



Type of Offense: Protective Custody		Incident/DR Number: LC221109		
<i>Location of Incident</i>				
Street Address or Location			Time: 1056 hrs	Date: 7/11/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Deputy Tyler Coburn	555	Senior Deputy	On	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
<i>Suspect Information</i>				
Suspect: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 63 Race: Native American Height: 5'8" Weight: 170 Age: Race: W Height: Weight: Age: Race: Height: Weight:				
<i>Applicable Suspect Conditions (Check all that apply)</i>			<i>Under the Influence</i>	
<input type="checkbox"/> Armed <span style="margin-left: 150px;"><input type="checkbox"/> History of violence</span> <input type="checkbox"/> Reported to be armed <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Failed to comply</span> <input type="checkbox"/> Assaulted Deputy <span style="margin-left: 150px;"><input type="checkbox"/> Resisted arrest</span> <input type="checkbox"/> Assaulted civilian <span style="margin-left: 150px;"><input type="checkbox"/> Other:</span> <input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<i>Use of Force / Control Necessary to:</i>				
<input type="checkbox"/> Defend Self <span style="margin-left: 50px;"><input checked="" type="checkbox"/> Protective Custody</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other:</span> <input checked="" type="checkbox"/> Defend another <span style="margin-left: 50px;"><input type="checkbox"/> Prevent Escape</span> <span style="margin-left: 100px;"><input type="checkbox"/> Accomplish official purpose:</span> <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	
<input type="checkbox"/> Soft Empty Hand Techniques <input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other:	<input type="checkbox"/> Hard Empty Hand Techniques <input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick		<input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> OC Spray: Discharged: <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			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	



Entered

Type of Offense: DUI			Incident/DR Number: LC220978	
<b>Location of Incident</b>				
Street Address or Location:			Time: 2137	Date: 6/22/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Keith Harbour	526	Senior 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 type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 51 Race: W Height: 5' 0" Weight: 120 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 checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
<b>Use of Force / Control Necessary to:</b>				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input checked="" type="checkbox"/> Prevent Escape <input checked="" type="checkbox"/> Accomplish official purpose: Detain to investigate a reported crime <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 checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b>		<b>Hard Empty Hand Techniques</b>		
<input checked="" type="checkbox"/> Escort Position <input checked="" type="checkbox"/> Transport Wrist Lock <input checked="" type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Palm Heel <input type="checkbox"/> Straight Punch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Front Thrust Kick <input type="checkbox"/> Shoulder Pin Restraint <input type="checkbox"/> Knee Strike <input type="checkbox"/> Angle Kick <input type="checkbox"/> Other: Explain.		



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

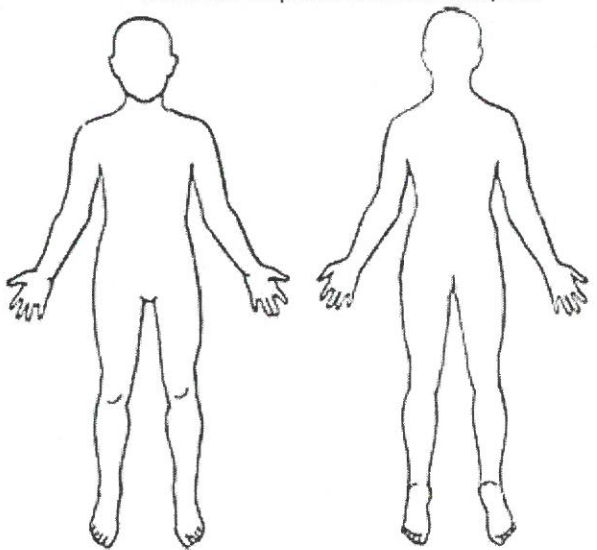
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge		<input type="checkbox"/> Close probe strikes <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	
		Officer	Suspect
		<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
		<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
		<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
		<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations
		<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones
		<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
Check by Medical			
		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Transported to Hospital			
		Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Suspect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

After Action Report: On Wednesday, June 22, 2022, at approximately 2124 hours, a complainant observed a vehicle speeding and travelling over the double yellow center line on Green Meadow Drive, near the intersection of Lincoln Road West. The complainant observed the vehicle drive erratically around the Laib-ation Station at a high rate of speed. En-route to the call, I observed the suspect vehicle parked in a church parking lot at the intersection of I made contact with a female who matched the description of the suspect female. She was agitated, yelling profanities, and waving her arms around. I informed her of the complaint and asked if she would speak with me about her reported driving. She yelled profanities at me and attempted to walk away with a couple personal bags in her hands. I informed her she was being detained until the completion of my initial investigation and she was not free to leave. She continued yelling profanities at me and attempted to get away toward the roadway of Green Meadow Drive. I gave her a lawful order to not leave and attempted to escort her back to the vehicles with an escort hold. She actively



resisted by pulling away from me and attempted to get away. I took her to the ground utilizing an straight arm bar takedown. She continued to resist until I was able to gain compliance by placing her hands behind her back. I placed her in hinged handcuffs behind her back. Corporal Chris Rebo arrived on scene to assist. I assisted her to her feet to speak with me. She started yelling profanities at me and attempted to walk away by pulling away and walking toward the church. Corporal Rebo and I escorted her to my patrol vehicle where she calmed down. She identified herself as \_\_\_\_\_ . I verified her identity by her Montana driver's license. She stated she did not have any medical or mental health conditions. Due to her agitated behavior, reported driving behavior, inability to focus, rapid speech, and violent outbursts, I had particularized suspicious she was under the influence of alcohol and/or drugs. After the conclusion of my initial investigation, I placed her under arrest for drug DUI. I found multiple syringes in her front sweatshirt. The plunger of one of the syringes tested presumptive positive for dangerous drugs (cocaine.)

Reporting Officer Signature: <i>Kurt Huber</i>	Date: 06/23/22
Supervisor Signature: <i>[Signature]</i> 525	Date: 6-30-22
Division Commander Signature: <i>[Signature]</i> 508	Date: 7-7-22
Under Sheriff Signature: <i>Brent Scott</i> 502	Date: 7-7-22
Comment: Click here to enter text.	

Type of Offense: Burglary/No Contact Order Violation		Incident/DR Number: LC2200260		
<b>Location of Incident</b>				
Street Address or Location: _____			Time: 0142	Date: 2/19/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Hannah Nelson	563	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: 43 Race: w Height: 600 Weight: 175				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed <input type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: 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 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 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.](#)

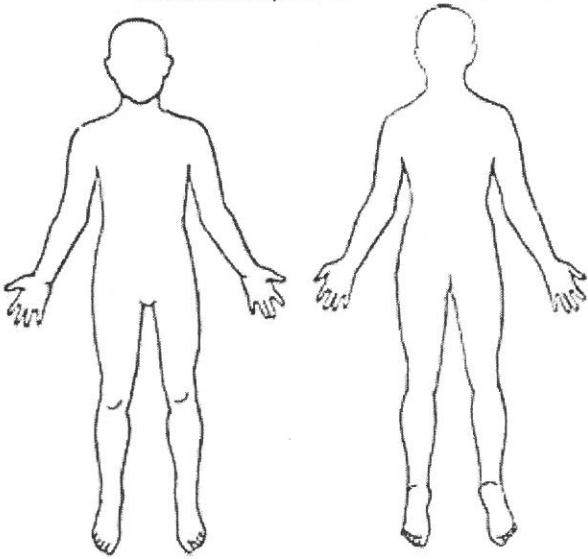
Impact Weapons      Effective:  Yes  No

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

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

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

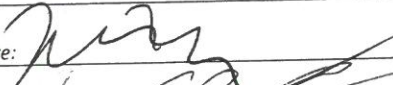

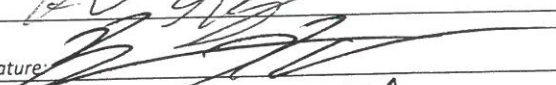
Serial number or department number of firearm(s) used: KYA579

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: <a href="#">Explain</a>	<input type="checkbox"/> Other: <a href="#">Explain</a>
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: Saturday February 19, 2022, I, Hannah Nelson, and Jeremiah Steiner, responded to for a report of an attempted burglary. The female complainant stated there was an unknown person breaking into her house and "smashing" her vehicle. We arrived on scene and saw a male walking around the house. I observed him hitting the taillights out of the vehicle, I was not sure if he was using a weapon to hit it or if he was just hitting it with his hand. We were going to wait for Jacob Isbell to arrive to make contact when the male started attempting to get in the residence through the back door. We had no idea who the male was. I could not see if he had any weapons on him due to the angle but thought he could due to the nature of the call. I told him to show us his hands and pointed my pistol at him. I pointed my pistol at him because of the probability of him having weapons on him and to protect myself, other Deputies and the woman who was inside the house. I identified myself as with the Sheriff's Office and told him to show us his hands again. He put his



hands up and stated he lived there. I pointed my pistol at the ground and further questioned him. He was later arrested for No Contact Order Violation.

Reporting Officer Signature: 	Date: 3/12/22
Supervisor Signature: 	Date: 3-12-22
Division Commander Signature: 	Date: 3-14-22
Under Sheriff Signature: Brent S Collet	Date: 3-14-22

Comment: Click here to enter text.

Type of Offense: Welfare Check			Incident/DR Number: HP220274	
<b>Location of Incident</b>				
Street Address or Location:			Time: 1 hours	Date: 1/19/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Colbert	534	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Steven Cornish	735	Officer	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 checked="" type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 62 Race: white Height: 5'2 Weight: 130 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:				
<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 checked="" type="checkbox"/> Assaulted Deputy <input type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Mental Illness <input type="checkbox"/> None Apparent <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> History of violence <input checked="" type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
<b>Use of Force / Control Necessary to:</b>				
<input 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: 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"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: one	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input checked="" 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.](#)

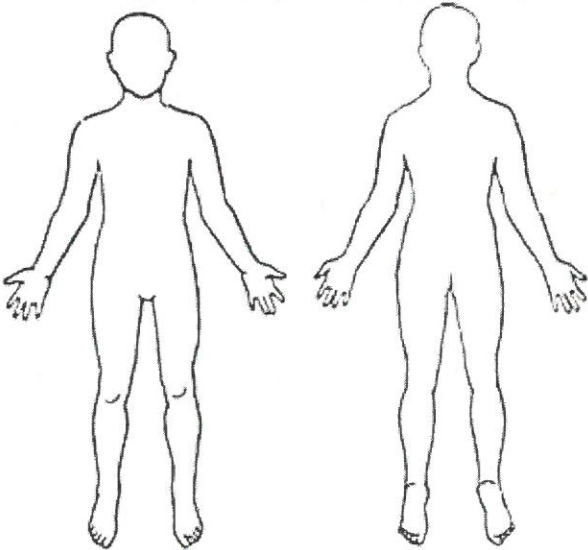
Impact Weapons Effective:  Yes  No

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.](#)

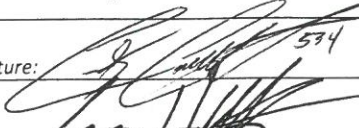

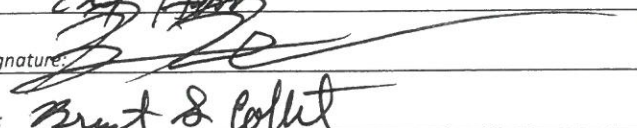
Serial number or department number of firearm(s) used: M17-053123

Indicate Impact Zones on Suspect	Injuries														
	<table border="0"> <tr> <th>Officer</th> <th>Suspect</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: <a href="#">Explain</a></td> <td><input checked="" type="checkbox"/> Other: Taser probes</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: <a href="#">Explain</a>	<input checked="" type="checkbox"/> Other: Taser probes
	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: <a href="#">Explain</a>	<input checked="" type="checkbox"/> Other: Taser probes														
	<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: Officer Cornish asked me to assist in talking to a female regarding threats being made and a welfare check. The female lived in the county. I responded to the residence with Officer Cornish. We entered the residence and met with the female. As soon as Officer Cornish began talking to the female, she became upset and belligerent. She was sitting at the kitchen table and was yelling and swearing at Officer Cornish and myself. Officer Cornish attempted to deescalate the female, but she only continued to scream and yell. She stood up from the table and told us to leave, arrest her, or she was coming at us. She then went into the kitchen. We lost sight of the female, but could hear her grabbing something. I stepped to the left side of Officer Cornish and drew my duty pistol. I held my firearm in the low ready, but never pointed it directly at the female. The female came back into view and was holding a cast iron frying pan. She continued to scream and swear at Officer Cornish and myself. She stated "I'm gonna fucking kill them!" Officer Cornish and I both ordered the female to drop the cast iron pan or she was going to be tased.. She refused and threw the pan at us causing us*



to move out of the way. The pan nearly hit Officer Cornish, myself and her roommate. The female grabbed another pan. Officer Cornish deployed his taser resulting in a good connection. The female was placed in handcuffs and evaluated by medical. She was arrested for assault on a peace officer.

Reporting Officer Signature:  534	Date: 2/6/22
Supervisor Signature: 	Date: 2/6/2022
Division Commander Signature: 	Date: 2-14-22
Under Sheriff Signature: Brent S. Collet	Date: 2-14-22
Comment: Click here to enter text.	

Type of Offense: Aggravated Burglary			Incident/DR Number: LC220239	
<b>Location of Incident</b>				
Street Address or Location			Time: 2301 hrs.	Date: 2/15/2022
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
Tyler Coburn	555	Senior Deputy	On Duty	Uniform
Neil Marks	543	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.
<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: 17 Race: W Height: 5' 6" Weight: 192 Suspect 2: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: 16 Race: H Height: 5' 6" Weight: 100 Suspect 3: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age: 17 Race: W Height: 5' 5" Weight: 117				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed <input checked="" type="checkbox"/> Reported to be armed <input type="checkbox"/> Assaulted Deputy <input checked="" type="checkbox"/> Assaulted civilian <input type="checkbox"/> Attempted escape			<input checked="" type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.	
<input type="checkbox"/> Armed <input checked="" type="checkbox"/> History of violence <input type="checkbox"/> Failed to comply <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Other: Explain.				
<b>Use of Force / Control Necessary to:</b>				
<input type="checkbox"/> Defend Self <input type="checkbox"/> Protective Custody <input type="checkbox"/> Other: Explain. <input type="checkbox"/> Defend another <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Accomplish official purpose: Explain. <input checked="" type="checkbox"/> Make arrest				
Commands Given: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Feasible      Video: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in comments				
<b>Force Used</b>				
<input type="checkbox"/> Physical Control:			Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Soft Empty Hand Techniques</b> <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 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

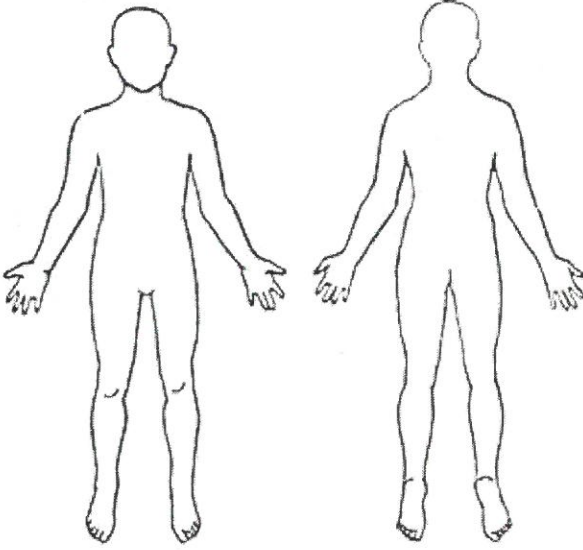
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun		<input type="checkbox"/> Close probe strikes
<input type="checkbox"/> Cartridge discharge		<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: Deputy Harbour – (Duty Pistol) 58H141119, Senior Deputy Coburn – (Duty Pistol) BDWD438, Senior Deputy Marks – (Duty Pistol) WDG365

<p>Indicate Impact Zones on Suspect</p> 	<p>Injuries</p> <table border="0"> <tr> <td>Officer</td> <td>Suspect</td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input type="checkbox"/> Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Lacerations</td> <td><input type="checkbox"/> Lacerations</td> </tr> <tr> <td><input type="checkbox"/> Broken Bones</td> <td><input type="checkbox"/> Broken Bones</td> </tr> <tr> <td><input type="checkbox"/> Other: Explain</td> <td><input type="checkbox"/> Other: Explain</td> </tr> </table>	Officer	Suspect	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
	Officer	Suspect													
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None													
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain														
<p>Check by Medical</p> <p>Officer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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: On Tuesday, February 15, 2022, at approximately 2243 hours, Shift 3, consisting of I, Deputy Keith Harbour, Deputy Jeremiah Steiner, and Deputy Cole Fuhrman, and Shift 2, consisting of Senior Deputy Neil Marks, Senior Deputy Tyler Coburn, Deputy Aaron Bowman, and Deputy Keatin Mohl, responded to a reported robbery which occurred at ... Responding personnel were informed of multiple suspects in a Subaru Outback, armed with two pistols, had left the scene, and were possibly in the area of ... I located a Subaru Outback, matching the description of the suspect vehicle, parked behind a camper in the ... I knocked loudly on the camper entrance door, identified myself, and ordered them to come out of the camper slowly. I heard what sounded like running and shuffling inside the camper by multiple individuals. I drew my duty pistol, retreated to the rear corner of the camper, and continued to give lawful commands to the occupants inside the camper to exit slowly with their hands up. Senior Deputy Coburn continued to give lawful commands to the occupants of the camper to exit,



and one-by-one, they complied. Due to the seriousness of the crime, and the information received the suspects had two firearms used in the commission of the crime, Senior Deputy Coburn, Senior Deputy Marks, and I, pointed our duty pistols in the direction of each suspect as they exited the camper. Remaining Deputies on scene provided cover for us behind and to the sides of the camper. As each suspect exited the camper, we detained them in handcuffs behind their back. After the initial investigation and permission granted by the registered owner/parent of one of the suspects, we recovered and seized the burglarized items identified by the victim, and two firearms. All six suspects were arrested and charged with felonies. No suspect or Deputy was harmed in the incident. End of report.

Reporting Officer Signature: <i>Keith Anderson</i>	Date: 02/17/2022
Supervisor Signature: <i>[Signature]</i>	Date: 3-9-22
Division Commander Signature: <i>[Signature]</i>	Date: 3-10-2022
Under Sheriff Signature: <i>Brent S. Collett</i>	Date: 3-14-22
Comment: <a href="#">Click here to enter text.</a>	

Type of Offense: Obstructing Peace Officer			Incident/DR Number: LC220962	
<i>Location of Incident</i>				
Street Address or Location:			Time: 1155 hours	Date: 6/22/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chase Rasmussen	522	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Neil Marks	543	Corporal	On Duty	Uniform
Tyler Coburn	555	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 checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People: Age: 40 Race: White Height: 511 Weight: 175 Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight: Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight:				
<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 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: 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 checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Soft Empty Hand Techniques</i>		<i>Hard Empty Hand Techniques</i>		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other: See Below		<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.

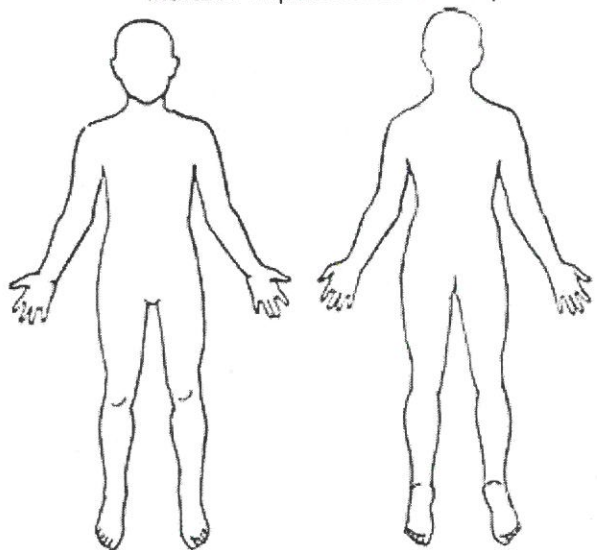
Impact Weapons Effective:  Yes  No

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: Click here to enter text.



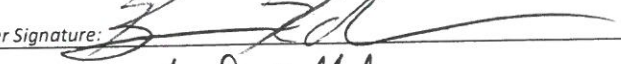

<p>Indicate Impact Zones on Suspect</p> 	<p><b>Injuries</b></p> <table border="0"> <tr> <td><b>Officer</b></td> <td><b>Suspect</b></td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Bruises</td> <td><input type="checkbox"/> Bruises</td> </tr> <tr> <td><input type="checkbox"/> Abrasions</td> <td><input checked="" 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 type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input checked="" type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: Explain	<input type="checkbox"/> Other: Explain
	<b>Officer</b>	<b>Suspect</b>													
	<input type="checkbox"/> None	<input type="checkbox"/> None													
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input type="checkbox"/> Abrasions	<input checked="" type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: 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 checked="" type="checkbox"/> Yes <input 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 June 22nd, 2022, at approximately 1148 hours, I, Deputy Chase Rasmussen, was on uniformed patrol by Custer Avenue and Cooney Drive. I heard Deputy Tyler Coburn check out with a person and vehicle at the i

Deputy Coburn said the person was a suspect in a theft case he was investigating. He requested an additional unit. I responded to assist. The following is a synopsis of the events which followed. The male suspect was a respondent in a no contact order. The female petitioner of the no contact order was the passenger in the car with the male suspect. The female had provided her information to Deputy Coburn. I asked the male suspect if there was a no contact order against him with the female. The male suspect said he was not aware of any. I told the male suspect I would be placing him into handcuffs. I went to place the male into handcuffs for the no contact order violaion.



The male suspect attempted to run. Within a few feet of the male suspect's attempt to flee, I was able to grab his shirt and right arm area with my right arm. I placed my left hand on the back of his neck and pushed him toward the ground. The male suspect went to the ground immediately. Corporal Marks knelt near the waist area of the male suspect's body once he was on the ground. I got the male suspect's left arm from under his body and gave control of it to Corporal Marks. Deputy Coburn was there right after and gained control of the male suspect's right arm. I kept my left hand on the back of the male suspect's neck until both of his arms were under control by Corporal Marks and Deputy Coburn. My hand was on the back of the male suspect's neck until positive control was achieved for approximately 9 seconds. I removed my hand from the back of his neck and placed my left knee in the male suspect's upper back between his shoulder blades to apply handcuffs. I applied the minimal force necessary with my left knee to maintain positive control over his upper body until handcuffs were applied. My knee was on his back during handcuffing for approximately 25 seconds. He was handcuffed behind his back with hinged handcuffs. Corporal Marks, Deputy Coburn, and I removed ourselves from the male suspect after he was secured. He was immediately stood up, and allowed to adjust his pants before being escorted to my patrol truck. The entire incident, from the time the male suspect attempted to run, him being on the ground and handcuffed, and back on his feet lasted approximately 58 seconds in total. The male suspect had a minor abrasion on his forehead, that was red in color. It was not bleeding. The male suspect did not request medical. I checked the hinged handcuffs for tightness. The male suspect said one of the cuffs was too tight on his wrist. While keeping him secure, I removed the hinged handcuffs from the male suspect and put chained handcuffs behind his back, and double checked for tightness. I was able to fit my full index finger between the handcuffs and the male suspect's wrists when checking for tightness. I double locked the cuffs. The male suspect did not request medical on scene. At the jail, he was acting lethargic. I asked for a jail nurse to check him out. The male suspect asked for a glass of water which he received.

Reporting Officer Signature: 	Date: 6/28/22
Supervisor Signature:  5-49	Date: 6/28/22
Division Commander Signature:  5-08	Date: 6/28/22
Under Sheriff Signature: 	Date: 6-28-22
Comment: <a href="#">Click here to enter text.</a>	

Type of Offense: Warrant arrest		Incident/DR Number: LC220784		
<b>Location of Incident</b>				
Street Address or Location: _____			Time: 2123	Date: 5/20/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Devon Taylor	558	Patrol	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Coppola	530	Senior Deputy	On Duty	Uniform
Shawn Galahan	550	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.
<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: 40 Race: H Height: 5'11 Weight: 210				
Suspect 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight:				
Suspect 3: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Animal <input type="checkbox"/> Group of People Age:      Race:      Height:      Weight:				
<b>Applicable Suspect Conditions (Check all that apply)</b>			<b>Under the Influence</b>	
<input type="checkbox"/> Armed	<input type="checkbox"/> History of violence		<input type="checkbox"/> Alcohol	
<input type="checkbox"/> Reported to be armed	<input checked="" type="checkbox"/> Failed to comply		<input type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input checked="" type="checkbox"/> Other: Suspect told to halt while attempting to re enter residence, failed to comply with orders. Suspect was believed to have felony warrants and was the suspect in a burglary.		<input checked="" type="checkbox"/> None Apparent	
<input checked="" type="checkbox"/> Attempted escape			<input type="checkbox"/> Other: Explain.	
<b>Use of Force / Control Necessary to:</b>				
<input type="checkbox"/> Defend Self	<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Other: Explain.		
<input type="checkbox"/> Defend another	<input 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 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 checked="" type="checkbox"/> Other: <i>Suspect was held at gun point to prevent escape.</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

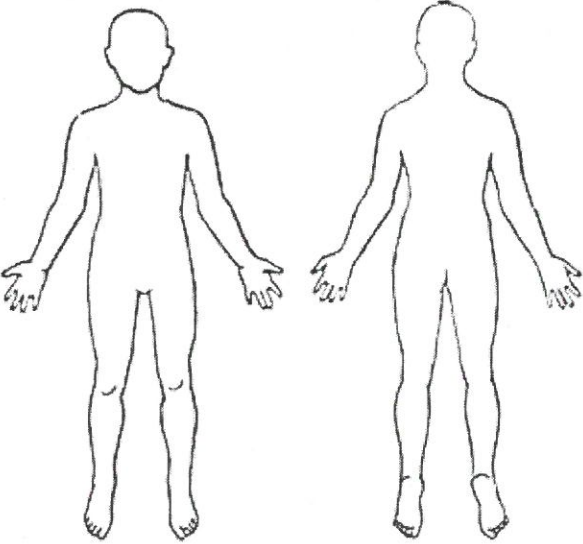
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Close probe strikes <input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



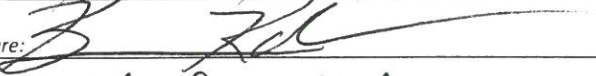

Firearms:  Pistol     AR-15     Shotgun     Other: [Click here to enter text.](#)  
 Discharged:  Yes  No    Number of rounds fired: [Click here to enter text.](#)  
 Serial number or department number of firearm(s) used: 58C058712-530, TNK421-558,

<p style="text-align: center;">Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;"><b>Injuries</b></p> <table border="0"> <tr> <td style="text-align: center;"><i>Officer</i></td> <td style="text-align: center;"><i>Suspect</i></td> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input 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>	<i>Officer</i>	<i>Suspect</i>	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Other: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>
	<i>Officer</i>	<i>Suspect</i>													
	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None													
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises														
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions														
<input type="checkbox"/> Lacerations	<input type="checkbox"/> Lacerations														
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Broken Bones														
<input type="checkbox"/> Other: <i>Explain</i>	<input type="checkbox"/> Other: <i>Explain</i>														
<p style="text-align: center;"><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 style="text-align: center;"><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: I, Deputy Devon Taylor, was dispatched to a possible burglary in progress. A juvenile female alone in her residence called her mother to report the incident, the mother called 911. The suspect, who the complainant believed was a neighbor, had a history of trespassing at her residence and had a felony warrant for



his arrest. The suspect lives across the street from the complainant. Deputies arrived on scene and searched the complainant's house, the suspect was not located. After searching the house, we observed a male in the window of the suspects' residence across the street. Believing the male was the suspect, he was contacted as he exited the breezeway of the residence. The male was backlit by lights on the house, preventing a good visual identification by Deputies. The male was approximately the same age, height and build as the suspect we were looking for. The male was called by name several times and told to stay outside, the male did not answer or comply with orders to stay outside. The male attempted to retreat into the residence with his dog and continued to ignore commands to stay outside. The male went into the breezeway of the residence where he finally stopped, facing away from us. The breezeway was dimly lit and used as a storage area for tools and other unidentified objects, all within easy grasp of the male to be used as a weapon. As the suspect had felony warrants and may have just committed a burglary, Deputies drew their weapons as they contacted the male and told him to stop/turn around. The male then stated he was not the person we were looking for. A clear visual of the males face as he turned around determined he was not our suspect. At this time, Senior Deputy Coppola and I holstered our weapons. The male was identified, had several warrants for his arrest, and was arrested/booked on the warrants.

Reporting Officer Signature: 	Date: 6-4-22
Supervisor Signature:  5-61	Date: 6/4/2022
Division Commander Signature: 	Date: 6-30-22
Under Sheriff Signature: 	Date: 6-30-22
Comment: <a href="#">Click here to enter text.</a>	

Type of Offense: Possible Suicidal Male			Incident/DR Number: LC220080	
<i>Location of Incident</i>				
Street Address or Location:.			Time: 1738 hours	Date: 1/17/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Cody Colbert	534	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Greg Holmlund	548	Sgt	On Duty	Uniform
Keith Harbour	526	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: 24 Race: Native American Height: 6'3 Weight: 200lbs 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 checked="" type="checkbox"/> Alcohol	
<input checked="" type="checkbox"/> Reported to be armed	<input type="checkbox"/> Failed to comply		<input checked="" type="checkbox"/> Drugs	
<input type="checkbox"/> Assaulted Deputy	<input type="checkbox"/> Resisted arrest		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Assaulted civilian	<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> None Apparent	
<input 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 checked="" type="checkbox"/> Other: Male was reported to have a gun to his head.		
<input 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"/> Shoulder Pin Restraint
<input type="checkbox"/> Transport Wrist Lock		<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Knee Strike
<input type="checkbox"/> Straight Armbar Takedown		<input type="checkbox"/> Brachial Stun		<input type="checkbox"/> Angle Kick
<input type="checkbox"/> Pressure Points		<input type="checkbox"/> Suprascapular Stun		<input type="checkbox"/> Other: Explain.
<input type="checkbox"/> Other: Explain.		<input type="checkbox"/> Front Thrust Kick		

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

Wrap Restraint System  Restraint Chair

Taser: Discharged:  Yes  No Effective:  Yes  No

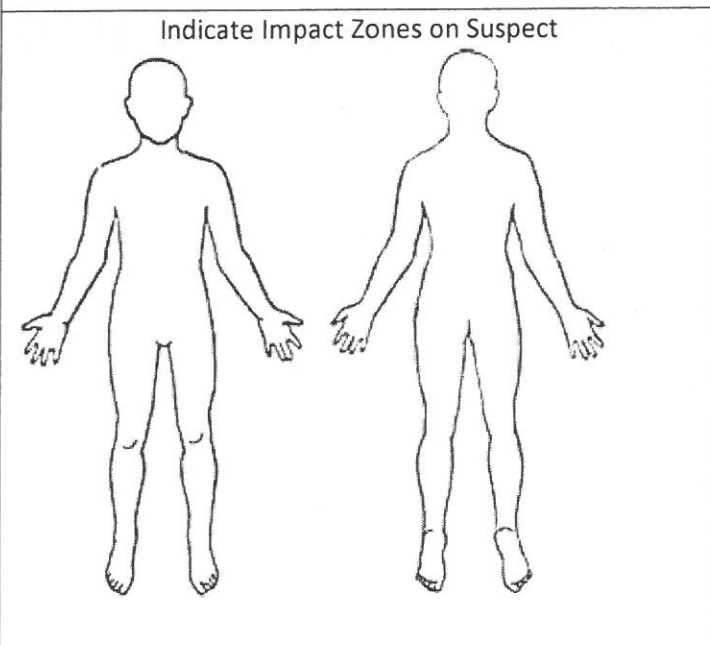
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cycles: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Heavy clothing	<input type="checkbox"/> Malfunction
<input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge		<input type="checkbox"/> 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: TCT648; AR #53, AR #51



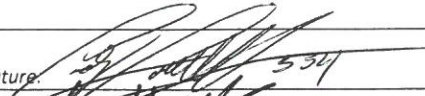
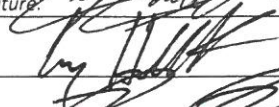


Injuries	
Officer	Suspect
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions
<input type="checkbox"/> Lacerations	<input type="checkbox"/>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

Check by Medical  
 Officer:  Yes  No  
 Suspect:  Yes  No

Transported to Hospital  
 Officer:  Yes  No  
 Suspect:  Yes  No

After Action Report: Complainant called stating she was parked next to a male in a vehicle. She reported the male was waving a gun around, then pointed it at his head. She stated it looked to be a revolver. The complainant stated she had moved away from the vehicle, but still was able to see it. She provided the license plate. Deputies arrived on scene and located the vehicle parked in front of the convenience store. It was about 1745 hours and the store was busy with customers. Vehicles were coming and going near the suspect vehicle and customers were entering and exiting the store, some near the suspect vehicle. Due to the report of a possible suicidal subject eractly waving a gun and the amount of people in the area, I removed my department issued AR-15 and pointed it at the subject vehicle. Dispatch was able to make contact with the male in the vehicle and told him to exit the vehicle. The male exited the vehicle and was detained for futher investigation.



Reporting Officer Signature:  534	Date: 2/6/22
Supervisor Signature: 	Date: 2/6/2022
Division Commander Signature: 	Date: 2-14-22
Under Sheriff Signature: 	Date: 2-14-22
Comment: <a href="#">Click here to enter text.</a>	

Type of Offense: Stolen Vehicle			Incident/DR Number: LC221232	
<i>Location of Incident</i>				
<i>Street Address or Location:</i>			Time: 1527	Date: 7/28/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Chase Rasmussen	522	Probationary Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
James Coppola	530	Senior Deputy	On Duty	Uniform
Chris Norris	564	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.
<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: 46 Race: Native American Height: 506 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:				
<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 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: 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 checked="" type="checkbox"/> Physical Control:			Effective: <input checked="" 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 checked="" type="checkbox"/> Other: Suspect's left arm/wrist was grabbed and he was pulled out of the shed he was hiding in. He was pulled out onto his stomach and		<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.		

placed into handcuffs behind his back.

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

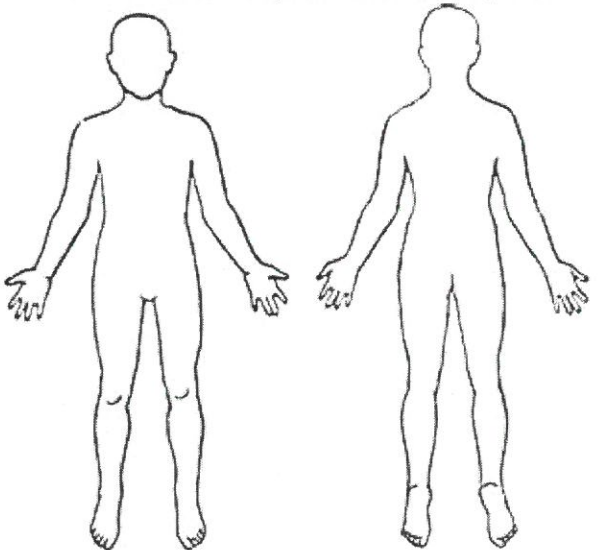
Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cycles: Click here to enter text.	<input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect
<input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

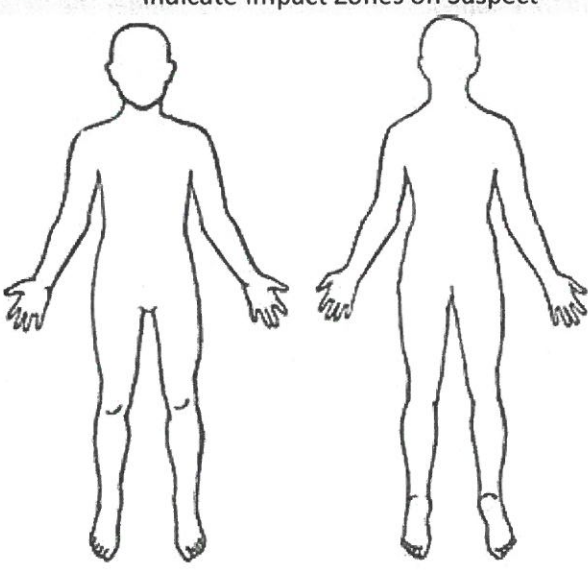
Firearms:  Pistol     AR-15     Shotgun     Other: Click here to enter text.  
 Discharged:  Yes  No    Number of rounds fired: Click here to enter text.  
 Serial number or department number of firearm(s) used: Click here to enter text.

<p>Indicate Impact Zones on Suspect</p> 	<p style="text-align: center;"><b>Injuries</b></p> <table border="0"> <tr> <td style="text-align: center;"><b>Officer</b></td> <td style="text-align: center;"><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 checked="" type="checkbox"/> Other: Heat exhaustion from running. Air tempature was in 90's and sunny</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 checked="" type="checkbox"/> Other: Heat exhaustion from running. Air tempature was in 90's and sunny
<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 checked="" type="checkbox"/> Other: Heat exhaustion from running. Air tempature was in 90's and sunny														
	<p><b>Check by Medical</b></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><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>														



<i>After Action Report: Click here to enter text.</i>	
<i>Reporting Officer Signature: [Signature]</i>	<i>Date: 8/4/22</i>
<i>Supervisor Signature: [Signature]</i>	<i>Date: 8-10-22</i>
<i>Division Commander Signature: [Signature]</i>	<i>Date: 8-15-22</i>
<i>Under Sheriff Signature: Brent S. Collet</i>	<i>Date: 8-16-22</i>
<i>Comment: Click here to enter text.</i>	

Type of Offense: Resisting arrest		Incident/DR Number: HP220877-1		
<b>Location of Incident</b>				
Street Address or Location:			Time: 2116	Date: 3/1/2022
Reporting Officer's Name:	Badge #	Rank	Duty Status:	Attire
Keatin Mohl	560	Deputy	On Duty	Uniform
Involved Officer's Name:	Badge #	Rank	Duty Status:	Attire
Neil Marks	543	Deputy	On Duty	Uniform
Steven Cornish	735	Officer	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: 36 Race: W Height: 5'6 Weight: 150 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 checked="" 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 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>		<b>Hard Empty Hand Techniques</b>		
<input type="checkbox"/> Escort Position <input type="checkbox"/> Transport Wrist Lock <input type="checkbox"/> Straight Armbar Takedown <input type="checkbox"/> Pressure Points <input checked="" type="checkbox"/> Other: I pinned Brandon's left elbow under by right arm against my chest. I maintained control of his left forearm and wrist to maintain control of his arm.		<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:

<input type="checkbox"/> OC Spray: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> Exposure: <input type="checkbox"/> Airborne only <input type="checkbox"/> Targeted area <input type="checkbox"/> Single spray <input type="checkbox"/> Multiple spray Serial number: Click here to enter text. Lot number: Click here to enter text.			
<input type="checkbox"/> Wrap Restraint System <input type="checkbox"/> Restraint Chair			
<input type="checkbox"/> Taser: Discharged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drive stun <input type="checkbox"/> Cartridge discharge	Cycles: Click here to enter text. <input type="checkbox"/> Heavy clothing <input type="checkbox"/> Malfunction <input type="checkbox"/> Close probe strikes <input type="checkbox"/> Missed <input type="checkbox"/> No physical effect		
Taser Serial Number: Click here to enter text.	Cartridge(s) Serial Number: Click here to enter text.		
<input type="checkbox"/> Impact Weapons <span style="float:right">Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<input type="checkbox"/> Baton <input type="checkbox"/> Weapon of opportunity <input type="checkbox"/> Other: Explain.			
<input type="checkbox"/> Firearms: <input type="checkbox"/> Pistol <input type="checkbox"/> AR-15 <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: Click here to enter text. Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of rounds fired: Click here to enter text. Serial number or department number of firearm(s) used: Click here to enter text.			
<p style="text-align:center">Indicate Impact Zones on Suspect</p> 	<p style="text-align:center">Injuries</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <p style="text-align:center">Officer</p> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Bruises  <input type="checkbox"/> Abrasions  <input type="checkbox"/> Lacerations  <input type="checkbox"/> Broken Bones  <input type="checkbox"/> Other: Explain         </td> <td style="width:50%; vertical-align: top;"> <p style="text-align:center">Suspect</p> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Bruises  <input type="checkbox"/> Abrasions  <input type="checkbox"/> Lacerations  <input type="checkbox"/> Broken Bones  <input type="checkbox"/> Other: Explain         </td> </tr> </table> <p style="text-align:center">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 style="text-align:center">Officer</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<p style="text-align:center">Suspect</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain
<p style="text-align:center">Officer</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain	<p style="text-align:center">Suspect</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Bruises <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Broken Bones <input type="checkbox"/> Other: Explain		
<p style="text-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			
<p>After Action Report: <u>On March 1st, at approximately 2116 hours, I, Deputy Keatin Mohl, was assisting Officer Cornish of the Helena Police Department with his investigation at 2916 Melody Road. Officer Cornish was investigating a road rage incident which occurred earlier in the day. At the conclusion of the investigation the suspect, [redacted] was informed by Officer Cornish he was under arrest for assault with a weapon. [redacted] said we could not arrest him and began to flee into his house. Officer Cornish and I rushed up the stairs and into the house pursuing [redacted]. Officer Cornish and I grabbed [redacted] and pinned him down on a couch in the living room. [redacted] kept trying to pull his arms into his chest as Officer Cornish and I tried to gain control. I grabbed [redacted] left wrist as he attempted to get up from the couch. Officer Cornish told [redacted] to place his hands behind his back several times. [redacted] tried to pull his hands into his chest after being told to place them behind his back. I pinned [redacted] left elbow under by right arm against my chest. I maintained control of his left forearm and wrist. I told [redacted] to stop resisting and place his hands behind his back.</u></p>			



