

Type of Offense: Warrant Arrest, Obstructing, Resisting		Incident/DR Number: LC212063		
<b>Location of Incident</b>				
Street Address or Location:			Time: 2103	Date: 12/19/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Michael Helfrich	572	Probationary Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Michael Helfrich	572	Probationary 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.
<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: 42 Race: W Height: 508 Weight: 200				
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 type="checkbox"/> Failed to comply		<input checked="" type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input 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 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:				
Soft Empty Hand Techniques		Hard Empty Hand Techniques		Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<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: <i>Pulled left arm out from underneath body.</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 checked="" type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: <i>Explain.</i>
---	--	--

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

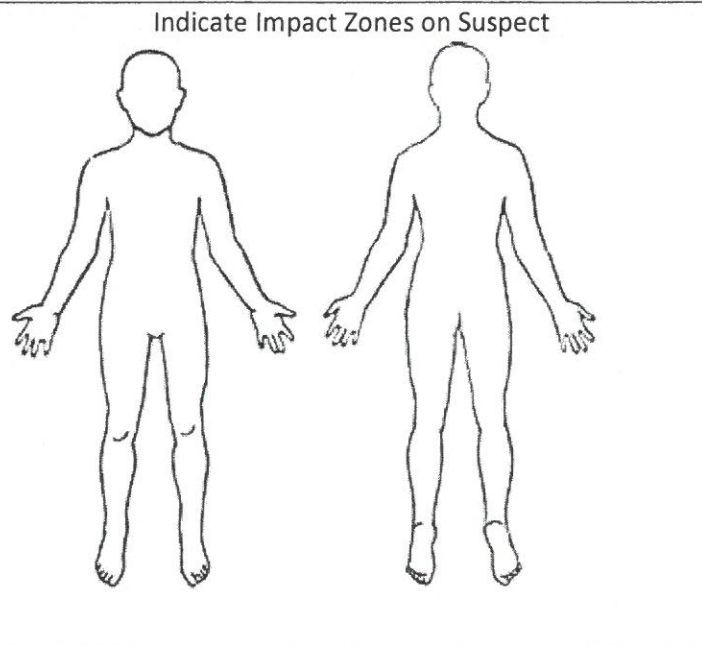
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close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

Taser Serial Number: [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.](#)



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: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>

Check by Medical

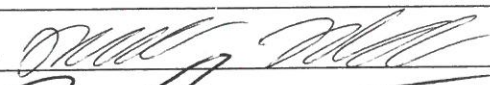



Officer:  Yes    No  
 Suspect:  Yes    No

Transported to Hospital

Officer:  Yes    No  
 Suspect:  Yes    No

After Action Report: While investigating a report of \_\_\_\_\_ having warrants at the Lucky Lil's Casino, he gave me a fictitious name and ran from me. While in foot pursuit an unidentified male grabbed \_\_\_\_\_ and pushed him against a vehicle. I, with assistance from this male, placed \_\_\_\_\_ on the ground to be cuffed easier. I

attempted to place [redacted] in handcuffs and ordered him to place his hands behind his back. He pulled his arms under his body and would not place them behind his back. I was able to pull his left arm out from under him and he placed his right arm behind his back at that time. I placed him in handcuffs. He began headbutting the ground and I told him to stop. I asked [redacted] and the unidentified male if they were okay and they both stated they were okay. I escorted [redacted] to my patrol vehicle. When Corporal Rebo arrived I adjusted [redacted] right handcuff because he was complaining of pain. While in route to the detention center [redacted] started headbutting the vehicle cage. I told him to stop and he stated he was okay.

Reporting Officer Signature: 	Date: 12/30/2021
Supervisor Signature: 	Date: 1-1-22
Division Commander Signature: 	Date: 1-3-22
Under Sheriff Signature: 	Date: 1-3-22
Comment: <a href="#">Click here to enter text.</a>	



Type of Offense: PFMA x2, PFMA Strangulation, Obstructing a Peace Officer, Resisting Arrest, Violation of an Order of Protection

Incident/DR Number: LC212094

**Location of Incident**

Street Address or Location:			Time: 1846	Date: 12/24/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Michael Helfrich	572	Probationary Deputy	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.

**Suspect Information**

Suspect 1:  Male  Female  Animal  Group of People  
 Age: 43 Race: W Height: 505 Weight: 134  
 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  Failed to comply
- Assaulted Deputy  Resisted arrest
- Assaulted civilian  Other: Explain.
- Attempted escape

**Under the Influence**

- Alcohol
- Drugs
- Mental Illness
- None Apparent
- Other: Explain.

**Use of Force / Control Necessary to:**

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

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

**Force Used**

Physical Control:

Effective:  Yes  No

Soft Empty Hand Techniques

Hard Empty Hand Techniques

<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other: <i>Grabbed the male and placed him on the ground. Pulled his arm out from underneath him and secured both hands.</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: <i>Explain.</i>
---	--	---

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

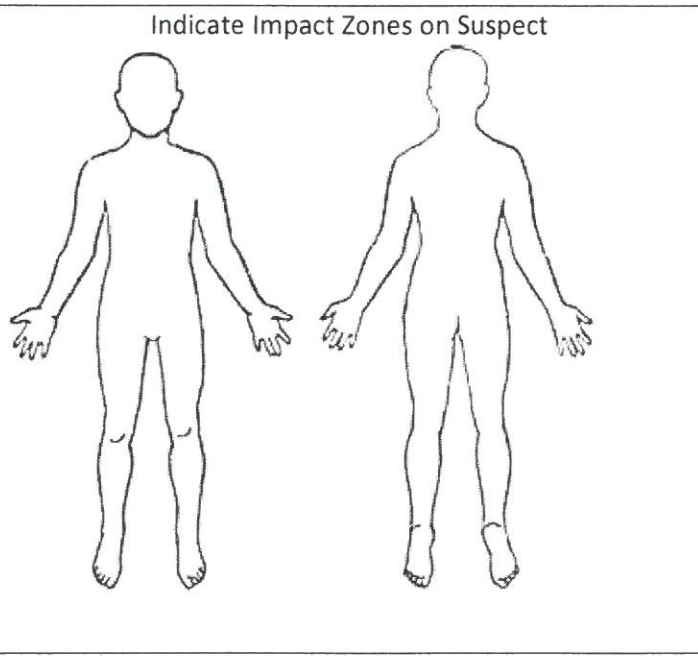
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close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

Taser Serial Number: [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.](#)



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: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>

Check by Medical





Officer:  Yes  No  
 Suspect:  Yes  No

Transported to Hospital

Officer:  Yes  No  
 Suspect:  Yes  No

After Action Report: While investigating a PFMA I notified the male he was under arrest and to place his hands behind his back. He stated "Fuck this" and attempted to run into the residence. I grabbed him and put him on

the ground. While on the ground I ordered him to place his hands behind his back as he continued to try to push away from me. He grabbed onto my leg and also grabbed onto my hands as I applied handcuffs. He was eventually placed in handcuffs and escorted to my patrol vehicle.

Reporting Officer Signature:  572	Date: 12/24/21
Supervisor Signature:  559	Date: 12/24/21
Division Commander Signature: 	Date: 12-27-21
Under Sheriff Signature:  Kent S Collet	Date: 12-27-21
Comment: <a href="#">Click here to enter text.</a>	





Type of Offense: PFMA 1st Incident/DR Number: LC211879

**Location of Incident**

Street Address or Location... Time: 1912 hours Date: 11/16/2021

Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
R. Rivera	5-23	Deputy Sheriff	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		

**Suspect Information**

Suspect:  Male  Female  Animal  Group of People:  
 Age: 56 Race: Caucasian Height: 602 Weight: 225 Age:    Race: W/ Height:    Weight:    Age:    Race:  
 Height:    Weight:

<p style="text-align: center;"><i>Applicable Suspect Conditions (Check all that apply)</i></p> <p><input type="checkbox"/> Armed <span style="margin-left: 200px;"><input type="checkbox"/> History of violence</span></p> <p><input type="checkbox"/> Reported to be armed <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Failed to comply</span></p> <p><input checked="" type="checkbox"/> Assaulted Deputy <span style="margin-left: 150px;"><input type="checkbox"/> Resisted arrest</span></p> <p><input checked="" type="checkbox"/> Assaulted civilian <span style="margin-left: 100px;"><input type="checkbox"/> Other:</span></p> <p><input type="checkbox"/> Attempted escape</p>	<p style="text-align: center;"><i>Under the Influence</i></p> <p><input checked="" type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Mental Illness</p> <p><input type="checkbox"/> None Apparent</p> <p><input type="checkbox"/> Other: Explain.</p>
---	---

**Use of Force / Control Necessary to:**

Defend Self  Protective Custody  Other:

Defend another  Prevent Escape  Accomplish official purpose:

Make arrest

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

**Force Used**

<p><input type="checkbox"/> <b>Physical Control:</b></p> <p>Soft Empty Hand Techniques</p> <p><input type="checkbox"/> Escort Position</p> <p><input type="checkbox"/> Transport Wrist Lock</p> <p><input type="checkbox"/> Straight Armbar Takedown</p> <p><input type="checkbox"/> Pressure Points</p> <p><input type="checkbox"/> Other:</p>	<p>Hard Empty Hand Techniques</p> <p><input type="checkbox"/> Palm Heel</p> <p><input type="checkbox"/> Straight Punch</p> <p><input type="checkbox"/> Brachial Stun</p> <p><input type="checkbox"/> Suprascapular Stun</p> <p><input type="checkbox"/> Front Thrust Kick</p>	<p style="text-align: right;">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Shoulder Pin Restraint</p> <p><input type="checkbox"/> Knee Strike</p> <p><input type="checkbox"/> Angle Kick</p> <p><input type="checkbox"/> Other: Explain.</p>
---	---	---

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

Wrap Restraint System  Restraint Chair

Taser: Discharged:  Yes  No Effective:  Yes  No

Exposure:  Yes  No  Heavy clothing  Malfunction

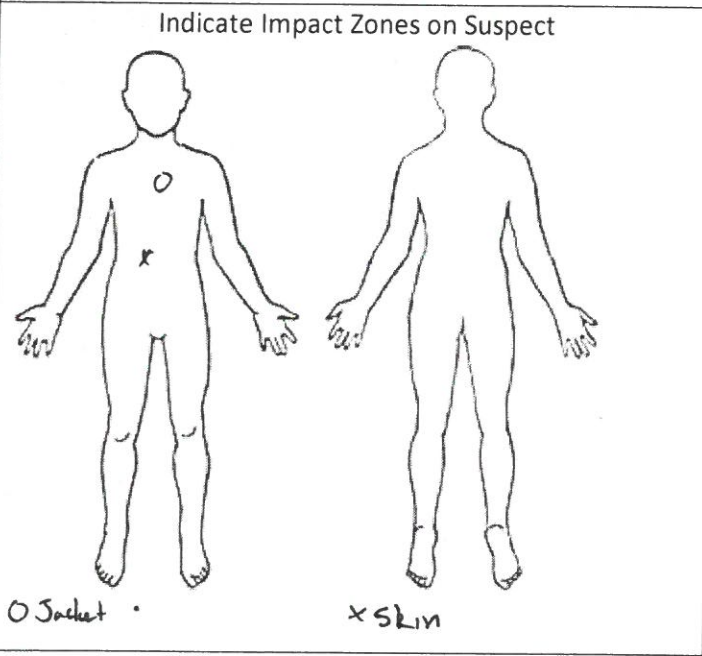
Drive stun  Close probe strikes  No physical effect  
 Cartridge discharge  Missed  
 Cycles: 4

Taser Serial Number: x12009p7t Cartridge(s) Serial Number: C4106EWHE

Impact Weapons Effective:  Yes  No

Baton  Weapon of opportunity  Other: Handcuffs / physical contact

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







Injuries	
Officer	Suspect
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input checked="" 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:	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

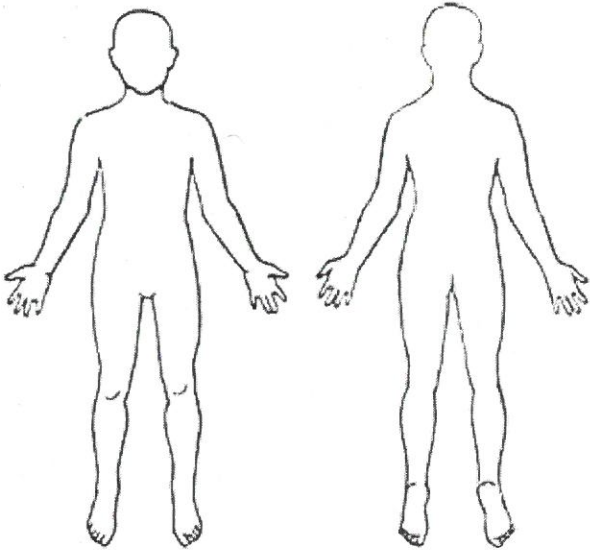
After Action Report: Tuesday, November 16th, 2021, I, Corporal Robert Rivera, responded to a residence in Lincoln for a welfare check. The male who I was suppose to be checking on was heavily intoxicated and outside the home with other family members. When I announced myself to the male, he became verbally aggressive toward me and attempted to walk toward me in an aggressive manner, but family members of his kept him back. The male made statements he wanted to fight with me and was gesturing the same. He had two daughters who kept him back physically while I attempted to calm the male down. I unholstered my Conductive Energy Weapon (CEW) and kept it in a low ready position incase the male broke free. The male did manage to push one of his daughters down and came toward me. He had another daughter trying to hold him back so I could not use my CEW. The male was able to push me back slightly and then his daughter knocked him to the ground. I instructed the daughter to get off the male and I discharged my CEW into the males chest. I gave the male commands to fall to the ground but he got up after the CEW finished a cycle. I re-energized the CEW but it



did not have an effect on the male. He ran toward me and we began to wrestle. I fell back but regained my footing quickly. I re-energized my CEW a third time but it had no effect on controlling the male. He fell to the ground and I was able to get on his back and attempt to control him. I placed the CEW at the small of his back and re-energized it a fourth time, also known as a drive stun. The male complied with my commands and I was able to place him in chain-linked handcuffs. The male was seen by Lincoln Ambulance and cleared. Only one probe entered his skin and it was removed fully intact. The male was transported to the detention center without further incident.

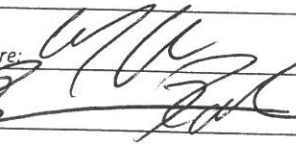
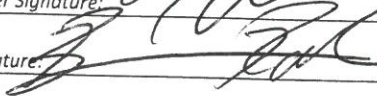
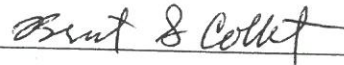
Reporting Officer Signature: 	Date: 12/20/21
Supervisor Signature: 	Date: 12/20/21
Division Commander Signature: 	Date: 12-21-21
Under Sheriff Signature: 	Date: 12.21.21
Comment: <a href="#">Click here to enter text.</a>	

Type of Offense: Criminal Endangerment, Attempted Homicide			Incident/DR Number: LC211598	
<i>Location of Incident</i>				
<i>Street Address or Location.</i>			<i>Time: 1948</i>	<i>Date: 10/1/2021</i>
<i>Reporting Officer's Name:</i>	<i>Badge #</i>	<i>Rank</i>	<i>Duty Status:</i>	<i>Attire</i>
Bradley Bragg	5-53	Sergeant	On Duty	Uniform
<i>Involved Officer's Name:</i>	<i>Badge #</i>	<i>Rank</i>	<i>Duty Status:</i>	<i>Attire</i>
Ryan Zarske	5-32	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>				
<i>Suspect 1:</i> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People <i>Age:</i> 39 <i>Race:</i> Black <i>Height:</i> 6'1" <i>Weight:</i> 160 <i>Suspect 2:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People <i>Age:</i> <i>Race:</i> <i>Height:</i> <i>Weight:</i> <i>Suspect 3:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People <i>Age:</i> <i>Race:</i> <i>Height:</i> <i>Weight:</i>				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input checked="" 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"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input checked="" 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				
<i>Commands Given:</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible <i>Video:</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If No, explain in comments</i>				
<i>Force Used</i>				
<input type="checkbox"/> <i>Physical Control:</i>			<i>Effective:</i> <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.

<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: 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: <a href="#">Click here to enter text.</a>	Cartridge(s) Serial Number: <a href="#">Click here to enter text.</a>																
<input checked="" type="checkbox"/> Impact Weapons <span style="float: right;">Effective: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>																	
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input checked="" type="checkbox"/> Other: 2 Less Lethal CS Impact Rounds																	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of rounds fired: 2 Serial number or department number of firearm(s) used: Metcalf's duty AR																	
Indicate Impact Zones on Suspect 	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>Injuries</b></td> </tr> <tr> <td style="text-align: center;"><i>Officer</i></td> <td style="text-align: center;"><i>Suspect</i></td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input checked="" 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>	<b>Injuries</b>		<i>Officer</i>	<i>Suspect</i>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Bruises	<input checked="" 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
<b>Injuries</b>																	
<i>Officer</i>	<i>Suspect</i>																
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None																
<input type="checkbox"/> Bruises	<input checked="" 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																
<b>Check by Medical</b>																	
Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input checked="" type="checkbox"/> Yes <input 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																	
<p><i>After Action Report: Dispatch received reports of a male firing a weapon at the address. Neighbors reported rounds hitting their homes and having to take cover. Deputies responded and attempted to get the male to disarm himself so they could approach. Male refused and continued to shoot his pistol and shotgun. SWAT was called and responded to the scene. It was decided to drive the armored BEAR to the residence and attempt to get compliance from the male. The male was informed by negotiators SWAT would be coming to the residence. SWAT pulled into the driveway of the residence and began giving commands to the male to disarm himself. The male continued to defy commands and SWAT observed a firearm on the male's hip. SWAT checked with the command post about the opportunity to deploy a less lethal round to gain compliance. The command post authorized the use of a less lethal round. Deputy Zarske was able to fire two less lethal CS rounds at the male. One of the rounds hit the male in the right thigh. The male ran inside and immediately began firing at the BEAR through a window. Rounds hit the BEAR in multiple places, including directly in front of where SWAT was</i></p>																	



standing outside the BEAR attempting to make contact with the male. Deputy Metcalf was in the turret of the BEAR and returned two rounds from his AR at the male. None of Deputy Metcalf's rounds made contact with the male. SWAT remained in a stand off with the male until the family of the male left the residence early in the morning. After the family left the residence, SWAT deployed two flashbangs in front of the house and the male agreed to surrender. The male was taken into custody without further issue. The scene was secured and the investigation into the officer involved shooting was turned over to the Montana Department of Criminal Investigations.

Reporting Officer Signature: 	Date: 12/12/21
Supervisor Signature: 	Date: 12-13-21
Division Commander Signature:	Date:
Under Sheriff Signature: 	Date: 12-13-21
Comment: <a href="#">Click here to enter text.</a>	

# NATIONAL USE-OF-FORCE DATA COLLECTION

The National Use-of-Force Data Collection is a component of the Uniform Crime Reporting Program that is used by law enforcement agencies to report a law enforcement use of force that results in a fatality, serious bodily injury to a person, or the discharge of a firearm at or in the direction of a person.

The definition of *serious bodily injury* is based in part on 18 United States Code 2246 (4) and means "***bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty.***"

Did this incident result in...? (Select all that apply.)

- The death of a person due to law enforcement use of force?
- The serious bodily injury of person due to law enforcement use of force?
- The discharge of a firearm by law enforcement at or in the direction of a person that did not otherwise result in death or serious bodily injury?

If you were able to select any of the above categories, please answer the

The information in the blue highlighted sections on pages 1 & 2 should be completed within **48 hours** of the incident. **The remaining information can be provided as the investigation proceeds.**

Contact person reporting this incident to the Crime Control Bureau Staff for submission to the FBI

Name of the person reporting this incident: Brian Robinson

Phone number of the Person reporting this incident: (406) 457-8835

Email of the person reporting this incident: brobins@lccountymt.gov

Date this incident was reported: 11/22/2021

## INCIDENT INFORMATION

The following questions ask for details about the incident as known by your agency currently. If information is still being assessed, please indicate "pending further investigation." You will be able to update the information at a later time. All data elements must have a valid response indicated in order to save the incident information.

- Q1. Date of the incident (mm/dd/yyyy) 10/01/2021
- Q2. Time of the incident (24-hour time HHMM) 2349
- Q3. Agency Information:
- A. Originating Agency Identifier (ORI): (see Pages 1-4 of the Instructions for Completing a Use-of-Force Report for a list of ORI numbers) These instructions can be found in the **Other Resources** section at the bottom of the Montana Use-of-Force webpage (<http://mbcc.mt.gov/Requests/UOF-Requests>).
- MT0250000
- B. Agency Case Number (This number is requested to assist in tracking incidents through the data collection. It will not be released in its original format to the public)
- LCZ11598
- Q4. Location of the incident
- Address (include street address/intersection, city, state, and ZIP Code)
- Helena, MT 59602
- Latitude/longitude x-coordinate: \_\_\_\_\_ y-coordinate \_\_\_\_\_
- Pending further investigation
- Unknown and is unlikely to ever be known
- Q5. Location type of the incident (Please select one category that best fits.)
- Abandoned/Condemned Structure
  - Air/Bus/Train Terminal
  - Amusement Park
  - Arena/Stadium/Fairgrounds/Coliseum
  - ATM (Automated Teller Machine) Separate from Bank
  - Auto Dealership New/Used
  - Bank/Savings and Loan
  - Bar/Nightclub
  - Camp/Campground
  - Church/Synagogue/Temple/Mosque
  - Commercial/Office Building
  - Community Center
  - Construction Site
  - Convenience Store
  - Daycare Facility
  - Department/Discount Store
- (list continued onto next page)



- Dock/Wharf/Freight/Modal Terminal
- Drug Store/Doctor's Office/Hospital
- Farm Facility
- Field/Woods
- Gambling Facility/Casino/Race Track
- Government/Public Building
- Grocery/Supermarket
- Highway/Road/Alley/Street/Sidewalk
- Hotel/Motel/Etc.
- Industrial Site
- Jail/Prison/Penitentiary/Corrections Facility
- Lake/Waterway/Beach
- Liquor Store
- Military Installation
- Park/Playground
- Parking/Drop Lot/Garage
- Rental Storage Facility
- Residence/Home
- Rest Area
- Restaurant
- School-College/University
- School-Elementary/Secondary
- Service/Gas Station
- Shelter-Mission/Homeless
- Shopping Mall
- Specialty Store
- Tribal Lands
- Other
- Pending further investigation
- Unknown and is unlikely to ever be known

Q6. What was the reason for initial contact between the subject(s) and the officer(s)? (Please select one)

- Response to unlawful or suspicious activity [Skip to Q6a and Q6b]
- Medical, mental health, or welfare assistance
- Routine patrol other than traffic stop
- Traffic stop
- Warrant service
- Service of a court order
- Mass demonstration
- Follow up investigation
- Other
- Pending further investigation
- Unknown and is unlikely to ever be known

Q6a. If the use of force was in response to report or observation of "unlawful or suspicious activity," what were the most serious observed offenses committed by the subject prior to or at the time of the incident?

Offense #1 520

Offense #2 \_\_\_\_\_

Offense #3 \_\_\_\_\_

- Pending further investigation
- Unknown/Not reported

Q6b. The National Incident-Based Reporting System (NIBRS) or local incident number of report detailing criminal incident information on the subject.

LC211598

- Pending further investigation
- Unknown/Not reported

Q7. Did the officer approach the subject(s)?

- Yes
- No
- Pending further investigation
- Unknown and is unlikely to ever be known

Q8. Was this an ambush incident?

- Yes
- No
- Pending further investigation
- Unknown and is unlikely to ever be known

Q9. Was a supervisor or a senior officer acting in a similar capacity present or consulted prior to when force was used in the incident?

- Yes
- No
- Pending further investigation
- Unknown and is unlikely to ever be known

Q10. Total number of officers who actually applied force during the time of incident 2

- Pending further investigation
- Unknown and is unlikely to ever be known

Q11. Number of officers from **your agency** who actually applied force during the time of incident 2

- Pending further investigation
- Unknown and is unlikely to ever be known

Q12. Total number of subjects that died or received serious bodily injury as a result of a law enforcement use of force, or, in the absence of death or serious bodily injury, received the discharge of a firearm at or in their direction None

- Pending further investigation
- Unknown and is unlikely to ever be known

Q13. If the incident involved officers who used force from multiple law enforcement agencies, please provide ORIs and case numbers for the local use-of-force reports at the other agencies. (see Pages 1-4 of the Instructions for Completing a Use-of-Force Report for a list of ORI numbers) These instructions can be found in the **Other Resources** section at the bottom of the Montana Use-of-Force webpage (<http://mbcc.mt.gov/Requests/UOF-Requests>).

ORI	CASE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

### SUBJECT INFORMATION

Please complete the following set of questions from this section for each individual who was subject to force that resulted in death, severe bodily injury, or a firearm discharge applied by officers **from your agency** in the course of this incident. Do not include any witnesses or bystanders who were not the subject of force applied by law enforcement. **All data elements must have a valid response indicated in order to save the incident information.**

Subject Sequence Number 1

Q14. Age of subject at time of incident 39 years old

- Pending further investigation
- Unknown and is unlikely to ever be known

Q15. Sex of subject

- Male
- Female
- Pending further investigation
- Unknown/Not reported

Q16. Race and ethnicity of subject (select all that apply)



- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Pending further investigation
- Unknown/Not reported

Q17. Height of subject (report actual or estimated range of values) 6 feet 01 inches  estimated

- Pending further investigation
- Unknown and is unlikely to ever be known

Q18. Weight of subject (report actual or estimated range of values) 160 pounds  estimated

- Pending further investigation
- Unknown and is unlikely to ever be known

Q19. Was there an apparent or known impairment in the mental or physical condition of the subject?

- Yes [Go to Q19a]
- No
- Pending further investigation
- Unknown and is unlikely to ever be known

Q19a. Please indicate which conditions apply (Select all that apply)

- Mental health condition
- Alcohol impairment
- Drug impairment
- Pending further investigation
- Unknown and is unlikely to ever be known

Q20. Was the threat by the subject(s) perceived by the officer(s) to be directed to the officer or to another party?

- Officer
- Another party
- Both the officer and others
- Pending further investigation
- Unknown and is unlikely to ever be known

Q21. Did the subject resist the officer(s)?

- Yes [Go to Q21a]
- No
- Pending further investigation
- Unknown and is unlikely to ever be known

Q21a. What resistance or weapon was or believed to be involved? (Select all that apply)

- Attempted to escape or flee from custody
- Resisted being handcuffed or arrested
- Barricading self
- Using a chemical agent (acid, gasoline, pepper or OC (oleoresin capsicum) spray, etc.) against an officer or another
- Using an edged weapon against an officer or another
- Using an electronic control weapon against an officer or another
- Using a firearm against an officer or another
- Using hands/fist/feet against an officer or another
- Displaying a weapon at an officer or another
- Directing a vehicle at an officer or another
- Intentionally spitting or bleeding on an officer
- Throwing an article or object at an officer
- Making verbal threats
- Failing to comply to verbal commands
- Other types of passive resistance
- Pending further investigation
- Unknown and is unlikely to ever be known
- None

Q22. At any time during the incident, was the subject armed or believed to be armed with a weapon (other than hands, fists, or feet)?

- Yes
- No
- Pending further investigation
- Unknown and is unlikely to ever be known

Q23. Type(s) of force used by law enforcement connected to serious bodily injury or death of the subject (Select all that apply)

- Firearm
- Electronic control weapon (Taser®)
- Explosive device
- Chemical agent/Pepper or OC (oleoresin capsicum) spray
- Baton
- Impact projectile
- Blunt instrument/flashlight
- Hands-fists-feet
- Canine
- Other
- Pending further investigation
- Unknown and is unlikely to ever be known

Q24. What were the subject's injuries received as a direct consequence of the use of force by law enforcement? (Select all that apply)

- Apparent broken bones
- Gunshot wound
- Loss of teeth
- Loss or partial loss of finger, toe, arm, leg, etc.
- Possible internal injury
- Severe laceration/puncture wound
- Canine bite
- Unconsciousness
- Possible cardiac event
- Other major injury
- Death
- None
- Pending further investigation
- Unknown and is unlikely to ever be known

### OFFICER INFORMATION

Please complete the following set of questions from this section for each officer who actually applied force that resulted in death, serious bodily injury, or discharged a firearm at or in the direction of a person in the course of this incident **from your agency**. Do not include any officers who were assisting or present; did not apply force; or applied force that did not meet the criteria as specified above. **All data elements must have a valid response indicated in order to save the incident information.**

Officer Sequence Number   1  

Q25. Age of officer at time of incident   31   years old  Pending further investigation

Q26. Sex of the officer

- Male
- Female
- Pending further investigation
- Unknown/Not reported

Q27. Race and ethnicity of the officer (select all that apply)

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Pending further investigation
- Unknown/Not reported

Q28. Height of the officer   5   feet   10   inches  Pending further investigation

Q29. Weight of the officer   185   pounds  Pending further investigation



Q30. Officer's years of service as a law enforcement officer (total tenure)

7 years

Pending further investigation

Q31. Does the officer work full-time (35 or more hours per week)?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q32. Was the officer on duty at the time of the incident?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q33. Was the officer readily identifiable by clothing or insignia at the time of the incident?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q34. Did the officer discharge a firearm at or in the direction of a person during the incident?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q35. Was the officer injured during the incident that precipitated the use of force?

Yes [Go to Q35a and Q35b]

No

Pending further investigation

Unknown and is unlikely to ever be known

Q35a. What were the officer's injuries during the incident that precipitated the use of force (select all that apply)

Apparent broken bones

Gunshot wound

Loss of teeth

Loss or partial loss of finger, toe, arm, leg, etc.

Possible internal injury

Severe laceration/puncture wound

- Canine bite
- Unconsciousness
- Other major injury
- Death
- Pending further investigation
- Unknown and is unlikely to ever be known

Q35b. NIBRS (or local) incident number of report detailing assault or homicide of lawenforcement officer.

- 
- Pending further investigation
  - Unknown/Not reported

Q30. Officer's years of service as a law enforcement officer (total tenure)

4.5 years

Pending further investigation

Q31. Does the officer work full-time (35 or more hours per week)?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q32. Was the officer on duty at the time of the incident?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q33. Was the officer readily identifiable by clothing or insignia at the time of the incident?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q34. Did the officer discharge a firearm at or in the direction of a person during the incident?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q35. Was the officer injured during the incident that precipitated the use of force?

Yes [Go to Q35a and Q35b]

No

Pending further investigation

Unknown and is unlikely to ever be known

Q35a. What were the officer's injuries during the incident that precipitated the use of force (select all that apply)

Apparent broken bones

Gunshot wound

Loss of teeth

Loss or partial loss of finger, toe, arm, leg, etc.

Possible internal injury

Severe laceration/puncture wound



- Apparent broken bones
- Gunshot wound
- Loss of teeth
- Loss or partial loss of finger, toe, arm, leg, etc.
- Possible internal injury
- Severe laceration/puncture wound
- Canine bite
- Unconsciousness
- Possible cardiac event
- Other major injury
- Death
- None
- Pending further investigation
- Unknown and is unlikely to ever be known

### OFFICER INFORMATION

Please complete the following set of questions from this section for each officer who actually applied force that resulted in death, serious bodily injury, or discharged a firearm at or in the direction of a person in the course of this incident **from your agency**. Do not include any officers who were assisting or present; did not apply force; or applied force that did not meet the criteria as specified above. **All data elements must have a valid response indicated in order to save the incident information.**

Officer Sequence Number 2

Q25. Age of officer at time of incident 28 years old  Pending further investigation

Q26. Sex of the officer

- Male
- Female
- Pending further investigation
- Unknown/Not reported

Q27. Race and ethnicity of the officer (select all that apply)

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Pending further investigation
- Unknown/Not reported

Q28. Height of the officer 5 feet 10 inches  Pending further investigation

Q29. Weight of the officer 180 pounds  Pending further investigation

- Canine bite
- Unconsciousness
- Other major injury
- Death
- Pending further investigation
- Unknown and is unlikely to ever be known

Q35b. NIBRS (or local) incident number of report detailing assault or homicide of lawenforcement officer.

- 
- Pending further investigation
  - Unknown/Not reported