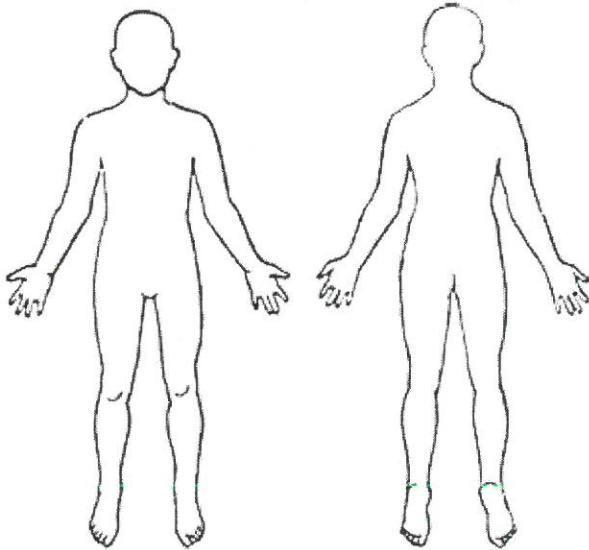
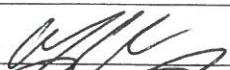


Type of Offense: Forgery, Obstructing, Resisting			Incident/DR Number: LC211898-2	
<b>Location of Incident</b>				
Street Address or Location:			Time: 1700	Date: 11/30/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	5-53	Sergeant	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Robert Rivera	5-23	Corporal	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<b>Suspect Information</b>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: 19 Race: Native American Height: 5'9" Weight: 175 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:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<b>Use of Force / Control Necessary to:</b>				
<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 type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<b>Force Used</b>				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<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: Wrestled with suspect to get him into custody.		<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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: <a href="#">Click here to enter text.</a> Lot number: <a href="#">Click here to enter text.</a>																									
<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 <span style="float: right;">Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>																									
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: 0 <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect																								
Taser Serial Number: X12009RFW	Cartridge(s) Serial Number: <a href="#">Click here to enter text.</a>																								
<input type="checkbox"/> Impact Weapons <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: <a href="#">Explain.</a>																									
<input type="checkbox"/> Firearms: <input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a> Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of rounds fired: <a href="#">Click here to enter text.</a> Serial number or department number of firearm(s) used: <a href="#">Click here to enter text.</a>																									
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"><b>Injuries</b></td> </tr> <tr> <td style="width: 50%; text-align: center;"><i>Officer</i></td> <td style="width: 50%; text-align: center;"><i>Suspect</i></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: <a href="#">Explain</a></td> <td><input type="checkbox"/> Other: <a href="#">Explain</a></td> </tr> </table> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;"><b>Check by Medical</b></td> </tr> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width: 50%;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;"><b>Transported to Hospital</b></td> </tr> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width: 50%;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	<b>Injuries</b>		<i>Officer</i>	<i>Suspect</i>	<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: <a href="#">Explain</a>	<input type="checkbox"/> Other: <a href="#">Explain</a>	<b>Check by Medical</b>		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Transported to Hospital</b>		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Transported to Hospital</b>																									
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
<p><i>After Action Report: I was dispatched to a report of a male attempting to cash a stolen check at Intrepid Credit Union, 3150 North Sanders Street. Located the suspect vehicle in the drive thru and made contact with the occupants. They stated the check belonged to the male in the passenger seat. Male provided a fake name and was told to exit the vehicle. Male again provided fake name and date of birth and was told to remain with Corporal Rivera. I was provided a check and identification for the male's real name from the bank clerk. Male still lied about his name and claimed he stole his brother's identification to cash the check. I checked with the driver, who confirmed multiple times the male was actually the one listed in the identification. I instructed Corporal Rivera to handcuff the male. As Corporal Rivera was attempting to handcuff the male, he began pulling away. Corporal Rivera ordered him to stop pulling away and the male spun around to attempt to get away. Corporal Rivera was able to get a hold of the male's shirt and wrestle him to the ground. I observed the struggle and ran over to assist. I unholstered my taser and pointed it at the male's back as he was still</i></p>																									

struggling on the ground. I advised the male to stop or he would be tased. The male stopped resisting and was taken into custody.

Reporting Officer Signature:  Date: 12/12/21

Supervisor Signature:  Date: 12-13-21

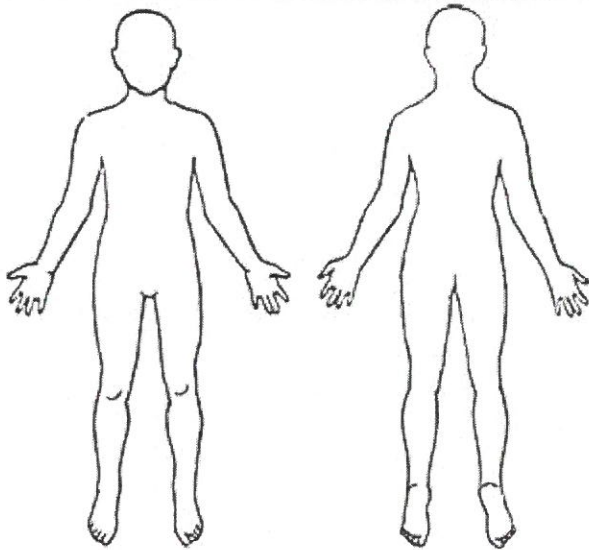
Division Commander Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under Sheriff Signature: Brent S. Collett Date: 12-13-21

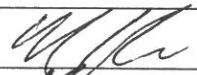



Comment: [Click here to enter text.](#)



Type of Offense: Disorderly Conduct			Incident/DR Number: LC211755	
<b>Location of Incident</b>				
Street Address or Location:			Time: 1809	Date: 10/25/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	5-53	Sergeant	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Criner	5-33	Deputy	On Duty	Uniform
Hannah Nelson	5-63	Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<b>Suspect Information</b>				
Suspect 1: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input checked="" type="checkbox"/> Group of People: Age: 4 total people Race: White, Hispanic, Native American Height: Weight:				
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:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed			<input checked="" type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed			<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy			<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian			<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence				
<input checked="" type="checkbox"/> Failed to comply				
<input type="checkbox"/> Resisted arrest				
<input type="checkbox"/> Other: Explain.				
<b>Use of Force / Control Necessary to:</b>				
<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 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				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<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: Explain.		<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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text. <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <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.		
<input type="checkbox"/> Impact Weapons <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.			
<input checked="" type="checkbox"/> Firearms: <input checked="" type="checkbox"/> Pistol <input checked="" type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Click here to enter text. Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of rounds fired: 0 Serial number or department number of firearm(s) used: Bragg: AR # 37, Nelson: Pistol KYA579, Criner: AR # 40			
<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;">Injuries</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <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%; vertical-align: top;"> <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>	<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>Check by Medical</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>Transported to Hospital</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>After Action Report: Deputies were dispatched to a report of 3-4 people possibly fighting in the roadway. While enroute, dispatch advised one of the males had a rifle. When arriving on scene, dispatch advised the male with the rifle dropped it and it was near the right rear tire of the vehicle. Deputy Nelson and Sergeant Bragg arrived on scene and pointed their weapons at three people near the vehicle. Two complied with showing their hands and followed directions. The third ducked behind the vehicle near the right rear tire, where the rifle was reported to be. Deputies continued to give commands to the suspect, who refused to comply. Deputy Criner arrived on scene shortly afterwards and pointed his rifle at the suspect. A fourth person came out of the woods and was given commands to get out of the way. The male complied and was detained in handcuffs. Deputies continued to give commands to the male behind the vehicle and he stood up at one point. However, the male crouched down again near where the rifle was reported to be. Eventually, the male did comply and lay down in</p>			

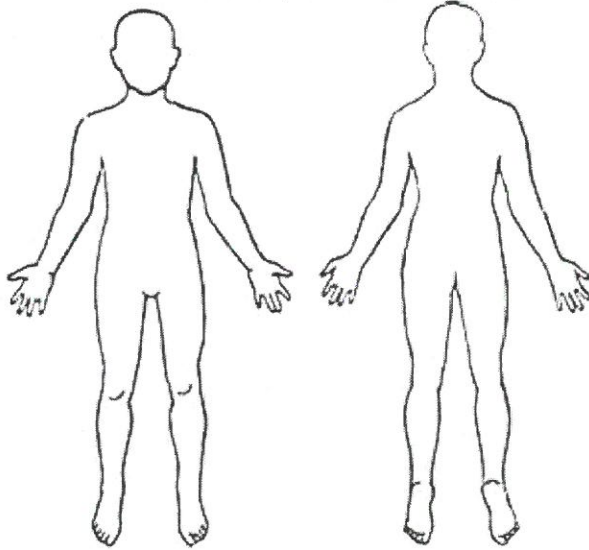
the middle of the road. The male was handcuffed and detained. Two of the people involved in the incident were arrested for disorderly conduct after the investigation was completed.

Reporting Officer Signature: 	Date: 10/26/21
Supervisor Signature: 	Date: 10/27/21
Division Commander Signature: 	Date: 10/27/21
Under Sheriff Signature: 	Date: 10-28-21
Comment: <a href="#">Click here to enter text.</a>	



Type of Offense: PFMA		Incident/DR Number: LC211655		
<i>Location of Incident</i>				
Street Address or Location:			Time: 1030	Date: 10/10/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	5-53	Sergeant	On Duty	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.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<i>Suspect Information</i>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: 47 Race: W Height: 5'10" Weight: 215 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>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input type="checkbox"/> Armed <input checked="" type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.				
<i>Use of Force / Control Necessary to:</i>				
<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 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				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Soft Empty Hand Techniques</i> <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: Explain.		<i>Hard Empty Hand Techniques</i> <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.		



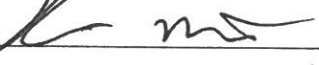

<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: <a href="#">Click here to enter text.</a> Lot number: <a href="#">Click here to enter text.</a>	
<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair	
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float:right">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: <a href="#">Click here to enter text.</a> <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect
Taser Serial Number: <a href="#">Click here to enter text.</a>	Cartridge(s) Serial Number: <a href="#">Click here to enter text.</a>
<input type="checkbox"/> Impact Weapons <span style="float:right">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.	
<input checked="" type="checkbox"/> Firearms: <input type="checkbox"/> Pistol <input checked="" type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a> Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of rounds fired: 0 Serial number or department number of firearm(s) used: # 37	

<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Officer</td> <td style="width:50%; text-align: center;">Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;">Check by Medical</td> </tr> <tr> <td style="width:50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width:50%;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="text-align: center;">Transported to Hospital</td> </tr> <tr> <td style="width:50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width:50%;">Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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	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
Officer	Suspect																						
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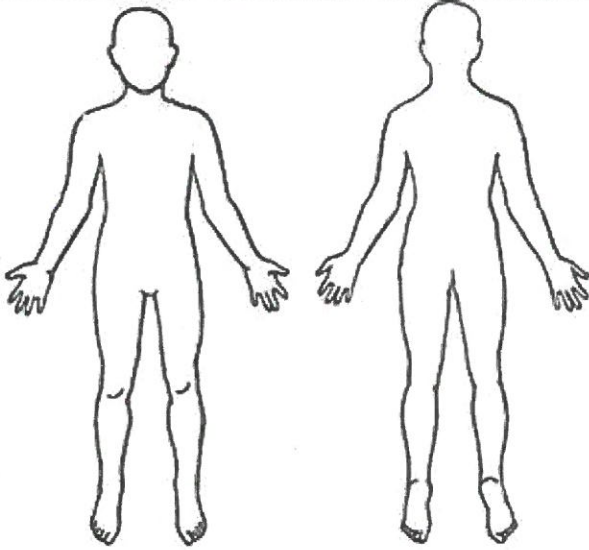
After Action Report: Deputies were dispatched to the residence for a report of a physical domestic between husband and wife. The comp reported the male threatened to kill the female. Deputy Harbour and I responded to the area. Deputy Harbour arrived on scene first and made contact with the female and two small children. While speaking with the female, Deputy Harbour observed the male driving toward them and loaded up the female and children into his vehicle. The female stated the male had multiple firearms and made multiple threats to kill her. Deputy Harbour began driving away from the scene and the truck was following behind. Deputy Harbour activated his emergency lights and continued to drive away from the truck. The truck came to a stop after the emergency lights were on. I passed Deputy Harbour and continued driving back to the truck. I located the truck near the residence as it was backing up the road. I activated my emergency lights and blocked the road toward Deputy Harbour with my patrol vehicle. The truck began approaching me and I deployed my AR to make contact with the male. The truck stopped in front of my patrol truck and I pointed my rifle at the



male as he exited the vehicle. I was able to confirm the male did not have any weapons on him and slung my AR. The male was initially upset about my AR being deployed, until I explained the information I had received. We completed the investigation and placed the male under arrest without further incident.

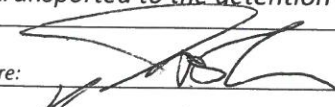
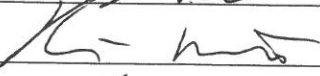
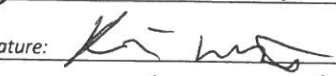

Reporting Officer Signature: 	Date: 10/10/2021
Supervisor Signature: 	Date: 10/12/21
Division Commander Signature: 	Date: 10/12/21
Under Sheriff Signature: 	Date: 10/12/21
Comment: <a href="#">Click here to enter text.</a>	

Type of Offense: PFMA		Incident/DR Number: LC211542		
<b>Location of Incident</b>				
Street Address or Location:			Time: 1750	Date: 9/22/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jason Crum	5-49	Sgt.	On Duty	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.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<b>Suspect Information</b>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 48 Race: Caucasian Height: 5'4" Weight: 230 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:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<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"/> Alcohol <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
<b>Use of Force / Control Necessary to:</b>				
<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 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				
<b>Force Used</b>				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input checked="" type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																									
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text. <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <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.																								
<input type="checkbox"/> Impact Weapons <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																									
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.																									
<input type="checkbox"/> Firearms: <input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Click here to enter text. Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of rounds fired: Click here to enter text. Serial number or department number of firearm(s) used: Click here to enter text.																									
Indicate Impact Zones on Suspect 	<table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;">Injuries</th> </tr> <tr> <th style="text-align: center;">Officer</th> <th style="text-align: center;">Suspect</th> </tr> </thead> <tbody> <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> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;">Check by Medical</th> </tr> </thead> <tbody> <tr> <td>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;">Transported to Hospital</th> </tr> </thead> <tbody> <tr> <td>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>	Injuries		Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain	Check by Medical		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transported to Hospital		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<p><i>After Action Report: Deputies were dispatched to a physical altercation between a male and female at the Grub Stake. The male was under the influence of heroin and alcohol and was passing out when deputies were trying to speak with him. Medical units were dispatched to check on the male and he was transported to the hospital by St. Peters. Before deputies could arrive at the hospital, the male left AMA. Probable cause existed to charge the male with PFMA. Deputies searched for the male for about an hour in the area of the hospital. At about 1733 hours, a complainant reported a male matching the description of the suspect male was trying to get into vehicles near the intersection of Montana Ave and Butte Ave. While searching the area, the victim of the PFMA called dispatch advising the male was outside of her residence at 1075 Mill Road. Deputies responded to the area using all emergency equipment. Upon my arrival, Sgt. Robinson spoke with a person inside the garage. I noted the suspect male was walking south, on the west side of the house. I notified Sgt. Robinson of my observation and ran toward the suspect. When I got behind the male, I ordered him to stop. The male continued</i></p>																									



to walk away from me. I grabbed his arms from behind and told him to stop. The male tensed up and tried to pull away from me. I pulled him to the left using his left arm and using his body weight, escorted him to the ground on his stomach. Sgt. Robinson arrived and assisted me placing him into handcuffs. The male was placed under arrest and transported to the hospital for further medical evaluation. Ultimately, the male was cleared by medical staff and transported to the detention center.

Reporting Officer Signature: 	Date: 9/26/21
Supervisor Signature: 	Date: 10/1/21
Division Commander Signature: 	Date: 10/1/21
Under Sheriff Signature: 	Date: 10-4-21
Comment: Click here to enter text.	

Type of Offense: PFMA			Incident/DR Number: LC211083	
<i>Location of Incident</i>				
Street Address or Location: .....			Time: 2136	Date: 7/7/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Bradley Bragg	5-53	Sergeant	On Duty	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.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<i>Suspect Information</i>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 40 Race: Native Height: 6'0" Weight: 250 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>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.				
<i>Use of Force / Control Necessary to:</i>				
<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				
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"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<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.](#)

Wrap Restraint System  Restraint Chair

Taser: Discharged:  Yes  No Effective:  Yes  No

Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cycles: 0	<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: X12009RFW Cartridge(s) Serial Number: [Click here to enter text.](#)

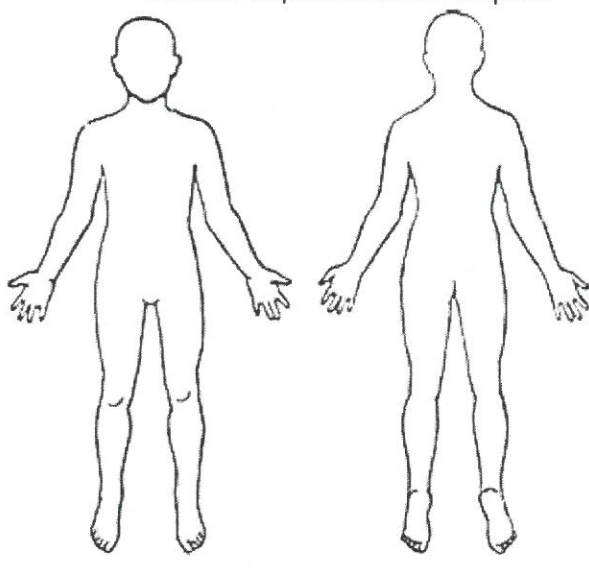
Impact Weapons Effective:  Yes  No

Baton  Weapon of opportunity  Other: [Explain.](#)

Firearms:  Pistol  AR-15  Shotgun  Other: [Click here to enter text.](#)

Discharged:  Yes  No Number of rounds fired: [Click here to enter text.](#)





Serial number or department number of firearm(s) used: SHM499

<p>Indicate Impact Zones on Suspect</p> 	<p><b>Injuries</b></p> <table border="0"> <tr> <td><b>Officer</b></td> <td><b>Suspect</b></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: <a href="#">Explain</a></td> <td><input type="checkbox"/> Other: <a href="#">Explain</a></td> </tr> </table>	<b>Officer</b>	<b>Suspect</b>	<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: <a href="#">Explain</a>	<input type="checkbox"/> Other: <a href="#">Explain</a>
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	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None													
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<p><b>Check by Medical</b></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><b>Transported to Hospital</b></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>															

After Action Report: Deputies were dispatched to a PFMA. The victim reported she was headbutted by the suspect and the suspect made comments about killing himself in front of his children and burning down the house. Deputies set up around the residence to gather resources before making contact. While sitting on the house, Corporal McCarthy advised over the radio the vehicle parked in front of the residence was moving. I observed the vehicle turn southbound on Valley Drive from White Rock Road. I turned around behind the vehicle and activated my emergency lights to conduct a stop. The vehicle turned westbound on Canyon Ferry Road and continued to drive. I activated my siren and continued to follow the vehicle at a slow speed. The suspect tried multiple times to signal to me for me to pass him. We continued at a slow speed until the vehicle turned northbound on Dusty Maiden Drive. The vehicle continued at a slow speed and failed to pull over. The vehicle turned eastbound on Horse Creek Road. Based on his direction the vehicle was driving, we believed the vehicle may be going back to the residence. I pulled my vehicle in front of the suspect vehicle and blocked his path on



the road. I exited my vehicle and pointed my pistol at the suspect who was driving. I began giving commands for the suspect to exit the vehicle. The suspect did not exit the vehicle. Sergeant Wood approached the vehicle and was able to get the male out of the vehicle. The male continued to not comply with Sergeant Wood's commands when he was out of the vehicle. I transitioned to my taser and pointed it at the male with the safety off. The suspect eventually complied and was handcuffed. The male was later arrested for PFMA and probation violation.

Reporting Officer Signature: 	Date: 7/7/2021
Supervisor Signature: 	Date: 9/2/21
Division Commander Signature: 	Date: 9/2/21
Under Sheriff Signature: 	Date: 9-7-21
Comment: <a href="#">Click here to enter text.</a>	

Type of Offense: DUI, Slow Speed Pursuit

Incident/DR Number: LC210224

Location of Incident

Street Address or Location:

Reporting Officer's Name: Badge # Rank Time: 0133 Date: 2/8/2021

Bradley Bragg 5-53 Sergeant Duty Status: On Duty Attire: Uniform

Involved Officer's Name: Badge # Rank Duty Status: Attire

Cody Colbert 5-34 Deputy On Duty Uniform

Click here to enter text. Click here to enter text. Click here to enter text. Choose an item. Choose an item.

Click here to enter text. Click here to enter text. Click here to enter text. Choose an item. Choose an item.

Suspect Information

Suspect 1: [X] Male [ ] Female [ ] Animal [ ] Group of People: Age: 39 Race: White Height: 5'10" Weight: 250

Suspect 2: [ ] Male [ ] Female [ ] Animal [ ] Group of People Age: Race: Height: Weight:

Suspect 3: [ ] Male [ ] Female [ ] Animal [ ] Group of People Age: Race: Height: Weight:

Applicable Suspect Conditions (Check all that apply)

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

Under the Influence

- [ ] Alcohol [X] Drugs [ ] Mental Illness [ ] None Apparent [ ] Other: Explain.

Use of Force / Control Necessary to:

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

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

Force Used

[ ] Physical Control:

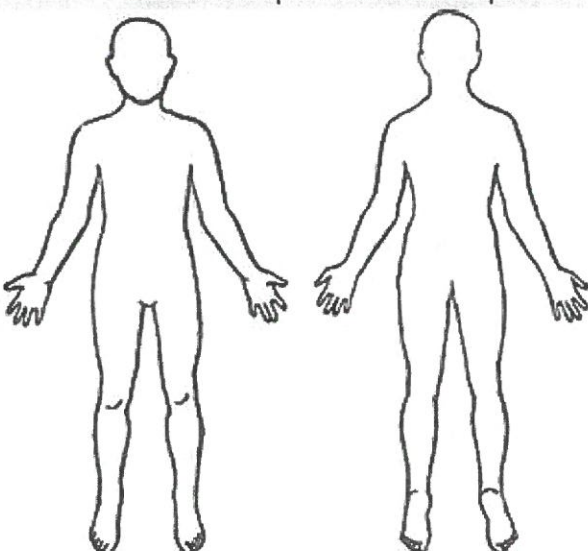
- Soft Empty Hand Techniques [ ] Escort Position [ ] Transport Wrist Lock [ ] Straight Armbar Takedown [ ] Pressure Points [ ] Other: Explain.

Hard Empty Hand Techniques

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

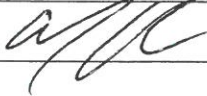
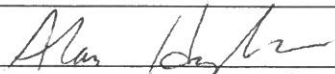
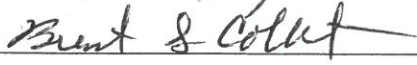
Effective: [ ] Yes [ ] No

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

<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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 <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																	
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text. <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect																
Taser Serial Number: Click here to enter text. <span style="float: right;">Cartridge(s) Serial Number: Click here to enter text.</span>																	
<input type="checkbox"/> Impact Weapons <span style="float: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>																	
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.																	
<input checked="" type="checkbox"/> Firearms: <input checked="" type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Click here to enter text. Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of rounds fired: 0 Serial number or department number of firearm(s) used: SHM499 (Bragg), BGPG088 (Colbert)																	
<p style="text-align: center;"><b>Indicate Impact Zones on Suspect</b></p> 	<table border="0" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Injuries</th> </tr> <tr> <th style="text-align: center;">Officer</th> <th style="text-align: center;">Suspect</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table> <p style="text-align: center;"><b>Check by Medical</b></p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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
Injuries																	
Officer	Suspect																
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<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 style="text-align: center;"><b>Transported to Hospital</b></p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
<p><i>After Action Report: Deputy Colbert observed a vehicle driving southbound on I-10 that had failed to stop at a stop sign. Deputy Colbert also noticed the vehicle was driving at a slow rate of speed and had the hazard lights on. Deputy Colbert activated his emergency lights and the vehicle continued to drive at a slow rate of speed. The vehicle was weaving off the roadway and into the ditch on the right side of the road. Sergeant Bragg was driving northbound on Frontage Road and observed the vehicle with Deputy Colbert driving behind. As Sergeant Bragg passed the vehicle, he noticed the hood was blocking the windshield of the vehicle. Sergeant Bragg had his emergency lights activated as he passed the vehicle and shined his spotlight in the face of the driver to get his attention. After passing the vehicle, Sergeant Bragg turned around on the vehicle. Deputy Colbert and Sergeant Bragg activated their sirens to attempt to stop the vehicle, but did not get a response. Deputy Colbert observed the vehicle drive into the ditch twice more and hit the fence on the other side of the ditch. The vehicle came to a stop and appeared to be yielding. When Sergeant Bragg and Deputy</i></p>																	



Colbert got out, the vehicle started driving forward again at a slow rate of speed. The vehicle came to a stop a second time and Sergeant Bragg began giving orders for the driver to exit the vehicle. Deputy Colbert and Sergeant Bragg had their duty pistols pointed at the driver while giving commands for the male to exit. The male exited the vehicle and followed commands. Once it was determined the male was not a threat, Deputy Colbert and Sergeant Bragg holstered their weapons. The male was investigated for DUI and later arrested.

Reporting Officer Signature: 	Date: 2/8/2021
Supervisor Signature:	Date:
Division Commander Signature: 	Date: 2-8-21
Under Sheriff Signature: 	Date: 9-7-21
Comment: Click here to enter text.	



Type of Offense: Theft/Drugs		Incident/DR Number: DR LC210342		
<b>Location of Incident</b>				
Street Address or Location:			Time: 1845	Date: 3/4/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Coppola	530	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Clint Pullman	589	Sgt	On	Civilian
Kyle Brown/Shawn Galahan	905/550	Reserve/Senior Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	On	
<b>Suspect Information</b>				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 25 Race: White Height: 5ft 10in Weight: 210 Age: Race: Height: Weight: Age: Race: Height: Weight:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed <input checked="" 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 checked="" type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other:				
<b>Use of Force / Control Necessary to:</b>				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Defend another <input checked="" type="checkbox"/> Make arrest			<input type="checkbox"/> Protective Custody <input checked="" type="checkbox"/> Prevent Escape <input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> Accomplish official purpose: Suspect was detained due to being a suspect in a theft of firearms from a residence.				
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				
<b>Force Used</b>				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other:		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input checked="" type="checkbox"/> Other: Suspect was ordered out of the vehicle at gunpoint, handcuffed and detained until it was determined none of the firearms were in the vehicle.		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				

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

Wrap Restraint System     Restraint Chair

Taser:    Discharged:  Yes     No    Effective:  Yes     No

Exposure:  Yes     No     Heavy clothing     Malfunction

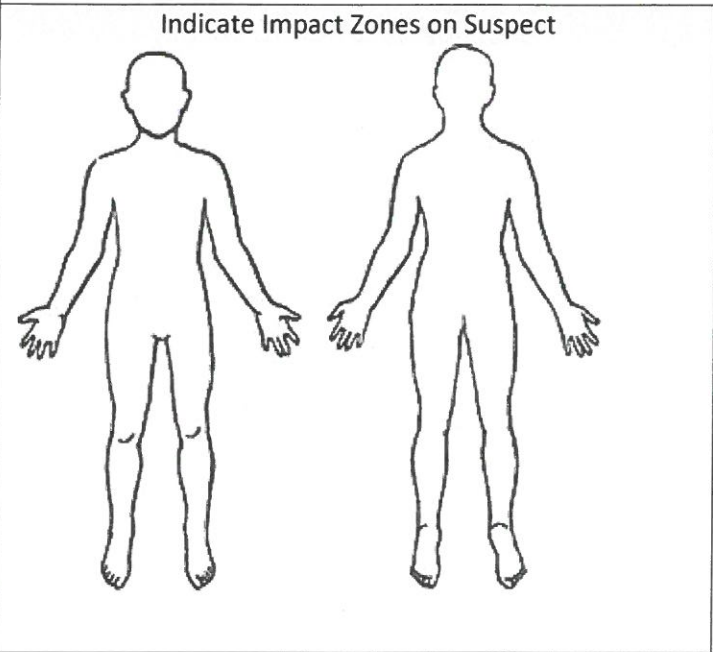
Drive stun     Close probe strikes     No physical effect  
 Cartridge discharge     Missed  
Cycles: Click here to enter text.

Taser Serial Number:    Cartridge(s) Serial Number:

Impact Weapons    Effective:  Yes     No

Baton     Weapon of opportunity     Other: Explain.

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



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

Check by Medical

Officer:  Yes     No  
Suspect:  Yes     No

Transported to Hospital

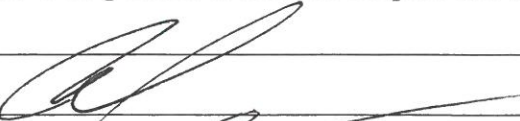
Officer:  Yes     No  
Suspect:  Yes     No

**After Action Report:** The suspect in a theft of several rifles and shotguns was reported driving a 2014 silver Dodge Ram 1500 pickup truck, Wyoming license plate . I, Deputy James Coppola witnessed the suspect, identified by his Wyoming driver's license, driving northbound on 18th Street back to his mother's address at . I was driving south. I turned around and initiated a felony traffic stop in front of the residence due to the possibility of the firearms still being on his person or in the vehicle. The suspect was in the driver's seat, his mother was later identified as being in the front passenger seat. Sgt. Clint Pullman was second on scene and covered the passenger seat of the vehicle. Reserve Deputy Kyle Brown and Senior Deputy Shawn Galahan arrived on scene last and assisted me ordering the suspect out of the vehicle. I ordered the suspect back to my vehicle, handcuffed him and detained him in my vehicle until the passenger was ordered out in the



same way. Weapons were pointed at both the suspect and the passenger until they were both handcuffed.

Reporting Officer Signature:



Date:

3/6/21

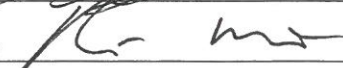
Supervisor Signature:



Date:

3-6-21

Division Commander Signature:



Date:

9/2/21

Under Sheriff Signature:



Date:

9-7-21

Comment: Click here to enter text.