

Suspect 1	92. (Last, First, Middle Name) YNZUNZA, RYAN	94. SSN and/or Driver's License Nbr. Unknown					95. Phone Number (615) 862-7044
93. Address of Suspect 601 KOREAN VETERNS BLVD, NASHVILLE, TN 37293							
7. Sex MALE	98. Race WHITE	99. Ethnicity HISPANIC or LATINO	100. D.O.B. [REDACTED]	101. Age 36 Years	104. Height 5 feet 07 inches	105. Weight 150 lbs	
106. Hair BLACK			107. Eyes BROWN				
108. Scars and Other Identifiers			109. Clothing				
102. Suspected of Using N/A			103. Status (Enter up to 2) AT LARGE				
96. Weapon/Tool (Enter up to 3) HANDGUN SEMI-AUTOMATIC							
110. Vehicle Used None							
Year	Make	Model	Body	Color	License Plate Number	State Year	
Suspect 2	92. (Last, First, Middle Name) MAXWELL, GREY L	94. SSN and/or Driver's License Nbr. Unknown					95. Phone Number Unknown
93. Address of Suspect 601 KOREAN VETERNS BLVD, NASHVILLE, TN 37203							
97. Sex MALE	98. Race WHITE	99. Ethnicity UNKNOWN	100. D.O.B. [REDACTED]	101. Age 36 Years	104. Height 6 feet 00 inches	105. Weight 190 lbs	
106. Hair BROWN			107. Eyes BLUE				
108. Scars and Other Identifiers			109. Clothing				
102. Suspected of Using N/A			103. Status (Enter up to 2) AT LARGE				
96. Weapon/Tool (Enter up to 3) HANDGUN SEMI-AUTOMATIC							
110. Vehicle Used None							
Year	Make	Model	Body	Color	License Plate Number	State Year	
Part 4 Other Person N/A							
Part 5 Property N/A							
60. If Offense was arson and Property was structure, was the structure occupied?							
Complete Items 50-58 and 81-84 for Drug/Narcotic Violation							
Drugs N/A							
Part 6 Injury and Transport							
1	85. Injured VICTIM 1 TARNOR, BRADLEY S						
86. Injury Code (Enter up to 5) GUNSHOT							
87. Describe Injury multiple gunshot wounds							
88. Medical Treatment VANDERBILT UNIVERSITY MEDICAL CTR				89. Transported By NFD AMBULANCE			
90. Examining Physician N/A		91. Status NOT APPLICABLE					
Part 7 Search by Officer N/A							
Part 8 Other Units Requested N/A							
3. I.D. Section Called to Scene			Yes for:		Other:		
MED EXAMINER							

Part 9 LEOKA	115. Police Assault Cleared	116. First Weapon Encountered	117. Type of Activity		
118. Officer Assignment	119. LEOKA Incident Type				
Part 10 Narrative	120.				
<p>Officers responded to Greyhound Bus Station on an individual with a weapon. The victim called 911 and stated that he had a gun and was feeling violent. Officers arrived on scene and located the victim in front of the bus station. The victim told officers that he had a gun and was holding a bag with his hand in the bag. He pulled his hand of the bag as if holding a gun. The officers fired upon the victim and struck him several times in the body. The victim was transported to Vanderbilt Hospital where he succumbed to his injuries.</p>					
120.1 Fingerprints Lifted: NO					
121. Body Worn Camera or In-Car Camera Evidence May Exist Related To This Incident: Yes					
122. Report is Continued on: N/A (Check all that apply)					
130. Primary Investigative Unit:		Reporting Agency: METROPOLITAN NASHVILLE POLICE DEPARTMENT			
128. Case Status:	Cleared by Exception:				
124. Reporting Officer (First, MI, Last)		Employee No.	Agency	Radio Call Sign	District
Elizabeth	Rucker		TN0190100	3115	
125. Approving Supervisor		Employee No.	Agency		
126. Data Entry		Employee No.	Agency	Date	
Comments					
Crime Scene Photos					



TENNESSEE BUREAU OF INVESTIGATION



STATEMENT OF USE OF FORCE/CUSTODIAL DEATH

The Tennessee Bureau of investigation has been requested by the District Attorney General to determine the facts of the use of force incident or custodial death you were involved in on

11/7/2025 at approximately 6:00 AM in the vicinity of

Date 709 Location/address Rep John Lewis Way S Nashville, TN Time

This is not an administrative or disciplinary investigation. You are not being compelled to give any statement or answer any questions. Your cooperation is voluntary.

Signature of Interviewee Mary Grey Maxwell

Signature of Special Agent Steve Kennard

Witness: SA J. McGowan

Witness:

Date: 11/13/2025 Time: 11:48 AM

Agent - Retain Original. Send Copy to TBI Case File.

File: Serial:





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[Signature]
Signature of Interviewee

[Signature]
Signature of Special Agent

Witness: [Signature]

Witness: _____

Date: 11/13/25 Time: 10:23 AM

Agent – Retain Original. Send Copy to TBI Case File.

File: _____ Serial: _____

BI-0291 (Rev. 04/23)

SW17

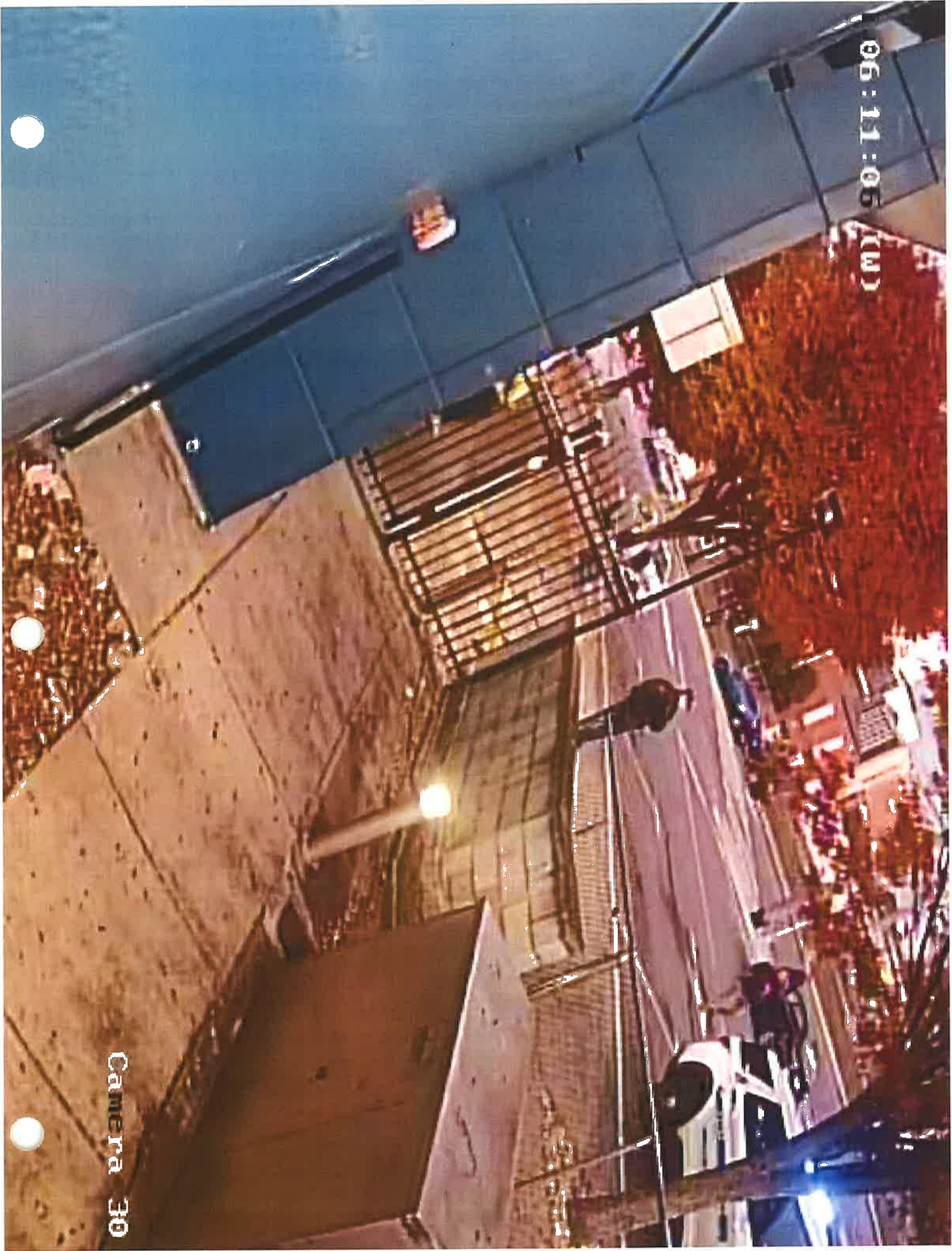


INTERNATIONALLY ACCREDITED SINCE 1994

06:11:06

(M)

Camera 30



Use of Force Report Metropolitan Nashville Police Department MNPDP Form 108 Rev. 01/2022		1. Department Control Number U073923	2. Incident Number 20230381103
INCIDENT INFORMATION			
3. Reason for Contact: <input checked="" type="checkbox"/> Call for Service <input type="checkbox"/> DV Related <input type="checkbox"/> Observed Criminal Activity <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigative Stop <input type="checkbox"/> Other-See Narrative <input type="checkbox"/> Consensual Encounter <input type="checkbox"/> Warrant Service			
4. MNPDP Crisis Intervention Team Responded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. SWAT / SRT Call: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Incident Investigated by Outside Agency: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> TBI <input type="checkbox"/> Other:	7. Date / Time of Incident: 06/29/2023 0933
8. Address of Incident: [REDACTED]			
9. Type of Location: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Street / Roadway <input type="checkbox"/> Business <input type="checkbox"/> Other:		9b. Location of Incident: <input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside <input checked="" type="checkbox"/> Open Area <input type="checkbox"/> Enclosed Area <input type="checkbox"/> Other:	
10. Supervisor Notified: Date / Time: 6-29-23 0935 Hrs. Name & ENO: Sgt. Arnold Rickert [REDACTED]		10a. Did Supervisor Respond to Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10b. Did Supervisor Interview Involved Parties? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10c. Did Supervisor Witness Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMPLOYEE INFORMATION			
11. Employee's Name (Last, First, Middle): Ynzunza, Ryan Christopher		ENO [REDACTED]	Rank POII
12. Race: White	13. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	14. Age: 34	15. Height: 5'7" 16. Weight: 140
17. Employee's Assignment: Bureau: Community Services Precinct / Division: Madison Section: A-Detail			
18. Reason for Use of Force (Check all applicable): <input type="checkbox"/> In Self Defense <input type="checkbox"/> In Defense of Other(s) <input checked="" type="checkbox"/> Resist Arrest <input checked="" type="checkbox"/> Non-Compliance to Commands <input type="checkbox"/> Destruction of Injured Animal <input type="checkbox"/> Other:			
19. Verbalization: <input type="checkbox"/> None <input checked="" type="checkbox"/> Asked <input checked="" type="checkbox"/> Told <input type="checkbox"/> Demanded <input type="checkbox"/> Warned of Pending Force <input type="checkbox"/> Other - See Narrative			
20. Weapon(s) and / or Force Used by Officer (Check all applicable and describe the method of use in the narrative): Weapon Type: <input type="checkbox"/> Firearms (Type): _____ Caliber: _____ Serial No.: _____ Rounds Expended: _____ <input type="checkbox"/> Baton / ASP <input type="checkbox"/> Chemical Spray <input type="checkbox"/> Taser (Complete MNPDP Taser Form #108T) <input type="checkbox"/> Canine <input type="checkbox"/> Tear / CS Gas <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: _____ Physical Force Type: <input type="checkbox"/> Foot / Hand Strikes <input checked="" type="checkbox"/> Takedown Techniques <input checked="" type="checkbox"/> Wrestling / Grappling <input type="checkbox"/> Accidental Discharge <input checked="" type="checkbox"/> Soft Empty-Hand Control - Type: <input checked="" type="checkbox"/> Restraining Hold <input type="checkbox"/> Pain Compliance Technique <input type="checkbox"/> Pressure Point <input checked="" type="checkbox"/> Grabbing to Control <input type="checkbox"/> Soft/Controlled Take Down <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Other - See Narrative Estimated distance between officer and suspect at initial encounter <u>3</u> ft. Estimated distance between officer and suspect at time force was used <u>1</u> ft.			
21. Officer Injuries: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	22. Received Treatment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23. Treatment was result of this incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24. Photographs of Officer Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location filed / stored _____

EMPLOYEE INFORMATION (CONT'D)

25. Employee Attire: <input checked="" type="checkbox"/> Uniform <input type="checkbox"/> Non-Uniform <input type="checkbox"/> Tactical / Raid Apparel	26. Duty Status (If on-duty, move on to #29): <input checked="" type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty <input type="checkbox"/> Extra Duty (through PSO)
27. For SEU or PSO Employment, is MNPD Form #150 on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	28. List Name of Proprietary Security Organization:

SUBJECT INFORMATION

29. Subject's Name (Last, First, Middle): Dayton, Dartanion P.							
30. Subject's Address (Street, City, State & Zip Code): [REDACTED]						31. Phone No.: [REDACTED]	
32. DOB: [REDACTED]	33. Age: 40	34. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	35. Race: Black	36. Ethnicity: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic	37. Height: 5'9"	38. Weight: 260	
39. Was the Subject of this 108 Arrested: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		40. OCA / MNI #: [REDACTED]		41. DL #: [REDACTED]		State: TN	
42. Subject's Level of Resistance (check all applicable). <input type="checkbox"/> No Resistance <input type="checkbox"/> Passive Resistance <input checked="" type="checkbox"/> Active Resistance <input checked="" type="checkbox"/> Attempt to Flee/Escape <input type="checkbox"/> Incited Bystanders <input type="checkbox"/> Assaulted Officer Physically <input type="checkbox"/> Assaulted Officer with Weapon <input type="checkbox"/> Other – See Narrative							
43. Subject Armed With: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cutting Instrument <input type="checkbox"/> Handgun <input type="checkbox"/> Assaulted Officer with Weapon <input type="checkbox"/> Blunt Instrument <input type="checkbox"/> Rock / Bottle <input type="checkbox"/> Vehicle <input type="checkbox"/> Other – See Narrative							
44. Subject's Posture: <input type="checkbox"/> Normal <input type="checkbox"/> Hands Obscured <input type="checkbox"/> Shoulder Shift <input type="checkbox"/> Combative / Assaultive <input type="checkbox"/> Target Glance <input type="checkbox"/> Blank Stare <input type="checkbox"/> Fighting Stance <input checked="" type="checkbox"/> Other – See Narrative							
45. Subject's Contributing Factors: <input type="checkbox"/> None <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Illness <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Violent History Known or Reported <input type="checkbox"/> Other:				46. Subject's Demeanor After Use of Force: <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Complaining <input type="checkbox"/> Belligerent <input type="checkbox"/> Aggressive <input type="checkbox"/> Abusive <input type="checkbox"/> Other:			
47. Subject's Injuries (Describe the Specific Type(s) and Body Location of Injuries): Abrasions to knuckles on right hand; <i>Taser exposure</i>				48. Result of Officer's Use of Force: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, were Injuries: <input type="checkbox"/> Previously Occurred <input type="checkbox"/> Self-Inflicted <input type="checkbox"/> Result of Restraints			
49. Type of Medical Treatment: <input type="checkbox"/> MNPD Personnel / ENO _____ <input type="checkbox"/> NFD / EMS <input checked="" type="checkbox"/> Other: Declined		49a. Location of Medical Treatment: <input type="checkbox"/> Incident Location <input type="checkbox"/> Hospital / Medical Facility <input checked="" type="checkbox"/> Other: N/A		49b. Transported for Medical Treatment By: <input type="checkbox"/> MNPD Personnel / ENO _____ <input type="checkbox"/> NFD / EMS <input checked="" type="checkbox"/> Other: N/A			
49c. Any Pre-Existing Medical Conditions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List _____				50. Taser / Chemical Spray Aftercare Form Issued: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

WITNESS INFORMATION

<input type="checkbox"/> N/A <input type="checkbox"/> Other Witnesses Cont. in Narrative Supplement			
51. Witness #1 Name (Last, First, Middle): Steidl, Michelle (If applicable, ENO)			
52. Residence Address (Street, City, State & Zip Code): [REDACTED]			
53. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other:	54. Race: White	55. DOB: -----	56. Phone No.: [REDACTED]

N/A

WITNESS INFORMATION

57. Witness #2 Name (Last, First, Middle):

(If applicable, ENO)

Dayton, Linda O.

N/A

58. Residence Address (Street, City, State & Zip Code):

[Redacted]

59. Sex Male Female
 Other:

60. Race:
Black

61. DOB:

[Redacted]

62. Phone No.:

[Redacted]

63. Audio / Video Available:

None

BWC

ICC

Other (Explain in Narrative)

64. Transporting Officer (If different from above):

Yes

No

Name & ENO: Michelle Steidl

[Redacted]

NARRATIVE

65. Describe the circumstances concerning the incident and continue details of any indicated blocks.

See supplements from involved officers.

SUPERVISORY REVIEW & APPROVAL

SUPERVISOR NAME / TITLE / ENO	DATE / TIME	APPROVAL
Sergeant Arnold Rickert [Redacted]	7-21-23/0856	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
<i>[Signature]</i> [Redacted]	8-3-23 1452	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Captain / Commander <i>[Signature]</i> [Redacted]	8/4/23 1345	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Bureau DCOP <i>[Signature]</i>	8.21.23 0845	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
<i>Disapproval at any stage requires attached statement detailing reasons for disapproval.</i>		DOCUMENTS ATTACHED <input type="checkbox"/>

Supplement Report



Metropolitan Police Department
Nashville, TN

1. Name

Arrestee

Driver No. 1

Victim

2. M.N.P. D. Incident No.

Dayton, Dartanion

20230381103

3. Arrest No.

N/A

4. Offense and Classification / Charge

Changed

Yes
 See Narrative

5. Page No.

1 of 1

230016639

Use of Force

6. Kind of Report Continued

Incident
 Missing Person
 Arrest
 Follow-up or Supplemental

7. Multiple Clear-up

N/A

Yes
 No
(If Yes, List Other Incident No's. and/or Victims in Narrative)

8. Further Police Action and Report Required

Yes
 No

9. Value of Property Recovered

N/A \$

10. Narrative

Record all developments in the case subsequent to the last report. Describe and record value of any property recovered. Clearly show disposition of recovered property and inventory no's. List names and arrest numbers of any persons arrested. Explain any offense / classification change and cite prior offense / classification. For multiple clearance information, list each case by incident number and respective victim(s). Record crime scene protection information.

On June 29th, 2023, I was dispatched to [REDACTED] for a welfare check on Dartanion Dayton. Prior to our arrival, Officer Michelle Steidl informed me that Dartanion Dayton had four (4) outstanding warrants. When we arrived on scene, we observed Mr. Dayton asleep in the driver seat of a blue Nissan Versa.

Officer Steidl was able to rouse Mr. Dayton and informed him he had four (4) outstanding warrants and was under arrest. Officer Steidl then instructed Mr. Dayton to exit the vehicle. I made my way to the passenger side of the vehicle and noticed Mr. Dayton was sitting on a firearm. I related this information to Officer Steidl, who took control of Mr. Dayton's wrists while I retrieved the firearm, which was loaded. I then moved back to the driver side of the vehicle.

There continued to be a back and forth interaction between Officer Steidl and Mr. Dayton about him exiting the vehicle. He suddenly climbed over into the front passenger seat and exited out of the front passenger side door, fleeing on foot. I gave chase for approximately 20 feet when Mr. Dayton slipped and fell, bracing his fall with his right hand. I then attempted to shove Mr. Dayton to the ground to apprehend him, but my attempt failed. As Mr. Dayton continued to run I was able to wrap him in a bear hug from behind, while Officer Steidl drew her Taser and threatened to tase him.

I managed to trip Mr. Dayton with my left leg, causing us to fall forward. Due to the size disparity, he being 250 pounds and I weighing only 140 pounds, he was able to get back up and continue to run from Officer Steidl and I. Somewhere during the falls, Mr. Dayton sustained abrasions on the knuckles of his right hand.

Officer Steidl then warned Mr. Dayton of the impending use of the Taser as Mr. Dayton continued to run away from us. Officer Steidl effectively tased him with one probe entering the back of his left shoulder and one probe entering his left buttocks, causing him to drop on the grass in a nearby yard.

After the Taser stopped the five second cycle, I reached for Mr. Dayton's right arm which was tensed underneath him and commanded him to give me his arm. He complied, allowing me to gain control of his right arm while Officer Steidl gained control of his left arm. I was then able to place Mr. Dayton into handcuffs.

A supervisor was called to the scene. Mr. Dayton refused medical attention. Refer to Officer Steidl's Form 108 and 108T under the same control number (U073923).

11. Body Worn Camera or In-Car Camera Evidence May Exist Related To This Incident:

Yes

None Known At Time of Report

12. Signature of Recipient/Authorizer:

[Signature]

13. Advisory Notice Issued

Domestic Violence Notice
 Citizen Information Notice

N/A
 Other

14. Reporting Officer (Print Name: First, MI, Last) (Date/Time)

Ryan C. Ynzunza

7-14-23/1400

Employee No.

[REDACTED]

Radio Call Sign

722A

18. Case Status

Cleared by Exception (Select One Below)

Open
 Unfounded
 Cleared by Arrest

Death of Offender
 Prosecution Declined
 Extradiction Declined
 Refused to Cooperate
 Juvenile, No Custody

15. Approving Supervisor (Signature)

[Signature]

Employee No.

[REDACTED]

16. Reviewer

Employee No.

17. Date/Time Reproduced

[REDACTED]

