


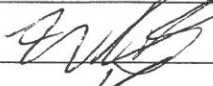




Type of Offense: Attempted Warrant Arrest		Incident/DR Number: LC190296		
Location of Incident				
Street Address or Location			Time: 1409	Date: 2/22/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
McCarthy	561	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
			On	Uniform
Suspect Information				
Suspect Sex: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: Race: N Height:508 Weight: 185				
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 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 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: Explain.		
<input type="checkbox"/> Defend another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Warning Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
Force Used				
<input type="checkbox"/> Physical Control:				
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun			
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun			
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			
	<input type="checkbox"/> Knee Strike			
	<input type="checkbox"/> Angle Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Lot number:				
<input type="checkbox"/> Wrap Restraint System				
<input 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				



Type of Offense: Welfare Check/ Protective Custody		Incident/DR Number: LC190540		
Location of Incident				
Street Address or Location:			Time: 1918	Date: 4/3/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Blythe, Andrew	566	Cpl	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 type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 21 Race: w Height: 5'5" Weight: 115 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 checked="" type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input 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 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 checked="" 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				

reported her finger was broken during this movement. Deputy contacted medical to respond as the hospital had left an IV in her hand. Female did not complain of any injuries to ambulance staff and the IV was removed without incident.

Reporting Officer Signature: 	Date: 4/4/19
Supervisor Signature: 	Date: 4-5-18
Division Commander Signature: 	Date: 4/5/19
Under Sheriff Signature: 	Date: 4/9/19
Comment: Click here to enter text.	

Type of Offense: Protective Custody		Incident/DR Number: LC191979		
Location of Incident				
Street Address or Location..			Time: 1514	Date: 11/22/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Brian Robinson	538	SGT	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	564	Deputy	On Duty	Uniform
Ryan Zarske	532	Deputy	On Duty	Uniform
MHP	358/196	Trooper	On Duty	Uniform
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 33 Race: White Height: 5'11" Weight: 136 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 type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input checked="" type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input checked="" type="checkbox"/> Other: Reported to be suicidal and fired a round		<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 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"/> 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: Explain.	<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.

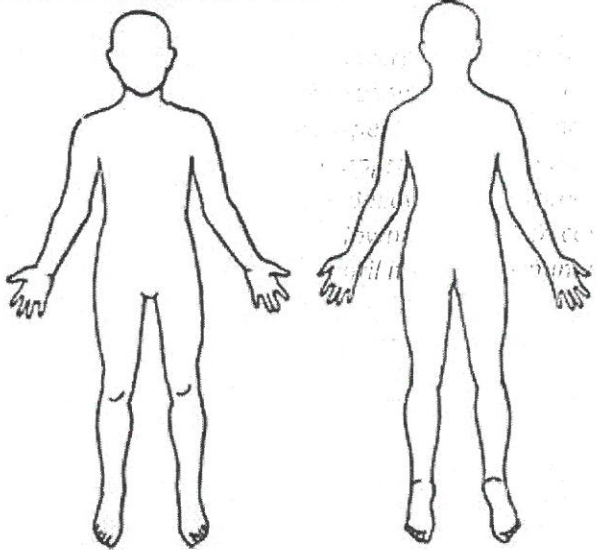
Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.


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

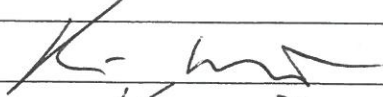
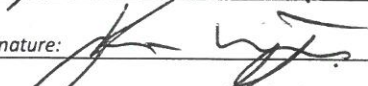
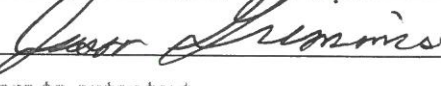
Discharged: Yes No Number of rounds fired: None

Serial number or department number of firearm(s) used: Sig P320 58A158671

<p>Indicate Impact Zones on Suspect</p> 	<p>Injuries</p> <table border="0"> <tr> <td>Officer</td> <td>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														
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>															

After Action Report: Deputies were dispatched to an address for a suicidal male. The caller told the dispatcher he had been speaking to the suspect who was suicidal. The caller said he heard a loud bang, and then had no further response from the suspect via phone. The caller believed the bang he heard was a gunshot. Deputies arrived at the residence and approached with their firearms. It was unknown if the suspect had shot himself or had just discharged a round. Believing the suspect to be armed deputies searched a garage and the residence with their weapons pointed downrange. When contact was made with the suspect, Sergeant Robinson pointed his handgun at the suspect until it was determined he was unarmed. The suspect was taken into protective custody without any issue.

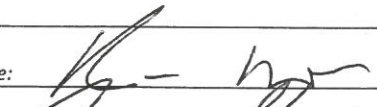

Reporting Officer Signature:  Date: 11-22-19

Supervisor Signature: 	Date: 11/25/19
Division Commander Signature: 	Date: 11/25/19
Under Sheriff Signature: 	Date: 11/2/19
Comment: Click here to enter text.	

Type of Offense: High Risk Stop on Stolen Vehicle			Incident/DR Number: LC192124-1	
Location of Incident				
Street Address or Location:			Time: 1336	Date: 12/27/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	5-61	Corporal	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Neil Marks	5-43	Deputy	On Duty	Uniform
Brad Bragg	5-53	Corporal	On Duty	Uniform
Chris Weiss	5-24	Sergeant	On Duty	Uniform
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 17 Race: Caucasian Height: 5' 8" 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: <i>ation of:</i>				
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 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: Operating a Stolen Vehicle		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: High Risk Stop on stolen vehicle.		
<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: Explain.		<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	



Type of Offense: Protective Custody		Incident/DR Number: LC191498		
Location of Incident				
Street Address or Location:			Time: 1803	Date: 8/30/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tony Galahan	5-50	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Robert Rivera	5-23	Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 34 Race: White Height: 5'10" Weight: 212 lbs 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input checked="" 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 checked="" 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.				

Division Commander Signature: 	Date: 9/5/19
Under Sheriff Signature: 	Date: 9/9/19
Comment: *** Under the physical control section, the male was detained using chain style handcuffs, they were checked for proper tightness and double locked. The male continued to resist and had to be escorted to the ground multiple times due to him physically resisting and not listening to verbal commands.	



Type of Offense: Search Warrant		Incident/DR Number: hp19471-8		
Location of Incident				
Street Address or Location:			Time: 0600	Date: 8/27/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andrew Blythe	566	Cpl	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
HPD/LCSO SWAT	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 checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input checked="" type="checkbox"/> Group of People: Age: 38 Race: H Height: 5-09 Weight: 160 Age: 37 Race: White Height: 5-04 Weight: 140 Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input checked="" type="checkbox"/> Armed <input checked="" type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input checked="" type="checkbox"/> Other:	
<input type="checkbox"/> Alcohol <input checked="" 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 checked="" type="checkbox"/> Accomplish official purpose: High Risk Search Warrant <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 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 checked="" 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			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Under Sheriff Signature: <i>Jason Jimmis</i>	Date: <i>9/30/19</i>
Comment: Click here to enter text.	