

Type of Offense: Arrest/Search Warrant			Incident/DR Number: LC210472	
<i>Location of Incident</i>				
Street Address or Location...			Time: 0513 hours	Date: 3/24/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	5-61	Corporal	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andrew Barton	7-20	Officer	On Duty	Civilian
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: 38 Race: White Height: 6'1" Weight: 180 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"/> History of violence		<input type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input 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.	
<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 checked="" type="checkbox"/> Accomplish official purpose: Search Warrant		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<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

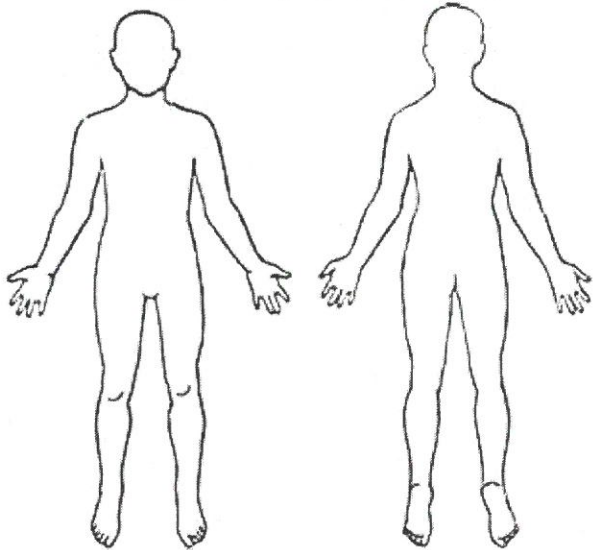
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect
<input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

Taser Serial Number: Click here to enter text. Cartridge(s) Serial Number: Click here to enter text.

Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.

Firearms: Pistol AR-15 Shotgun Other: Click here to enter text.
 Discharged: Yes No Number of rounds fired: N/A
 Serial number or department number of firearm(s) used: #8

<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;">Injuries</p> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Officer</td> <td style="width: 50%; text-align: center;">Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table> <p style="text-align: center;">Check by Medical</p> <table style="width: 100%;"> <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> <p style="text-align: center;">Transported to Hospital</p> <table style="width: 100%;"> <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	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
Officer	Suspect																		
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<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain																		
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: I was assisting ATF with a search warrant and an arrest warrant for Andrew Barton and I were assigned to hold the perimeter of the shop on the west side. Barton saw movement from the southwest corner of the shop and began giving commands. I put his hands in the air and followed all directions. I had my officer issued long rifle pointed at a unit I placed him in handcuffs. I was compliant and no other force was necessary to effect the arrest.

Reporting Officer Signature: 	Date: 3/24/2021
Supervisor Signature: 	Date: 3/24/2021
Division Commander Signature: 	Date: 9/2/21

Under Sheriff Signature: <i>Brent S. Collet</i>	Date: <i>9.7.21</i>
Comment: Click here to enter text.	

Type of Offense: Warrants		Incident/DR Number: LC210990		
Location of Incident				
Street Address or Location: _____			Time: 20:25	Date: 6/20/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Patrick	562	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Sgt. Brad Bragg	553	Sergeant	On Duty	Uniform
Cody Colbert	534	Deputy	On Duty	Uniform
Keith Harbour	526	Deputy	On Duty	Uniform
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 41 Race: w Height: 6'4 Weight: 210				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: 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				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Other: Explain.	<input type="checkbox"/> Front Thrust Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input 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

Cycles: Click here to enter text.

Heavy clothing Malfunction

Drive stun
 Cartridge discharge

Close probe strikes
 Missed
 No physical effect

Taser Serial Number: Click here to enter text.

Cartridge(s) Serial Number: Click here to enter text.

Impact Weapons

Effective: Yes No

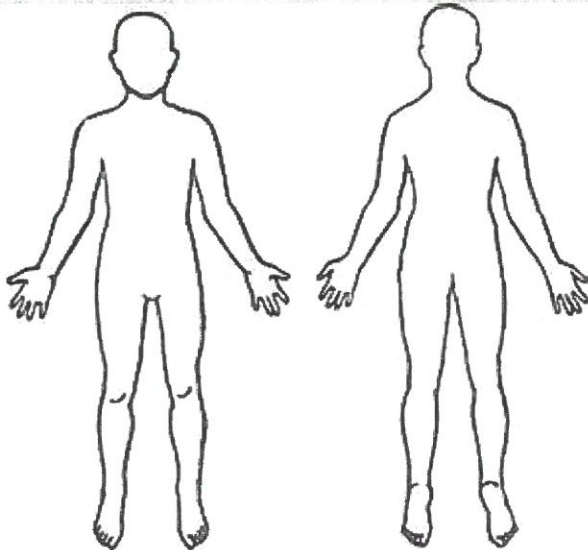
Baton Weapon of opportunity Other: Explain.

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

Discharged: Yes No Number of rounds fired: Click here to enter text.

Serial number or department number of firearm(s) used: BSND943

Indicate Impact Zones on Suspect



Injuries

Officer

Suspect

None
 Bruises
 Abrasions
 Lacerations
 Broken Bones
 Other: Explain

None
 Bruises
 Abrasions
 Lacerations
 Broken Bones
 Other: Explain

Check by Medical

Officer: Yes No
Suspect: Yes No

Transported to Hospital

Officer: Yes No
Suspect: Yes No

After Action Report: Deputies responded to the above address for reports of a male with warrants. ' had multiple warrants and history of evading arrest. Deputies attempted to knock and made their presence known. did not initially comply with commands to come to the door. Deputies were given permission to enter the building by the owner. The above deputies service weapons were drawn prior to entry. eventually did comply with verbal commands to exit the building and was compliant being placed under arrest. As was exiting in the building, service weapons were pointed at him.

Reporting Officer Signature: *Jess Patrick*

Date: 6/20/21

Supervisor Signature: *[Signature]*

Date: 6/20/21

Division Commander Signature: *[Signature]*

Date: 7/2/21

[Handwritten initials]

Under Sheriff Signature: <i>Brent J. Collet</i>	Date: <i>9-7-21</i>
Comment: Click here to enter text.	

Type of Offense: Obstructing/Warrants		Incident/DR Number: LC210956		
<i>Location of Incident</i>				
Street Address or Location:			Time: 2001	Date: 6/14/2021
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
Andy Haegele	5-52	Senior 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.
<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: 19 Race: Native American Height: 5'8" Weight: 155				
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"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input checked="" type="checkbox"/> None Apparent	
<input checked="" type="checkbox"/> Attempted escape			<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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input 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: Explain.	<input type="checkbox"/> Front Thrust Kick			

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge		

Taser Serial Number: 11002 Cartridge(s) Serial Number: [Click here to enter text.](#)

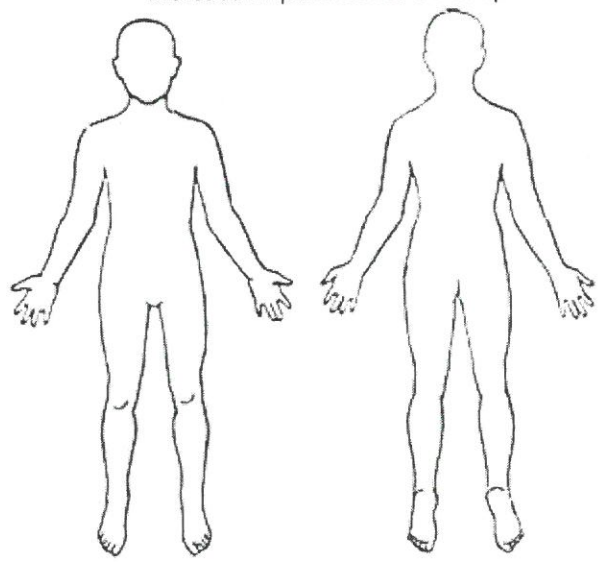
Impact Weapons Effective: Yes No

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

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

Discharged: Yes No Number of rounds fired: 0

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

<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	Injuries	
	<i>Officer</i>	<i>Suspect</i>
	<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	<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	
	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to Hospital	
	Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

After Action Report: Deputies had been looking for suspect for outstanding warrants and reported theft. Deputy Criner observed the suspect in the parking lot of Town Pump, Deputy Criner identified himself and the suspect fled on foot. Sergeant Bragg was in the area and began searching for the suspect. Deputy Criner advised the suspect was wearing a red shirt, red hat, and black shorts. Sergeant Bragg located the subject near the intersection of . Sergeant Bragg gave commands for the suspect to stop and he ran away. Sergeant Bragg pursued and continued to give commands to stop. Suspect continued to run until he was boxed in by fences. Sergeant Bragg pointed his duty pistol at the male and gave commands to get on the ground. Suspect complied and was held at gun point until Deputy Haegele arrived. Sergeant Bragg transitioned to the Taser until Deputy Haegele took over covering the suspect with his Taser. Sergeant Bragg handcuffed the male and he was taken into custody.

Reporting Officer Signature: <i>[Signature]</i>	Date: 6/14/2021
Supervisor Signature: <i>[Signature]</i>	Date: 9/2/21
Division Commander Signature: <i>[Signature]</i>	Date: 9/2/21
Under Sheriff Signature: <i>[Signature]</i>	Date: 9-2-21
Comment: Click here to enter text	

△

Type of Offense: Vehicle Theft and Criminal Endangerment		Incident/DR Number: LC211454		
Location of Incident				
Street Address or Location			Time: 1050	Date: 9/6/2021
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
Michael Helfrich	5-72	Deputy	On Duty	Uniform
Cody Colbert	5-34	Deputy	On Duty	Uniform
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 41 Race: White Height: 6'3" Weight: 195				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: 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				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Other: Explain.	<input type="checkbox"/> Front Thrust Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				

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

Cycles: 1

Heavy clothing

Malfunction

Drive stun

Close probe strikes

Cartridge discharge

Missed

No physical effect

Taser Serial Number: X12009RFW

Cartridge(s) Serial Number: C4106EXRE

Impact Weapons

Effective: Yes No

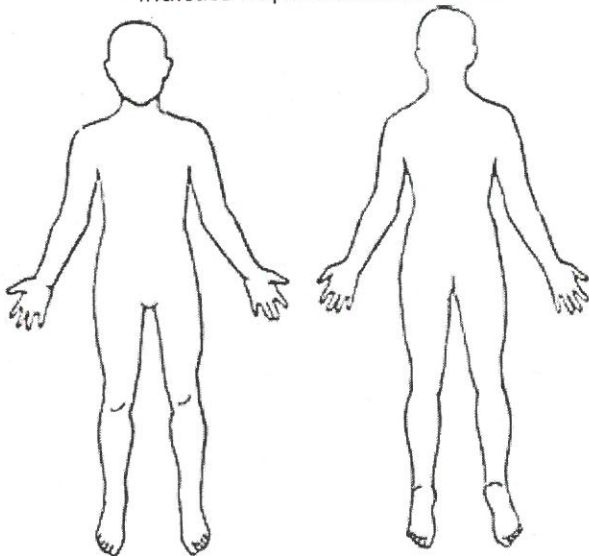
Baton Weapon of opportunity Other: Explain.

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

Discharged: Yes No Number of rounds fired: 0

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

Indicate Impact Zones on Suspect



Injuries

Officer

Suspect

None

None

Bruises

Bruises

Abrasions

Abrasions

Lacerations

Lacerations

Broken Bones

Broken Bones

Other: Explain

Other: Explain

Check by Medical

Officer: Yes No

Suspect: Yes No


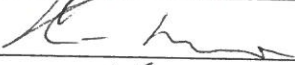


Transported to Hospital

Officer: Yes No

Suspect: Yes No

After Action Report: Deputies were dispatched to a report of a stolen vehicle in Criag. I began responding to the area to see if vehicle could be locating driving south. Located vehicle near mile marker 222 of I-15 driving southbound. I was able to turn around and catch up to the vehicle near mile marker 214. I confirmed the license plate matched and followed the vehicle while waiting for other units to be closer. At mile marker 210, I observed another unit and activated my emergency lights to stop the vehicle. The vehicle continued to drive southbound at approximately 90 miles per hour. I activated my siren and the vehicle continued to fail to stop. We began a pursuit, with speeds hitting 90-95 miles per hour. Montana Highway Patrol was in the area and set up spike strips. The vehicle swerved, but still hit the strip with the front driver's side tire. The vehicle continued driving up to 90 miles per hour. Vehicle was spiked again by Helena Police Department and all four tires were deflated. Eventually, the vehicle came to a stop at the vehicle and he complied. The male had his hands above his head and was standing at the door of the vehicle. The male was ordered to turn around and he began yelling at me to shoot him. I transitioned to my

Taser since additional units had lethal cover. I closed the distance to the male and deployed my Taser to avoid him being able to reach for a weapon inside the vehicle. The probes connected and the male went down to the ground. Other units were able to get the male into handcuffs and he was rolled to his side. The male stopped responding to verbal questions and medical personnel were dispatched. The male had a small laceration on his forehead and one on his left arm. Medical arrived and transported the male to the hospital with us escorting. The male was medically cleared and taken to the detention center.

Reporting Officer Signature: 	Date: 9/6/2021
Supervisor Signature: 	Date: 9/7/21
Division Commander Signature: 	Date: 9/7/21
Under Sheriff Signature: 	Date: 9-7-21
Comment: Click here to enter text.	

Type of Offense: Assault with a Weapon			Incident/DR Number: LC211113	
<i>Location of Incident</i>				
Street Address or Location:			Time: 1300	Date: 7/13/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	5-31	Corporal	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jared Piilola	5-46	Deputy	On Duty	Uniform
Michael Helfrich	5-72	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.
<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: 21 Race: Native Height: 603 Weight: 300 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 type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input checked="" type="checkbox"/> Resisted arrest <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	
<input type="checkbox"/> Soft Empty Hand Techniques <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		

OC Spray: Discharged: Yes No Effective: Yes No
 Exposure: Airborne only Targeted area Single spray Multiple spray
 Serial number: 113241 Lot number: OCX2-044

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge		<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.

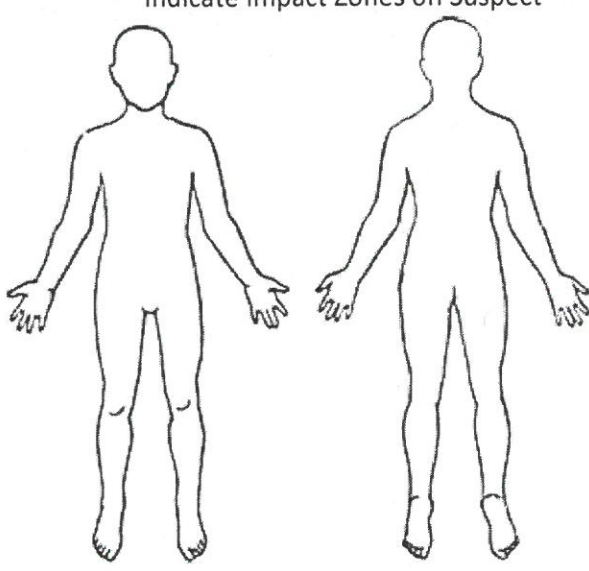
Impact Weapons Effective: Yes No

Baton Weapon of opportunity Other: Explain.



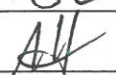
Firearms: Pistol AR-15 Shotgun Other: Click here to enter text.

Discharged: Yes No Number of rounds fired: Click here to enter text.

Serial number or department number of firearm(s) used: Click here to enter text.

<p>Indicate Impact Zones on Suspect</p> 	<p>Injuries</p> <table border="0"> <tr> <td>Officer</td> <td>Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
	Officer	Suspect													
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None													
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
<p>Check by Medical</p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>															
<p>Transported to Hospital</p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>															

After Action Report: Deputies were attempting to place a male under arrest for an Assault with a Weapon charge and he was refusing to get out of the vehicle. Deputies Pillola and Helfrich attempted to physically remove him from the vehicle but were unsuccessful due to the subjects physical size. I pulled out my OC and told the male I was going to spray him if he continued to resist arrest. He immediately said he was going to comply and became compliant. The male was placed under arrest without further issue.

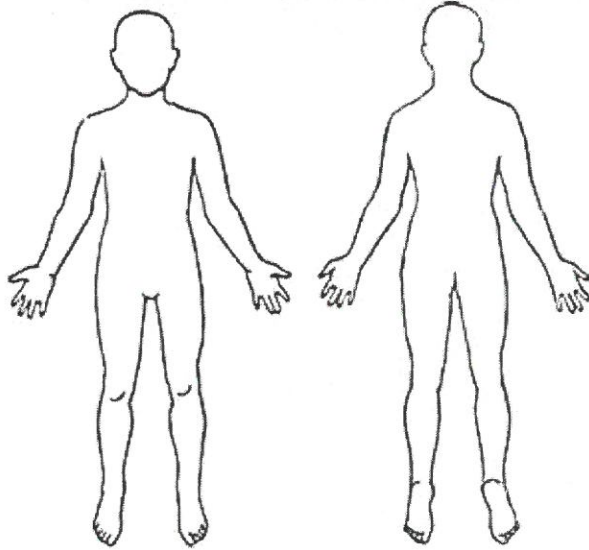
Reporting Officer Signature: 	Date: 7/13/21
Supervisor Signature: 	Date: 7/18/21
Division Commander Signature: 	Date: 7/26/21

Under Sheriff Signature: *Brent S. Collett*

Date: *8-27-21*

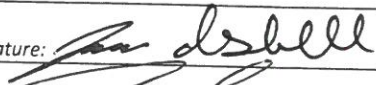
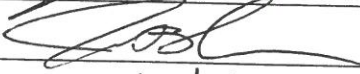
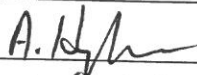

Comment: Click here to enter text.

Type of Offense: Warrant Arrest			Incident/DR Number: LC211158-1	
Location of Incident				
Street Address or Location:			Time: 1255	Date: 7/19/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Isbell	565	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Piilola	546	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: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 28 Race: C Height: 509 Weight: 170 Suspect 2: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: 47 Race: N Height: 600 Weight: 170 Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input 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: Fled by vehicle and on foot.		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: 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				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		<input type="checkbox"/> Angle Kick
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		<input type="checkbox"/> Other: Explain.
<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Front Thrust Kick		

<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.																											
<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair																											
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No																											
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.																											
<input checked="" type="checkbox"/> Firearms: <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: Click here to enter text. Serial number or department number of firearm(s) used: BGLY757																											
<p style="text-align:center">Indicate Impact Zones on Suspect</p> 	<table style="width:100%; border:none;"> <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> <table style="width:100%; border:none; margin-top:10px;"> <tr> <th colspan="2" style="text-align:center">Check by Medical</th> </tr> <tr> <td>Officer:</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table> <table style="width:100%; border:none; margin-top:10px;"> <tr> <th colspan="2" style="text-align:center">Transported to Hospital</th> </tr> <tr> <td>Officer:</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	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																										
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None																										
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises																										
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions																										
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations																										
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones																										
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain																										
Check by Medical																											
Officer:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
Suspect:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
Transported to Hospital																											
Officer:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
Suspect:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										

After Action Report: Deputies responded to the area of Canyon Ferry Road and York Road regarding an attempt to locate on a vehicle. A Deputy had prior knowledge of the vehicle and was suspicious the occupants were wanted persons. Deputies drove past the vehicle and identified one of the males, who had several warrants for their arrest. Both suspects were wanted in questioning for a burglary, where a firearm was stolen. The vehicle was traveling west as the Deputies were traveling east. The Deputies turned around, traveling east, to conduct a traffic stop on the vehicle. The Deputy observed the driver of the vehicle was weaving in and out of traffic, notably attempting to elude the Deputies. Deputies initiated their emergency lights and siren. The vehicle drove to the Town pump at 3180 N Washington Street. Two occupants, identified as wanted persons, exited the vehicle and attempted to flee on foot. At the time, Deputies did not know if the suspects were armed and dangerous because they were suspected of stealing a firearm. Due to the suspects fleeing on foot, Deputies did not have the option of conducting standard safety precautions, such as a pat down search for weapons. A

Deputy responded into the casino and another Deputy responded to the area of the front entrance of the gas station. The suspect exited the gas station from the front of the gas station. The Deputy pointed his duty firearm at the suspect, ordering him to the ground. The suspect complied and was placed into custody. The Deputy responded to the west side of the gas station in search of the second suspect. The Deputy located him, pointed his duty firearm at him, and ordered him to the ground. The suspect complied a short time later. Due to the totality of the circumstances, how rapidly these incidents can evolve, the fact both suspects had warrants for their arrest, and how the suspects were wanted in questioning for a felony crime where a firearm was stolen, the Deputy had a reasonable fear the suspects were in possession of a deadly weapon with the potential of placing the Deputy's life, along with the life and liberty of civilians, at risk.

Reporting Officer Signature: 	Date: 07/26/2021
Supervisor Signature: 	Date: 7/24/21
Division Commander Signature: A. H. 	Date: 7-26-21
Under Sheriff Signature: 	Date: 8-27-21
Comment: Click here to enter text.	



Type of Offense: Protective Custody		Incident/DR Number: LC211357		
Location of Incident				
Street Address or Location:			Time: 1433 hours	Date: 8/19/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Hannah Nelson	563	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Coppola	530	Deputy	On	Uniform
Paul Weber	567	Corporal	On	Uniform
Tony Galahan	550	Senior Deputy	On	Uniform
Suspect Information				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 38 Race: Caucasian Height: 600 Weight: 240				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input checked="" type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input checked="" type="checkbox"/> Other: Threatening his father, Steven with a knife		<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:		
<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 type="checkbox"/> Physical Control:				
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun			
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun			
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			
	<input type="checkbox"/> Knee Strike			
	<input type="checkbox"/> Angle Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: Click here to enter text. Lot number: Click here to enter text.				
<input checked="" type="checkbox"/> Wrap Restraint System				
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)				

Exposure:	Cycles: <input type="checkbox"/> 1	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun	<input type="checkbox"/> 2	<input type="checkbox"/> Close probe strikes	<input type="checkbox"/> No physical effect
<input type="checkbox"/> Cartridge discharge	<input type="checkbox"/> 3	<input type="checkbox"/> Missed	

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

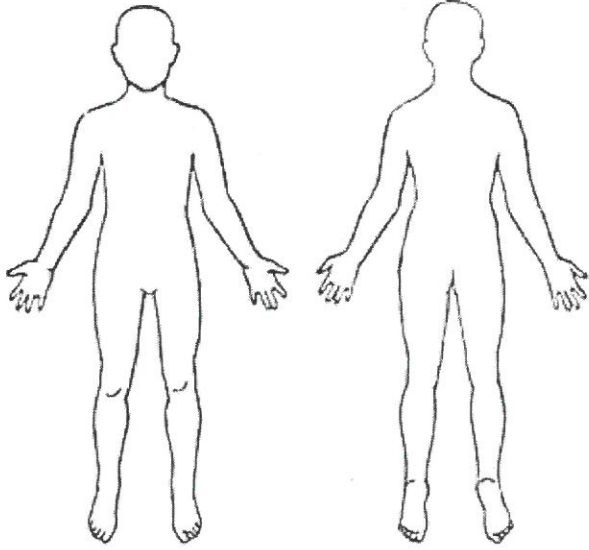
Impact Weapons Effective: Yes No

Baton Vehicle Other: Explain.

Firearms: Discharged: Yes No

Pistol AR-15 Shotgun Other:

Number of rounds fired: Serial number of firearm(s) used: [Click here to enter text.](#)

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

After Action Report: I responded to the address listed for a report of a male threatening his father and aunt. When I arrived on scene, the father stated his son had a knife and was in the basement. The male made a comment to his father along the lines of, "I'm going to gut you like a pig." I attempted to speak to the male, he made statements like "I'm done" "I have knives all around me, I'm not leaving without a fight" and "I don't want to live anymore." Deputies were able to talk to the male and he came upstairs and outside. After telling him we were taking him to the hospital, he attempted to go back inside. Deputies handcuffed him, he resisted. He continued to resist and stated we were not going to take him to the hospital. Deputies put the male in the wrap restraint system to transport him to St. Peter's hospital for protective custody.

Reporting Officer Signature: <i>[Signature]</i> 5-50	Date: 8/19/2021
Supervisor Signature: <i>[Signature]</i> 5-59	Date: 8/22/21
Division Commander Signature: <i>[Signature]</i>	Date: 8/24/21
Under Sheriff Signature: <i>[Signature]</i>	Date: 8-24-21

Comments:

Type of Offense: Probation Violation			Incident/DR Number: LC210031	
Location of Incident				
Street Address or Location:			Time: 1433 hours	Date: 1/6/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chris Rebo	5-31	Sr. Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Kyle Northrop	5-22	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: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 21 Race: Native american Height: 501 Weight: 100				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input checked="" type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> None Apparent	
<input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Defend another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		<input type="checkbox"/> Angle Kick
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		<input type="checkbox"/> Other: Explain.
<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Front Thrust Kick		

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

Wrap Restraint System Restraint Chair

Taser: Discharged: Yes No Effective: Yes No

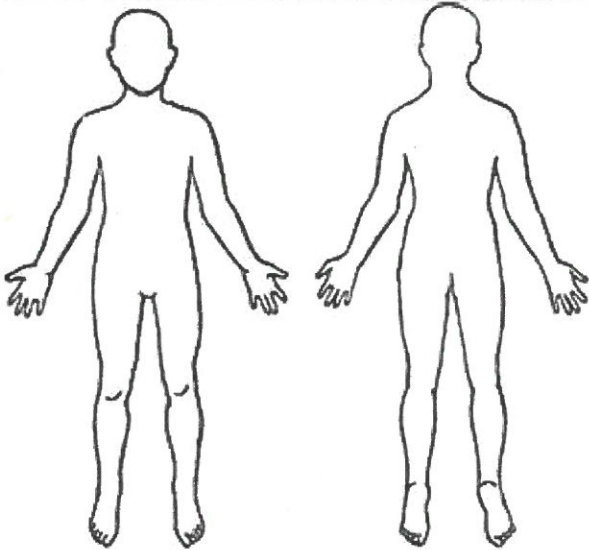
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge discharge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

Taser Serial Number: #5 Cartridge(s) Serial Number: Click here to enter text.

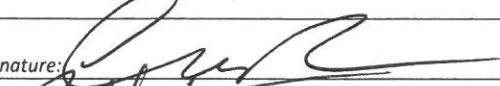


Impact Weapons Effective: Yes No

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: Click here to enter text.

Indicate Impact Zones on Suspect	Injuries														
	<table border="0"> <tr> <th>Officer</th> <th>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>	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
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<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
Check by Medical															
<table border="0"> <tr> <td>Officer:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>		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													
Transported to Hospital															
<table border="0"> <tr> <td>Officer:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Suspect:</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>		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: Male was detained pending Probation arriving to interview him. While in the back of a patrol vehicle, he managed to move his handcuffs in front of him, then remove the handcuffs. Male then fled the patrol vehicle when I opened the door to speak to him. Deputy Northrop and I pursued him on foot, and after about 25 yards the male tripped and fell in the snow. As this happenend, Deputy Northrop displayed his Taser and advised the male not to move or he would be tased. I detained the male again in hinge handcuffs behind his back and escorted him back to the patrol vehicle.

Reporting Officer Signature: 	Date: 1/8/21
Supervisor Signature: 	Date: 1/10/21
Division Commander Signature: 	Date: 1/11/21

Under Sheriff Signature:

Brent & Collet

Date: 1-11-21

Comment: Click here to enter text.