

INCIDENT	1-PAGE # 1	2-ORI NUMBER VA0180000	INCIDENT REPORT COMMONWEALTH OF VIRGINIA			14-INTERNAL INCIDENT STATUS: <input type="checkbox"/> (1) Unfounded <input type="checkbox"/> (2) Cleared by Arrest <input type="checkbox"/> (3) Pending <input checked="" type="checkbox"/> (4) Inactive	15-EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death Of Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Declined <input type="checkbox"/> (D) Refused To Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input type="checkbox"/> (N) Not Applicable									
	3-INCIDENT NUMBER 2406-14245		13-SOLVABILITY FACTORS: <input type="checkbox"/> (1) Suspect Named <input type="checkbox"/> (2) Witness to Crime <input type="checkbox"/> (3) Property Traceable			<input type="checkbox"/> (4) Unique M.O. <input type="checkbox"/> (5) Suspect Identified <input type="checkbox"/> (6) Susp. Vehicle Identified <input type="checkbox"/> (7) Significant Evidence	16-EXCEPT. CLEAR. DATE									
	4-DATE(S) OF INCIDENT 06/16/2024		5-R	8-DAY(S) OF INCIDENT Sunday			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.									
	7-TIME(S) OF INCIDENT 13:17		9-DISPATCHER D150 - Dalton, Hannah Ann		10-TIME RECEIVED 13:18	11-TIME ARRIVED 13:37	12-REPORTING AREA									
OFFENSE	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.								
	28-LOCATION CODE (Enter 1) <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				29-WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (99) None							
	30-TYPE CRIMINAL ACTIVITY: (Max. 3) <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				31-TYPE SECURITY: (Max. 2) <input type="checkbox"/> (A) Alarm/Audio <input type="checkbox"/> (I) Ext. Lights <input type="checkbox"/> (B) Alarm/Silent <input type="checkbox"/> (J) Int. Lights <input type="checkbox"/> (C) Bars/Grate <input type="checkbox"/> (K) Fence <input type="checkbox"/> (D) Camera <input type="checkbox"/> (L) Guard <input type="checkbox"/> (E) Dog <input type="checkbox"/> (M) Neighborhd. Watch <input type="checkbox"/> (F) Dead Bolt <input type="checkbox"/> (N) Other <input type="checkbox"/> (G) Locked <input type="checkbox"/> (O) None <input type="checkbox"/> (H) Unlocked				32-ENTRY/EXIT: (Max. 2 entry, 2 exit) 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) <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			
	34-WHICH OFFENDERS ARE RELATED TO THIS OFFENSE?: (mark offender #s): <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		53-RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number): #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) Babysitter (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) 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									
	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"/> (V) 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"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration				<input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness		52-THIS VICTIM RELATED TO WHICH OFFENSES? <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 54-Aggravated Assault/Murder: (max. 2) <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				54-Negligent Manslaughter: (enter 1) <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		57-ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <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										
ADM	58-REPORT DATE 06/16/2024	59-DAY Sun	60-TIME (Military) 13:17	61-REPORTING OFFICER Logan Utt		62-CODE # U162	63-APPROVING SUPERVISOR Jason W. Newman		64-CODE # N049	65-DATE APPROVED 07/08/2024						

COMMONWEALTH OF VIRGINIA

[illegible]

COMMONWEALTH OF VIRGINIA

VEHICLE AD	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							
PROPERTY	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 CODES	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:															
	<div><div>(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</div><div>(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</div><div>(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</div><div>(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</div></div>															
DRUG INFO.	222-DRUG TYPE		223-WHOLE DRUG QUANTITY		224-FRACTIONAL DRUG QUANTITY		225-DRUG MEASUREMENT		225-TYPE DRUG MEASUREMENT:							
									WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound							
									CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon							
COMPLT.	222-DRUG TYPE:															
	<div><div>(A) "Crack" Cocaine (B) Cocaine (C) Hashish (D) Heroin (E) Marijuana</div><div>(F) Morphine (G) Opium (H) Other Narcotics (I) LSD (J) PSP</div><div>(K) Other Hallucinogens (L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbiturates</div><div>(O) Other Depressants (P) Other Drugs (U) Unknown Type Drug (X) Over 3 Drug Types</div></div>															
	UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants															
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		EMPLOY'T. PHONE					

CONFIDENTIAL SUPPLEMENT

WITNESSES

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	
				237-PHOTOGRAPHED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
239-APPROVING SUPERVISOR			240-CODE #	241-DATE APPROVED	
Jason W. Newman			N049	07/08/2024	
243-NAME: Last, First, Middle			244-SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	245-AGE: <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
243-NAME: Last, First, Middle			244-SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	245-AGE: <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					

CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

226-PAGE #	227-DATE	228-INCIDENT NUMBER	229-REPORTING OFFICER	230-CODE #	231-VICTIM NAME
6	06/16/2024	2406-14245	Logan Utt	U162	
NARRATIVE:					
down into the floorboard and had turned purple. I contacted Vaughn and Lieutenant Walls to					
update them on the situation. Lieutenant Walls advised me he was approximately 2 minutes away. I					
advised Walls to step it up and advised dispatch that I needed rescue emergency traffic to my					
location.					
At this time, I removed Cagle from the vehicle and removed the handcuffs. After not being able					
to find a pulse, I began CPR. At this point, Lieutenant Walls arrived on scene to assist. Three					
doses of nasal Narcan were administered while performing CPR. Emergency medical aid continued					
(including CPR) until EMS personnel arrived on scene. A few moments after EMS arrived, they					
stated that pulses were present, and they would be flying cagle to the hospital. after assisting					
the rescue crew with loading the patient into the ambulance, myself, and Chad Crotts, who is a					
family member of cagle, went back to the cagle household to retrieve statements from the					
individuals who had witnessed the arrest.					
Mr. Hawks was reluctant to give his statement and was visibly under the influence and actively					
drinking but decided he would if Chad would write it down for him. After obtaining statements I					
left the residence and made my way to the landing zone at St. Paul School where I assisted with					
loading Cagle into the helicopter before his flight.					
On 6/16/24 Deputy Utt was dispatched to a call of suspicious person barking and screaming. I					
Deputy K Vaughan started his way from Hillsville. I heard Deputy Utt say he had made contact					
with the individual laying in the gravel kicking and screaming . After a minute or so I radioed					
Deputy Utt and asked if he was 10-4. He didn't answer. I could hear the radio clicking and					
figured he was going hands on with the Individual. I immediately started running code to get to					
his location. Then Deputy Utt radioed and said he had a male 10-95 in custody and he had to go					
10-10 with him to restrain him in cuffs. Deputy Utt radioed for EMS to come to his location to					
look at some abrasions on the the face of the 10-95 . Deputy Utt said we could back it down					
everything was 10-4. When I arrived I could hear and see the whole patrol car shaking from were					
the drivers side passenger door was been kicked. I got out and asked if the individual had been					
identified yet. Deputy Utt said he was unable to do so. The male was in patrol car laying on his					
right side kicking with both feet. I noticed his wallet was in his left pocket. I opened rear					
passenger door and got his wallet. At this time he was still kicking the door yelling my					
children hate me , they love me!!He was identified as Jonathan Cagle. Deputy Utt asked if I					
could get a statement from family about what happened per Lt. Walls for the use of force. So I					
went to the end of Loop Dr and got a statement from Regina Willard on what had occurred. I was					
gone for around 10 to 15 minutes. When I arrived back , EMS was performing Cpr.					

CONTINUATION PAGE

173-PAGE # 7	174-DATE 06/16/2024	1754-INCIDENT # 2406-14245	176-REPORTING OFFICER Logan Utt	177-CODE # U162	178-VICTIM NAME
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Others Involved

NAME: Last, First, Middle CHANCE				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 0 LOOP DR, CANA				RESIDENT PHONE	EMPLOY'T. PHONE	