasian Height: 510 Weight: 190 Age: Race: W Height: Weight: Age: Race: Height: Weight:				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<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 checked="" type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<i>Use of Force / Control Necessary to:</i>				
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<i>Force Used</i>				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Soft Empty Hand Techniques</i>		<i>Hard Empty Hand Techniques</i>		
<input checked="" type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Shoulder Pin Restraint		
		<input type="checkbox"/> Knee Strike		
		<input type="checkbox"/> Angle Kick		
		<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

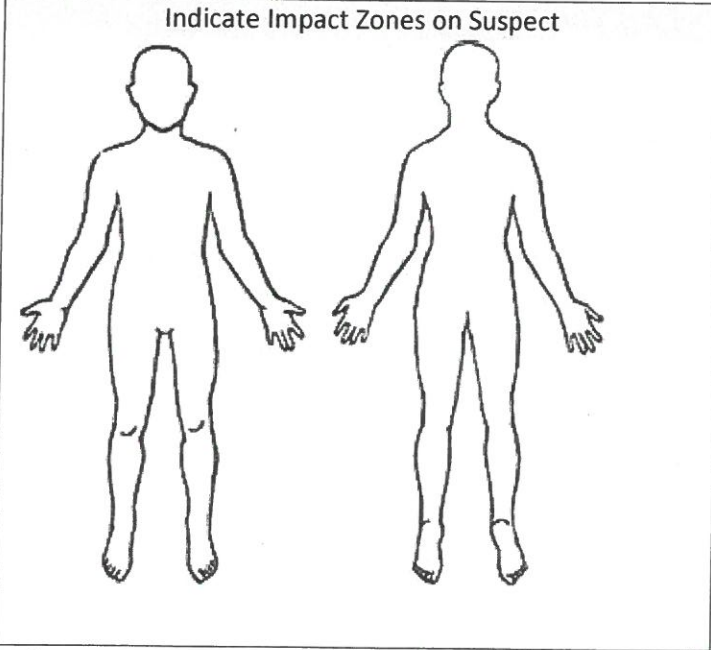
Drive stun Close probe strikes No physical effect
 Cartridge discharge Missed
Cycles: Click here to enter text.

Taser Serial Number: Cartridge(s) Serial Number:

Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Handcuffs / physical contact

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
<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:	<input type="checkbox"/> Other: Explain




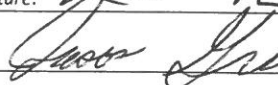
Check by Medical

Officer: Yes No
Suspect: Yes No

Transported to Hospital

Officer: Yes No
Suspect: Yes No

After Action Report: Was informed by an anonymous caller the suspect was inside a 5th wheel camper outside the house. The suspect had a \$10,000 warrant out of Cascade County and was said to have violent tendencies and history of drug abuse. When we arrived, a female came out of the camper and stated she did not know if the male was inside even though the camper is very small and appeared impossible. The female gave us permission to search the camper for the suspect. I took out my handgun and Steiner used his taser. I yelled into the camper to the suspect to come out but got no response. I informed the suspect inside the camper I had my handgun out but got no response. I cut the pie while slowly entering the camper and the small room to the front. I walked into the front area of the camper and found the suspect hiding on the floor inside a closet. I ordered the suspect to crawl out into the open until he could lay on his stomach. Steiner switched to handcuffing and I switched to my taser. The suspect was handcuffed without further incident.

Reporting Officer Signature:  523	Date: 6/12/19
Supervisor Signature:  548	Date: 6/13/19
Division Commander Signature:  505	Date: 6/13/19
Under Sheriff Signature:  502	Date: 6/14/19
Comment: Click here to enter text.	



Type of Offense: Traffic offense Incident/DR Number: CFS 060919-157

Location of Incident

Street Address or Location: Time: 2215 hours Date: 6/9/2019

Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
T. Galahan	5-50	Patrol Deputy	On	Uniform

Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
T. Galahan	5-50	Patrol Deputy		

Click here to enter text. Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text. Click here to enter text.

Suspect Information

Suspect Sex: Male Female Animal Group of People: Age: 30 Race: White Height: 5'10" Weight: 165 pounds

Applicable Suspect Conditions (Check all that apply)

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

Under the Influence

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

Use of Force / Control Necessary to:

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

Warning Given: Yes No Not Feasible

Force Used

Physical Control:

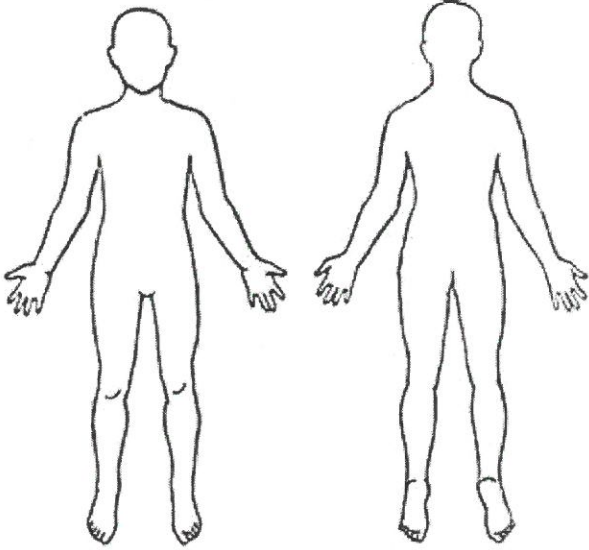
- Soft Empty Hand Techniques
- Escort Position
 - Transport Wrist Lock
 - Straight Armbar Takedown
 - Pressure Points
 - Other:

- Hard Empty Hand Techniques
- Palm Heel
 - Straight Punch
 - Brachial Stun
 - Suprascapular Stun
 - Front Thrust Kick
 - Knee Strike
 - Angle Kick

- Shoulder Pin Restraint
- 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 type="checkbox"/> No		Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)															
Exposure: Cycles: <input type="checkbox"/> 1		<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction														
<input type="checkbox"/> Drive stun <input type="checkbox"/> 2		<input type="checkbox"/> Close probe strikes	<input type="checkbox"/> No physical effect														
<input type="checkbox"/> Cartridge discharge <input type="checkbox"/> 3		<input type="checkbox"/> Missed															
Taser Serial Number:		Cartridge(s) Serial Number:															
<input type="checkbox"/> Impact Weapons		Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No															
<input type="checkbox"/> Baton <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: Explain.																	
<input checked="" type="checkbox"/> Firearms: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Number of rounds fired: 0 Serial number of firearm(s) used: VCP525																	
Indicate Impact Zones on Suspect 		Injuries <table border="0"> <tr> <td>Officer</td> <td>Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input 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 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																
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<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: I conducted a traffic stop of a vehicle traveling northbound on I-15 near mile post 216. When I exited my patrol vehicle, the driver opened the driver's door and looked back at me. The driver was asked why he opened the door and did not respond. The driver then looked back in the vehicle and I gave the verbal command to have the male shut his door. The male still did not acknowledge me and I told him to show his hands if he was going to have the door open. The driver did not comply with this and I unholstered my duty weapon keeping it in a low ready position. I radioed for backup and at this point the driver stepped out of the car with his hands in the air. I asked the male to turn away from me and had him kneel down on both knees. I detained the male and was told he couldn't hear me earlier. The male also told me he opened the door because the windows don't work. The male was clear of any warrants and released from my custody. Nothing further to report.																	
Reporting Officer Signature: <i>Tony Spalton</i>		Date: 6/9/19															
Supervisor Signature: <i>[Signature]</i>		Date: 6/9/19															
Division Commander Signature: <i>[Signature]</i>		Date: 6/14/19															

Under Sheriff Signature:

Jason J. Williams

Date:

6/14/19

Comments:

[Empty comment box]



Type of Offense: Resisting Arrest/Obstructing a Peace Officer			Incident/DR Number: HP192722	
Location of Incident				
<i>Street Address or Location</i>			Time: 0116	Date: 5/21/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Metcalf	547	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jason Crum	549	Sgt	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: 38 Race: white Height: 600 Weight: 205 Age: Race: Height: Weight: Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input checked="" 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 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"/> 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 checked="" type="checkbox"/> Other: tackled to ground and attempted to place in handcuffs
<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 Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

Exposure: Yes No Heavy clothing Malfunction

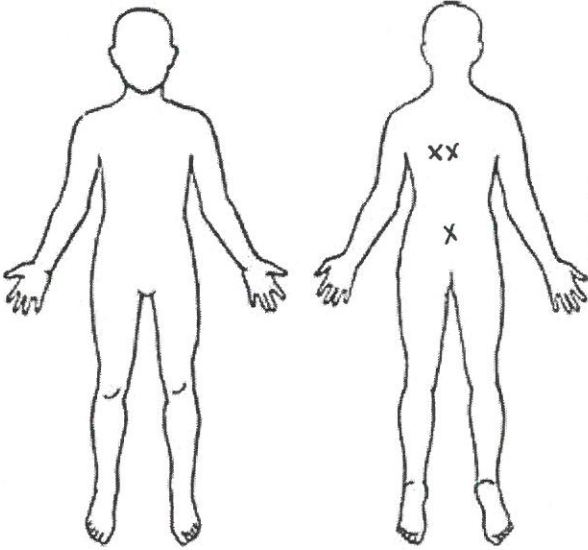
Drive stun Close probe strikes No physical effect
 Cartridge discharge Missed
Cycles: two

Taser Serial Number: #8 Cartridge(s) Serial Number: C4105TXNR

Impact Weapons Effective: Yes No

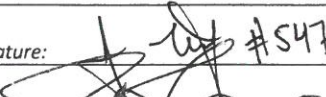
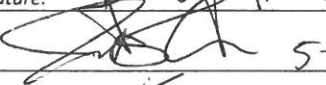
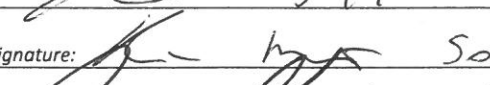

Baton Weapon of opportunity Other: Explain.

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														
	<table style="width: 100%;"> <tr> <th style="text-align: left; width: 50%;">Officer</th> <th style="text-align: left; width: 50%;">Suspect</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input checked="" 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 type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input checked="" 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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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 Jess Metcalf and Sergeant Jason Crum assisted the Helena City Police Department with a suicidal male who was known to use drugs and carry weapons. It was also known the male had an active arrest warrant for Parole Absconding. Deputy Metcalf located him at and was by himself for a short time. The male would not comply with Deputy Metcalf's commands while being held at taser point. The male was being verbally aggressive and told Deputy Metcalf to shoot him. Upon Sergeant Crum's arrival, the male was still not complying with orders to get on the ground. Deputy Metcalf tackled the male onto the ground. The male immediately began resisting, fighting and grabbing at the deputies. At one point the male grabbed Sergeant Crum's leg, almost taking him to the ground. Sergeant Crum deployed his taser (from a few inches away) into his back. Both probes penetrated his leather coat and Sergeant Crum used the taser itself to drive stun him in the area of the small of his back. This caused him to lose intermuscular

control for a short time as he was being taken to the ground. When he was on the ground, the five second cycle stopped. As soon as the cycle stopped, he began trying to fight Deputies again. Sergeant Crum activated the taser again for another five second cycle which caused him to stop fighting and deputies were able to get him handcuffed without further incident. Due to the male's combative nature, he was taken directly to the Detention Center by the Helena Police Department prior to ambulance staff evaluating him. While at the Detention Center, the male was asked by HPD Officers if the ambulance staff could evaluate him for injuries. The male refused to answer the HPD officers and ignored all of their questions. Deputy Metcalf had abrasions on his right knuckles and both knees from fighting with the male on the pavement.

Reporting Officer Signature:  #547	Date: 5-21-19
Supervisor Signature:  549	Date: 5/21/19
Division Commander Signature:  505	Date: 5/21/19
Under Sheriff Signature: 	Date: 5/21/19
Comment: Click here to enter text.	