

INCIDENT REPORT		COMMONWEALTH OF VIRGINIA	
1-PAGE # 1	2-ORI NUMBER VA0180000		
3-INCIDENT NUMBER 2406-14245		13-SOLVABILITY FACTORS: <input type="checkbox"/> (1) Suspect Named <input type="checkbox"/> (4) Unique M.O. <input type="checkbox"/> (2) Witness to Crime <input type="checkbox"/> (5) Suspect Identified <input type="checkbox"/> (3) Property Traceable <input type="checkbox"/> (6) Susp. Vehicle Identified <input type="checkbox"/> (7) Significant Evidence	
4-DATE(S) OF INCIDENT 06/16/2024		5-R	8-DAY(S) OF INCIDENT Sunday
7-TIME(S) OF INCIDENT 13:17		16-EXCEPT. CLEAR. DATE	
9-DISPATCHER D150 - Dalton, Hannah Ann		10-TIME RECEIVED 13:18	11-TIME ARRIVED 13:37
		12-REPORTING AREA	
		17-TEMP.: <input type="checkbox"/> (1) Clear <input type="checkbox"/> (2) Cloudy <input type="checkbox"/> (3) Rain <input type="checkbox"/> (4) Snow <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unk.	
19-OFFENSE # 1		20-UCR CODE 90Z	21-OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed
		22-OFFENDER USED: <input type="checkbox"/> (N) Not Applicable <input checked="" type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input checked="" type="checkbox"/> (D) Drugs	
		23-Burglary (220) Location 14&19: # PREMISES ENTERED?	
		24-FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25-OFFENSE NAME All Other Offenses		26-ADDRESS OF OFFENSE 2420 PAULS CREEK RD, INT, CANA, VA	
27-DIRECTION OF TRAVEL: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> UNK		18-WEATHER (Max. 1)	
28-LOCATION CODE (Enter 1)		29-WEAPON FORCE (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)	
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input checked="" type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Penitentiary <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School/College <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store (TV,Fur, etc.) <input type="checkbox"/> (25) Other/Unknown		<input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other _____ <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None	
30-TYPE CRIMINAL ACTIVITY: (Max. 3)		32-ENTRY/EXIT: (Max. 2 entry, 2 exit)	
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming <input type="checkbox"/> (A) Alarm/Audio <input type="checkbox"/> (B) Alarm/Silent <input type="checkbox"/> (C) Bars/Grate <input type="checkbox"/> (D) Camera <input type="checkbox"/> (E) Dog <input type="checkbox"/> (F) Dead Bolt <input type="checkbox"/> (G) Locked <input type="checkbox"/> (H) Unlocked <input type="checkbox"/> (I) Ext. Lights <input type="checkbox"/> (J) Int. Lights <input type="checkbox"/> (K) Fence <input type="checkbox"/> (L) Guard <input type="checkbox"/> (M) Neighborhd. Watch <input type="checkbox"/> (N) Other _____ <input type="checkbox"/> (O) None _____		En Ex En Ex <input type="checkbox"/> (01) Front <input type="checkbox"/> (10) Attached Garage <input type="checkbox"/> (02) Rear <input type="checkbox"/> (11) Wall <input type="checkbox"/> (03) Side <input type="checkbox"/> (12) Vehicle <input type="checkbox"/> (04) Attic <input type="checkbox"/> (13) Floor <input type="checkbox"/> (05) Vent/A/C <input type="checkbox"/> (14) Roof/Skylight <input type="checkbox"/> (06) Window <input type="checkbox"/> (15) Hidden Within <input type="checkbox"/> (07) Door <input type="checkbox"/> (16) Other _____ <input type="checkbox"/> (08) Patio/Sliding Dr. <input type="checkbox"/> (17) Unknown <input type="checkbox"/> (09) Balcony/Fire Escape	
33-HOW LEFT SCENE: (enter 1)		34-WHICH OFFENDERS ARE RELATED TO THIS OFFENSE?: (mark offender #s):	
<input type="checkbox"/> (1) Auto <input type="checkbox"/> (2) Truck <input type="checkbox"/> (3) Van <input type="checkbox"/> (4) Motorcycle <input type="checkbox"/> (5) Bicycle <input type="checkbox"/> (6) Foot <input type="checkbox"/> (7) Moped <input type="checkbox"/> (8) Other _____ <input type="checkbox"/> (9) Unknown		<input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 others: _____	
35-BIAS MOTIVATED CRIME: 88 - None (No Bias)		36-VICTIM #	
37-NAME: Last, First, Middle		38-SOC. SEC. NO.	
39-DATE OF BIRTH		40-RESIDENT ADDRESS: Street City State 41-ZIP	
42-OCCUPATION		43-RESIDENT PHONE	
44-EMPLOYMENT PHONE		45-SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	
46-ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		47-AGE: Exact Age _____ Range ____/____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	
48-RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander		49-RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	
50-VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other <input type="checkbox"/> (L) L. E. Officer		51-VICTIM INJURY: (Max. 5) <input type="checkbox"/> (M) Apparent Minor Injury	
52-THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (U) Unconsciousness		<input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9	
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES		53-RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):	
54-Aggravated Assault/Murder: (max. 2)		#1 #2 #3 #4 #5 #6 #7 #8 #9 #10 VICTIM WAS: <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparent <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysittee (baby) <input type="checkbox"/> (BF) Boyfriend/Girlfriend <input type="checkbox"/> (CG) Child of Boyfriend/Girlfriend <input type="checkbox"/> (HR) Homosexual Relationship <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim was Offender	
54-Negligent Manslaughter: (enter 1)		57-ADDITIONAL JUSTIFIABLE HOMICIDE CIRC: (enter 1)	
<input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Domestic Violence <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings		<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information	
54-Justifiable Homicide: (enter 1)		58-REPORT DATE	
<input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer		59-DAY Sun	
61-REPORTING OFFICER Logan Utt		60-TIME (Military) 13:17	
62-CODE # U162		63-APPROVING SUPERVISOR Jason W. Newman	
64-CODE # N049		65-DATE APPROVED 07/08/2024	

INCIDENT

OFFENSE

VICTIM

ADM

INCIDENT REPORT

COMMONWEALTH OF VIRGINIA

VEHICLE	173-PAGE # 3	174-DATE 06/16/2024	1754-INCIDENT # 2406-14245	176-REPORTING OFFICER Logan Utt		177-CODE # U162	178-VICTIM NAME				
	179-YEAR	180-MAKE	181-MODEL	182-STYLE	183-VIN		184-LICENSE NUMBER	185-STATE			
	186-OWNER'S NAME					187-ADDRESS					
VEHICLE	188-TOP/SOLID COLOR		189-SECOND COLOR		190-DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Rel. To Owner		192-SUSP. VEHICLE? <input type="checkbox"/> Y <input type="checkbox"/> N	193-TELETYPE NUMBER			
	179-YEAR	180-MAKE	181-MODEL	182-STYLE	183-VIN		184-LICENSE NUMBER	185-STATE			
	186-OWNER'S NAME					187-ADDRESS					
VEHICLE	188-TOP/SOLID COLOR		189-SECOND COLOR		190-DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Rel. To Owner		192-SUSP. VEHICLE? <input type="checkbox"/> Y <input type="checkbox"/> N	193-TELETYPE NUMBER			
	209-OF. CODE	210-P. LOSS	211-P. DES.	212-QTY.	213-DESCRIPTION (Include serial number, size, color, etc.)		214-OWNER	215-ITEM VALUE	216-RECOV. DATE		
	217-TOTAL NUMBER VEHICLES STOLEN:		218-TOTAL NUMBER VEHICLES RECOVERED:		219-TOTAL VALUE STOLEN:		220-TOTAL VALUE RECOVERED:				
PROPERTY	210-PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.										
	211-PROPERTY DESCRIPTION:										
	(01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Cloths/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit Cards/Debit Cards (10) Drugs/Narcotics			(11) Drug/Narc. Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment-Construction/Industry (16) Household Goods (17) Jewelry/Precious Metals (18) Livestock (19) Merchandise (20) Money			(21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCRs (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business			(32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property) (99) Special Category	
DRUG INFO.	222-DRUG TYPE	223-WHOLE DRUG QUANTITY	224-FRACTIONAL DRUG QUANTITY	225-DRUG MEASUREMENT		225-TYPE DRUG MEASUREMENT:					
	222-DRUG TYPE:					WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants					
	(A) "Crack" Cocaine		(F) Morphine	(K) Other Hallucinogens		(O) Other Depressants					
(B) Cocaine		(G) Opium	(L) Amphetamines/Methamphetamines		(P) Other Drugs						
(C) Hashish		(H) Other Narcotics	(M) Other Stimulants		(U) Unknown Type Drug						
(D) Heroin		(I) LSD	(N) Barbiturates		(X) Over 3 Drug Types						
(E) Marijuana		(J) PSP									
COMPLT.	NAME: Last, First, Middle				SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: _____ <input type="checkbox"/> (00) Unknown		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		
	RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE		EMPLOYT. PHONE				

CONFIDENTIAL SUPPLEMENT

226-PAGE #	227-DATE	228-INCIDENT NUMBER	229-REPORTING OFFICER	230-CODE #	231-VICTIM NAME	
4	06/16/2024	2406-14245	Logan Utt	U162		
234-SCENE PROCESSED BY:				236-PRINTS FOUND? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	238-EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				237-PHOTOGRAPHED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OBTAINED? <input checked="" type="checkbox"/> No	
239-APPROVING SUPERVISOR			240-CODE #	241-DATE APPROVED		
Jason W. Newman			N049	07/08/2024		
WITNESSES	243-NAME: Last, First, Middle		244-SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	245-AGE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (00) Unknown	246-RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander	
	247-RESIDENT ADDRESS: Street	City	State	248-Zip	249-RESIDENT PHONE	
	243-NAME: Last, First, Middle		244-SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	245-AGE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (00) Unknown	246-RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander	
	247-RESIDENT ADDRESS: Street	City	State	248-Zip	249-RESIDENT PHONE	250-EMPL. PHONE
NARRATIVE:						
Caller Statement: GUY WALKING AROUND THE AREA OF HIS HOUSE						
WHITE AND BLUE SHIRT JEANS WHITE MALE 150 LATE 40S						
SCREAMING AND BARKING AT HIS DOG						
D150 - 2024-06-16 13:17:40						
911 TRANSFER						
D150 - 2024-06-16 13:46:17						
CANNOT GET HOLD OF 121. RADIO OR PHONE, BOTH UNITS ARE IN ROUTE TO HIS LOCATION.						
D150 - 2024-06-16 13:48:23						
ONE SUBJECT 10-95 AFTER A 10-10						
D150 - 2024-06-16 13:48:36						
121 STATED HE IS 10-4						
D150 - 2024-06-16 13:50:13						
PAULS CREEK AND LOOP DR						
D150 - 2024-06-16 13:50:26						
EMS IN ROUTE						
D150 - 2024-06-16 14:05:11						
T64532715						
CAGLE,JOHNATHN LEE						
D150 - 2024-06-16 14:11:06						
ASKING FOR EMERGENCY TRAFFIC						
D150 - 2024-06-16 14:11:47						
NARCAN HAS BEEN ADMIN						
D150 - 2024-06-16 14:12:49						
CPR IN PROGRESS						
D150 - 2024-06-16 14:13:05						
EMS 5 MIN						
D150 - 2024-06-16 14:27:38						
NEEDING ON CALL INV						
D150 - 2024-06-16 14:29:37						
140 WAS CONTACTED AND WAS SENT THE NUMBERS						
D150 - 2024-06-16 14:30:13						
PULSES WAS RESTORED						
On 6/16/2024 I, Deputy Utt, was dispatched to the area of Loop Drive in the Cana community for a						

CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

226-PAGE #	227-DATE	228-INCIDENT NUMBER	229-REPORTING OFFICER	230-CODE #	231-VICTIM NAME
5	06/16/2024	2406-14245	Logan Utt	U162	
NARRATIVE:					
suspicious male walking around the area barking at the caller's dog and screaming.					
Initial dispatch information advised the individual was a white male wearing a white/blue shirt with jeans.					
Upon my arrival I spoke with two different residents of loop drive while attempting to locate the subject. One of the residents identified the male subject as Johnathan Cagle and pointed me towards a long driveway. As I was making my way down the long driveway, I observed a fresh beer can sitting in the right of way. At this point I could hear audible screaming coming from the direction of the residence. Upon my arrival at the residence, I located a male matching the given description lying in the driveway, flailing his body erratically yelling repeatedly, "Y'all hate me, but not the children, Y'all hate me, but not the children."					
At this point, I notified dispatch I had located the subject before I approached him. When I approached Mr. Cagle, he paused his chant and began shaking violently while staring at me for a couple of moments and then returned to his original chant. I attempted to speak with Mr. Cagle repeatedly, pleading with him to go with me so we could get him some help, but Mr. Cagle did not comprehend my commands, and continued to have erratic behavior. Three other individuals came outside of Mr. Cagle's residence to assist. The individuals were later identified as Ray Cagle, Regina Willard, and Jessie Hawks.					
They explained to me that he had been like this for an extended period and that he needed help. When asked what he might have taken Mr. Hawks advised that Cagle was "drunk". When asked what could have led to the pinpoint pupils, he advised "it could possibly be meth".					
At this point I attempted to take Cagle into custody, but I was met with extreme resistance. I assisted him up to his feet and attempted to get his hands behind his back, Mr. Cagle began to actively resist, and would not comply with any commands. Mr. Cagle started acting aggressive towards me with his body and we lost balance. This resulted in myself, and Mr. Cagle, falling to the ground. Mr. Cagle placed himself prone on the ground, with his hands hidden under himself, attempting to kick me. At this point, I was unable to gain control of his arms/hands. Due to not knowing what he was reaching for I began closed fist strikes to his torso as a distraction technique. I was then able to get one hand behind his back and into a handcuff. After applying a pressure hold technique to the arm, I gained control of one arm, but was still unsuccessful in gaining control of the second arm. At this point, Mr. Hawks grabbed Mr. Cagle's arm and assisted me with gaining control of his other arm.					
I lifted Cagle to his feet where he continued to throw his body and actively resisted. I was able to get him into the back seat of my car where he continued to scream. At this point I left the house and made my way out to the intersection with Mr. Cagle. I advised dispatch to contact EMS to respond to my location due to minor facial lacerations that were obtained from the incident while attempting to secure Mr. Cagle. He was lying on his right side attempting to kick out the window of my patrol car. As he was doing so, I kept opening the door to check on him approximately every 1 or 2 minutes. Shortly after Deputy Vaughn arrived on scene, he opened the door and took out Mr. Cagle's wallet to look for an ID. Mr. Cagle had resumed his original chanting at this time. Deputy Vaughn drove back down the driveway to the cagle household to get statements. after another 2 minutes I opened the door to check on cagle again and immediatly recognized that cagle was having a medical emergency because he was unresponsive, had maneuvered					

