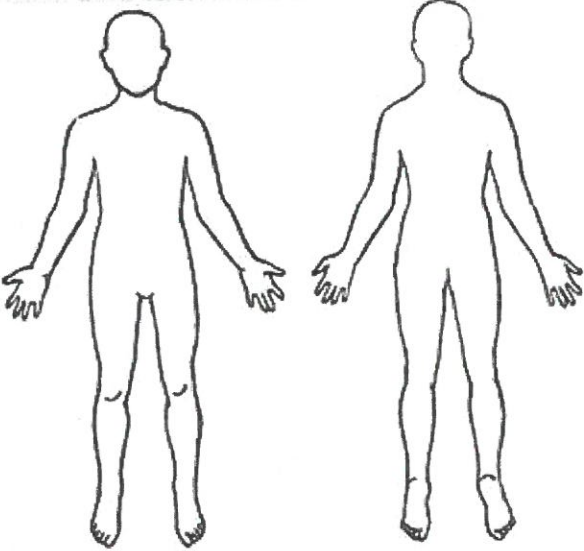
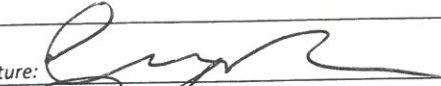
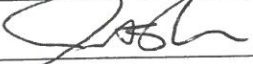






Type of Offense: Probation absconder		Incident/DR Number: EH190173		
Location of Incident				
Street Address or Location: _____			Time: 1635	Date: 7/2/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	5-31	Sr. Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
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: 30 Race: White Height: 601 Weight: 195 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 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 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 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	

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 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"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Cartridge discharge <input type="checkbox"/> Missed Cycles: Click here to enter text.														
Taser Serial Number: #19	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: 0 Serial number or department number of firearm(s) used: BLAU289															
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;">Injuries</p> <table style="width:100%; border: none;"> <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> <p style="text-align: center;">Check by Medical</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">Transported to Hospital</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
Officer	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>After Action Report: EHPD was pursuing a male who fled on foot during a check on a suspicious vehicle at . I was in the area and responded to assist. Chief Harrington located the male entering a garage at . The male exited the garage and fled from me. I initially had my duty gun in hand and quickly transitioned to my Taser. The male was ordered to stop or he would be tased, but he did not comply. After a very short foot pursuit, we caught up to the male. As we went to handcuff him, he physically resisted by pulling his arms in front of him. I had to physically force his right arm behind him to get him in handcuffs. He complained of trouble breathing due to asthma and was transported by ambulance for evaluation of that condition.</p>															
Reporting Officer Signature: 	Date: 7/10/19														
Supervisor Signature: 	Date: 7/10/19														

Division Commander Signature: 	Date: 7/10/19
Under Sheriff Signature: 	Date: 7/15/19
Comment: Click here to enter text.	



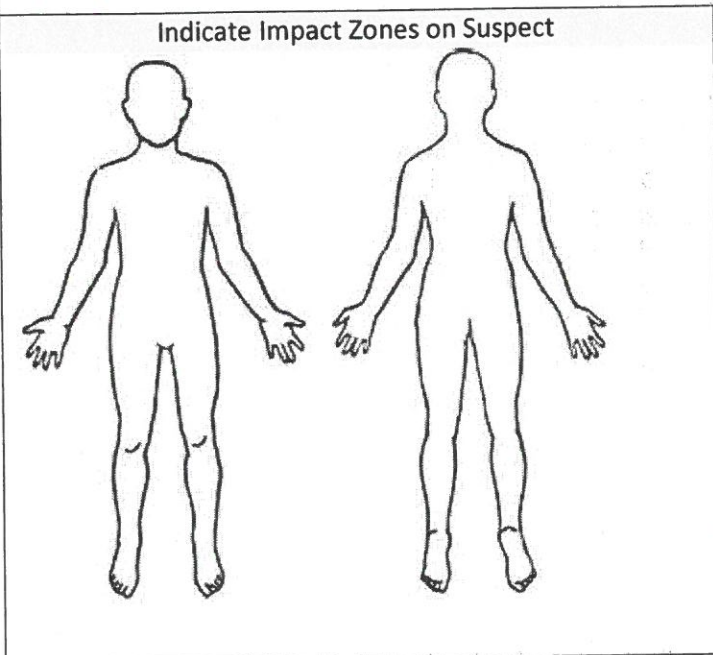
Type of Offense: High Risk Traffic Stop/Stolen Vehicle		Incident/DR Number: LC191041		
Location of Incident				
Street Address or Location:			Time: 1619	Date: 6/24/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Colbert	534	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	531	Senior Deputy	On	Uniform
Jason Crum	549	Sergeant	On	Uniform
Andrew Blythe	566	Corporal	On	Plain Clothes
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People:				
Age: 21		Race: White	Height: 5'11"	Weight: 162
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 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 checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other:	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input checked="" type="checkbox"/> Other: Suspect was driving a stolen vehicle		
<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"/> Transport Wrist Lock	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike	
<input type="checkbox"/> Other:		<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick	
		<input type="checkbox"/> Suprascapular Stun	<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				
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 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:
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<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 checked="" 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: NA					



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

After Action Report: Corporal Blythe informed us he had observed a stolen vehicle on the [redacted]. He advised there were two males in the vehicle. The vehicle dropped one of the males off and continued driving westbound down E. Main St. The vehicle then turned southbound on Montana Ave. I was traveling eastbound on US Highway 12 and observed the vehicle turn westbound on Highway 12. I activated my emergency lights and the vehicle pulled over. I unholstered my duty weapon and began giving the driver commands over the PA system. I pointed my duty weapon at him while he was exiting the vehicle and until he was placed in handcuffs. The driver complied with all commands and was arrested. The driver was transported to the Lewis and Clark County Detention Center without incident

Reporting Officer Signature: 534	Date: 7/16/19
Supervisor Signature: 545	Date: 7/16/19
Division Commander Signature: 505	Date: 7/16/19

Under Sheriff Signature:

Don Lummie

Date:

7/17/19

Comment: Click here to enter text.



Type of Offense: suspicious circumstances Incident/DR Number: 61619-50

Location of Incident

Street Address or Location:			Time: appx 1520	Date: 6/16/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Ross Hannawalt	940	Reserve LT	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Ross Hannawalt	940	Reserve LT	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: Male Female Animal Group of People:
 Age: 17 Race: caucation Height: 508 Weight: 140 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:

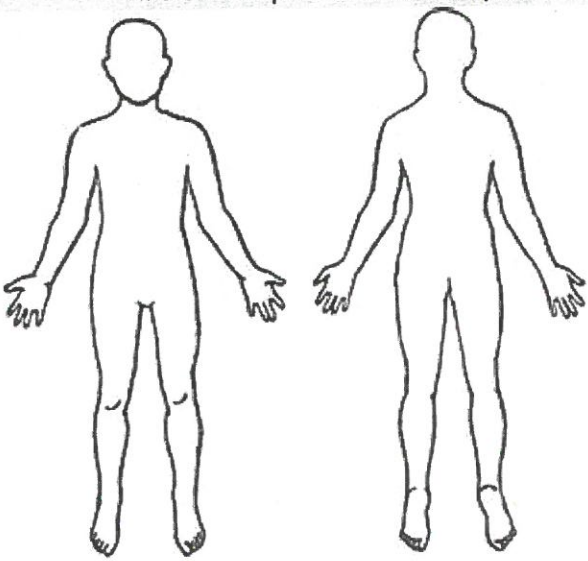
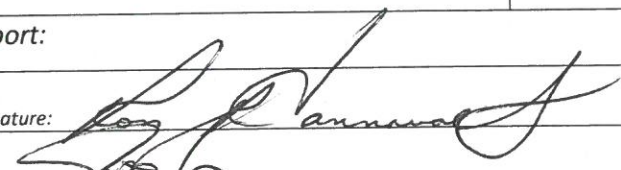



- Defend Self Protective Custody Other:
- Defend another Prevent Escape Accomplish official purpose:
- Make arrest

Commands Given: Yes No Not Feasible Video: Yes 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.

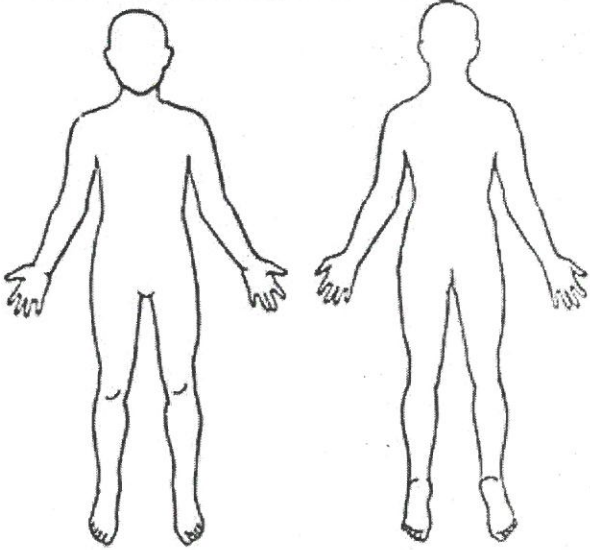
OC Spray: Discharged: Yes No Effective: Yes No
 Exposure: Airborne only Targeted area Single spray Multiple spray
 Serial number: Click here to enter text. Lot number: Click here to enter text.


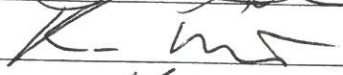
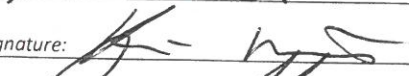

<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair															
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No															
Exposure: <input 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 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:															
Indicate Impact Zones on Suspect	Injuries														
	<table border="0"> <tr> <td style="text-align: center;">Officer</td> <td style="text-align: center;">Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
Officer	Suspect														
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None														
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
	Check by Medical														
	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	Transported to Hospital														
	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
After Action Report:															
Reporting Officer Signature: 	Date: 17 June 2019														
Supervisor Signature: 	Date: 6/18/19														
Division Commander Signature: 	Date: 6/19/19														
Under Sheriff Signature: 	Date: 6/24/19														
Comment: On 6, June, 2019, at approximately 1520 hours, I, Reserve Deputy Ross Hannawalt, Responded to shots fired in the area of . I had just driven through the area approximately 15 minutes prior and had observed a silver mid size SUV with a female in the drivers seat and a male standing outside the drivers side rear door leaning in and bent over into the vehicle. After I received a report of shots fired in that area from dispatch I turned around and went back where I again located the Silver SUV licence plate															

approached the rear of the vehicle and activated mv position 1 emergency lighting. I was able to see the female in the drivers seat, later identified as _____, by the reflection in the drivers side side mirror, but was unable to see into the vehicle due to the dark tint of the windows in the rear. I approached the vehicle and did not see the male and asked the female driver where the male who was standing outside went and she responded " I dont know" . I asked her several times and she continued to state " I don't know" . During the time I began to scan the area which was wooded to see if the male was in the tree's. I asked a third time and I noticed movement in the rear of the SUV in the cargo area. The movement startled me and I drew my pistol and ordered the person to not move. I told the driver to put down her phone and keep her hands where i could see them. _____ informed me that she was recording the incident with her cell phone and I stated that she needed to set it down on the dash and keep her hands out in front of her. At no time did I tell her to stop recording just set the phone down. After she set the phone down I instructed her to roll the windows down and again instructing the individual in the rear not to move. When _____ rolled the windows down I was able to identify the individual in the rear of the SUV as the male who was outside the vehicle when I first saw it, later identified as _____. The male was slumped down in the rear with his hands clasped in front of him. I was able to see he had nothing in his hands so I asked him if he had a firearm and he stated "no". I reached out and opened the door and had him come out of the vehicle. I holstered my pistol and did a quick search of _____ and did not locate a weapon. I had the driver get out of the vehicle, she was wearing shorts and a tee shirt and I did not see any unusual bulges that would indicate a weapon. I had _____ and _____ move to the rear of the vehicle, checked the area in the rear of the vehicle that was in the immediate reach of _____ and found no weapons. After talking with the two, I was able to determine they were not involved with the discharge of any firearms and _____ thought that I had seen _____ in the rear of the vehicle and thought i was asking about a third individual. I explained to _____ and _____ I was sorry for the confusion, but they needed to understand why I acted the way I did due to the circumstances of a firearm being involved. I believe that due to the totality of the situation, _____ evasive response to my question of the location of the male individual and _____ appearing to be hiding in the rear of the vehicle, and the situation involving the discharge of a firearm I was justified in drawing my pistol for my protection.



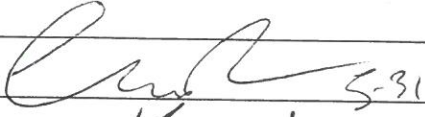
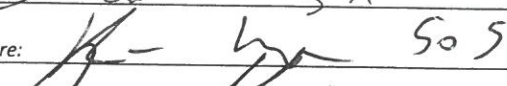
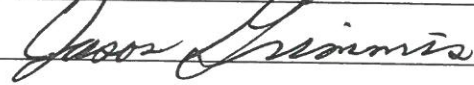
Type of Offense: Warrants/Eluding/Pursuit		Incident/DR Number: HP193216		
Location of Incident 6-13-2019				
Street Address or Location:			Time: 0420	Date: 10/30/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
B. Robinson	5-38	Sergeant	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
J. Boudreau	5-63	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.		
Suspect Information				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 31 Race: White Height: 6-01" Weight: 160 Age: Race: 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 type="checkbox"/> History of violence <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Assaulted civilian <input checked="" type="checkbox"/> Other: <input 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.	
<i>Use of Force / Control Necessary to:</i>				
<input checked="" type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<i>Force Used</i>				
<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.				

<input 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"/> Close probe strikes <input type="checkbox"/> No physical effect <input type="checkbox"/> Missed		
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge Cycles: Click here to enter text.			
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: Sig P320 58A158671 and Glock 17-EUW6761			
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;">Injuries</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p style="text-align: center;">Officer</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain </td> <td style="width: 50%; border: none;"> <p style="text-align: center;">Suspect</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain </td> </tr> </table> <hr/> <p style="text-align: center;">Check by Medical</p> Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <p style="text-align: center;">Transported to Hospital</p> Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;">Officer</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<p style="text-align: center;">Suspect</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain
<p style="text-align: center;">Officer</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<p style="text-align: center;">Suspect</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain		
<p><i>After Action Report: June 13, 2019, the Helena Police Department was involved in a vehicle pursuit with [redacted] has been wanted by local law enforcement for several week due to having several outstanding warrants for his arrest. One of the charges on the warrants was robbery, a violent offense. It has also been reported to local law enforcement that [redacted] was believed to be in possession of a firearm. Ultimately, the Helena Police Department located [redacted] vehicle at an address or [redacted]. A limited ground search was conducted by officers without locating [redacted]. Senior Deputy J. Boudreau and I made contact with the home owner at [redacted]. She requested we check an old shed located on her property. Due to [redacted] previous behavior of running from law enforcement, and reports of possibly being armed we had our pistols out of the holster. As we entered the shed I noted a tarp lying between an old lawnmower and the wall. In my opinion someone could be hiding under the tarp. I started pulling on the tarp and ultimately I located [redacted] hiding under the tarp. In order to prevent [redacted] from resisting our efforts to arrest him, both Senior Deputy Boudreau and I pointed our pistols at him. He complied will all the instructions given to him without any resistance [redacted] was ultimately taken into custody.</i></p>			

Reporting Officer Signature: 	Date: 6-18-19
Supervisor Signature: 	Date: 6/19/19
Division Commander Signature: 	Date: 6/19/19
Under Sheriff Signature: 	Date: 6/24/19
Comment: Click here to enter text.	



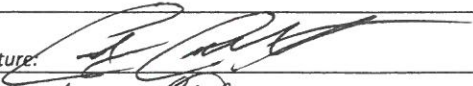
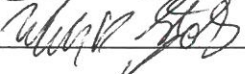
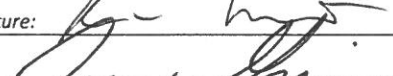

Type of Offense: Family Disturbance		Incident/DR Number: LC190661		
Location of Incident				
Street Address or Location: _____			Time: 0800	Date: 4/22/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Colbert	534	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Norris	564	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: 34		Race: White	Height: 5'7"	Weight: 160
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 type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input checked="" type="checkbox"/> Other: Suspect was not listening to orders and continued to walk into the house		
<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 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"/> 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 checked="" 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.				

Supervisor Signature: 	Date: 4/23/19
Division Commander Signature: 	Date: 4/24/19
Under Sheriff Signature: 	Date: 5/2/19
Comment: Click here to enter text.	



Type of Offense: PFMA		Incident/DR Number: LC190835		
Location of Incident				
Street Address or Location:.			Time: 2309	Date: 4/22/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Colbert	534	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jeff Stoltz	551	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: 26		Race: White	Height: 6'	Weight: 270
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 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 checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: .063 BrCA	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input checked="" type="checkbox"/> Other: Suspect was assaulting Victim in a locked residence		
<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"/> 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 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.				

met the son. I ordered him to the ground while pointing my duty weapon at him. He complied and I was able to escort him out of the house. I holstered my weapon.

Reporting Officer Signature: 	Date: 5/25/19
Supervisor Signature: 	Date: 5/25/19
Division Commander Signature: 	Date: 5/25/19
Under Sheriff Signature: 	Date: 5/28/19
Comment: Click here to enter text.	



Type of Offense: Theft of Motor Vehicle		Incident/DR Number: LC190543		
Location of Incident				
Street Address or Location:			Time:0826	Date: 4/4/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Joani Boudreau	563	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	531	Deputy	On	Uniform
Luke Eidt	537	Deputy	On	Uniform
			On	Uniform
Suspect Information				
Suspect Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 50 Race: W Height:70 Weight: 180				
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 type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input checked="" type="checkbox"/> Other: Occupant in a reported stolen vehicle		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other:	
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: Subject located in a stolen vehicle		
<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	

<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: _____

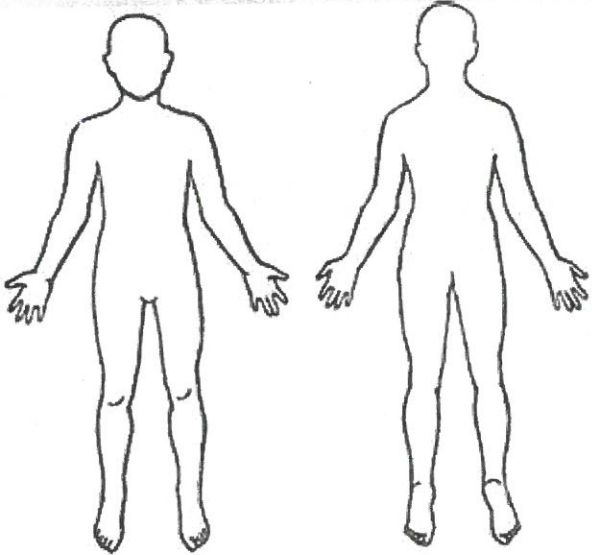
Impact Weapons Effective: Yes No

Baton Vehicle Other: Explain.

Firearms: Discharged: Yes No

Pistol AR-15 Shotgun Other:

Number of rounds fired: _____ Serial number of firearm(s) used: EUW676


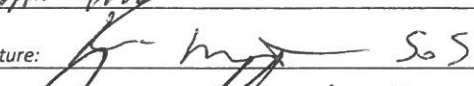
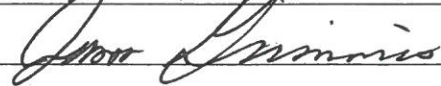
Indicate Impact Zones on Suspect	Injuries	
	Officer	Suspect
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
	<input type="checkbox"/> Other: 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: Deputies located a reported stolen vehicle parked behind a residence of a known subject to law enforcement. The subject is a known felon who has a history of theft including motor vehicles. The suspect is also known to use illegal drugs heavily and has recently been released from jail. The circumstances around him knowing law enforcement has located a truck he just has stolen may elevate the need for him to defend himself from having to go back to jail. Upon approaching the vehicle, it was unknown if the vehicle was currently occupied and/or if there were any weapons with in it. It was unknown the intentions of the subject(s) that stole the truck or if they were under the influence of any illegal substances. In order to ensure the safety of the deputies and the general public in the area, deputies drew their firearms and approached cautiously. Deputies observed a person in the passenger seat of the stolen vehicle and began to give commands to the suspect. The suspect did not comply with commands given initially, but was woken up by deputies and was taken into custody without incident.

Reporting Officer Signature: *[Signature]* Date: 4/4/2019

Supervisor Signature: *[Signature]* Date: 4/5/19

[Signature] Date: 4/11/19
4/15/19

Supervisor Signature: 	Date: 4/11/19
Division Commander Signature:  SoS	Date: 4/18/19
Under Sheriff Signature: 	Date: 5/2/19
Comment: Click here to enter text.	



Type of Offense: Welfare Check Incident/DR Number: LC190447

Location of Incident

<i>Street Address or Location</i>			Time: 0410	Date: 3/23/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	5-53	Corporal	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	5-61	Senior Deputy	On	Uniform
Ryan Zarske	5-32	Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		

Suspect Information

Suspect: Male Female Animal Group of People:
 Age: 43 Race: White Height: 5'9" Weight: 185 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: Report of possible shooting
- Defend another Prevent Escape Accomplish official purpose:
- Make arrest

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

Force Used

Physical Control:

Effective: Yes No

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

Hard Empty Hand Techniques

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

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

OC Spray: Discharged: Yes No Effective: Yes No

Exposure: Airborne only Targeted area Single spray Multiple spray

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

Wrap Restraint System 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

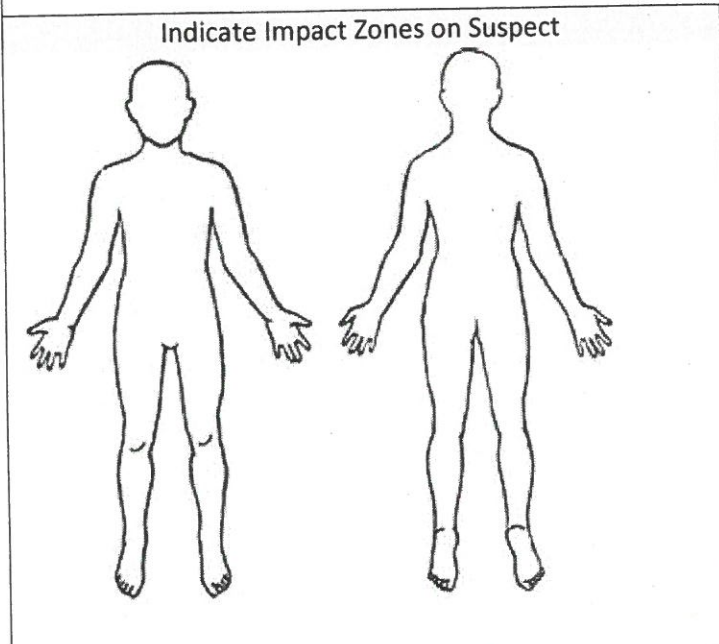
Cycles: Click here to enter text.

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: 0. SHM499



Injuries	
Officer	Suspect
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain

Check by Medical

Officer: Yes No
Suspect: Yes No

Transported to Hospital

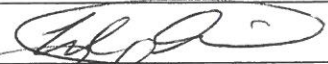
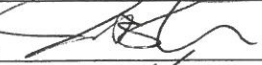
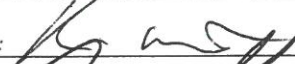
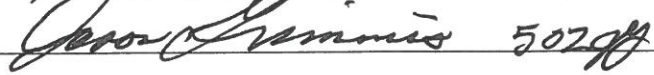
Officer: Yes No
Suspect: Yes No

After Action Report: Deputies were dispatched to residence for a report of a female there with a possible gunshot wound to the abdomen. When deputies arrived on scene, dispatch advised the female had told someone another male had given her a gun to shoot him with. It was unknown where the other male was. Deputies approached the residence with pistols drawn due to the unknown nature of the call. As Deputies got to the door, I looked into the windows and did not see anyone in distress. The dogs were immediately barking and I observed a male approaching the door. The male had his hands in his pockets as he was approaching the door. When the male got into the entryway of the residence, I pointed my pistol at him and gave him commands to show me his hands. The male immediately complied and I did not observe anything in his hands. I instructed the male to open the door and he did so. I detained the male and conducted a pat search for weapons. The male stated the female party was in the back bedroom and Deputy McCarthy and I located her there. She did not have a gunshot wound and medical units responded in while we continued our investigation. The male was released without any charges.

Reporting Officer Signature: Date: 3/23/19



Type of Offense: Use of Force		Incident/DR Number: 031019-5 LC190372		
Location of Incident				
Street Address or Location:			Time: 0015	Date: 3/10/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Luke Eidt	537	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Brian Robinson	538	Sergeant	On	Uniform
Ken Getz	533	Corporal	On	Uniform
Casey Cain	906	Reserve	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: 70 Weight: 180 Age: Race: Height: Weight: Age: Race: Height: Weight:				
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 checked="" 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 type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques <input checked="" 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 checked="" type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.
<input checked="" type="checkbox"/> OC Spray: Discharged: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input checked="" type="checkbox"/> Targeted area <input checked="" type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: FX373112 Lot number: OCX2-035			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Wrap Restraint System		<input type="checkbox"/> Restraint Chair		

Reporting Officer Signature: 	Date: 3/17/19
Supervisor Signature: 	Date: 3/17/19
Division Commander Signature: 	Date: 3/18/19
Under Sheriff Signature:  50298	Date: 3/21/19
Comment: Click here to enter text.	