

Type of Offense: PFMA		Incident/DR Number: LC211975		
<b>Location of Incident</b>				
Street Address or Location:			Time: 0140	Date: 12/5/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Isbell	565	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<b>Suspect Information</b>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 22 Race: C Height: 603 Weight: 170				
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 checked="" type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input checked="" type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: 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 checked="" type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		<input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: 1	<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 checked="" type="checkbox"/> Cartridge discharge		

Taser Serial Number: X12009RHT Cartridge(s) Serial Number: C4106EMV9

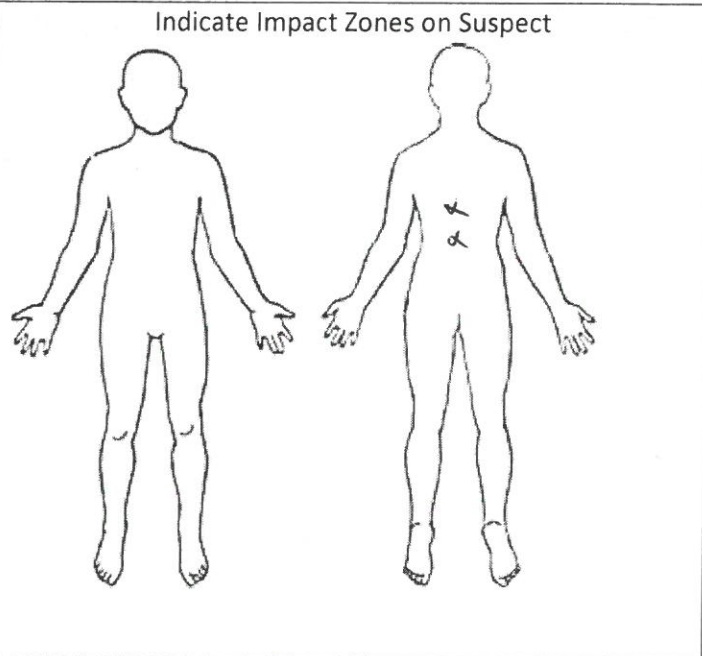
Impact Weapons Effective:  Yes  No

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.](#)



Officer	Suspect
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Other: <a href="#">Explain</a>	<input checked="" type="checkbox"/> Other: Taser deployment

Check by Medical





Officer:  Yes  No  
 Suspect:  Yes  No

Transported to Hospital

Officer:  Yes  No  
 Suspect:  Yes  No

*After Action Report: The Deputy responded to the residence for a report of a male, identified as the suspect, who was reportedly intoxicated and belligerent. The complainant stated the incident had only been verbal and the the suspect was attempting to start a fight with his father. The Deputy arrived on scene and spoke with the complainant on the porch of their residence. Approximately 10 – 20 seconds into the complainant’s statement, the Deputy heard a juvenile female in the residence scream. The Deputy entered the residence and observed the suspect physically assaulting his father, the Victim. The Deputy observed the Suspect was punching the Victim in the head while he was hunched over, not defending himself. The Deputy observed the suspect perform a knee strike to the Victim’s head. The Deputy yelled for the Defendant to stop, but he did not comply. The Deputy observed the Victim had a notable amount of blood on his face from the altercation. The Deputy deployed his Taser at the Suspect. Two probes struck the Suspect’s back which were affective. The Suspect fell to the ground and complied to the Deputies commands. The Deputy felt the force was reasonable and necessary to cease the*

Suspect from continually assaulting the Victim and causing bodily injury. The Deputy feared for the safety of the Victim because he was unable to defend himself from further commission of a violent criminal offense.

Reporting Officer Signature: 	Date: 12/05/2021
Supervisor Signature: 	Date: 12/5/2021
Division Commander Signature: 	Date: 12-13-21
Under Sheriff Signature: 	Date: 12-13-21
Comment: <a href="#">Click here to enter text.</a>	



Type of Offense: Reported PFMA			Incident/DR Number: LC210488	
<i>Location of Incident</i>				
Street Address or Location:			Time: 0020 hours	Date: 3/26/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Kyle Northrop	522	Probationary Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Shawn "Tony" Galahan	550	Senior Deputy	On Duty	Uniform
Jordan Hall	521	Deputy	On Duty	Uniform
Brian Robinson	538	Sergeant	On Duty	Uniform
<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: 50 Race: White Height: 510 Weight: 165				
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 checked="" type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input checked="" type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<i>Use of Force / Control Necessary to:</i>				
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input checked="" type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Soft Empty Hand Techniques</i>		<i>Hard Empty Hand Techniques</i>		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Shoulder Pin Restraint		
		<input type="checkbox"/> Knee Strike		
		<input type="checkbox"/> Angle Kick		
		<input type="checkbox"/> Other: Explain.		



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

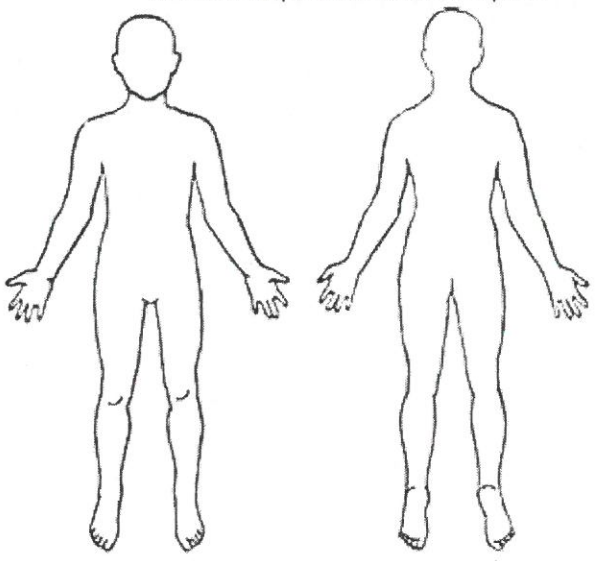
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge discharge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

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

Impact Weapons Effective:  Yes  No



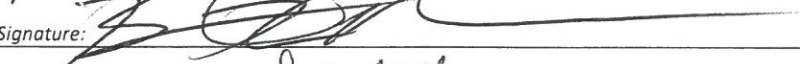
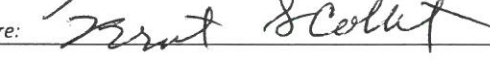
Baton  Weapon of opportunity  Other: Explain.

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: 522- Sig P320 #58J007890, 550-Glock 23 #VCP525, 538 Sig P320 #58A158671, 521-Sig P320-#M17056686

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

After Action Report: On Friday, March 26th, at 0000 hours, a female, \_\_\_\_\_ called 911 and said she had been attacked by her husband \_\_\_\_\_ at \_\_\_\_\_ I responded to the address with other Deputies and knocked at the door, and announced myself as a Sheriff's Deputy. Nobody came to the door. I shined my flashlight through the living room windows next to the front door and saw a figure move in a hallway into a room. I continued to knock and announce my presence. Deputy Galahan told me there were signs consistent with a struggle on the floor of the kitchen. Deputy Hall went around the back of the home and noticed a broken window and open door. I checked the front door and found it unlocked. Sergeant Robinson opened the front door to the residence and announced himself and called out to whoever was in the house to come out. I saw a male subject with dark sunglasses enter the hallway and point with his right index finger to get out of his house. His left arm was behind the doorway. It was unknown if the male had a weapon behind the door so I pointed my pistol at him and turned on my weapon light attached to my pistol. I began to command

the male to show me his hands. The male continued to shout at us to leave. Sergeant Robinson called out to the male and asked him to come to the door. I commanded the male to show us his hands as he was continuing to keep the left arm hidden behind the door. I feared he was concealing a weapon. Sergeant Robinson and Senior Deputy Galahan had their pistols pointed at the male too. I commanded the male again to show me both of his hands. The male went into the room and was gone for a second then came back to the hallway showing me both of his hands palms out then immediately went back into the room and came back to the previous position in the hallway concealing his right arm. Still fearing he was concealing a weapon I continued to point my pistol at him while commanding him to come to the door so we could speak to him. Deputy Galahan noted the male's hands were bloody. Sergeant Robinson was made aware by dispatch that the complainant was not in the home and had left the location after calling dispatch but neglected to tell dispatch this. Sergeant Robinson gave the order for everyone to back away from the home immediately. We backed away from the home to the road and left in our vehicles. I called the complainant and she refused to meet with us and didn't want to cooperate further. Please see my report, LC210488 for further information.

Reporting Officer Signature:  522 Tony Galahan 550	Date: 3/26/21
Supervisor Signature: 	Date: 11-16-21
Division Commander Signature: 	Date:
Under Sheriff Signature:  Brent S. Collett	Date: 11-18-21
Comment: <a href="#">Click here to enter text.</a>	

Type of Offense: Resisting Arrest		Incident/DR Number: LC211695		
<b>Location of Incident</b>				
Street Address or Location...			Time: 1952	Date: 10/16/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Jake Isbell	5-65	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Jared Piilola	5-46	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: 22 Race: N Height: 602 Weight: 350 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input 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 type="checkbox"/> Failed to comply <input checked="" type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
<b>Use of Force / Control Necessary to:</b>				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b> <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.		<b>Hard Empty Hand Techniques</b> <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input checked="" type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.



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

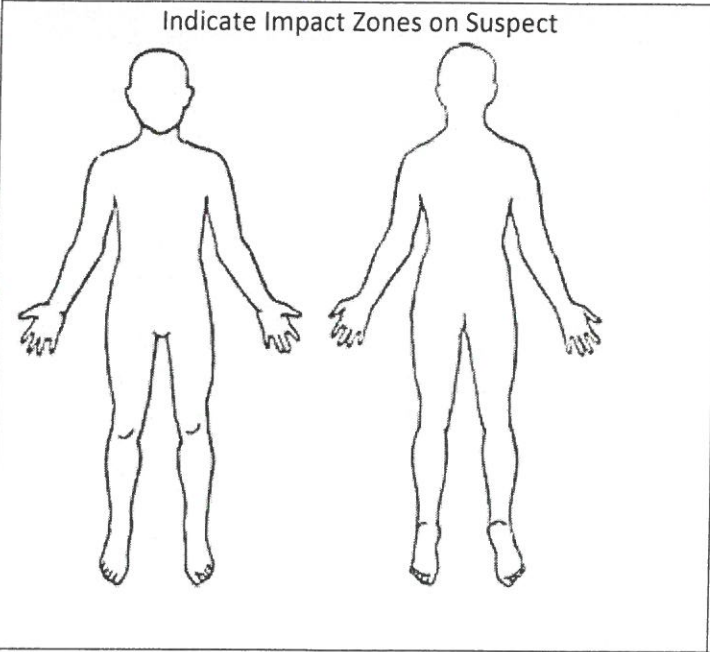
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge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

Taser Serial Number: X12009RHT Cartridge(s) Serial Number: C4106EMV9,C4106EXM7

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.



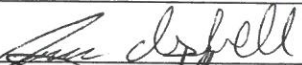
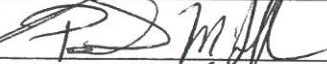
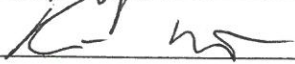

Injuries	
Officer	Suspect
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
<input type="checkbox"/> Lacerations	<input type="checkbox"/>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

Check by Medical  
 Officer:  Yes  No  
 Suspect:  Yes  No

Transported to Hospital  
 Officer:  Yes  No  
 Suspect:  Yes  No

After Action Report: Deputies were dispatched to - for a report of a verbal domestic disturbance. After further investigation, it was determined the suspect was in violation of an active No Contact Order and was subsequently advised he was under arrest for the violation. A Deputy advised the suspect he was under arrest and he refused to comply. The suspect pushed a Deputy away in an event to not be handcuffed. The suspect pulled away from the Deputy when he attempted to handcuff him. The Deputy lifted the suspect up from his legs and placed him onto the ground. The suspect was not brought to the ground in a forceful manner. The suspect attempted to kick the Deputy. The Deputy performed a knee strike to the suspect's common peroneal which was ineffective. The suspect continued to be actively aggressive with Deputies. The Deputy advised the suspect he would be tased if he did not stop fighting with deputies. The suspect grabbed a deputy's hand and started to squeeze it. The Deputy activated his Taser and informed the suspect he would be tased, but did not discharge the Taser. A Deputy advised the Deputy to not tase him due to the suspect becoming tired. The

necessary to effectuate an arrest on the suspect was reasonable and necessary. The suspect actively resisted and attempted to cause injury to deputies to prevent us from arresting him.

Reporting Officer Signature: 	Date: 10/18/2021
Supervisor Signature: 	Date: 10/18/21
Division Commander Signature: 	Date: 10/21/21
Under Sheriff Signature: 	Date: 11-18-21
Comment: Click here to enter text.	



Type of Offense: Assault on a Peace Officer      Incident/DR Number: LC211822

**Location of Incident**

Street Address or Location:		Time: 1245 hours	Date: 11/5/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:
Aaron Bowman	570	Deputy Sheriff	On
Attire	Uniform		
Involved Officer's Name:	Badge #	Rank	Duty Status:
Jordan Hall	521	Deputy Sheriff	On
Attire	Uniform		
Uriah Wood	525	Sergeant	On
Attire	Uniform		
Click here to enter text.	Click here to enter text.	Click here to enter text.	

**Suspect Information**

Suspect Sex:  Male    Female    Animal Group of People:    Age: 49   Race: W   Height: 6'00"   Weight: 200

<b>Applicable Suspect Conditions (Check all that apply)</b>		<b>Under the Influence</b>
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply	<input type="checkbox"/> Drugs
<input checked="" type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> None Apparent
<input type="checkbox"/> Attempted escape		<input type="checkbox"/> Other: Explain.

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

Defend Self       Protective Custody       Other:

Defend another       Prevent Escape       Accomplish official purpose: Remove individual from the residence.

Make arrest

Warning Given:  Yes    No    Not Feasible

**Force Used**

**Physical Control:**

<b>Soft Empty Hand Techniques</b>	<b>Hard Empty Hand Techniques</b>	
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Other: Explain.
<input checked="" type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	
<input checked="" type="checkbox"/> Other: Taken to the ground and placed hands behind back.	<input type="checkbox"/> Front Thrust Kick	
	<input type="checkbox"/> Knee Strike	
	<input type="checkbox"/> Angle Kick	

OC Spray: Discharged:  Yes    No      Effective:  Yes    No

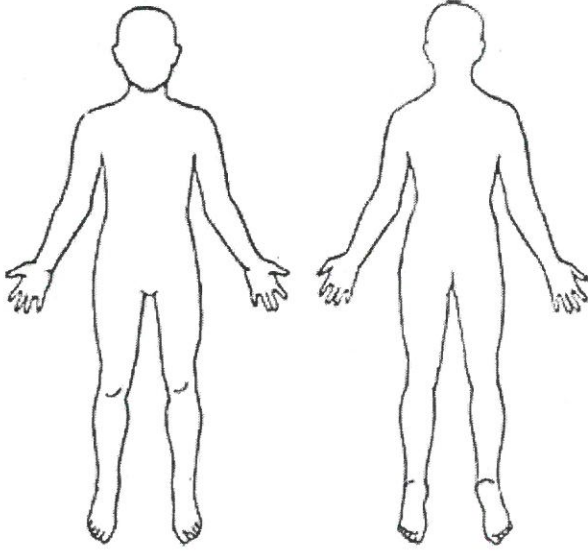


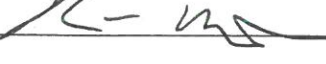
Exposure:  Airborne only    Targeted area    Single spray    Multiple spray

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

Wrap Restraint System

Taser: Discharged:  Yes    No      Effective:  Yes    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:	
<input type="checkbox"/> Impact Weapons		Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Baton <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: Explain.			
<input type="checkbox"/> Firearms: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other:			
Number of rounds fired: Serial number of firearm(s) used: <a href="#">Click here to enter text.</a>			
Indicate Impact Zones on Suspect		Injuries	
		Officer	Suspect
		<input checked="" type="checkbox"/> None	<input type="checkbox"/> None
		<input type="checkbox"/> Bruises	<input checked="" 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: 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>After Action Report: Deputies responded to _____ after receiving a report of a male trespassing. The male refused to leave the residence after being told multiple times by the homeowner to leave. Deputies attempted to contact the male by calling his cell phone and knocking on the door. The male approached the door from inside of the residence. The male saw Deputies, did not open the door, and returned inside the residence. Deputies attempted contact with the male through multiple means. The homeowner gave Deputies permission to enter the residence. The homeowner contacted a locksmith to change the locks on the residence. The locksmith arrived at the residence and provided Deputies a key to enter the residence. The male returned to the door and was advised he was under arrest. Deputies entered the residence and attempted to effect an arrest. The male pulled away from a Deputy and was taken to the ground. The male attempted to wrap his arms around a Deputy's neck while on top of him. The male was eventually placed in handcuffs after actively resisting.</p>			
Reporting Officer Signature: 		Date: 11/6/21	
Supervisor Signature: 		Date: 11-6-21	
Division Commander Signature: 		Date: 11/8/21	

Under Sheriff Signature: *Brent S. Collet*

Date: *11-9-21*

Comments:

[Empty rectangular box for comments]

Type of Offense: burglary, resisting, obstructing		Incident/DR Number: LC211822		
<b>Location of Incident</b>				
Street Address or Location: _____			Time: 1220	Date: 110521
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Uriah Wood	525	SGT	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Aaron Bowman	570	Deputy	On Duty	Uniform
Jordan Hall	521	Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<b>Suspect Information</b>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: 49 Race: C Height: 600 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 checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input checked="" type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<b>Use of Force / Control Necessary to:</b>				
<input checked="" 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: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If No, explain in comments				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input checked="" type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		
		<input checked="" 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

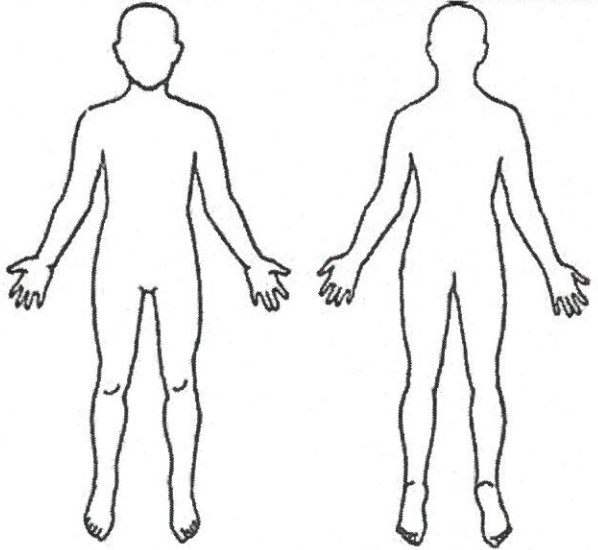
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge		<input type="checkbox"/> Close probe strikes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

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

After Action Report: Called to assist Deputy Bowman and Deputy Hall with a male who was to be removed from residence due to his behavior. Attempted to make contact with male, numerous times via knocking, announcing, phone calls. was observed inside and had disabled garage doors and electronic door lock resulting in homeowner having to call locksmith to respond. refused to open door and refused to come outside. was advised he was under arrest numerous times. Once locksmith made key deputies entered residence and Deputy Bowman attempted to handcuff. became combative and I attempted to help gain control of by grabbing his right arm. continued resisting and deputies took him to the floor. On the floor came down on top of me and grabbed my neck while continuing to fight with Deputies. I told to let go of my neck and when he did not I pushed my thumb into his eye. released my neck and I gained side control of him on his right side. continued to struggle and refused to comply and Deputies had to forcibly pull his arms behind him to handcuff him.

REFUSED MEDICAL ASSESSMENT FROM Deputies when offered. was charged with Burglary, Resisting Arrest, Obstructing and Assault on a Peace Officer. I received a small abrasion on my left temple area from this incident.

Reporting Officer Signature:



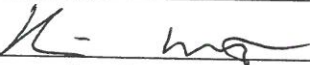
Date: 11-6-21

Supervisor Signature:




Date: 11/8/21

Division Commander Signature:



Date: 11/8/21

Under Sheriff Signature:



Date: 11-9-21

Comment: Click here to enter text.

Type of Offense: Criminal Endangerment - DUI		Incident/DR Number: LC211143		
<i>Location of Incident</i>				
Street Address or Location:			Time: 1852 hours	Date: 7/16/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cole Fuhrman	527	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cole Fuhrman	527	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: 39 Race: White Height:                      Weight: Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:                      Race:                      Height:                      Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:                      Race:                      Height:                      Weight:				
<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 checked="" type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<i>Applicable Suspect Conditions (Check all that apply)</i>			<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input 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 checked="" type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible                      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Soft Empty Hand Techniques</i> <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<i>Hard Empty Hand Techniques</i> <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		



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

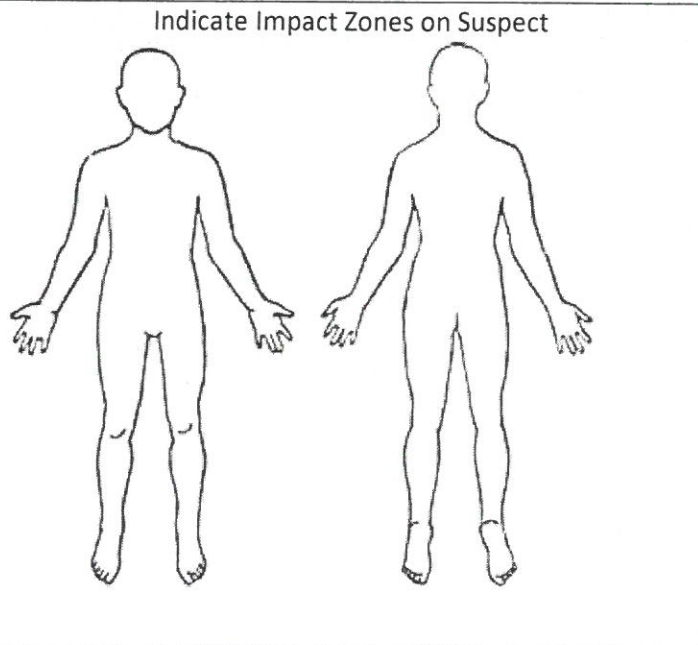
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge		<input type="checkbox"/> Close probe strikes <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: 58H072771



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

Check by Medical





Officer:  Yes  No  
 Suspect:  Yes  No

Transported to Hospital

Officer:  Yes  No  
 Suspect:  Yes  No

After Action Report: Friday, July 16, 2021, at approximately 1853 hours, I, Deputy Cole Fuhrman, was advised by dispatch of an DUI ATL in the 5... I located the suspect vehicle around the... block of... observed the suspect vehicle was driving at a high rate of speed, and driving recklessly by partially swerving off of the road. I got behind the vehicle and initiated my patrol vehicle overhead lights and sirens. The suspect vehicle increased speed and crossed the double yellow center line while passing a vehicle on the crest of a hill and a blind corner. The suspect attempted to escape, elude, and was not compliant with being lawfully detained by law enforcement. The suspect's driving behavior caused a substantial risk of serious bodily injury or death to himself and other motorists on the road. Canyon Ferry road in this area is very narrow, has multiple corners, and has no shoulder for other vehicles to avoid a possible imminent collision. At the time of the incident, traffic on the road was extensive and crowded. Once across Canyon Ferry Dam, the suspect abruptly stopped and immediately exited his vehicle. Given the suspect eluding me in his vehicle, I was

unsure what the suspects intentions were. I withdrew my duty handgun, while keeping the weapon in the "Sul" or ready position near my chest. I gave the suspect verbal comments which he eventually complied with. I instructed the suspect to lay prone on the ground with his arms straight out to his side and his legs spread apart. The suspect then became non-compliant with my commands and continually would bring his arms and hands close to his body and under his chest. I had not been able to conduct a pat search of the suspect for weapons and was unsure why the suspect continued to reach under his chest. Given the circumstances, I pointed my duty weapon toward the suspect and gave him verbal commands to keep his arms out to his side away from his body. The suspect eventually complied. I holstered my duty handgun and detained the suspect in one pair of chain link handcuffs. The handcuffs were checked for tightness and double locked.

Reporting Officer Signature: 	Date: 9/23/21
Supervisor Signature: 	Date: 10-21-21
Division Commander Signature: 	Date: 10/22/21
Under Sheriff Signature: 	Date: 10/22/21
Comment: Click here to enter text.	

Type of Offense: Assault and obstructing a peace officer		Incident/DR Number: LC211646		
Location of Incident				
Street Address or Location:			Time: 1701	Date: 10/8/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Patrick	562	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Norris	564	Senior Deputy	On Duty	Uniform
Fuhrman	527	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.
Suspect Information				
Suspect 1: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 24 Race: w Height: 5'3 Weight: 170+				
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 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 checked="" type="checkbox"/> Mental Illness		
<input checked="" type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.	<input type="checkbox"/> None Apparent		
<input type="checkbox"/> Attempted escape		<input type="checkbox"/> Other: Explain.		
Use of Force / Control Necessary to:				
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input checked="" type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		
<input checked="" type="checkbox"/> Other: Had to wresle her to the ground and force her arms behind her back		<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"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: <i>Explain.</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>
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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

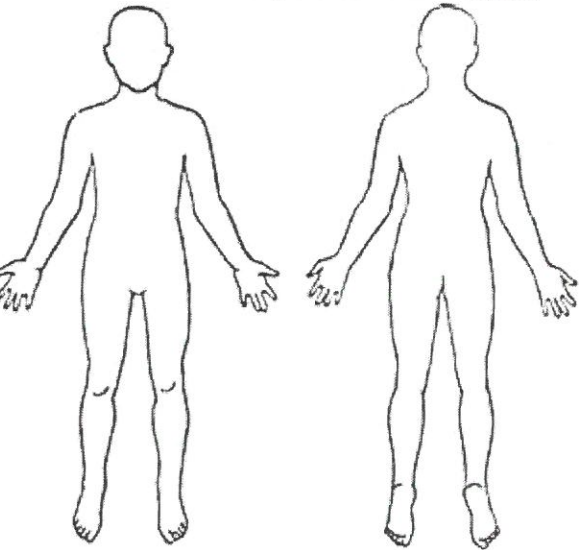
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: <a href="#">Click here to enter text.</a> <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect	<input type="checkbox"/> Malfunction
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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 style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;">Injuries</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; 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: <i>Explain</i></td> <td><input type="checkbox"/> Other: <i>Explain</i></td> </tr> </table> <hr/> <p style="text-align: center;">Check by Medical</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width: 50%;"></td> </tr> <tr> <td>Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> </tr> </table> <hr/> <p style="text-align: center;">Transported to Hospital</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="width: 50%;"></td> </tr> <tr> <td>Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></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: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>	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																						
<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>																						
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: When Deputies arrived on scene, I obserced two people attempting to restrain the struggling female after she reportedly assaulted another and had a stick. Deputies took over and the female continued to actively resist and refused to let go of a small, sharp stick. We eventually wrestled her onto a couch

and got her arms behind her back. The stick was also pried out of her hand. Based on my training and experience, I feel the use of force was necessary to prevent further injury to others.

Reporting Officer Signature:



Date: 10/13/21

~~Supervisor~~ Signature:

OIC




Date: 10-13-21

Division Commander Signature:

Date:

Under Sheriff Signature:



Date: 10-13-21

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

Type of Offense: Agency Assist – Apprehending Suspect from a Pursuit			Incident/DR Number: LC211532	
<b>Location of Incident</b>				
Street Address or Location:			Time: 1424	Date: 9/21/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jared Piilola	546	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.
<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: 22 Race: Caucasian Height: 5' 9" 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:				
<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 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: Stole a vehicle out of Silver bow County and got into a pursuit with Jefferson County. Unknown weapons.		<input checked="" type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<b>Use of Force / Control Necessary to:</b>				
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input checked="" type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		



<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: 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 <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
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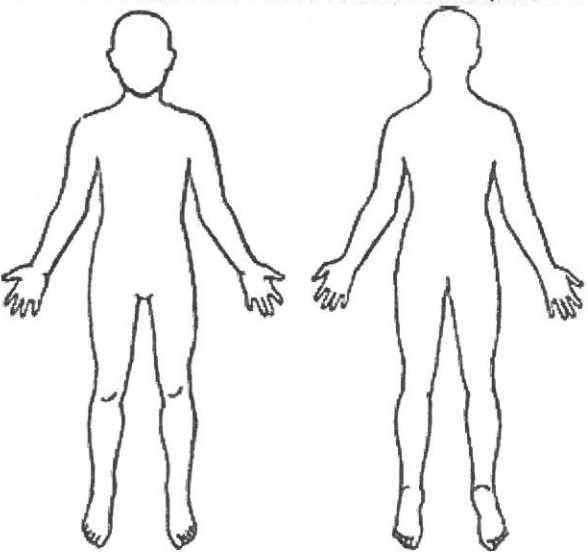
Taser Serial Number: Click here to enter text.      Cartridge(s) Serial Number: Click here to enter text.

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: NFM7049

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:  Yes  No  
 Suspect:  Yes  No

Transported to Hospital

Officer:  Yes  No  
 Suspect:  Yes  No

After Action Report: Jefferson County Sheriff's Office notified dispatch they were in a pursuit of a stolen vehicle from Silver bow County. They were traveling on Holmes Gulch Road, toward Lewis and Clark County. They were unaware if the vehicle had any weapons inside, or if the suspect was armed. While en route, the driver of the

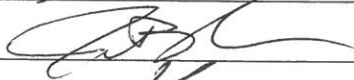
vehicle parked near \_\_\_\_\_ and fled on foot. Jefferson County requested assistance in establishing a perimeter. I staged at the intersection of South Hills Road and Highway 282. I overheard Montana Highway Patrol Trooper Brian Uhl advise he located a male, matching the suspects description. The male obtained a bicycle and eventually left it in a field. He proceeded to jump a fence and run east bound, across the interstate. I responded to the area and parked on the north side of the overpass. I exited my patrol vehicle and unholstered my duty weapon. While responding to the area where I last observed the male, I saw him lay down on the interstate. During this time, I began to give the suspect commands while my duty weapon was pointed at him and Trooper Uhl stopped traffic. I placed the suspect in handcuffs and escorted him off of the interstate.

Reporting Officer Signature:



Date: 9/27/21

Supervisor Signature:



Date: 9/27/21

Division Commander Signature:



Date: 10/1/21

Under Sheriff Signature:

Brent S. Collet

Date: 10-4-21

Comment: Click here to enter text.

Type of Offense: Warrant arrest			Incident/DR Number: LC211589	
Location of Incident				
Street Address or Location:			Time: 0437	Date: 10/1/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tony Galahan	5-50	Senior Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Aaron Bowman	5-70	Probationary Deputy	On Duty	Uniform
Paul Weber	5-67	Corporal	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Suspect Information				
Suspect 1: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 33 Race: White Height: 502 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:				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input checked="" type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input checked="" type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> None Apparent	
<input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input checked="" 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 checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other: Grabbed left arm to gain control.		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick <input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		



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

Wrap Restraint System  Restraint Chair

Taser: Discharged:  Yes  No Effective:  Yes  No

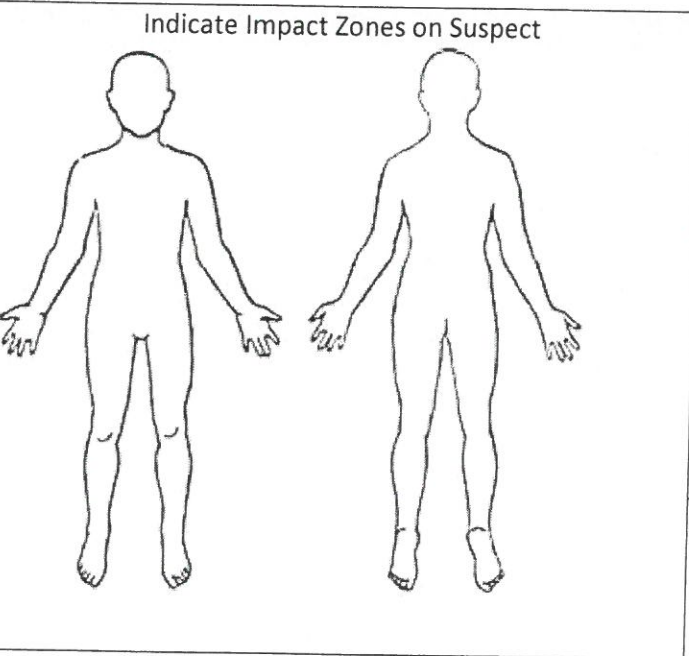
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical 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: 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: Explain	<input type="checkbox"/> Other: Explain

Check by Medical  
 Officer:  Yes  No  
 Suspect:  Yes  No

Transported to Hospital  
 Officer:  Yes  No  
 Suspect:  Yes  No

After Action Report: I, Senior Deputy Tony Galahan, checked on a vehicle parked on the side of the roadway on Wylie Drive near West Main Street. The driver stated she was running out of gas and was trying to get it to the gas station. The female did not have an ID on her person and provided the name of ' \_\_\_\_\_ stated she was okay and didn't need my assistance. I told: \_\_\_\_\_ she was free to go down to the gas station. I provided the name and date of birth she provided to the dispatch center. I was advised' \_\_\_\_\_ had a \$25,000 warrant for her arrest out of district court. I observed \_\_\_\_\_ pull her vehicle into the gas station parking lot of Town Pump located at \_\_\_\_\_ I made contact with \_\_\_\_\_ again and told her I was provided with information that she had not shown up to court and a warrant had been issued. \_\_\_\_\_ was instructed to step toward my patrol vehicle and I advised her she was under arrest. \_\_\_\_\_ backed away and ran away from me. I called for back up and pursued after \_\_\_\_\_ on foot. I gave multiple commands to \_\_\_\_\_ telling her to stop and she was under arrest \_\_\_\_\_ continued running and I observed her pull out a long cylinder object from a pocket. The

object was held in her right hand and I thought it might have been a pepper spray container. I drew my Taser and [redacted] ended up tripping. I told [redacted] if she got up or ran away again, I would deploy my Taser. [redacted] continued to not listen and backed herself up against a garage and fence. [redacted] was given multiple commands to come out and to lay down on her stomach. [redacted] did not come out and I grabbed her left wrist with my right hand and had the Taser pointed at her with my left hand. I held this position until Deputy Bowman arrived and assisted pulling her out. [redacted] was arrested and placed in handcuffs behind her back. The handcuffs were checked for proper tightness and double locked. [redacted] was walked back to my patrol vehicle and transported to the Lewis and Clark County Detention Center without further incident.

Reporting Officer Signature: <i>Tony Galahan</i>	Date: 10/01/21
Supervisor Signature: <i>[Signature]</i>	Date: 10-1-21
Division Commander Signature: <i>[Signature]</i>	Date: 10/1/21
Under Sheriff Signature: <i>Brent S. Collet</i>	Date: 10-4-21
Comment: Click here to enter text.	



Type of Offense: Obstructing, Trespass, and Criminal Mischief		Incident/DR Number: LC210530		
<b>Location of Incident</b>				
Street Address or Location			Time: 0400	Date: 4/2/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tony Galahan	5-50	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Kyle Northrop	5-22	Probationary Deputy	On	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
<b>Suspect Information</b>				
Suspect Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 24 Race: Height: 602 Weight: 165				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence	<input checked="" type="checkbox"/> Alcohol		
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply	<input type="checkbox"/> Drugs		
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest	<input type="checkbox"/> Mental Illness		
<input type="checkbox"/> Assaulted civilian	<input checked="" type="checkbox"/> Other: Committed Trespassing and Criminal Mischief	<input type="checkbox"/> None Apparent		
<input type="checkbox"/> Attempted escape		<input type="checkbox"/> Other: Explain.		
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.		
<input checked="" type="checkbox"/> Make arrest				
Warning Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
<b>Force Used</b>				
<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 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:	

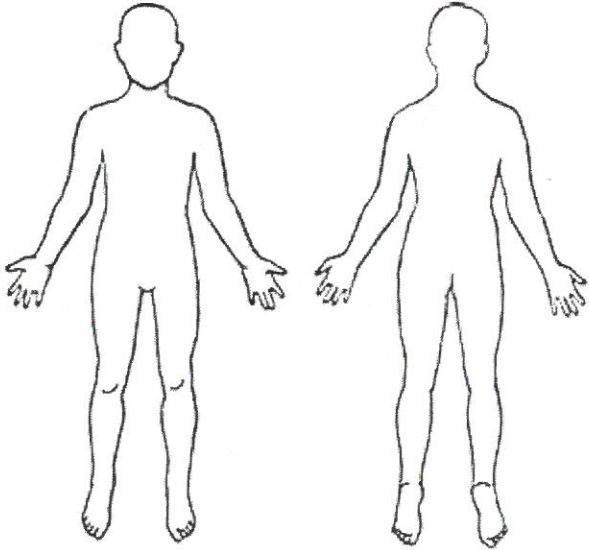
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

Number of rounds fired: 0 Serial number of firearm(s) used: 5-50 # VCP525, 5-22 #58J007890

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

After Action Report: Friday, April 2, 2021, Deputy Kyle Northrop and I, Deputy Tony Galahan, were dispatched to Deputy Northrop and I arrived at the residence and was told two males had trespassed and destroyed an electronic device located in the victim's driveway. The victim had game camera photographs of the suspects. While speaking with the victim, I could hear two individuals in a verbal argument. The individuals seemed far away and a nearby residence was the only structure in sight. Deputy Northrop and I responded to this residence, but was told no disturbance was occurring there by the occupants. Deputy Northrop and I returned back to the victim's residence and gathered the necessary information for our case. We cleared from the residence and approximately five minutes passed and the victim called 911 stating he could hear the people yelling outside his house. Deputy Northrop and I responded back to the area. I could hear the individuals yelling at one another just west of the victim's residence. Deputy Northrop and I closed the distance, gave the males commands to stop and announced ourselves with the sheriff's office. The male's did not stop and I could hear one male telling the other to get up the hill. I climbed the hill and heard movement near me. I located the individuals, removed my duty pistol, and gave the males commands to keep their hands up. Deputy Northrop assisted in giving commands and both males were detained with handcuffs behind their back without incident. One male was the juvenile brother of the other suspect. The adult suspect

was arrested for a probation violation and transported to the Lewis and Clark County Detention Center without incident.

Reporting Officer Signature: <i>Tony Galaban</i>	Date: 9/14/21
Supervisor Signature: <i>[Signature]</i>	Date: 9/14/21
Division Commander Signature: <i>[Signature]</i>	Date: 9/14/21
Under Sheriff Signature: <i>Brent &amp; Collett</i>	Date: 9-14-21

Comments:

*Amended from 4/6/21 copy*