Chicopee POLICE DEPARTMENT USE OF FORCE REPORT FORM											
1) DATE	2) TIME	3) LOCATION							4) CASE#		
5) SUBJECT'S NAME					6) DATE OF BIF	RTH '	7) HEIGHT	8) WEIGHT LBS	9) PHONE NUMBER		
10) REASON THE US	E OF FORCE	WAS NECES	SARY (Check al	ll that apply):				<u> </u>			
TO EFFECT A	☐ TO EFFECT AN ARREST ☐ TO DEFEND SELF ☐ PREVENT ESCAPE										
☐ TO DEFEND ANOTHER OFFICER / PERSON ☐ PROTECTIVE CUSTODY / SUBJECT SAFETY ☐ OTHER:											
☐ TO DISPATCH ANIMAL ☐WARRANT SERVICE											
11) LIST MOST SERI	OUS OFFEN:	SE(S) AT TIME							/ Lei puotoo taksii py		
12) WAS SUBJECT IN	NO		13) WAS REPO YES DESCRIBE INJU	□ NO	ER INJURED?	14) MEDIC	ALTREATMENT	PROVIDED TO/B)	Y: 15) PHOTOS TAKEN BY:		
DESCRIBE INJURIES		: 17) # OFF	CERS PRESEN		JPERVISOR NO	I TIFIED / TIM	E / BY WHOM:				
			•				/	1			
19) AT THE TIME OF ARREST, THE SUBJECT WAS: SUSPECTED TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS MENTALLY IMPAIRED/ EMOTIONALLY DISTURBED											
UNDER THE I					□отні						
20) OFFICER'S PERC	EPTION OF	NDIVIDUAL'S	ACTIONS (USE	ENARRATIVE	TO DESCRIBE	PERCEIVED	THREAT(S) POS	STED BY INDIVIDU	IAL): BEET OF THE ENGLISH A		
PASSIVE RESISTANCE — (Dead weight or non-compliance to Officer's lawful verbal direction, but offering no actively resistive movement)											
ACTIVE OR ESCAPE RESISTANCE — (Actions such as pushing, pulling, evasive arm movement, flalling, flight, muscle tension, etc. to avoid control. Does not include attempts to harm the Officer)											
ASSAULTIVE / HIGH-RISK (Agitated, combative state, physically assaultive actions and /or behavior that poses threat of injury to another (e.g., punching, kicking, clenching of fists, etc.)											
LIFE THREATENING / SERIOUS BODILY INJURY- (Actions that may result in death or serious bodily injury)											
21) OFFICER'S RESP	ONSE OPTIO	DN(S) (PROV	IDE FURTHER I	DETAILS IN A	TTACHED NARR	ATIVE REPO	ORT(S)):		(表现的数据模型) 12年 L		
PRESENCE: FULL UNIFORM PARTIAL UNIFORM PLAINCLOTHES NOTE: Officers not in full uniform, describe means of visual police identification (e.g., raid vest or jacket, displayed badge/ID, etc.)											
VERBAL COMMANDS (Describe details in Narrative Report):											
COMPLIANCE TECHNIQUES (Describe details in Narrative Report): (Force used to gain control - restraint, come along, takedowns - use of hands, arms, feet, legs)											
CHEMICAL SPRAY / CHEMICAL AGENT (Describe details in Narrative Report):											
Number of Bu			of Bursts:		nce from Subject:						
Impact Location	Impact Location: Time between application / decontamination:										
☐ IMPACT WEA	PON/TEMP.	INCAPACITA'	FION (Describe d	letails in Nагта	tive Report);			•			
☐ <u>ELECTRONIC CONTROL DEVICE (Describe details in Narrative Report):</u> ☐ Laser Only ☐ Spark Check ☐ Drive Stun ☐ Probe Deployment Impact Location: Number of Cycles:											
_	· — ·	_	Cartridge Ser	rial #:	Distance fron	Subject					
Taser Unit #: Serial #: Cartridge Serial #: Distance from Subject											
DEADLY FORCE - Firearm or other (Describe details in Narrative Report):											
OTHER: SOME STRAINT METHOD USED: SOME SOME SOME SOME SOME SOME SOME SOME											
23) OFFICERS PRES						T SUPERVI					
25) OTHER WITNESS	(ES) / PERS	ON(S) PRESE	NT AT SCENE:		26) SHIF	T OFFICER	(S):				
77 411010 7101141 5	VIDENOE:	VEC	NO.		28) 2110	FRVISOR(S	WHO RESPON	DED TO SCENE:			
27) AUDIO-VISUAL E	∧ ID€IAČE: .	YES	NO	• "			, TECH ON	I	. · ·		

		POLICE DEPARTMEN	T Case#	
29) WAS SUBJECT(S) INJURED? * YES * (Complete Diagram Below)	□ NO	30) OFFICER(S) TAKING PHO		31) TOTAL # OF PHOTOS
32) DESCRIBE THE EXTENT OF SI	UBJECT'S INJURIES AND PLA	CE ONTHE DIAGRAM: SUBJECT # 1 Name: _		
WAS OFFICER(S) INJURED? *		Complete Diagram Below)		
33) DESCRIBE THE EXTENT	OF OFFICER'S INJURIE	ES AND PLACE ON THE DIAGRAM: OFFI	ICER #1 NAME:	
34) WITNESS(ES) OR PERSON(S) WITH KNOWLEDGE:	ADDRES	SS:		PHONE #:
1)				
3)				
4) 35) Officers Narrative: Did officer prepare a del 1f no, explain:	talled incident report	describing the facts and circumstances	s leading to the us	e of force? YES NO
·	SI	UPERVISORY / COMMAND R	EVIEW	
36) REPORTING SUPERVISOR (Name and ID#)	37)DATE A	ND TIME OF SUPERVISOR RESPONSE	38) LOCATION	
39) OFFICER WHO USED FORCE (Name and ID#)	40) WAS S	UBJECT(S) INJURED?	41) WAS OFFIC	ER(S) INJURED?
42) Supervisor's Narrative: (Document ste	eps taken to review a	YES NO und evaluate Officer's use of force.)		
				A A A A A A A A A A A A A A A A A A A
43) AZV EVIDENCE AVAILABLE Z REVIEWED BY SÜPERVISOR		DENGE AYAILABLE!/ REVIEWED BY OFFI	OER: 45) AZVEM PROF.STAN	
46) Lieutenant Review Narrative: (Confirm prop	per and complete invest	gation was conducted)		
	The state of the s			LANCE WAS ALL THE TRANSPORT OF THE TRANS
- Addition and				
- All				
		DV DEVERAL (DE-L / Class / Calaba	DDOE STAN	DARDS REVIEW (Print / Sign / Date);
OFFICER REVIEW (Print / Sign / Date):	ISUPERVISOR	Y REVIEW (Print / Sign / Date):	JEKUE. STAN	DANDO REVIEW (FILL / Olgii / Date).