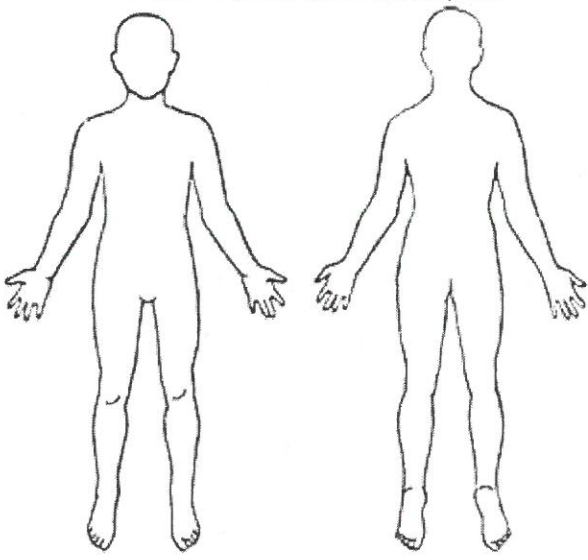


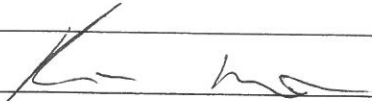





Type of Offense: DUI		Incident/DR Number: LC211478		
<b>Location of Incident</b>				
Street Address or Location:			Time: 0037	Date: 9/11/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Aaron Bowman	570	Deputy Sheriff	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Coppola	530	Deputy Sheriff	On	Uniform
Brian Morgan	404	Reserve Police Officer	On	Uniform
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: 64 Race: Height: 5'11" Weight: 160				
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 type="checkbox"/> Other:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
Use of Force / Control Necessary to:				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: Exit vehicle to conduct DUI investigation.		
<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 checked="" type="checkbox"/> Physical Control:				
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint	
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Other: Explain.	
<input 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: Officer Morgan had to pry hand loose from steering wheel.		<input type="checkbox"/> Front Thrust Kick		
		<input type="checkbox"/> Knee Strike		
		<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: 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 checked="" type="checkbox"/> No		Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)	
Exposure:	Cycles: <input type="checkbox"/> 1	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction
<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 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 checked="" type="checkbox"/> None
		<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
		<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
		<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
		<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
		<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
Check by Medical			
		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Suspect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Transported to Hospital			
		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>After Action Report: Saturday, September 11, 2021, at approximately 0030, I, Deputy Aaron Bowman, initiated a traffic stop on a vehicle as part of a DUI investigation. The male driver refused to provide me his driver's license. The driver, later identified as _____ stated it was his right and did not need to give me his information. I asked _____ to step out of the vehicle to proceed with the DUI investigation. _____ refused to exit the vehicle after being given multiple lawful commands. Deputy James Coppola and East Helena Reserve officer Brian Morgan arrived at the scene to assist. Deputy Coppola and I grabbed his left arm to pull him out of the vehicle while Reserve Officer Morgan pried his fingers from the steering wheel. _____ was placed on the ground after being removed from the vehicle. I placed chain handcuffs on _____ behind his back, checked for tightness, and double locked them. _____ stated he could not stand up on his own and refused to move. _____ complained of back, shoulder, hip, and knee pain. I requested EMS to respond to check _____ for injuries. EMS arrived on scene and medically cleared _____ I placed _____ in the backseat of my patrol car and transported him to the Detention Center.</p>			
Reporting Officer Signature: 		Aaron Bowman	
Date: 9/11/2021			
Supervisor Signature: 		525	
Date: 9-11-01			

Division Commander Signature: 	Date: 9/13/21
Under Sheriff Signature: 	Date: 9-13-21

Comments:

Type of Offense: Motor Vehicle Theft Incident/DR Number: HP210608

Location of Incident

Street Address or Location:			Time: 1737	Date: 2/11/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
T. Galahan	5-50	Senior Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
T. Galahan	5-50	Senior Deputy	On Duty	Uniform
Matt Post	HPD 715	Sr. OFC	On Duty	Uniform
Matt Lewis	HPD 761	Cpl.	On Duty	Uniform

**Suspect Information**

Suspect 1:  Male  Female  Animal  Group of People  
 Age: 24 Race: Hispanic Height: 5'05" Weight: 150  
 Suspect 2:  Male  Female  Animal  Group of People  
 Age: 25 Race: Hispanic Height: 5'02" Weight: 115  
 Suspect 3:  Male  Female  Animal  Group of People  
 Age:      Race:      Height:      Weight:

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

Use of Force / Control Necessary to:

<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.
<input type="checkbox"/> Defend another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose: Explain.
<input checked="" type="checkbox"/> Make arrest		

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

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

OC Spray: Discharged:  Yes  No Effective:  Yes  No  
 Exposure:  Airborne only  Targeted area  Single spray  Multiple spray  
 Serial number: 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	

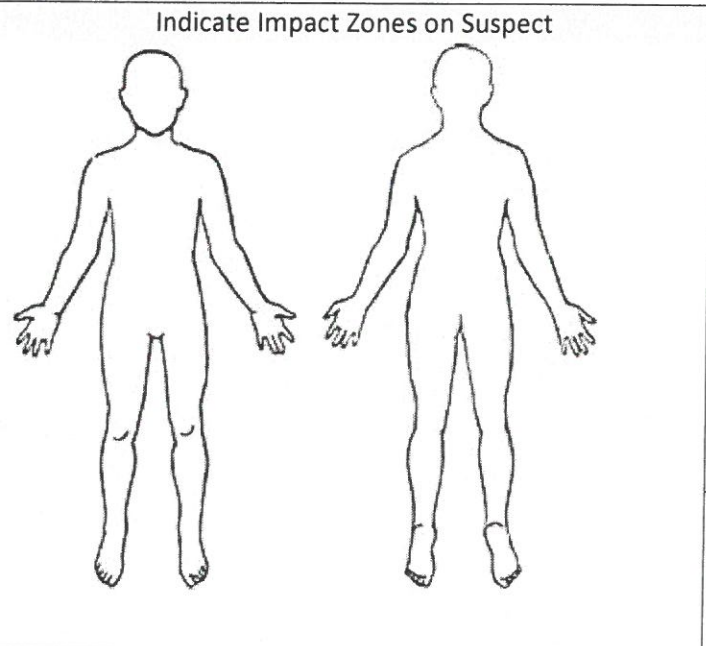
Taser Serial Number: Click here to enter text. Cartridge(s) Serial Number: Click here to enter text.

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: 0  
 Serial number or department number of firearm(s) used: VCP525



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: A stolen vehicle was reported in Helena city limits, CFS 021121-109. The suspects were reported last seen on the interstate driving northbound. I was in the area of I-15 and Lincoln Road when the ATL came out. I parked in a pull out facing the northbound lane of traffic waiting to see if the truck came by. A short time passed and I observed the stolen truck. I pulled onto the interstate and reported this information to dispatch. The driver continued driving northbound passing the 200 mm exit. I paced the vehicle and followed it approximately 6 miles. The driver stopped by herself without me initiating a stop. At this time I turned my emergency lights on initiating a felony stop. The vehicle was occupied with two people. City units working this case (761, 715) were responding and arrived onscene approximately a minute after the vehicle stopped. The driver and passenger were both ordered out at gun point at my command. Both occupants were detained and taken into custody by the Helena Police Department officers without incident. I stayed with the vehicle until the

registered owner arrived and took custody of it. A quick search of the vehicle was done with the permission of the owner. No items were found.

Reporting Officer Signature: <i>Zerry G. Sullivan</i>	Date: <i>2/11/21</i>
Supervisor Signature: <i>[Signature]</i>	Date: <i>2/11/21</i>
Division Commander Signature: <i>[Signature]</i>	Date: <i>2-15-21</i>
Under Sheriff Signature: <i>Brent S. Collet</i>	Date: <i>9-7-21</i>
Comment: Click here to enter text.	



Type of Offense: Theft of Camper		Incident/DR Number: HP211553		
<b>Location of Incident</b>				
Street Address or Location:			Time: 1230	Date: 1/12/2018
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Cody Criner	533	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Jacob Isbell	565	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: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input checked="" type="checkbox"/> Group of People: Age: 23 Race: White Height: 6'1" Weight: 180 Age: 26 Race: White Height: 5'6 Weight: 150 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 checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other:				
<b>Use of Force / Control Necessary to:</b> <input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <input type="checkbox"/> Defend another <input checked="" type="checkbox"/> Prevent Escape <input checked="" type="checkbox"/> Accomplish official purpose: Theft suspect exited passenger door of vehicle during high risk traffic stop, failed to comply, entered through passenger door of vehicle after given verbal commands. Exited the vehicle again, failed to comply to verbal again. Entered passenger door of vehicle again before fleeing from deputies.				
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:	<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.
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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:  Yes  No  Heavy clothing  Malfunction

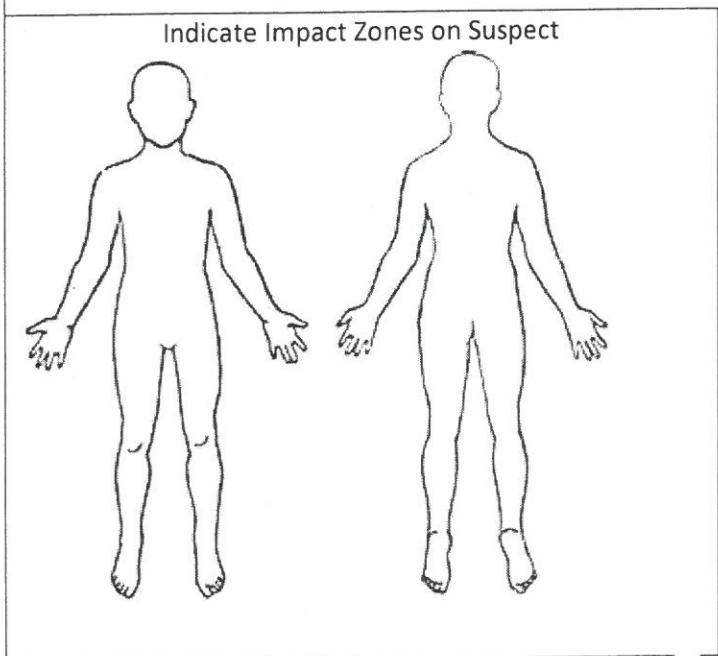
Drive stun  Close probe strikes  No physical effect  
 Cartridge discharge  Missed  
 Cycles: [Click here to enter text.](#)

Taser Serial Number: 22 Cartridge(s) Serial Number:

Impact Weapons Effective:  Yes  No

Baton  Weapon of opportunity  Other: Explain.

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



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

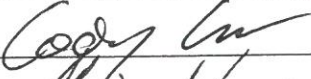
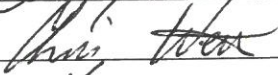
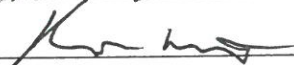
Transported to Hospital

Officer:  Yes  No  
 Suspect:  Yes  No

After Action Report: Arrived at milemarker \_\_\_\_\_ for a recovered stolen camper trailer. Suspects pulled in behind stolen camper in UHAUL pulling a black Audi. The Victims, who were already on scene, identified the



suspects and advised deputies on scene. Suspects then fled from location traveling westbound. Deputies initiated a traffic stop using emergency lights. Suspect vehicle stopped near milemarker 31. Deputies attempted to conduct a high risk stop and unholstered duty weapons. Driver failed to comply to verbal commands given by deputy. Passenger exited the suspect vehicle, failed to adhere to verbal commands. Entered into the passenger side of vehicle, deputy gave verbal commands to exit vehicle. Suspect exited vehicle, deputy gave verbal commands. Suspect did not adhere to verbal commands. Suspect then entered into passenger side of vehicle again before fleeing from deputies. Deputies pursued suspect vehicle before cancelling pursuit.

Reporting Officer Signature: 	Date: 4/16/21
Supervisor Signature: 	Date: 4/16/21
Division Commander Signature: 	Date: 4/2/21
Under Sheriff Signature: Brent J. Collett	Date: 9-7-21
Comment: Click here to enter text.	

Type of Offense: Physical Fighting/Weapons Offense		Incident/DR Number: LC210982		
<b>Location of Incident</b>				
Street Address or Location:.			Time: 2330	Date: 5/23/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Keith Harbour	5-26	Deputy	On Duty	Unifrom
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: 37 Race: Caucasian Height: 6' 0: Weight: 180 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight:				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input type="checkbox"/> Armed <input checked="" type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other:				
<i>Use of Force / Control Necessary to:</i>				
<input checked="" type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: <input type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<i>Force Used</i>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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:		<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 type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other:		

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: <a href="#">Click here to enter text.</a>	<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.](#)

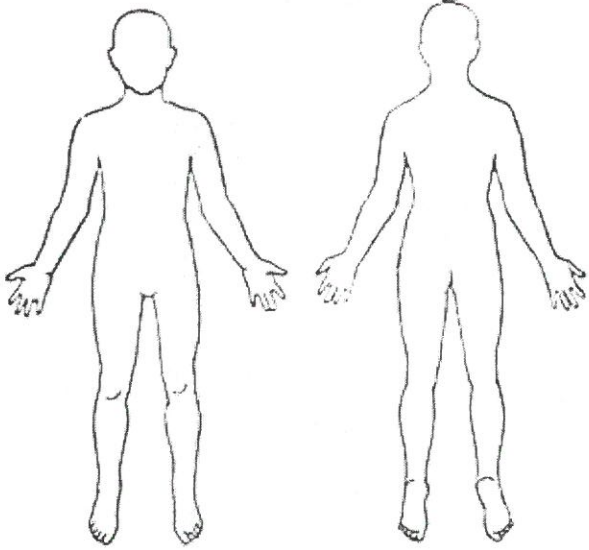
Impact Weapons Effective:  Yes  No

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: #53

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

After Action Report: On Friday, June 18, 2021, at approximately 2328 hours, Sergeant Brian Robinson, Deputies Chris Norris, Jake Isbell, Cody Criner, Jared Piilola, and I, Deputy Keith Harbour, were dispatched to \_\_\_\_\_ Lewis and Clark County, Helena, Montana, for a report of a male, identified as \_\_\_\_\_ who was at the complainant's residence, \_\_\_\_\_ destroying his property. I was on regular shift in a marked unit at the intersection of North Montana Avenue and Lincoln Road West. I responded to the scene utilizing my emergency lights and siren. En-route to the location, dispatch informed us two males were physically fighting. \_\_\_\_\_ reported \_\_\_\_\_ had a gun and fired the gun in an unknown direction. \_\_\_\_\_ informed dispatch the discharged firearm sounded like a pistol. \_\_\_\_\_ told dispatch \_\_\_\_\_ assaulted him. Based on information of a gun being displayed and discharged at the incident, I retrieved my patrol rifle when I arrived on scene. As I exited my patrol vehicle, I chambered a round into my patrol rifle. I heard yelling coming from the front of the residence located at \_\_\_\_\_ next to the complainant's residence. I identified myself and pointed my

patrol rifle in the direction of the yelling while utilizing my patrol vehicle as cover. Due to being dark outside, I activated my patrol rifle rail light to illuminate the potential threat. I observed three individuals standing in the driveway of the residence and one individual male standing on the front porch of the residence. The male on the front porch was yelling obscenities at me and told me to stay off his property. I ordered the male and the three individuals to put their hands up and walk into the driveway where I could see them better. The three individuals complied with my orders and the male standing on the front porch refused to comply. The male on the front porch started walking in my direction and continued to yell obscenities. I pointed my patrol rifle at the male walking toward my direction and yelling obscenities. I continued to order the male to put his hands up and walk into the driveway. The male continued to yell obscenities and started walking back toward his residence. The three other individuals standing in the driveway started walking toward my direction with their hands up. The three individuals stated the male, who was not being compliant, was not armed. They identified him as [redacted].

When [redacted] approached his front porch, he picked up a no trespassing sign from the ground and held it up. He started walking in my direction and continued to yell obscenities while he held up the no trespassing sign. He told me to get off his property. I continued to identify myself and ordered [redacted] to put up his hands. [redacted] did not comply with my lawful orders [redacted] put the no trespassing sign down on the ground and walked toward his residence. I told [redacted] not to go inside his residence. [redacted] walked into his residence and closed his front door. Note: During my interactions with [redacted], I had my patrol rifle pointed at him. The safety was on during the incident due to not seeing a gun in [redacted] hands or anything that resembled a gun in his hands. The other three individuals, identified as [redacted], [redacted], and [redacted] walked to my position behind my patrol vehicle. I performed a pat search for weapons and found none. When other Deputies arrived on scene, I escorted them away from the scene and left them in the care and safety of Deputy Piilola. I returned to the perimeter of [redacted] and continued assisting with the incident without pointing my patrol rifle at anyone else.

Reporting Officer Signature: <i>[Signature]</i>	Date: 6/20/2021
Supervisor Signature: <i>[Signature]</i>	Date: 6/20/2021
Division Commander Signature: <i>[Signature]</i>	Date: 9/2/21
Under Sheriff Signature: <i>[Signature]</i>	Date: 9-7-21
Comment:	

↳ 08/02/21

Type of Offense: PFMA			Incident/DR Number: LC210761	
<b>Location of Incident</b>				
Street Address or Location:			Time: 1602	Date: 5/11/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Don McCarthy	5-61	Corporal	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Andy Heagle	5-52	Senior Deputy	On Duty	Uniform
Amanda Peers	929	Reserve 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: 21 Race: H Height: 6'3" Weight: 160 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> <input type="checkbox"/> Armed <input checked="" type="checkbox"/> History of violence <input checked="" type="checkbox"/> Reported to be armed <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Resisted arrest <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Other: Explain. <input checked="" type="checkbox"/> Attempted escape			<b>Under the Influence</b> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <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 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				
<b>Force Used</b>				
<input checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b> <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: Forced to the ground for trying to run, resisting, kicking deputy's patrol vehicle and to stop suspect from hitting head on cage.		<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 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: <a href="#">Click here to enter text.</a>	<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: X12009REE Cartridge(s) Serial Number: [Click here to enter text.](#)

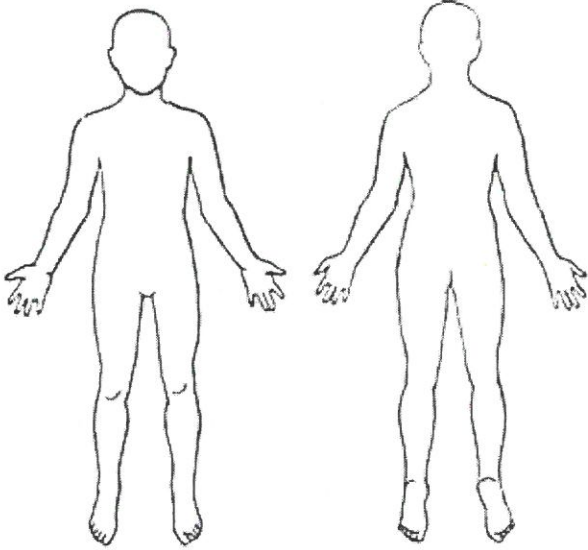
Impact Weapons Effective:  Yes  No

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

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





Discharged:  Yes  No Number of rounds fired: 0

Serial number or department number of firearm(s) used: AALR882

<p>Indicate Impact Zones on Suspect</p> 	<p>Injuries</p> <table border="0"> <tr> <th>Officer</th> <th>Suspect</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input checked="" type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: <a href="#">Explain</a></td> <td><input type="checkbox"/> Other: <a href="#">Explain</a></td> </tr> </table>	Officer	Suspect	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input checked="" type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: <a href="#">Explain</a>	<input type="checkbox"/> Other: <a href="#">Explain</a>
	Officer	Suspect													
	<input type="checkbox"/> None	<input type="checkbox"/> None													
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input checked="" type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: <a href="#">Explain</a>	<input type="checkbox"/> Other: <a href="#">Explain</a>														
<p>Check by Medical</p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Suspect: <input checked="" type="checkbox"/> Yes <input 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: Deputies were dispatched to \_\_\_\_\_ for a possible PFMA. Upon arrival, suspect \_\_\_\_\_, was at the back of the house pacing and carrying a backpack. I, Reserve Deputy Amanda Peers, observed \_\_\_\_\_ walking away and into the pasture at which time I alerted the other Deputies. Deputy Don McCarthy and Deputy Andy Haegele started walking towards the pasture. \_\_\_\_\_ the complainant stopped me and told me that \_\_\_\_\_ might have guns in his backpack. I followed Deputy McCarthy and Deputy Haegele to the pasture where \_\_\_\_\_ was and he had a back pack with him. Deputy McCarthy started asking \_\_\_\_\_ to come back to talk with him at which time \_\_\_\_\_ turned and started charging Deputy McCarthy at which time Deputy McCarthy drew his taser and I drew my hand gun. \_\_\_\_\_ then yelled "I'm gonna fucking shoot you" as he swung the backpack around. Deputy McCarthy shouted commands to get on the ground and drop the backpack. After numerous commands, \_\_\_\_\_ dropped the backpack and got on the ground. Deputy \_\_\_\_\_

McCarthy and Deputy Haegele placed him in handcuffs and searched him. As Deputies were walking back to the patrol vehicle he tried to escape numerous times and was forced to the ground.

Reporting Officer Signature: 	Date: 5/14/21
Supervisor Signature: 	Date: 5/14/21
Division Commander Signature: 	Date: 9/2/21
Under Sheriff Signature: 	Date: 9-7-21
Comment: <a href="#">Click here to enter text.</a>	

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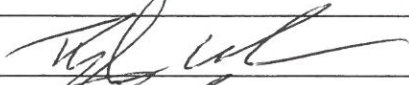
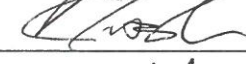

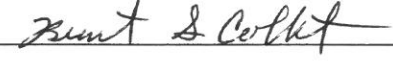


Type of Offense: Warrant Arrest			Incident/DR Number: LC211152	
<b>Location of Incident</b>				
Street Address or Location:			Time: Click here to enter text.	Date: Click here to enter a date.
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Tyler Coburn	555	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jake Isbell	565	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: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: Race: White Height: 5'11" Weight: 200 Age: 47 Race: Height: Weight: Age: Race: Height: Weight:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input checked="" type="checkbox"/> Resisted arrest <input type="checkbox"/> Other:	
<input type="checkbox"/> Alchohol <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <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: <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				
<b>Force Used</b>				
<input checked="" 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 checked="" type="checkbox"/> Other:		<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 checked="" type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No      Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				





arm to his back and ultimately, Deputy Isbell and I were able place left hand in the handcuffs. Due to the struggle, the cuffs were not properly positioned and the keyholes were facing downward. After moving outside and searching him incident to arrest, an additional set of handcuffs were applied, checked for proper tightness, and double locked. The first set was then removed. complained of having wrist and shoulder pain. He was taken to St. Peter's Emergency Room, where he was evaluated and released. Medical staff saw no major injury and wrists sustained minor abrasions during the struggle. No Deputies were injured.

Reporting Officer Signature: 	Date: 7/25/21
Supervisor Signature: 	Date: 7/26/21
Division Commander Signature: 	Date: 7-28-21
Under Sheriff Signature: 	Date: 8-27-21
Comment: Click here to enter text.	

Type of Offense: / Pursuit		Incident/DR Number: LC211103		
Location of Incident				
Street Address or Location: -			Time: 0111 hours	Date: 7/10/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Keith Harbour	526	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Criner	533	Deputy	On Duty	Uniform
Jess Patrick	562	Deputy	On Duty	Uniform
Matt Kultgen	537	Deputy	On Duty	Uniform
Suspect Information				
Suspect 1: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 20 Race: White Height: 6' 1" Weight: 174 Suspect 2: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: 30 Race: White Height: 6' 0" Weight: 196 Suspect 3: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: 30 Race: White Height: 5' 4" Weight: 160				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> None Apparent	
<input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Other:	
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:		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
Force Used				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Knee Strike		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun	<input type="checkbox"/> Angle Kick		
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Other:	<input type="checkbox"/> Front Thrust Kick			

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

Wrap Restraint System  Restraint Chair

Taser: Discharged:  Yes  No Effective:  Yes  No

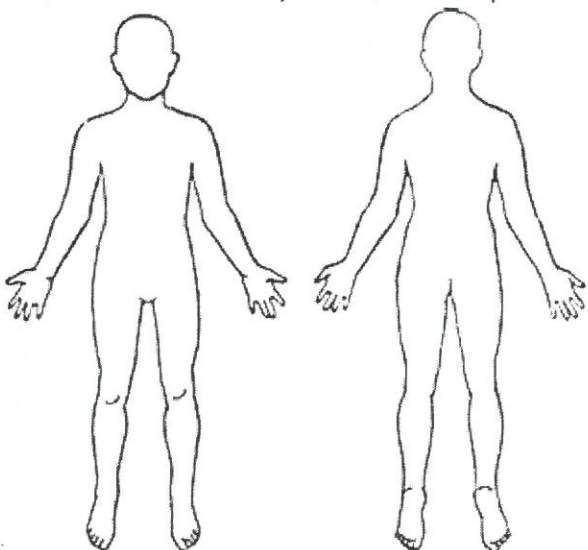
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect
<input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

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

Impact Weapons Effective:  Yes  No

Baton  Weapon of opportunity  Other: Explain.

Firearms:  Pistol  AR-15  Shotgun  Other: Click here to enter text.  
 Discharged:  Yes  No Number of rounds fired: None  
 Serial number or department number of firearm(s) used: Deputy Harbour: (Patrol Rifle, #53, Serial #8448367),  
 Deputy Patrick: (Duty Pistol, Serial #BSND943), Deputy Colbert: (Duty Pistol, Serial #M17-053123 ), Deputy  
 Criner: (Patrol Rifle, Serial #L165520 ).

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

After Action Report: On Monday, July 12, 2021, at approximately 0104 hours, Deputy Jess Patrick was on regular patrol in a marked unit with Deputy Cody Colbert. Deputy Patrick was travelling eastbound on Canyon Ferry Road, near the intersection of Canyon Ferry Road and Wylie Drive. Deputy Patrick initiated a traffic stop for a vehicle with high beams left on as it approached Deputy Patrick's patrol vehicle. The suspect vehicle fled when Deputy Patrick activated his top emergency lights and siren. Reserve Deputy Patrick pursued the suspect vehicle. As the suspect vehicle was being pursued westbound on Sierra Road, near the Law Enforcement Academy, I placed my spike strip across Sierra Road, at the intersection of Sierra Road and Frontage Road. The suspect vehicle ran over the spike strip with its passenger side tires, causing them to deflate. The suspect vehicle continued southbound on Frontage Road. The disabled suspect vehicle came to a stop on Frontage Road, just north of Munger Road. I assisted Deputy Patrick and Deputy Colbert with a high-risk traffic stop due to the

suspects fleeing and eluding, felony criminal endangerment, and required spike strip use to end the pursuit. When I arrived on scene, Deputy Patrick and Deputy Colbert were out of their patrol vehicle. Deputy Patrick and Deputy Colbert had their duty pistols pointed in the direction of the suspect vehicle. I exited my patrol vehicle and pointed my patrol rifle in the direction of the suspect vehicle. Deputy Cody Criner and Deputy Matt Kultgen arrived on scene. Deputy Criner pointed his patrol rifle in the direction of the suspect vehicle. As each suspect was removed from the vehicle by voice commands and detained, Deputies Colbert, Patrick, Criner, and I, had our duty weapons in the direction of the suspects. Deputy Kultgen detained and handcuffed suspects after they exited the vehicle. No rounds were fired, no injuries to suspects or Deputies were incurred, and there was no damage to county patrol vehicles.

Reporting Officer Signature: <i>Jaytt Harbour</i>	Date: 07/29/2021
Supervisor Signature: <i>Chris Miller</i>	Date: 7/30/21
Division Commander Signature: <i>Alan H...</i>	Date: 8-2-21
Under Sheriff Signature: <i>Brent S. Colbert</i>	Date: 8-27-21
Comment:	

Type of Offense: Use of Force		Incident/DR Number: LC211095		
<i>Location of Incident</i>				
Street Address or Location:			Time: 0258 hours	Date: 7/10/2020
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Keith Harbour	526	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Criner	533	Deputy	On Duty	Uniform
Chris Norris	564	Senior Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<i>Suspect Information</i>				
Suspect 1: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 16 Race: White Height: 5' 3" Weight: 170 lbs				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: Race: Height: Weight:				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input 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:	
<i>Use of Force / Control Necessary to:</i>				
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: Detain for return to parental supervision		
<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 checked="" 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 checked="" type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint
<input checked="" type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Knee Strike
<input checked="" type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		<input type="checkbox"/> Angle Kick
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		<input type="checkbox"/> Other: Explain.
<input type="checkbox"/> Other:		<input type="checkbox"/> Front Thrust Kick		

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

Wrap Restraint System  Restraint Chair

Taser: Discharged:  Yes  No Effective:  Yes  No

Exposure: <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.

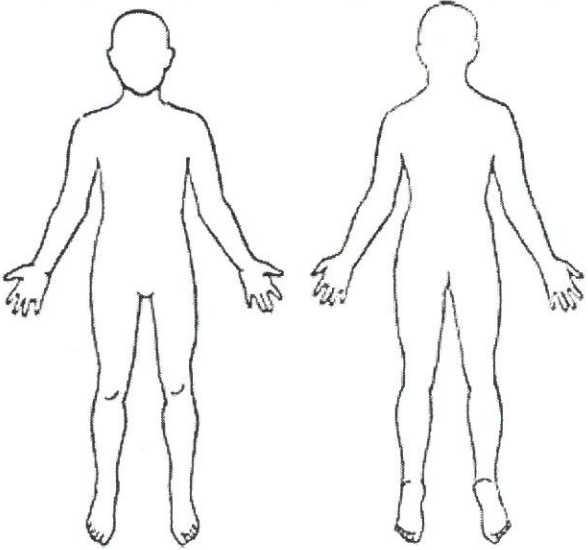
Impact Weapons Effective:  Yes  No

Baton  Weapon of opportunity  Other: Explain.

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

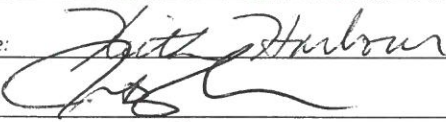
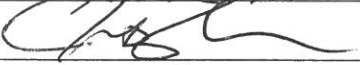


Discharged:  Yes  No Number of rounds fired: Click here to enter text.

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

Indicate Impact Zones on Suspect	Injuries														
	<table border="0"> <tr> <th>Officer</th> <th>Suspect</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input 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 checked="" type="checkbox"/> Other: Pain to groin</td> <td><input checked="" type="checkbox"/> Other: Broken fingernail</td> </tr> </table>	Officer	Suspect	<input 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 checked="" type="checkbox"/> Other: Pain to groin	<input checked="" type="checkbox"/> Other: Broken fingernail
	Officer	Suspect													
	<input 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 checked="" type="checkbox"/> Other: Pain to groin	<input checked="" type="checkbox"/> Other: Broken fingernail														
	<p>Check by Medical</p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Suspect: <input checked="" type="checkbox"/> Yes <input 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: On Saturday, July 10, 2021, I, Deputy Keith Harbour, was on regular patrol in a marked unit. I was dispatched to [redacted] for a report of a juvenile female who informed dispatch she was sleeping at the [redacted] and wanted someone to transport her dog to her residence. En-route, I attempted to make phone contact with the mother of the juvenile. I left the mother, [redacted] a voicemail message. I arrived on scene to find a juvenile female sitting on the ground near a coffee kiosk in the parking area of the [redacted]. I identified the juvenile female as [redacted]. [redacted] had a small white dog with her. [redacted] informed me left her residence when her legal guardians were asleep and they did not know she left her residence. [redacted] refused to return to her residence. [redacted] attempted to walk away toward the intersection of [redacted] became disorderly by yelling vulgar obscenities at me and threatening to hit me. I grabbed her right arm and attempted to escort her to my patrol car as she approached the roadway intersection. She pulled away from me and started yelling she was going to [redacted]

hit me. I maintained my grasp on her right arm and utilized a transport wrist lock of her right wrist. She made a fist with her left hand, swung her left arm up in the air, turned her body toward me, and hit me on the top of my right shoulder with her left fist in a downward hammer swing motion. I performed a straight armbars takedown and placed [redacted] in a prone position on the ground. I placed her in hinged handcuffs behind her back and told her she was under arrest for assault on a Peace Officer. Deputy Criner arrived on scene and assisted with placing [redacted] into the back seat of my patrol car. [redacted] continued resisting arrest by pulling away from us and yelling profanities. As she sat on the back seat of my patrol car with her feet outside of the car preventing the door to close, she turned to her side and kicked me in my left testicle with her right foot. Deputy Criner and I pulled her out of the car and placed her in prone position on the ground. When [redacted] agreed to get into the back seat of my patrol car after being informed she would be placed in the Wrap, she rolled to her side and kicked Deputy Criner twice in his right leg, causing his knee to buckle. Senior Deputy Norris arrived and assisted us in placing [redacted] in the WRAP. She attempted to fight with us while placing her in the Wrap. After she was placed in the Wrap, she became cooperative and apologetic for her behavior. St. Peter's Ambulance and East Valley EMS assessed [redacted] for injuries and found none. She complained of difficulty breathing and was given 2 doses of her metered dose Albuterol inhaler by Senior Deputy Norris per her request. We removed the Wrap and placed her in chained leg restraints, belly chains, and handcuffs for transport to JDC in Great Falls. She was transported to JDC without further incident.

Reporting Officer Signature: 	Date: 07/10/2021
Supervisor Signature: 	Date: 7/18/21
Division Commander Signature: 	Date: 7-26-21
Under Sheriff Signature: 	Date: 8-27-21
Comment:	



Type of Offense: ' _____		Incident/DR Number: LC211204		
<b>Location of Incident</b>				
Street Address or Location: _____			Time: 0035 hours	Date: 7/26/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Keith Harbour	526	Deputy	On Duty	Unifrom
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Patrick	562	Deputy	On Duty	Uniform
Cody Colbert	534	Deputy	On Duty	Uniform
Cody Criner	533	Deputy	On Duty	Uniform
<b>Suspect Information</b>				
Suspect 1: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 25 Race: White Height: 5' 8" Weight: 135				
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:		<input type="checkbox"/> None Apparent	
<input type="checkbox"/> Attempted escape			<input type="checkbox"/> Other:	
<b>Use of Force / Control Necessary to:</b>				
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Accomplish official purpose:		
<input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position		<input type="checkbox"/> Palm Heel		<input type="checkbox"/> Shoulder Pin Restraint
<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:		<input type="checkbox"/> Front Thrust Kick		
				<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

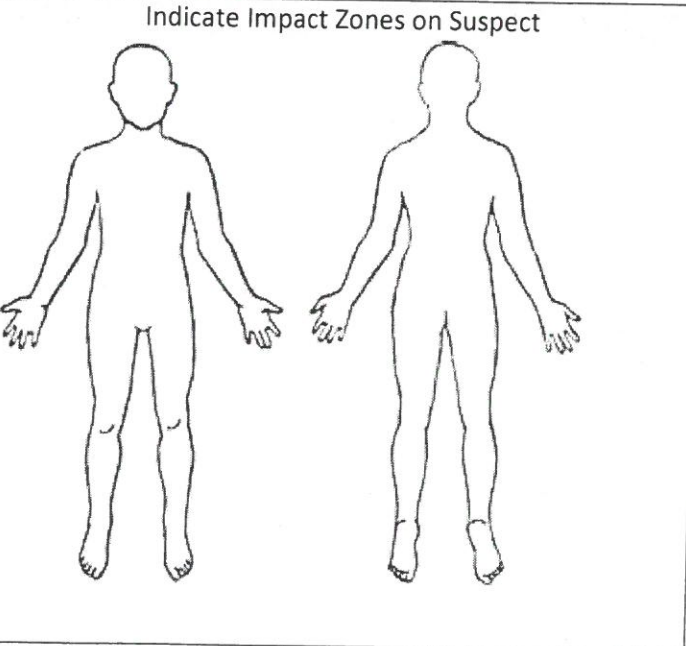
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> 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: None  
 Serial number or department number of firearm(s) used: Deputy Harbour: (Patrol Rifle, #53, Serial #8448367),  
 Deputy Patrick: (Duty Rifle, #3, Serial #L212878), Deputy Colbert: (Duty Pistol, Serial #M17-053123 ), Deputy  
 Criner: (Patrol Rifle, Serial #L165520 ).



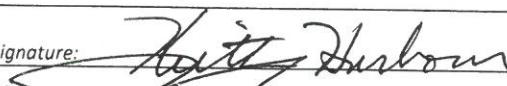



Injuries	
Officer	Suspect
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
<input type="checkbox"/> Lacerations	<input type="checkbox"/>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

Check by Medical  
 Officer:  Yes  No  
 Suspect:  Yes  No

Transported to Hospital  
 Officer:  Yes  No  
 Suspect:  Yes  No

After Action Report: On Monday, July 26, 2021, at approximately 0027 hours, Deputies Cody Colbert, Cody Criner, Jess Patrick, and I, Deputy Keith Harbour, were dispatched to a report of a male driving a grey Cadillac Escalade recklessly and threatening to run the complainant off the roadway. The complainant stayed on the phone with dispatch and provided ongoing information about the incident. The complainant, identified as \_\_\_\_\_, stated he was the passenger in his girlfriend's car. \_\_\_\_\_ informed dispatch the suspect, identified as \_\_\_\_\_, was the ex-boyfriend to his girlfriend who was in the driver's seat of his vehicle. \_\_\_\_\_ informed dispatch. \_\_\_\_\_ was in the other lane of traffic, swerving at their vehicle multiple times and yelling out the window challenging to fight. Dispatch informed us they could hear \_\_\_\_\_ yelling and making threats in the background over the phone call with the complainant. The complainant advised dispatch there were two young children in the back seat of the vehicle, which were \_\_\_\_\_ biological children. I informed

dispatch to have the complainant and his girlfriend continue driving in our direction. We located the two vehicles travelling southbound on I observed the suspect vehicle travelling  
 extremely close to the side and rear of the complainant's vehicle. We conducted a high risk stop on the suspect vehicle. We pointed our duty weapons in the direction of the suspect vehicle and in the direction of the suspect when he exited the vehicle. The suspect complied with my commands and was taken into custody without further incident. The suspect was charged with 4 counts of assault with a weapon, DUI, unauthorized use of a motor vehicle, and other traffic crimes. There were no injuries to the suspect, victims, or Deputies and no damage to vehicles.

Reporting Officer Signature: 	Date: 08/01/2021
Supervisor Signature: 	Date: 8/1/21
Division Commander Signature: 	Date: 8/27/21
Under Sheriff Signature: 	Date: 8-27-21
Comment:	

Type of Offense: Obstructing, Assault w/ Weapon			Incident/DR Number: HP213580	
<i>Location of Incident</i>				
Street Address or Location:			Time: 2238	Date: 7/28/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Russ Broadhurst	751	Police Officer	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Jess Metcalf	5-47	Senior Deputy	On Duty	Uniform
Ross Hannawalt	940	Reserve Deputy	On Duty	Uniform
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
<i>Suspect Information</i>				
Suspect 1: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 16 Race: Native American Height: unknown Weight: unknown				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight:				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input checked="" type="checkbox"/> Other: Ran from uniformed Deputies after being given multiple lawful orders to stop		<input type="checkbox"/> None Apparent	
<input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<i>Use of Force / Control Necessary to:</i>				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Defend another	<input checked="" type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: Was attempting to detain and question about involvement in weapon related offense when the male fled on foot		
<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 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: <i>pushed onto ground so arrest could be made</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.
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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

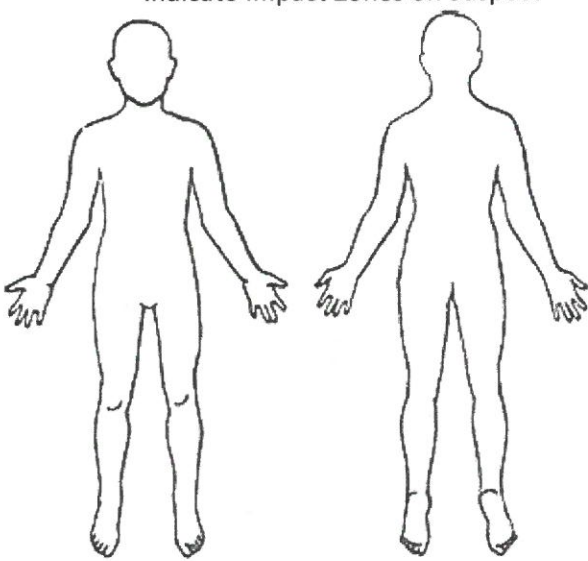
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input 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 align="center">Indicate Impact Zones on Suspect</p> 	<p align="center">Injuries</p> <table border="0"> <tr> <td align="center">Officer</td> <td align="center">Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
	Officer	Suspect													
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None													
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
<p align="center">Check by Medical</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
<p align="center">Transported to Hospital</p> Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															

After Action Report: While investigating an altercation that involved a handgun :  
 male was seen by deputies leaving the area. Because descriptions of the  
 involved parties were varying, the male was not stopped at that time. Later, Reserve Deputy Ross

Hannawalt saw the male and attempted to stop him. The male then fled on foot and I, Senior Deputy Jess Metcalf, assisted in the foot chase. As I was chasing the male, I announced my presence as the Sheriff's Office and ordered the male to stop on two separate occasions. I also told the male twice that I would use my taser if he did not stop. It should be noted, I did not have a taser during that shift but when I told the male I would tase him, he slowed down and glanced over his shoulder towards me. His brief glance backwards allowed me to shorten the distance between us. As I got closer to the male, I used my right arm and put it over his right shoulder. I then used my left arm and grabbed him somewhere near his left hip. Using both arms I was able to push the male down onto the ground and I fell on top of him. After we both landed on the ground together, the male was able to rise into a sitting position. At that time, Officer Broadhurst caught up to assist me. Officer Broadhurst grabbed the male's right arm as I was attempting to control the male's left arm. The male was pushed back down onto the ground while we attempted to control his hands. The male kept reaching towards his mid-section near his stomach area and wouldn't give me his left arm. I was finally able to pull the male's arm out from underneath him and Officer Broadhurst placed him in handcuffs. When I got his arm out from underneath himself, I noticed the male had a cell phone in his left hand and I presumed that was what he was trying to grab.

Reporting Officer Signature: <i>[Signature]</i> Off #5-47	Date: 8/17/21
Supervisor Signature: <i>[Signature]</i>	Date: 8/17/21
Division Commander Signature: <i>[Signature]</i>	Date: 8/19/21
Under Sheriff Signature: <i>[Signature]</i>	Date: 8-19-21

Comment: Click here to enter text.



Type of Offense: Obstructing/Disorderly		Incident/DR Number: LC211283		
Location of Incident				
Street Address or Location			Time: 1944	Date: 8/8/2021
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Aaron Bowman	570	Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Pat McDuffie	559	Sergeant	On	Uniform
Jordan Hall	521	Deputy	On	Uniform
Ryan Zarske	532	Deputy	On	Uniform
Suspect Information				
Suspect Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal Group of People: <input type="checkbox"/> Age: 56 Race: W Height: 5'03" Weight: 180				
Applicable Suspect Conditions (Check all that apply)			Under the Influence	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence	<input type="checkbox"/> Alcohol		
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply	<input type="checkbox"/> Drugs		
<input checked="" type="checkbox"/> Assaulted Deputy	<input 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:				
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other:		
<input type="checkbox"/> Defend another	<input type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Accomplish official purpose: Investigation was not completed.		
<input type="checkbox"/> Make arrest				
Warning Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible				
Force Used				
<input checked="" type="checkbox"/> Physical Control:				
Soft Empty Hand Techniques		Hard Empty Hand Techniques		
<input checked="" type="checkbox"/> Escort Position	<input type="checkbox"/> Palm Heel	<input type="checkbox"/> Shoulder Pin Restraint		
<input type="checkbox"/> Transport Wrist Lock	<input type="checkbox"/> Straight Punch	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Straight Armbar Takedown	<input type="checkbox"/> Brachial Stun			
<input type="checkbox"/> Pressure Points	<input type="checkbox"/> Suprascapular Stun			
<input checked="" type="checkbox"/> Other: Escort position to handcuffs behind the back.	<input type="checkbox"/> Front Thrust Kick			
	<input type="checkbox"/> Knee Strike			
	<input type="checkbox"/> Angle Kick			
<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray				
Serial number: <a href="#">Click here to enter text.</a> Lot number: <a href="#">Click here to enter text.</a>				
<input type="checkbox"/> Wrap Restraint System				
Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, why)				
Exposure: Cycles: <input type="checkbox"/> 1 <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction				

<input type="checkbox"/> Drive stun	<input type="checkbox"/> 2	<input type="checkbox"/> Close probe strikes	<input type="checkbox"/> No physical effect
<input type="checkbox"/> Cartridge discharge	<input type="checkbox"/> 3	<input type="checkbox"/> Missed	

Taser Serial Number: \_\_\_\_\_ Cartridge(s) Serial Number: \_\_\_\_\_

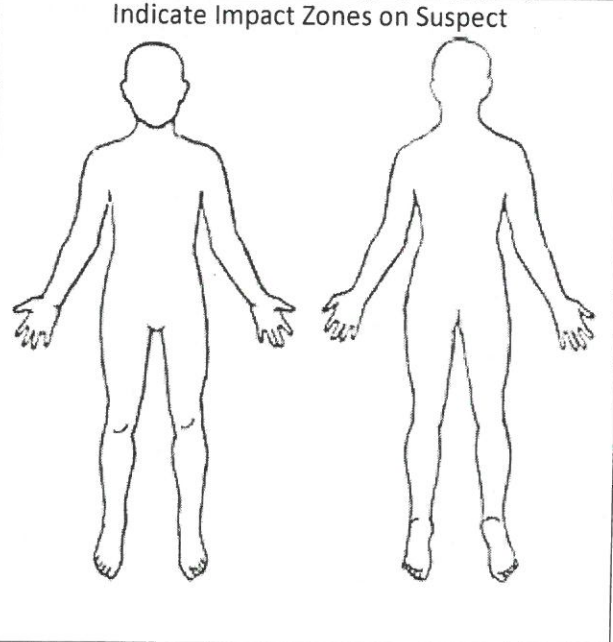
Impact Weapons Effective:  Yes  No

Baton  Vehicle  Other: Explain.

Firearms: Discharged:  Yes  No

Pistol  AR-15  Shotgun  Other:

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



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

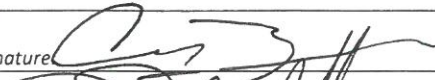

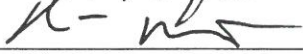

Transported to Hospital

Officer:  Yes  No

Suspect:  Yes  No

After Action Report: Sunday, August 8, 2021, at approximately 1925, I, Deputy Aaron Bowman, responded to \_\_\_\_\_ for a repor of a domestic disturbance. The complainant stated she could hear children screaming and a loud bang coming from inside the trailer behind her. Sergeant Pat McDuffie, Deputy Jordan Hall, Deputy Ryan Zarske, and Deputy James Coppola were on scene as well. I knocked on the front door and was greeted by a female identified as i \_\_\_\_\_. I advised \_\_\_\_\_ the reason we were there and she did not believe me. I asked \_\_\_\_\_ if the children were inside and if there was screaming. \_\_\_\_\_ said she yelled at her two grandsons to get them to behave. \_\_\_\_\_ became agitated and still did not believe the reason we were there. \_\_\_\_\_ started to close the door and I placed my foot at the base of the screen door to prevent her from closing it. I did so because I believed it was necessary to check the welfare of the children. \_\_\_\_\_ started to yell profanities towards us and I grabbed her wrist to prevent her from retreating inside the residence. \_\_\_\_\_ pulled away from my grip. Sergeant McDuffie and I grabbed each of \_\_\_\_\_ arms and attempted to place her arms behind her back. \_\_\_\_\_ began to resist us while we were giving her commands. I placed a handcuff on \_\_\_\_\_ right wrist as Deputy Hall placed a handcuff on her left wrist. \_\_\_\_\_ began to kick me as I was placing the handcuffs behind her back. Once the handcuffs were on \_\_\_\_\_ Deputy Hall and Deputy Zarske escorted \_\_\_\_\_ to a patrol vehicle. CPS took the children to a separate residence for the time being, due to there being an ongoing CPS investigation. I cited and released \_\_\_\_\_ for Disorderly Conduct and Obstructing a Peace Officer. We cleared the scene without further incident.



Reporting Officer Signature: 	Date: 8/9/21
Supervisor Signature: 	Date: 8/9/21
Division Commander Signature: 	Date: 8/10/21
Under Sheriff Signature: 	Date: 8-10-21

Comments: