



# San Diego County Sheriff's Department Officer Report

CAD Event No. **4087495**Case No. **17119245**Report No. **10170****1**

Page 1 of 3

**GENERAL CASE INFORMATION**

|   |                     |   |                |
|---|---------------------|---|----------------|
| Special Studies:  |                     | Related Cases:  |                |
| Location, City, State, ZIP:<br><b>250 E. Main Street , El Cajon, CA 92020</b> |                     | Occurred On:<br><b>4/12/2017 2:39:00 PM (Wednesday)</b> |                |
| Jurisdiction:<br><b>Court Services - EL CAJON</b>                             | Beat:<br><b>051</b> | Call Source:  | (and Between): |

**INDIVIDUAL/S**

|  |  |                                  |  |  |  |   |  |
|--|--|----------------------------------|--|--|--|---|--|
| Name:<br><b>NORIEGA, OSBALDO VERGARA</b> |  |                                  |  | Person Code:   |  | Interpreter Language:                     |  |
| ALIAS / AKA / NICKNAME / MONIKER:        |  |                                  |  |  |  |   |  |
| Home Address, City, State, ZIP:          |  |                                  |  | Res. Country:<br><b>US - UNITED STATES</b>             |  | County Residence:<br><b>U Unknown</b>     |  |
| Race:<br><b>H</b>                        |  | Sex:<br><b>M</b>                 |  | Date of Birth / Age:<br><b>- 49</b>                    |  | Height:<br><b>5' 8"</b>                   |  |
| Weight:<br><b>168 lbs</b>                |  | Hair Color:<br><b>BLK</b>        |  | Eye Color:<br><b>BRO</b>                               |  | Facial Hair:<br><b>06 - Mustache Only</b> |  |
| Complexion:                              |  |                                  |  |  |  |   |  |
| Employment Status:                       |  | Occupation/Grade:<br><b>Cook</b> |  | Employer/School:                                       |  | Employer Address, City, State, ZIP:       |  |
| CONTACT INFORMATION                      |  |                                  |  |  |  |   |  |
| IDENTIFICATION:                          |  |                                  |  |  |  |   |  |
| Type:<br><b>SSN - SSN</b>                |  | Number:                          |  | State:   |  | Country:                                  |  |
| Type:<br><b>BN - Booking Number</b>      |  | Number:                          |  | State:   |  | Country:                                  |  |
| Type:<br><b>JIM - JIMS Number</b>        |  | Number:                          |  | State:   |  | Country:                                  |  |
| Attire:                                  |  | Injury:<br><b>Yes</b>            |  | Extent Of Treatment:<br><b>3 - Treated at Hospital</b> |  | Violent Crime Circumstances:              |  |

|   |  |                   |  |                      |  |                                     |  |
|---|--|-------------------|--|----------------------|--|-------------------------------------|--|
| Name:   |  |                   |  | Person Code:         |  | Interpreter Language:               |  |
| ALIAS / AKA / NICKNAME / MONIKER:                         |  |                   |  |                      |  |                                     |  |
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| Race:   |  | Sex:              |  | Date of Birth / Age: |  | Height:                             |  |
| Weight:   |  | Hair Color:       |  | Eye Color:           |  | Facial Hair:                        |  |
| Complexion:   |  |                   |  |                      |  |                                     |  |
| Employment Status:  |  | Occupation/Grade: |  | Employer/School:     |  | Employer Address, City, State, ZIP: |  |
| CONTACT INFORMATION                                       |  |                   |  |                      |  |                                     |  |
| IDENTIFICATION:   |  |                   |  |                      |  |                                     |  |
| Type:<br><b>MP - Mobile Phone</b>                         |  | Number/Address:   |  |                      |  |                                     |  |
| Type:<br><b>DLN - Drivers License Number</b>              |  | Number:           |  | State:               |  | Country:                            |  |
| Type:<br><b>SSN - SSN</b>                                 |  | Number:           |  | State:               |  | Country:                            |  |
| Attire:<br><b>white long sleeve shirt and jean shorts</b> |  | Injury:           |  | Extent Of Treatment: |  | Violent Crime Circumstances:        |  |

|                                     |  |                   |  |                      |  |                                     |  |
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| Weight:                             |  | Hair Color:       |  | Eye Color:           |  | Facial Hair:                        |  |
| Complexion:                         |  |                   |  |                      |  |                                     |  |
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| Type:<br><b>BN - Booking Number</b> |  | Number:           |  | State:               |  | Country:                            |  |
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| Attire:<br><b>Personal Clothes</b>  |  | Injury:           |  | Extent Of Treatment: |  | Violent Crime Circumstances:        |  |

**REPORT NARRATIVE****SYNOPSIS:**

|  |  |  |
|--|--|--|
| Reporting Officer<br><b>SH1883 - DORAN, TROY</b> | Division / Organization<br><b>CS_EC_CRT / ECCRT - El Cajon Court</b> | Reviewed By<br><b>TING III, DARWIN</b>       |
| Report Date<br><b>4/13/2017 9:33:21 AM</b>       | Detective Assigned<br><b>SH1545 - MARTINEZ, CHRIS</b>                | Reviewed Date<br><b>4/24/2017 3:07:49 PM</b> |



# San Diego County Sheriff's Department Officer Report

CAD Event No. **4087495**

Case No. **17119245**

Report No. **10170**

**2**

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Inmate Osbaldo Noriega attempted to push his way out of a holding cell for unknown reasons. Force was used to prevent possible escape or assault on a deputy or staff.

## ORIGIN:

On 04/12/2017, at about 1439 hours, I was working the ground floor holding area of the El Cajon Courthouse when an inmate tried to push his way out of a holding cell for unknown reasons.

## INVESTIGATION:

**BACKGROUND INFORMATION:** During the day I had several contacts with inmate Osbaldo Noriega during the course of normal duties. While being counseled by a para-legal prior to seeing the judge via video arrangement I heard him tell her he understood an English advisement prior to obtaining a Spanish interpreter. I took this to mean he had at least some understanding of the English language.

During a second contact with Noriega I saw him try to push his way out of a secure holding cell and past a deputy, Deputy Frank (3600). Frank was able to close the door while Noriega was pushing against it.

## Deputy's Observations / Actions:

On 04/12/2017, at about 1439 hours, I went to cell 5 to return an inmate and was confronted at the door by Noriega. He was trying to push his way out of the cell and into an open hallway. I told him "Back up, Back up" but Noriega continued to approach me with his hands extended in front. Noriega seemed to be trying to leave the cell for an unknown reason or to assault staff. Because Noriega was at the door and pushing outward I could not close the door without possibly injuring the inmate.

I took hold of the inmate's hands / wrists and entered the cell to prevent him from leaving the secure holding area. Noriega resisted me by pulling away and backing into the cell. He was able to get one hand free and continued to resist by pushing and pulling away from me. At about this time Deputy Frank entered the cell and monitored the other inmates, in the cell, while I grabbed onto Noriega's right arm and his shirt and pulled him toward the door. I was able to get him to the floor in the doorway of the cell. Noriega was positioned on his back and continued to resist by pushing, pulling and twisting his body.

Deputy Frank then assisted me pulling the inmate out of the cell and into the hallway in front of the holding cells 5, 6, 7 and 8. Noriega continued to struggle against us and was pulling, pushing with his arms and legs and twisting his body to avoid being restrained and handcuffed.

Deputy Frank and I were able to turn Noriega onto his stomach by lifting him several inches off of the floor and turning him over onto his stomach. Deputy Frank used body weight to hold him on the floor by placing his hands onto the upper back area of the inmate and pushing downward. While Deputy Frank held Noriega on the floor I grabbed his right hand and wrist and with my hands and put his right hand into a "cuffing position" behind his back by pulling it slowly behind his back and placing handcuffs onto his right wrist. Noriega continued to try pulling his hands away and twisting his body. Frank was able to secure the inmate's left hand into a similar position and the inmate was handcuffed and finally stopped thrashing about and resisting. He was placed in holding cell 6 by himself.

At about this time I noticed another deputy, later identified as Deputy Carvalho (2236) of the Sheriff's Transportation Unit was there and had assisted in some manner. Carvalho had to leave the facility before I could speak to him. See attached Deputy's Report to see details of what he did.

After several minutes I asked Deputy J. Valencia (1948) a Spanish interpreter to assist me with a brief interview of Noriega. I asked her to read Noriega his Miranda rights from a standard issue Sheriff's notebook. He said "yes" he understood his rights and "yes" he was willing to talk about the incident. Deputy Frank was also present during this interview.

|  |  |  |
|--|--|--|
| Reporting Officer<br><b>SH1883 - DORAN, TROY</b> | Division / Organization<br><b>CS_EC_CRT / ECCRT - El Cajon Court</b> | Reviewed By<br><b>TING III, DARWIN</b>       |
| Report Date<br><b>4/13/2017 9:33:21 AM</b>       | Detective Assigned<br><b>SH1545 - MARTINEZ, CHRIS</b>                | Reviewed Date<br><b>4/24/2017 3:07:49 PM</b> |



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**3**

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## STATEMENTS:

### Statement of Osbaldo Noriega (Suspect)

When asked he admitted to pushing on the door and trying to get out of the cell. He explained he wanted to get his "Cell phone and keys." Via Valencia I asked if he thought it was okay to just walk out of cell while in jail and get things? He said "yes" he felt that was normal. When asked about a small cut on his head Noriega said he must have gotten it when he pounded his head on the door prior to trying to walk out of the cell.

He then said his shoulder hurt and he was going to sue me for 50 million dollars.

### Investigation (continued)

After taking the above statement I took several pictures of Noriega that were later placed into evidence along with the available video of the incident.

He was transported to an area hospital via ambulance for treatment of his shoulder. For details of the treatment and injuries see deputy's report by Frank.

EVIDENCE: See Property list in attached C/R

## INJURIES:

I was later informed Noriega's right shoulder had dislocated during the incident and a bone in his upper arm (possibly the "humerus") had fractured.

Small cut to Noriega's head caused by the inmate banging his head against a holding cell door prior to this incident. Noriega's booking photo also shows a minor cut to his forehead.

## PROPERTY DAMAGE:

None

## FOLLOW-UP:

None

## RELATED REPORTS:

See D/R's by Deputies Frank and Carvalho and medical reports provided to jail staff.

|  |  |  |
|--|--|--|
| Reporting Officer<br><b>SH1883 - DORAN, TROY</b> | Division / Organization<br><b>CS_EC_CRT / ECCRT - El Cajon Court</b> | Reviewed By<br><b>TING III, DARWIN</b>       |
| Report Date<br><b>4/13/2017 9:33:21 AM</b>       | Detective Assigned<br><b>SH1545 - MARTINEZ, CHRIS</b>                | Reviewed Date<br><b>4/24/2017 3:07:49 PM</b> |



# San Diego County Sheriff's Department Officer Report

CAD Event No. **E4084795**Case No. **17119245**Report No. **10180****1**

Page 1 of 3

**GENERAL CASE INFORMATION**

|  |                     |   |                |
|--|---------------------|---|----------------|
| Special Studies:   |                     | Related Cases:  |                |
| Location, City, State, ZIP:<br><b>250 E. Main Street, El Cajon, CA 92020</b> |                     | Occurred On:<br><b>4/12/2017 2:39:00 PM (Wednesday)</b> |                |
| Jurisdiction:<br><b>Court Services - EL CAJON</b>                            | Beat:<br><b>051</b> | Call Source:  | (and Between): |

**INDIVIDUAL/S**

|  |  |                           |  |  |  |   |  |
|--|--|---------------------------|--|--|--|---|--|
| Name:<br><b>NORIEGA, OSBALDO VERGARA</b> |  |                           |  | Person Code:   |  | Interpreter Language:                     |  |
| ALIAS / AKA / NICKNAME / MONIKER:        |  |                           |  |  |  |   |  |
| Home Address, City, State, ZIP:          |  |                           |  | Res. Country:<br><b>US - UNITED STATES</b>             |  | County Residence:<br><b>U Unknown</b>     |  |
| Race:<br><b>H</b>                        |  | Sex:<br><b>M</b>          |  | Date of Birth / Age:<br><b>- 49</b>                    |  | Height:<br><b>5' 8"</b>                   |  |
| Weight:<br><b>168 lbs</b>                |  | Hair Color:<br><b>BLK</b> |  | Eye Color:<br><b>BRO</b>                               |  | Facial Hair:<br><b>06 - Mustache Only</b> |  |
| Complexion:                              |  | Employment Status:        |  |  |  |   |  |
| Occupation/Grade:<br><b>Cook</b>         |  | Employer/School:          |  | Employer Address, City, State, ZIP:                    |  |   |  |
| CONTACT INFORMATION                      |  |                           |  |  |  |   |  |
| IDENTIFICATION:                          |  |                           |  |  |  |   |  |
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| Type:<br><b>JIM - JIMS Number</b>        |  | Number:                   |  | State:   |  | Country:                                  |  |
| Attire:                                  |  | Injury:<br><b>Yes</b>     |  | Extent Of Treatment:<br><b>3 - Treated at Hospital</b> |  | Violent Crime Circumstances:              |  |

|   |  |                    |  |                                     |  |                              |  |
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| Name:   |  |                    |  | Person Code:                        |  | Interpreter Language:        |  |
| ALIAS / AKA / NICKNAME / MONIKER:                         |  |                    |  |                                     |  |                              |  |
| Home Address, City, State, ZIP:                           |  |                    |  | Res. Country:                       |  | County Residence:            |  |
| Race:   |  | Sex:               |  | Date of Birth / Age:                |  | Height:                      |  |
| Weight:   |  | Hair Color:        |  | Eye Color:                          |  | Facial Hair:                 |  |
| Complexion:   |  | Employment Status: |  |                                     |  |                              |  |
| Occupation/Grade:   |  | Employer/School:   |  | Employer Address, City, State, ZIP: |  |                              |  |
| CONTACT INFORMATION                                       |  |                    |  |                                     |  |                              |  |
| IDENTIFICATION:   |  |                    |  |                                     |  |                              |  |
| Type:<br><b>MP - Mobile Phone</b>                         |  | Number/Address:    |  |                                     |  |                              |  |
| Type:<br><b>DLN - Drivers License Number</b>              |  | Number:            |  | State:                              |  | Country:                     |  |
| Type:<br><b>SSN - SSN</b>                                 |  | Number:            |  | State:                              |  | Country:                     |  |
| Type:<br><b>JIM - JIMS Number</b>                         |  | Number:            |  | State:                              |  | Country:                     |  |
| Attire:<br><b>white long sleeve shirt and jean shorts</b> |  | Injury:            |  | Extent Of Treatment:                |  | Violent Crime Circumstances: |  |

|                                    |  |                    |  |                                     |  |                              |  |
|------------------------------------|--|--------------------|--|-------------------------------------|--|------------------------------|--|
| Name:                              |  |                    |  | Person Code:                        |  | Interpreter Language:        |  |
| ALIAS / AKA / NICKNAME / MONIKER:  |  |                    |  |                                     |  |                              |  |
| Home Address, City, State, ZIP:    |  |                    |  | Res. Country:                       |  | County Residence:            |  |
| Race:                              |  | Sex:               |  | Date of Birth / Age:                |  | Height:                      |  |
| Weight:                            |  | Hair Color:        |  | Eye Color:                          |  | Facial Hair:                 |  |
| Complexion:                        |  | Employment Status: |  |                                     |  |                              |  |
| Occupation/Grade:                  |  | Employer/School:   |  | Employer Address, City, State, ZIP: |  |                              |  |
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| Type:<br><b>SSN - SSN</b>          |  | Number:            |  | State:                              |  | Country:                     |  |
| Attire:<br><b>Personal Clothes</b> |  | Injury:            |  | Extent Of Treatment:                |  | Violent Crime Circumstances: |  |

**REPORT NARRATIVE**

Origin:

|  |  |  |
|--|--|--|
| Reporting Officer<br><b>SH3600 - FRANK, DONALD</b> | Division / Organization<br><b>CS_EC_CRT / ECCRT - El Cajon Court</b> | Reviewed By<br><b>TING III, DARWIN</b>       |
| Report Date<br><b>4/13/2017 9:57:36 AM</b>         | Detective Assigned<br><b>SH1545 - MARTINEZ, CHRIS</b>                | Reviewed Date<br><b>4/24/2017 2:06:44 PM</b> |



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Case No. **17119245**

Report No. **10180**

**2**

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On 04-13-17, at approximately 1439 hours, I was assigned as the Ground Floor Deputy at the El Cajon Courthouse. While I was escorting inmates from the elevator lobby to their assigned cells I noticed an inmate trying to force his way outside of holding cell #5. I responded to assist.

## Deputy's Observations and Actions:

Earlier in the day at approximately 1330 hours, inmate Noriega attempted to exit holding cell #5 while I was placing other inmates inside the cell. I instructed Noriega to step away from the door and he continued to move forward. I shut the cell door so he could not exit and notified my fellow partners of what occurred.

At 1439 hours, I observed Deputy Doran #1883 open holding cell door #5 and direct an inmate to go inside. While the inmate was entering the cell, Inmate Osbaldo Noriega BN [REDACTED] proceeded to exit the holding cell without being told to do so. I noticed Deputy Doran instructing Noriega to back up and go back into the cell. Noriega proceeded to push forward and exit out of the cell without permission. Deputy Doran placed both of his hands on Noriega shoulders and pushed Noriega backwards to stop Noriega from continuing forward.

I entered holding cell #5 and noticed Noriega resisting Deputy Doran's grip on his shoulders. I placed my right hand on Noriega's right shoulder and pushed down to prevent Noriega from standing up. Noriega fell to the ground on his back and I instructed the other inmates inside the cell to remain seated and not to get up. I saw Noriega continuing to resist in between the cell door and the opening by thrashing his arms back and forth. For officer safety I believed it was important to create distance from the other inmates who were inside the cell. Therefore, I grabbed Noriega by both feet and dragged him outside of the cell. I instructed Noriega to stop fighting and lay on his stomach. While I was holding Noriega's feet, Noriega proceeded to kick in my direction and not comply with my directions. I moved over to Noriega's left side of his body and attempted to control his arms by grabbing his left bicep and left hand. Noriega continued to resist by throwing his hands up in the air and thrashing back and forth. I was unable to control his arms. To stop Noriega's non-compliant behavior, I grabbed under Noriega's left shoulder blade and left lower back and lifted in attempt to place Noriega on his stomach. Noriega continued to resist by tensing his muscles and moving his body back and forth so we could not control him. I continued to lift Noriega onto his stomach where ultimately I used my body weight to flip Noriega onto his stomach. Once Noriega was on his stomach, I used my body weight to lie across his back to stop Noriega from thrashing his body back and forth and prevent him from getting up. I moved over Noriega's back from his right side of his body to his left side of his body continuing to place my body weight on Noriega's back by lying across his back. Once on Noriega's left side, I moved to the side of his body attempting to pull his left hand from underneath his body. I instructed Noriega to give me his hand, but he proceeded to pull against my direction and leave his arm underneath his body. I pulled Noriega's left arm from underneath his body by grabbing underneath his bicep. Once Noriega's arm was free, I placed a shoulder pin on Noriega's left shoulder preventing Noriega from thrashing his arm back and forth. Noriega continued to tense his muscles in his arms attempting to pull away. Deputy Carvalho #2236 held the feet of Noriega. Deputy Doran applied handcuffs on Noriega.

Once the handcuffs were on Noriega, I directed Noriega to turn over and stand up. Noriega complied. I stood by with Noriega outside holding cell #5 waiting for the inmates in holding cell #6 to exit so we had an open cell for Noriega to go inside. Once the cell was clear of inmates, I escorted Noriega into holding cell #6 and directed Noriega to sit down. After Noriega was secured in the cell, Deputy Doran notified Sgt. Ting 2585 of what occurred.

While in the control office area I heard banging coming from holding cell #6. I walked over to check on Noriega and he was hitting his head on the cell door. I told Noriega to sit down and he complied. I opened the cell and stood by while Deputy Doran read Noriega his rights and interviewed Noriega about what occurred. Deputy Valencia #1948 translated for Deputy Doran. I removed the handcuffs off of Noriega and placed waist chains on him. Once Noriega was compliant I removed the waist chains and stood by Deputy Doran while he took pictures of Noriega. Noriega said his right shoulder was in pain and needed to see a doctor. Paramedics were called to evaluate Noriega.

At approximately 1510 hours, I conducted witness interviews of the inmates who were assigned to holding cell #5 at the time of the incident. I escorted inmate [REDACTED] B [REDACTED] to the ground floor benches to interview him about the incident

|  |  |  |
|--|--|--|
| Reporting Officer<br><b>SH3600 - FRANK, DONALD</b> | Division / Organization<br><b>CS_EC_CRT / ECCRT - El Cajon Court</b> | Reviewed By<br><b>TING III, DARWIN</b>       |
| Report Date<br><b>4/13/2017 9:57:36 AM</b>         | Detective Assigned<br><b>SH1545 - MARTINEZ, CHRIS</b>                | Reviewed Date<br><b>4/24/2017 2:06:44 PM</b> |



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**3**

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Statement of [REDACTED]

I asked [REDACTED] what he saw inside the holding cell and [REDACTED] stated, "The Mexican guy tried to open the door without permission multiple times." [REDACTED] had nothing further to say about the incident.

I escorted [REDACTED] back to his holding cell and had inmate [REDACTED] escorted to the ground floor benches to interview him about the incident.

Statement of [REDACTED]

I asked [REDACTED] what he saw inside the holding cell and [REDACTED] stated, "The guy was acting crazy yelling let me out. He pushed at the door multiple times trying to get out." [REDACTED] had nothing further to say about the incident.

The paramedics arrived on scene and determined that Noriega needed to be evaluated at Grossmont Hospital. Deputy Quintana #0125 and I rode via ambulance to the hospital. Noriega got x-rays on his right shoulder and later determined that he had a dislocated shoulder and fractured humerus. Division Inspection Services Sgt. Perkins #6485 was notified of Noriega injuries.

After treating Noriega for his injuries, he was discharged from the hospital. Deputy Quintana and I transported Noriega to George Baily Detention Facility (GBDF) without incident. I had no further contact with Noriega.

|  |  |  |
|--|--|--|
| Reporting Officer<br><b>SH3600 - FRANK, DONALD</b> | Division / Organization<br><b>CS_EC_CRT / ECCRT - El Cajon Court</b> | Reviewed By<br><b>TING III, DARWIN</b>       |
| Report Date<br><b>4/13/2017 9:57:36 AM</b>         | Detective Assigned<br><b>SH1545 - MARTINEZ, CHRIS</b>                | Reviewed Date<br><b>4/24/2017 2:06:44 PM</b> |



# San Diego County Sheriff's Department Officer Report

CAD Event No. **E4084795**Case No. **17119245**Report No. **10260****1**

Page 1 of 1

**GENERAL CASE INFORMATION**

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| Special Studies:   |                     | Related Cases:  |                |
| Location, City, State, ZIP:<br><b>250 E. Main Street ,El Cajon, CA 92020</b> |                     | Occurred On:<br><b>4/12/2017 2:39:00 PM (Wednesday)</b> |                |
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**INDIVIDUAL/S**

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| Name:<br><b>NORIEGA, OSBALDO VERGARA</b> |  |                                  |  | Person Code:   |  | Interpreter Language:                     |  |
| ALIAS / AKA / NICKNAME / MONIKER:        |  |                                  |  |  |  |   |  |
| Home Address, City, State, ZIP:          |  |                                  |  | Res. Country:<br><b>US - UNITED STATES</b>             |  | County Residence:<br><b>U Unknown</b>     |  |
| Race:<br><b>H</b>                        |  | Sex:<br><b>M</b>                 |  | Date of Birth / Age:<br><b>- 49</b>                    |  | Height:<br><b>5' 8"</b>                   |  |
| Weight:<br><b>168 lbs</b>                |  | Hair Color:<br><b>BLK</b>        |  | Eye Color:<br><b>BRO</b>                               |  | Facial Hair:<br><b>06 - Mustache Only</b> |  |
| Complexion:                              |  |                                  |  |  |  |   |  |
| Employment Status:                       |  | Occupation/Grade:<br><b>Cook</b> |  | Employer/School:                                       |  | Employer Address, City, State, ZIP:       |  |
| CONTACT INFORMATION                      |  |                                  |  |  |  |   |  |
| IDENTIFICATION:                          |  |                                  |  |  |  |   |  |
| Type:<br><b>SSN - SSN</b>                |  | Number:                          |  | State:   |  | Country:                                  |  |
| Type:<br><b>JIM - JIMS Number</b>        |  | Number:                          |  | State:   |  | Country:                                  |  |
| Type:<br><b>BN - Booking Number</b>      |  | Number:                          |  | State:   |  | Country:                                  |  |
| Attire:                                  |  | Injury:<br><b>Yes</b>            |  | Extent Of Treatment:<br><b>3 - Treated at Hospital</b> |  | Violent Crime Circumstances:              |  |

**REPORT NARRATIVE**

Origin: On 04-12-2017, at about 1439 hours, I was at the El Cajon Courthouse to take custody of an inmate when I assisted to restrain an inmate later identified as Osbaldo Noriega as he struggled with Deputy Doran #1883 and Deputy Frank #3600.

Deputy's Observations and Actions: On 04-12-2017, at about 1439 hours, I was at the ground floor of the El Cajon Courthouse. I was there to take custody of an inmate and transport him to the Vista Detention Facility. I heard a scuffle coming from the court's holding cell hallway. When I looked, I saw Deputy Doran and Deputy Frank struggling to get control of an inmate named Osbaldo Noriega in the doorway to one of the holding cells. Noriega was yelling and twisting his body violently trying to free himself from their grasp. When I went over to assist, Noriega was on the ground in the hallway. Deputy Doran and Deputy Frank had a hold of Noriega's upper body and arms and Noriega continued to twist his body and not follow their commands to roll over onto his stomach. I held onto Noriega's legs to help restrain him in an attempt to help allow Deputy Doran and Deputy Frank to control him, if I did not take control of his legs, Noriega may have resisted the deputies' hold which would have further escalated the incident. Noriega resisted their grasps by trying to pull his arms away and resisted being rolled over onto his stomach. Deputy Doran and Deputy Frank were able to flip Noriega onto his stomach and placed handcuffs on him. Inmate Noriega appeared under control at this time, I had no further contact with him.

|   |  |   |
|---|--|---|
| Reporting Officer<br><b>SH2236 - CARVALHO, DENNIS</b> | Division / Organization<br><b>CS_EC_CRT / ECCRT - El Cajon Court</b> | Reviewed By<br><b>TING III, DARWIN</b>        |
| Report Date<br><b>4/13/2017 7:05:38 PM</b>            | Detective Assigned<br><b>SH1545 - MARTINEZ, CHRIS</b>                | Reviewed Date<br><b>4/20/2017 11:14:00 AM</b> |





# San Diego County Sheriff's Department Crime/Incident Report

Case No. **17119245**CAD Event No.: **E4084795**Case Disposition: **Active**Primary Victim: **State of California**Report No. **17119245.1****1**  
Page 1 of 2**GENERAL CASE INFORMATION**

|   |                     |  |                |
|---|---------------------|--|----------------|
| Primary Charge: <b>981000 - ZZ - MISCELLANEOUS INCIDENTS</b>            |                     |  |                |
| Special Studies:  |                     | Related Cases:   |                |
| Location, City, State, ZIP:<br><b>250 E Main St, El Cajon, CA 92020</b> |                     | Occurred On:<br><b>04/12/2017 14:39:00 (Wednesday)</b> |                |
| Jurisdiction:   | Beat:<br><b>051</b> | Call Source:<br><b>DEPUTY</b>                          | (and Between): |
| Means:  |                     | Motives:   |                |

**VICTIM/S****IBR/UCR OFFENSE/S**

|  |  |                                 |                          |                 |        |
|--|--|---------------------------------|--------------------------|-----------------|--------|
| Offense Description:<br><b>981000 - ZZ - MISCELLANEOUS INCIDENTS</b> | Level:<br><b>O</b>                       | Against:                        | Completed?<br><b>Yes</b> | Counts          | Using: |
| Location Type:<br><b>15 - Jail/Prison</b>                            | Hate/Bias:<br><b>88 - None (No Bias)</b> | Domestic Violence:<br><b>No</b> |                          |                 |        |
| Criminal Activity:   | Type Security:                           | Gang Related:                   | Entry:                   | Point of Entry: |        |
| Weapons/Force:   | Tools:                                   | Targets:                        |                          |                 |        |

**ARRESTEE/S****SUSPECT/S (Not Yet Arrested)****WITNESSES****OTHER ENTITIES****Other Entity #1**

|   |                                    |              |   |
|---|------------------------------------|--------------|---|
| Person Code: <input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer |                                    |              |   |
| Name:<br><b>NORIEGA, OSBALDO VERGARA</b>  | Entity Type:<br><b>IN - Inmate</b> | Person Code: | County Residence:<br><b>U - Unknown</b> |

|                                 |  |                  |  |                                     |  |  |  |                            |  |                       |  |                                     |  |                          |  |   |  |  |  |             |  |  |  |               |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |
|---------------------------------|--|------------------|--|-------------------------------------|--|--|--|----------------------------|--|-----------------------|--|-------------------------------------|--|--------------------------|--|---|--|--|--|-------------|--|--|--|---------------|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|
| Name Type:                      |  |                  |  |                                     |  |  |  | First:                     |  |                       |  |                                     |  |                          |  | Middle:                                   |  |  |  |             |  |  |  | Last:         |  |  |  |  |  |  |  | Suffix:              |  |  |  |  |  |  |  |
| Home Address, City, State, ZIP: |  |                  |  |                                     |  |  |  | Res. Country:<br><b>US</b> |  |                       |  |                                     |  |                          |  | Place of Birth:                           |  |  |  |             |  |  |  | Undocumented: |  |  |  |  |  |  |  | Interpreter Language |  |  |  |  |  |  |  |
| Race:<br><b>H</b>               |  | Sex:<br><b>M</b> |  | Date of Birth / Age:<br><b>- 49</b> |  |  |  | Height:<br><b>5' 8"</b>    |  | Weight:<br><b>168</b> |  | Hair Color:<br><b>BLK</b>           |  | Eye Color:<br><b>BRO</b> |  | Facial Hair:<br><b>06 - Mustache Only</b> |  |  |  | Complexion: |  |  |  |               |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |
| Employment Status:              |  |                  |  | Occupation/Grade:<br><b>Cook</b>    |  |  |  | Employer/School:           |  |                       |  | Employer Address, City, State, ZIP: |  |                          |  |   |  |  |  |             |  |  |  |               |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |

**CONTACT INFORMATION:**

|       |                 |
|-------|-----------------|
| Type: | Number/Address: |
|-------|-----------------|

**IDENTIFICATION:**

|                                     |         |                      |          |
|-------------------------------------|---------|----------------------|----------|
| Type:<br><b>SSN - SSN</b>           | Number: | State:               | Country: |
| Type:<br><b>JIM - JIMS Number</b>   | Number: | State:               | Country: |
| Type:<br><b>BN - Booking Number</b> | Number: | State:               | Country: |
| Injury:                             |         | Extent of Treatment: |          |

|  |   |   |
|--|---|---|
| Reporting Officer<br><b>SH1883 - DORAN, TROY</b> | Division / Organization<br><b>El Cajon Court</b>      | Reviewed By<br><b>TING III, DARWIN</b>      |
| Report Date<br><b>4/13/2017 10:49:50 AM</b>      | Detective Assigned<br><b>SH1545 - MARTINEZ, CHRIS</b> | Reviewed Date<br><b>04/24/2017 14:06:56</b> |





# San Diego County Sheriff's Department Crime/Incident Report

Case No. **17119245**CAD Event No.: **E4084795**Case Disposition: **Active**Primary Victim: **State of California**Report No. **17119245.1****2**

Page 2 of 2

**PROPERTY****Property Item #1.000 - CD**

|                                       |   |        |  |
|---------------------------------------|---|--------|--|
| Derivative No.: <b>0</b>              | Property Category: <b>1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative</b> |        |  |
| Status: <b>ES - Evidence (Seized)</b> | Count: <b>1</b>   | Value: |  |
| Manufacturer:                         | Model:  |        |  |
| Serial No.:                           | Model Year:   | OAN:   |  |
| Color:                                | Caliber:  |        |  |
| Body Style:                           | Recovered/ Seized Date: <b>04/13/2017</b>   |        |  |
| Owner:                                | Disposition:  |        |  |
| Evidence Tag:                         | Alert(s):   |        |  |
| Drug Type:                            | Drug Quantity:  |        |  |
| Search Warrant:                       |   |        |  |
| Notes:                                |   |        |  |

**Property Item #2.000 - Video Evidence**

|                                       |   |        |  |
|---------------------------------------|---|--------|--|
| Derivative No.: <b>0</b>              | Property Category: <b>1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative</b> |        |  |
| Status: <b>ES - Evidence (Seized)</b> | Count: <b>1</b>   | Value: |  |
| Manufacturer:                         | Model:  |        |  |
| Serial No.:                           | Model Year:   | OAN:   |  |
| Color:                                | Caliber:  |        |  |
| Body Style:                           | Recovered/ Seized Date: <b>04/13/2017</b>   |        |  |
| Owner:                                | Disposition:  |        |  |
| Evidence Tag:                         | Alert(s):   |        |  |
| Drug Type:                            | Drug Quantity:  |        |  |
| Search Warrant:                       |   |        |  |
| Notes:                                |   |        |  |

**REPORT NARRATIVE**

This report was opened to document evidence. See attached D/R for details and use of force documentation.

|  |   |   |
|--|---|---|
| Reporting Officer<br><b>SH1883 - DORAN, TROY</b> | Division / Organization<br><b>El Cajon Court</b>      | Reviewed By<br><b>TING III, DARWIN</b>      |
| Report Date<br><b>4/13/2017 10:49:50 AM</b>      | Detective Assigned<br><b>SH1545 - MARTINEZ, CHRIS</b> | Reviewed Date<br><b>04/24/2017 14:06:56</b> |



# San Diego County Sheriff's Department Evidence Report

Case No: **17119245**Evidence Sheet No: **001****1**

Page 1 of 1

**GENERAL CASE INFORMATION**

|  |  |  |  |                        |
|--|--|--|--|------------------------|
| REPORTING AGENCY:<br><b>SH - Sheriff</b>               |  |  |  |                        |
| CALL FOR SERVICE NUMBER (CAD)<br><b>E4084795</b>       | OFFENSE TYPE:<br><b>940000 - ZZ - MISC. ACCIDENTS</b>                  | DIVISION:<br><b>SDCFS - San Diego Court - Field Services</b> | BILLING CODE:<br><b>SDMO - SD Sheriff Court Services</b> | SEARCH WARRANT NUMBER: |
| DATE OF INCIDENT:<br><b>4/12/2017</b>                  | INCIDENT LOCATION (CITY, STATE, ZIP):<br><b>CS; 250 E MAIN ST., EC</b> |  |  | KEY CASE NUMBER:       |
| REPORTING OFFICER:<br><b>SH3737 - QUINN, DENNIS</b>    |  | ID:<br><b>SH3737</b>   | DIVISION:<br><b>El Cajon Court</b>                       |                        |
| ASSIGNED DETECTIVE:<br><b>SH1545 - MARTINEZ, CHRIS</b> |  | ID:<br><b>SH1545</b>   | DIVISION:<br><b>San Diego Court</b>                      |                        |

**OUTSIDE AGENCY**


|                 |                                    |                     |               |
|-----------------|------------------------------------|---------------------|---------------|
| OA CASE NUMBER: | AGENCY NAME:                       | ASSIGNED DETECTIVE: | CONTACT PHONE |
|                 | AGENCY ADDRESS (CITY, STATE, ZIP): |                     |               |

**INVOLVED PEOPLE**

|                             |  |                    |                   |                         |       |
|-----------------------------|--|--------------------|-------------------|-------------------------|-------|
| AFFILIATION:<br><b>OTH1</b> | NAME (Last, First, Middle):<br><b>NORIEGA, OSBALDO VERGARA</b> | DOB:<br>[REDACTED] | AGE:<br><b>49</b> | SEX:<br><b>M - Male</b> | RACE: |
|                             | HOME ADDRESS (CITY, STATE, ZIP):<br>[REDACTED]                 |                    | HOME PHONE:       |                         |       |

**EVIDENCE INFORMATION SECTION**

|   |                       |   |        |   |      |
|---|-----------------------|---|--------|---|------|
| FIN<br><b>1.1</b>                                 | OA Item/TAG #         | PROPERTY DESCRIPTION:<br><b>COMPACT DISK</b>        |        | <br><b>* I 1 8 8 0 1 9 3 *</b> |      |
| VALUE:  | QUANTITY:<br><b>1</b> | MAKE / MANUFACTURER:                                | MODEL: |   |      |
| CALIBER:  | SERIAL NUMBER:        | PROPERTY TYPE:<br><b>1302 - Compact Disc Player</b> |        |   |      |
| PROPERTY STATUS:<br><b>ES - Evidence (Seized)</b> |                       | SEARCH WARRANT:                                     |        |   |      |
| PROPERTY DISPOSITION:<br><b>Stored</b>            |                       | DATE/TIME RECVRD / SEIZED:<br><b>4/13/2017</b>      |        | CSI   | PFIN |
| DRUG TYPE:  |                       | DRUG QUANTITY:                                      |        | DRUG MEASURE:   |      |
| NOTES:  |                       |   |        |   |      |

|   |                       |  |        |   |      |
|---|-----------------------|--|--------|---|------|
| FIN<br><b>1.2</b>                                 | OA Item/TAG #         | PROPERTY DESCRIPTION:<br><b>VIDEO EVIDENCE</b>   |        | <br><b>* I 1 8 8 0 1 9 4 *</b> |      |
| VALUE:  | QUANTITY:<br><b>1</b> | MAKE / MANUFACTURER:   | MODEL: |   |      |
| CALIBER:  | SERIAL NUMBER:        | PROPERTY TYPE:<br><b>1306 - Recording - non Interview - Music/Video/Photo CD, DVD, Tape, Film, Digital storage, Negative</b> |        |   |      |
| PROPERTY STATUS:<br><b>ES - Evidence (Seized)</b> |                       | SEARCH WARRANT:  |        |   |      |
| PROPERTY DISPOSITION:<br><b>Stored</b>            |                       | DATE/TIME RECVRD / SEIZED:<br><b>4/13/2017</b>   |        | CSI   | PFIN |
| DRUG TYPE:  |                       | DRUG QUANTITY:   |        | DRUG MEASURE:   |      |
| NOTES:  |                       |  |        |   |      |



# San Diego County Sheriff's Department

## Use of Force Supplemental

|   |                          |  |   |   |
|---|--------------------------|--|---|---|
| UFO DATE AND TIME<br>4/12/2017 14:39  | EVENT NUMBER<br>E4084795 | CASE NUMBER<br>17119245  | DOCUMENT NUMBER<br>10260  | STATION/FACILITY<br>ECCRT - El Cajon Court  |
| INCIDENT DESCRIPTION / OFFENSES<br>Inmate movement  |                          |  |   |   |
| SUBJECT'S NAME (LAST, FIRST, MI)<br>NORIEGA, OSBALDO VERGARA  |                          | DATE OF BIRTH<br>[REDACTED]  | ARRESTED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SUPERVISOR PRESENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| DATE/TIME SUPERVISOR NOTIFIED<br>04/13/2017 13:30   |                          |  |   |   |
| <b>REASON(S) FOR USING FORCE:</b><br><input type="checkbox"/> Necessary to effect an arrest<br><input type="checkbox"/> Necessary to prevent a violent forcible felony<br><input type="checkbox"/> Delaying Jail Operations<br><input type="checkbox"/> Necessary to defend self or another<br><input type="checkbox"/> Necessary to restrain for subject's safety<br><input checked="" type="checkbox"/> Necessary to prevent escape/evasion<br><input type="checkbox"/> Necessary during high-risk incident<br><input type="checkbox"/> Necessary to effect a lawful detention<br><input type="checkbox"/> Necessary during riot  |                          |  |   |   |
| SUBJECT APPEARED TO BE<br><input type="checkbox"/> Under the influence of alcohol and/or drugs <input type="checkbox"/> Mentally impaired   |                          | NUMBER OF OFFICERS ON SCENE<br>3   |   | NUMBER OF OFFICERS USING FORCE<br>1   |
| LEVEL(S) OF RESISTANCE ENCOUNTERED<br><input type="checkbox"/> NONE (subject cooperated/complied)<br><input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist)<br><input type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands)<br><input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance)<br><input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer)<br><input type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault)<br><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: none   |                          |  |   |   |
| <input checked="" type="checkbox"/> Empty Hand Control<br><input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight<br><input type="checkbox"/> Control Hold (Duration: )<br><input type="checkbox"/> Pressure Point (Duration: ) (# of Contacts: )<br><input type="checkbox"/> Strike (Body part used: ) (# of Contacts: )<br><input type="checkbox"/> Takedown Type: _____<br><input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration: )   |                          |  |   |   |
| <input type="checkbox"/> Tool/Device/Weapon<br><input type="checkbox"/> OC Agent (Duration: ) (# of Contacts: )<br><input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Cord Cuff Restraint Device (Duration: )<br><input type="checkbox"/> Impact Weapon (# of Contacts: )<br>Type: _____<br><input type="checkbox"/> Canine (Duration: ) (# of Contacts: )<br><input type="checkbox"/> Vehicle/Forcible Stop<br><input type="checkbox"/> Weapon Pointed at Subject (Duration: )<br>Type: _____<br><input type="checkbox"/> Spit Sock (Duration: )<br><input type="checkbox"/> Pro-Strait Chair<br><input type="checkbox"/> Tactical Shield<br><input type="checkbox"/> WRAP   |                          |  |   |   |
| <input type="checkbox"/> Less-Lethal Weapon System<br><input type="checkbox"/> PepperBall - OC Powder<br><input type="checkbox"/> PepperBall - Water<br><input type="checkbox"/> 37 mm Rifle - Standard<br><input type="checkbox"/> 37 mm Rifle - Low Energy<br><input type="checkbox"/> 40 mm Rifle - Bean Bag<br><input type="checkbox"/> 40 mm Rifle - Sponge<br><input type="checkbox"/> Taser - Probes<br><input type="checkbox"/> Taser - Drive Stuns<br><input type="checkbox"/> Stingball Grenade<br><input type="checkbox"/> Sound/Light device<br><input type="checkbox"/> 12-Gauge Super Sock<br><input type="checkbox"/> Ultron/NOVA Shield<br><input type="checkbox"/> REACT Belt  |                          |  |   |   |
| <input type="checkbox"/> Firearm<br><input type="checkbox"/> Type: _____  |                          |  |   |   |
| <input type="checkbox"/> Other: _____   |                          |  |   |   |
| 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                          | EXTENT OF TREATMENT<br><input type="checkbox"/> None <input checked="" type="checkbox"/> Treated at hospital<br><input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment |   |   |
| OFFICER(S) INJURED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                          | EXTENT OF TREATMENT<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital<br><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:  |                          |  |   |   |
| SERGEANT  |                          | ARJIS  | DATE  |   |
| LIEUTENANT  |                          | ARJIS  | DATE  |   |
| CAPTAIN   |                          | ARJIS  | DATE  |   |
| <br>MARK FIGURE TO INDICATE CONTACT POINT(S)  |                          |  |   |   |



# 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.

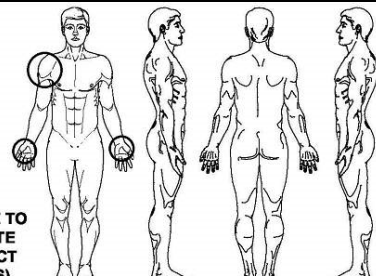
**Lieutenant:** Sign, list ARJIS number and date reviewed.

**Captain:** Sign, list ARJIS number and date reviewed.



# San Diego County Sheriff's Department

## Use of Force Supplemental

|   |                         |  |   |   |
|---|-------------------------|--|---|---|
| UFO DATE AND TIME<br>4/12/2017 14:39  | EVENT NUMBER<br>4087495 | CASE NUMBER<br>17119245  | DOCUMENT NUMBER<br>10170  | STATION/FACILITY<br>ECCRT - El Cajon Court  |
| INCIDENT DESCRIPTION / OFFENSES<br>Inmate Movement  |                         |  |   |   |
| SUBJECT'S NAME (LAST, FIRST, MI)<br>NORIEGA, OSBALDO VERGARA  |                         | DATE OF BIRTH<br>[REDACTED]  | ARRESTED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SUPERVISOR PRESENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| DATE/TIME SUPERVISOR NOTIFIED<br>04/12/2017 15:00   |                         |  |   |   |
| <b>REASON(S) FOR USING FORCE:</b><br><input type="checkbox"/> Necessary to effect an arrest<br><input type="checkbox"/> Necessary to prevent a violent forcible felony<br><input type="checkbox"/> Delaying Jail Operations<br><input type="checkbox"/> Necessary to defend self or another<br><input type="checkbox"/> Necessary to restrain for subject's safety<br><input checked="" type="checkbox"/> Necessary to prevent escape/evasion<br><input type="checkbox"/> Necessary during high-risk incident<br><input type="checkbox"/> Necessary to effect a lawful detention<br><input type="checkbox"/> Necessary during riot  |                         |  |   |   |
| SUBJECT APPEARED TO BE<br><input type="checkbox"/> Under the influence of alcohol and/or drugs <input checked="" type="checkbox"/> Mentally impaired  |                         | NUMBER OF OFFICERS ON SCENE<br>3   |   | NUMBER OF OFFICERS USING FORCE<br>1   |
| LEVEL(S) OF RESISTANCE ENCOUNTERED<br><input type="checkbox"/> NONE (subject cooperated/complied)<br><input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist)<br><input type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands)<br><input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance)<br><input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer)<br><input type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault)<br><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"/> <b>Verbal Commands:</b> Yes, "Get Back, get down"   |                         |  |   |   |
| <input checked="" type="checkbox"/> <b>Empty Hand Control</b><br><input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight<br><input type="checkbox"/> Control Hold (Duration: )<br><input type="checkbox"/> Pressure Point (Duration: ) (# of Contacts: )<br><input type="checkbox"/> Strike (Body part used: ) (# of Contacts: )<br><input type="checkbox"/> Takedown Type: _____<br><input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration: )  |                         |  |   |   |
| <input type="checkbox"/> <b>Tool/Device/Weapon</b><br><input type="checkbox"/> OC Agent (Duration: ) (# of Contacts: )<br><input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Cord Cuff Restraint Device (Duration: )<br><input type="checkbox"/> Impact Weapon (# of Contacts: )<br>Type: _____<br><input type="checkbox"/> Canine (Duration: ) (# of Contacts: )<br><input type="checkbox"/> Vehicle/Forcible Stop<br><input type="checkbox"/> Weapon Pointed at Subject (Duration: )<br>Type: _____<br><input type="checkbox"/> Spit Sock (Duration: )<br><input type="checkbox"/> Pro-Strait Chair<br><input type="checkbox"/> Tactical Shield<br><input type="checkbox"/> WRAP  |                         |  |   |   |
| <input type="checkbox"/> <b>Less-Lethal Weapon System</b><br><input type="checkbox"/> PepperBall - OC Powder<br><input type="checkbox"/> PepperBall - Water<br><input type="checkbox"/> 37 mm Rifle - Standard<br><input type="checkbox"/> 37 mm Rifle - Low Energy<br><input type="checkbox"/> 40 mm Rifle - Bean Bag<br><input type="checkbox"/> 40 mm Rifle - Sponge<br><input type="checkbox"/> Taser - Probes<br><input type="checkbox"/> Taser - Drive Stuns<br><input type="checkbox"/> Stingball Grenade<br><input type="checkbox"/> Sound/Light device<br><input type="checkbox"/> 12-Gauge Super Sock<br><input type="checkbox"/> Ultron/NOVA Shield<br><input type="checkbox"/> REACT Belt   |                         |  |   |   |
| <input type="checkbox"/> <b>Firearm</b><br><input type="checkbox"/> Type: _____   |                         |  |   |   |
| <input type="checkbox"/> <b>Other:</b> _____  |                         |  |   |   |
| 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                         | EXTENT OF TREATMENT<br><input type="checkbox"/> None <input checked="" type="checkbox"/> Treated at hospital<br><input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment |   |   |
| OFFICER(S) INJURED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                         | EXTENT OF TREATMENT<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital<br><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:  |                         |  |   |   |
| SERGEANT  |                         | ARJIS  | DATE  |   |
| LIEUTENANT  |                         | ARJIS  | DATE  |   |
| CAPTAIN   |                         | ARJIS  | DATE  |   |
| <br>MARK FIGURE TO INDICATE CONTACT POINT(S)   |                         |  |   |   |



# 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.





# San Diego County Sheriff's Department

## Use of Force Supplemental

|   |                          |  |   |   |
|---|--------------------------|--|---|---|
| UFO DATE AND TIME<br>4/12/2017 14:39  | EVENT NUMBER<br>E4084795 | CASE NUMBER<br>17119245  | DOCUMENT NUMBER<br>10180  | STATION/FACILITY<br>ECCRT - El Cajon Court  |
| INCIDENT DESCRIPTION / OFFENSES<br>Inmate Movement  |                          |  |   |   |
| SUBJECT'S NAME (LAST, FIRST, MI)<br>NORIEGA, OSBALDO VERGARA  |                          | DATE OF BIRTH<br>[REDACTED]  | ARRESTED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SUPERVISOR PRESENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| DATE/TIME SUPERVISOR NOTIFIED<br>04/16/2017 15:00   |                          |  |   |   |
| <b>REASON(S) FOR USING FORCE:</b><br><input type="checkbox"/> Necessary to effect an arrest<br><input type="checkbox"/> Necessary to prevent a violent forcible felony<br><input type="checkbox"/> Delaying Jail Operations<br><input checked="" type="checkbox"/> Necessary to defend self or another<br><input checked="" type="checkbox"/> Necessary to restrain for subject's safety<br><input checked="" type="checkbox"/> Necessary to prevent escape/evasion<br><input type="checkbox"/> Necessary during high-risk incident<br><input type="checkbox"/> Necessary to effect a lawful detention<br><input type="checkbox"/> Necessary during riot  |                          |  |   |   |
| SUBJECT APPEARED TO BE<br><input type="checkbox"/> Under the influence of alcohol and/or drugs <input checked="" type="checkbox"/> Mentally impaired  |                          | NUMBER OF OFFICERS ON SCENE<br>3   |   | NUMBER OF OFFICERS USING FORCE<br>1   |
| LEVEL(S) OF RESISTANCE ENCOUNTERED<br><input type="checkbox"/> NONE (subject cooperated/complied)<br><input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist)<br><input type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands)<br><input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance)<br><input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer)<br><input type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault)<br><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)<br><input checked="" type="checkbox"/> Verbal Commands: Get back, get on your stomach, give me your hand<br><input checked="" type="checkbox"/> Empty Hand Control<br><input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight<br><input checked="" type="checkbox"/> Control Hold (Duration: 5 seconds)<br><input type="checkbox"/> Pressure Point (Duration: ) (# of Contacts: )<br><input type="checkbox"/> Strike (Body part used: ) (# of Contacts: )<br><input type="checkbox"/> Takedown Type: _____<br><input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration: )<br><input type="checkbox"/> Tool/Device/Weapon<br><input type="checkbox"/> OC Agent (Duration: ) (# of Contacts: )<br><input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Cord Cuff Restraint Device (Duration: )<br><input type="checkbox"/> Impact Weapon (# of Contacts: )<br>Type: _____<br><input type="checkbox"/> Canine (Duration: ) (# of Contacts: )<br><input type="checkbox"/> Vehicle/Forcible Stop<br><input type="checkbox"/> Weapon Pointed at Subject (Duration: )<br>Type: _____<br><input type="checkbox"/> Spit Sock (Duration: )<br><input type="checkbox"/> Pro-Straint Chair<br><input type="checkbox"/> Tactical Shield<br><input type="checkbox"/> WRAP<br><input type="checkbox"/> Less-Lethal Weapon System<br><input type="checkbox"/> PepperBall - OC Powder<br><input type="checkbox"/> PepperBall - Water<br><input type="checkbox"/> 37 mm Rifle - Standard<br><input type="checkbox"/> 37 mm Rifle - Low Energy<br><input type="checkbox"/> 40 mm Rifle - Bean Bag<br><input type="checkbox"/> 40 mm Rifle - Sponge<br><input type="checkbox"/> Taser - Probes<br><input type="checkbox"/> Taser - Drive Stuns<br><input type="checkbox"/> Stingball Grenade<br><input type="checkbox"/> Sound/Light device<br><input type="checkbox"/> 12-Gauge Super Sock<br><input type="checkbox"/> Ultron/NOVA Shield<br><input type="checkbox"/> REACT Belt<br><input type="checkbox"/> Firearm<br><input type="checkbox"/> Type: _____<br><input type="checkbox"/> Other: _____ |                          |  |   |   |
| 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                          | EXTENT OF TREATMENT<br><input type="checkbox"/> None <input checked="" type="checkbox"/> Treated at hospital<br><input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment |   |   |
| OFFICER(S) INJURED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                          | EXTENT OF TREATMENT<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital<br><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:  |                          |  |   |   |
| SERGEANT  |                          | ARJIS  |   | DATE  |
| LIEUTENANT  |                          | ARJIS  |   | DATE  |
| CAPTAIN   |                          | ARJIS  |   | DATE  |
|   |                          |  |   |   |





# San Diego County Sheriff's Department

## Use of Force Supplemental

### Use of Force Supplemental Instructions

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**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.

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**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.

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**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.

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**Lieutenant:** Sign, list ARJIS number and date reviewed.

**Captain:** Sign, list ARJIS number and date reviewed.





