



San Diego County Sheriff's Department Officer Report

CAD Event No. **E791415**Case No. **13123334**Report No. **18128****1**
Page 1 of 2**GENERAL CASE INFORMATION**

Special Studies:		Related Cases:	
Location, City, State, ZIP: 446 Alta Rd Ste 5300, San Diego, CA 92158		Occurred On: 5/8/2013 11:54:00 AM (Wednesday)	
Jurisdiction: DETENTION FACILITY - GEORGE F. BAILEY DF	Beat: 029	Call Source:	(and Between):

INDIVIDUAL/S

Name: Helm, Bryan Kenneth				Person Code:		Interpreter Language:	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP:				Res. Country:		County Residence: N Nonresident	
Race: W		Sex: M		Date of Birth / Age: - 21		Height: 5' 9"	
Weight: 145 lbs		Hair Color: BRO		Eye Color: BLU		Facial Hair: 12 - None/Fuzz	
Complexion: ACN - Acne		Employment Status: U - Unemployed		Occupation/Grade:		Employer/School:	
Employer Address, City, State, ZIP:							
CONTACT INFORMATION							
Type: HP - Home Phone				Number/Address:			
IDENTIFICATION:							
Type: SSN - SSN		Number:		State:		Country:	
Type: BN - Booking Number		Number:		State:		Country:	
Type: CII - CII Number		Number:		State:		Country:	
Type: AFIS - Automated Fingerprint Identification System		Number:		State:		Country:	
Attire: Jail Issued Blues		Injury: Yes		Extent Of Treatment: 4 - Hospitalized		Violent Crime Circumstances:	
Subject Injury Description:							
Officer Injury Description:							

REPORT NARRATIVE

Origin:

On 05-08-13, I was assigned as the House 1 Rover Deputy at the George Bailey Detention Facility (GBDF). At approximately 1143 hours, I was conducting a security check in "C" Module, when inmate Bryan Helm BKN 13710251 exited Quad #209 stating he was feeling homicidal and suicidal.

Background:

Helm has multiple Inmate Status Reports (ISR's) for placement into a Safety Cell due to suicidal thoughts from multiple incarcerations dating back to 2010. Helm is currently sentenced to 3 years and is awaiting transport to Patton State Hospital.

Deputy's Observations and Actions:

Helm hastily went down the stairs and sat down at a table in the "C" Module Dayroom. I instructed Helm to walk to and face the wall to his left as I was walked down the stairs. Helm stood up and walked to the wall stating, "Don't fuck with me. I'm homicidal. I'll kill you!" I immediately placed handcuffs on Helm for my safety because of Helm's statement. Once secured in handcuffs, Helm began pulling away from me, attempting to leave the module. I instructed Helm to not pull away from me. Helm continued to yell stating that the inmates in Quad #209 did not know who they were messing with. I asked Helm why he was feeling suicidal and homicidal. Helm stated he was over being in the world and would kill the next person he saw. I deemed it necessary to place Helm into a Safety Cell due to his homicidal intentions. I escorted Helm near the House 1 Entry and awaited an additional deputy to help me escort Helm into a Safety Cell.

Reporting Officer SH7311 - ALVARADO, ISAAC	Division / Organization GBDF / GBDF - George Bailey Detention Facility	Reviewed By SH3635 - KOPCHAK, STEFAN
Report Date 5/8/2013 5:00:15 PM	Detective Assigned	Reviewed Date 5/11/2013 3:02:21 PM



San Diego County Sheriff's Department Officer Report

CAD Event No. **E791415**

Case No. **13123334**

Report No. **18128**

2

Page 2 of 2

Deputy Hall #4738 arrived to help me escort Helm. While escorting Helm down the House 1 Corridor, Helm pulled away from me several times. I instructed Helm not to pull away from me. Helm got visibly more upset, yelling obscenities, clenching his fists and tensing his muscles. Helm then suddenly pivoted his upper body to his right and quickly cocked his head back as if to head butt me. Helm's proximity to my head was close enough to where he would have made contact with my temple. In order to prevent Helm from head butting me, I wrapped my left arm around Helm's head and utilized his momentum to tackle him to the ground. Helm landed on the ground, face down. I landed with my body positioned on top of Helm's back. Once on the ground, Helm began yelling, "I'm going to 187 (187 PC-homicide) on cops!" Although he was shouting, Helm's offered no physical resistance after he was tackled. I maintained my position on Helm's back to prevent him from getting up.

A medical gurney was called to transport Helm to GBDF Medical for evaluation and treatment. When the gurney arrived, I released my hold on Helm. At this time, a spit mask was placed over Helm's head to prevent him from spitting on any staff members. Once in medical, Doctor [REDACTED] observed Helm and deemed it necessary for him to be transported to the University California San Diego (UCSD) Medical Center for sutures to the forehead of Helm's face. I had no further contact with Helm.

I felt pain in my left elbow following the incident. I went to the US Healthworks occupational medical clinic in Kearney Mesa for evaluation and treatment of my left elbow. An X-ray was taken and examined by Doctor [REDACTED]. I was cleared to return to work with no restrictions.

On 05-09-13, Deputy Velasquez #5384 took digital photographs of Helm's injuries while at UCSD Medical Center.

Force Used:

I wrapped my left arm around Helm's head and utilized Helm's momentum to tackle him to the ground.

Injuries:

Helm sustained a laceration to the mid-section of his forehead. Helm was taken to UCSD Medical Center for sutures.

I was treated at US Healworks occupational medical clinic for pain to my left elbow.

Witnesses:

Deputy Hall #4738

Related Reports:

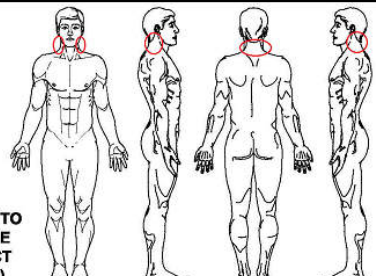
Deputy's Report by Deputy Hall

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San Diego County Sheriff's Department

Use of Force Supplemental

UFO DATE AND TIME 5/8/2013 11:54	EVENT NUMBER E791415	CASE NUMBER 13123334	DOCUMENT NUMBER 18128	STATION/FACILITY GBDF - George Bailey Detention Facility
INCIDENT DESCRIPTION / OFFENSES Escorting Inmate to Safety Cell				
SUBJECT'S NAME (LAST, FIRST, MI) Helm, Bryan Kenneth		DATE OF BIRTH [REDACTED]	ARRESTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SUPERVISOR PRESENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DATE/TIME SUPERVISOR NOTIFIED 05/08/2013 11:55				
REASON(S) FOR USING FORCE: <input type="checkbox"/> Necessary to effect an arrest <input type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input checked="" type="checkbox"/> Necessary to defend self or another <input type="checkbox"/> Necessary to restrain for subject's safety <input type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot				
SUBJECT APPEARED TO BE <input type="checkbox"/> Under the influence of alcohol and/or drugs <input checked="" type="checkbox"/> Mentally impaired		NUMBER OF OFFICERS ON SCENE 2		NUMBER OF OFFICERS USING FORCE 1
LEVEL(S) OF RESISTANCE ENCOUNTERED <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input checked="" type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)				
LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY)				
<input checked="" type="checkbox"/> Verbal Commands: "Stop pulling away from me" "Slow down" "Stay down"				
<input checked="" type="checkbox"/> Empty Hand Control <input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight <input type="checkbox"/> Control Hold (Duration:) <input type="checkbox"/> Pressure Point (Duration:) (# of Contacts:) <input type="checkbox"/> Strike (Body part used:) (# of Contacts:) <input checked="" type="checkbox"/> Takedown Type: <u>Left arm and body weight to tackle</u> <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration:) <input type="checkbox"/> Tool/Device/Weapon <input type="checkbox"/> OC Agent (Duration:) (# of Contacts:) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration:) <input type="checkbox"/> Impact Weapon (# of Contacts:) Type: _____ <input type="checkbox"/> Canine (Duration:) (# of Contacts:) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration:) Type: _____ <input type="checkbox"/> Spit Sock (Duration:) <input type="checkbox"/> Pro-Straint Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP				
<input type="checkbox"/> Less-Lethal Weapon System <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt				
<input type="checkbox"/> Firearm <input type="checkbox"/> Type: _____				
<input type="checkbox"/> Other: _____				
Discharges _____				
Number of _____				
Target _____				
WAS INITIAL USE OF FORCE EFFECTIVE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
SUBJECT INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
SUBJECT INJURY DESCRIPTION		OFFICER(S) INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		EXTENT OF TREATMENT <input type="checkbox"/> None <input checked="" type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
SUBJECT INJURY DESCRIPTION		OFFICER INJURY DESCRIPTION		
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE:				
				
MARK FIGURE TO INDICATE CONTACT POINT(S)				
SERGEANT		ARJIS	DATE	
LIEUTENANT		ARJIS	DATE	
CAPTAIN		ARJIS	DATE	



San Diego County Sheriff's Department

Use of Force Supplemental

Use of Force Supplemental Instructions

Lines 1 & 3: Fill in the blanks.

Line 2: If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

Primary Reason for Using Force: Check appropriate box(s).

Subject Appeared To Be: Check if applicable.

Number of Officers on Scene: List number of officers present.

Number of Officers Using Force: List number of officers that used force.

Level(s) of Resistance Encountered: Check appropriate box(s).

L.E. Tool/Technique Used: Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

Was Initial Use of Force Effective? If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

Was Additional Control or Force Needed: If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

Target Distance: If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

Subject Injured: Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

Extent of Treatment: Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

Officer Injured: Check appropriate box (see above).

Extent of Treatment: Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

Other Force Used/Comments/Equipment Performance: This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

Mark Figure to Indicate Contact Points: When applicable, mark the areas on the figure where applied force contacted the subject's body.

Sergeant: Sign, list ARJIS number and date reviewed.

Lieutenant: Sign, list ARJIS number and date reviewed.

Captain: Sign, list ARJIS number and date reviewed.



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Page 1 of 1

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Location, City, State, ZIP: 446 Alta Rd. Ste. 5300, San Diego, CA 92158		Occurred On: 5/8/2013 11:55:00 AM (Wednesday)	
Jurisdiction: DETENTION FACILITY - GEORGE F. BAILEY DF	Beat: 029	Call Source:	(and Between):

INDIVIDUAL/S**REPORT NARRATIVE****ORIGIN:**

On 05-08-13 at approximately 1155 hours, I was assigned as the House 1 Rover at the George Bailey Detention Facility (GBDF), as Corporal Alvarado #7311 and I were escorting inmate Helm, Bryan BN 13710251, I witnessed the following use of force.

DEPUTY'S OBSERVATIONS AND ACTIONS:

As Corporal Alvarado and I were escorting Helm down the House 1 Corridor Hallway, I witnessed Corporal Alvarado holding Helm by the handcuffs on his wrists. Helm was yelling incoherently. I witnessed Corporal Alvarado tell Helm to not pull away from him. Helm did not comply and appeared to keep pulling away. Corporal Alvarado quickly took Helm to the ground, stomach first. Corporal Alvarado landed on top of Helm. While Helm was lying on his stomach, I saw blood that came from what appeared to be a possible head injury. A medical gurney arrived to transport Helm to the medical area of the facility for treatment. I had no further contact or observation of Helm.

Reporting Officer SH4738 - HALL, BENJAMIN	Division / Organization GBDF / GBDF - George Bailey Detention Facility	Reviewed By SH3635 - KOPCHAK, STEFAN
Report Date 5/10/2013 12:20:59 PM	Detective Assigned	Reviewed Date 5/11/2013 3:02:17 PM









