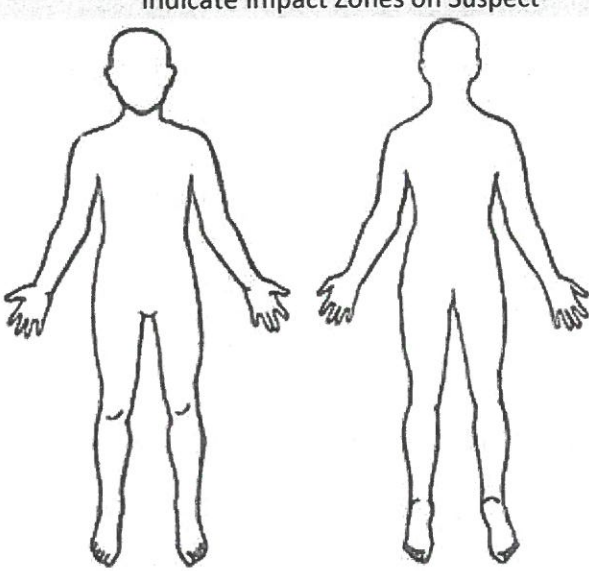


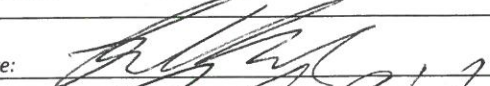





Type of Offense: Use of Force: WRAP		Incident/DR Number: 022819-46		
Location of Incident				
Street Address or Location:			Time: 1036	Date: 2/28/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Paul Weber	567	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Drew Blythe	566	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: 69 Race: W Height: 6' Weight: 200 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"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input checked="" type="checkbox"/> Other: Seizures	
<input type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input checked="" type="checkbox"/> Other:				
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input checked="" type="checkbox"/> Other: Prevent harm to subject and Medical attendents <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input type="checkbox"/> Make arrest				
Commands Given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 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 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: Click here to enter text.	

<p align="center">Indicate Impact Zones on Suspect</p> 	<p align="center">Injuries</p> <table border="0"> <tr> <td align="center">Officer</td> <td 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														
<p align="center">Check by Medical</p> <p>Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center">Transported to Hospital</p> <p>Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>															

After Action Report: On February 28, 2019, I Deputy Paul Weber, was dispatched to _____ to assist West Valley and St. Peter's Ambulance service in restraining an aggravated and violent male. They required a code response. Medical services were originally dispatched to a male having multiple seizures and turning blue in the face. When I had arrived, medical services had sedated the male, _____. They requested I place _____ the WRAP to prevent him from kicking and striking the medical personnel. Several attendants were struck by _____ but suffered no injury. Deputy Blythe arrived on scene and allowed me to place the WRAP on _____. _____ was transported onto a gurney where I place the leg restraint portion of the WRAP on _____ to prevent him from kicking when he regained consciousness. Deputy Blythe escorted Jerry in the ambulance without incident. When _____ was transferred to a bed in the emergency room the WRAP was removed.

Reporting Officer Signature: 	Date: 2/28/19
Supervisor Signature: 	Date: 2/28/19

Division Commander Signature: 	Date: 3/1/19
Under Sheriff Signature: 	Date: 3/1/19
Comment: Click here to enter text.	



Type of Offense: PODD / SEARCH WARRANT		Incident/DR Number: LC181857		
Location of Incident				
Street Address or Location			Time: 0700	Date: 2/26/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andrew Blythe	566	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Spencer Snelling	776	Click here to enter text.	On	Civilian
Randy Ranalli	775	Sgt	On	Civilian
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 type="checkbox"/> Group of People: Age: 22 Race: w Height: 5'2 Weight: 132 Age: 26 Race: w Height: 6 Weight: 175 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: DTF Search Warrant Known weapons & Drugs		<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 checked="" type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose:		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Click here to enter text. Lot number: Click here to enter text.				

Type of Offense: Attempted Suicide/PC		Incident/DR Number: LC190285		
Location of Incident				
Street Address or Location:		Time: 2108	Date: 2/19/2019	
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
James Coppola	5-30	Deputy	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: 29 Race: White Height: 5'3" Weight: 175				
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 checked="" type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input checked="" type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input type="checkbox"/> Make arrest				
Warning Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
Force Used				
<input checked="" 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 checked="" type="checkbox"/> Other: Suspect taken to ground to get handcuffed	<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 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:		Lot number:		
<input type="checkbox"/> Wrap Restraint System				
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" 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

personnel responded in and began evaluating female. When medical personnel were attempting to get female's shoes on, the female started kicking her legs at medical personnel. Corporal Bragg grabbed her right ankle and pulled the female's right leg away from medical personnel. Female was taken to ambulance and eventually put into back seat of patrol car to be transported to Saint Peter's Hospital.

Reporting Officer Signature: <i>[Signature]</i>	Date: 2/20/2019
Supervisor Signature: <i>[Signature]</i>	Date: 2/20/2019

[Signature]
[Signature]

2/25/2019
2/28/19



Type of Offense: Felony Arrest			Incident/DR Number: HP191488-1	
Location of Incident				
Street Address or Location:			Time: 0812	Date: 2/16/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	5-61	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Ryan Zarske	5-32	Deputy	On	Uniform
Tyler Coburn	5-55	Deputy	On	Uniform
Jess Metcalf	5-47	Deputy	On	
Suspect Information				
Suspect: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 27 Race: WHITE Height: 507 Weight: 130 Age: Race: Height: Weight: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other:	
<input type="checkbox"/> Alchohol <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"/> Defend another <input checked="" type="checkbox"/> Make arrest			<input type="checkbox"/> Protective Custody <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> Accomplish official purpose: Female was kicking window on vehicle, spit on a Deputy, and kicking the cage in the vehicle while being transported to detention center.				
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"/> 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 Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.				

Supervisor Signature: <i>Rubt [Signature]</i>	Date: 3-18-19
Division Commander Signature: <i>[Signature]</i>	Date: 3/18/19
Under Sheriff Signature: <i>Jason [Signature]</i>	Date: 3/21/19
Comment: Click here to enter text.	



Type of Offense: Aggressive dog		Incident/DR Number: CFS01212019-49		
<i>Location of Incident</i>				
Street Address or Location: _____			Time: 1027	Date: 1/21/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Metcalf	547	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
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	
<i>Suspect Information</i>				
Suspect: <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: unknown Race: n/a Height: n/a Weight: n/a 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"/> 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 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 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				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Soft Empty Hand Techniques</i>		<i>Hard Empty Hand Techniques</i>		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		<input type="checkbox"/> Angle Kick
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		<input type="checkbox"/> Other: Explain.
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		
<input checked="" type="checkbox"/> OC Spray: Discharged: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Effective: <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: Click here to enter text. Lot number: OCX2-041 96957				



Type of Offense: TRAFFIC STOP FOR SPEEDING Incident/DR Number: LC190070

Location of Incident

Street Address or Location:			Time:0009	Date: 1/14/2019
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Michael Bruce	546	Senior 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	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: 36 Race: White Height: 601 Weight: 180 Age: Race: Height: Weight: Age: Race: Height:

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

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

Supervisor Signature: 	Date: 1-14-19
Division Commander Signature: 	Date: 1/14/19
Under Sheriff Signature: 	Date: 1/14/19
Comment: Click here to enter text.	



Type of Offense: Domestic Disturbance		Incident/DR Number: LC190066		
Location of Incident				
Street Address or Location: _____			Time: 1230	Date: 1/12/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Tyler Coburn	555	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.		
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: 15 Race: White Height: 6'2" Weight: 210 Age: Race: W Height: Weight: Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input checked="" 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 checked="" type="checkbox"/> Accomplish official purpose: Male hiding behind door, gave command to get on ground, male did not comply, presented taser, male complied		
<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:	<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: Yes No Heavy clothing Malfunction

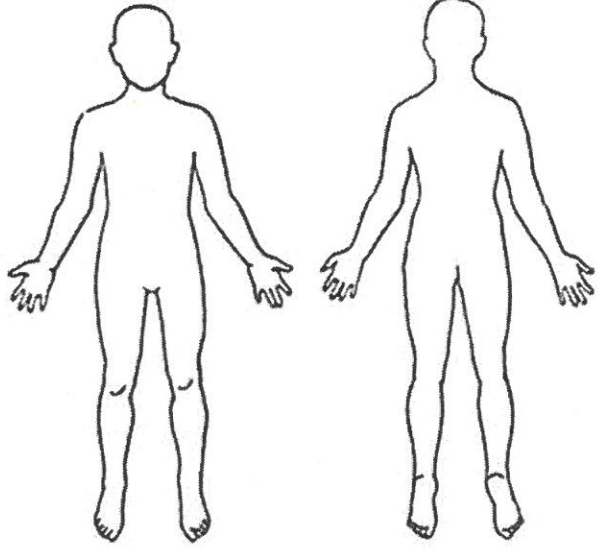
Drive stun Cartridge discharge
 Cycles: Click here to enter text. Close probe strikes No physical effect
 Missed

Taser Serial Number: 27 Cartridge(s) Serial Number:


Impact Weapons Effective: Yes No

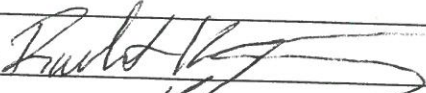
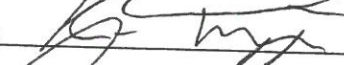

Baton Weapon of opportunity Other: Explain.

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

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

After Action Report: Arrived on scene to report of mother and daughter locked in bedroom while 15 yr old male was violent and breaking things in main part of house. I knocked and announced myself. Male opened door but stood behind door and I was unable to see his hands. I asked the Male his name, he identified himself and I was able to confirm he was my suspect. Due to Male's size and build (6'2" 210 lbs. muscular build), report of his violent behavior, and other officers not yet on scene I chose to detain the male. I instructed the male to get on the ground, the male did not comply. I unholstered my taser and again instructed the male to the ground while raising my taser and pointing it in his direction. The male complied and was detained in handcuffs until other units arrived.

Reporting Officer Signature:  Date: 1/14/19

Supervisor Signature: 	Date: 1-14-19
Division Commander Signature: 	Date: 1/14/19
Under Sheriff Signature: 	Date: 1/14/19
Comment: Click here to enter text.	