

#### Ohio Attorney General's Office Bureau of Criminal Investigation Investigative Report



2025-2243

Officer Involved Critical Incident – 3013 Mohawk Street, Middletown, Ohio 45044 (L)

Investigative Activity:	Records I	Received.	Review of	Records

Involves: (S),

**Date of Activity:** 07/25/2025

Activity Location: Bureau of Criminal Investigation Main Office - Business - 1560

State Route 56 SW, London, OH 43140

Author: SA Steven Seitzman

#### Narrative:

On July 25, 2025, Ohio Bureau of Criminal Investigation Special Agent Steven Seitzman received prior use of force records involving Middletown Police and from Deputy Chief Ryan Morgan. SA Seitzman reviewed the records and noted the following:

has been involved in two prior use of force incidents. Both were deemed to have been in compliance with the policy of the Middletown Police Department.

has been involved in 16 prior use of force incidents. All were deemed to have been in compliance with the policy of the Middletown Police Department.

The prior use of force records are attached to this investigative report.

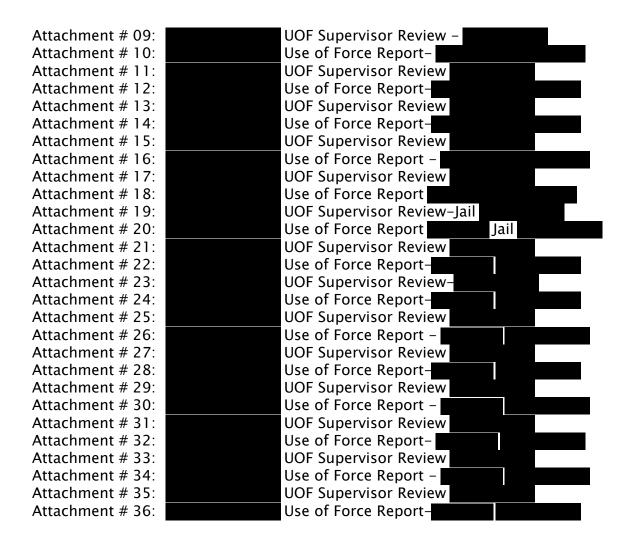
#### References:

No references.

#### Attachments:

Attachment # 01:	UOF Supervisor Review
Attachment # 02:	Use of Force Report-
Attachment # 03:	Use of Force-
Attachment # 04:	UOF Supervisor Review
Attachment # 05:	UOF Supervisor Review
Attachment # 06:	Use of Force Report-
Attachment # 07:	UOF Supervisor Review
Attachment # 08:	Use of Force Report-

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Entry #(s):	CCN:	Tim	Time of incident:			
Time you were notified:						
Officer(s) using force:		Sul	bject's name:			
Check all that apply:						
☐ Supervisor was presen	nt during use of f	orce or discharge	☐ Subj	ect was interviewed		
☐ Video of incident was	reviewed		☐ Witr	nesses were interviewed		
Photo(s) of subject we	ere taken					
Summary of subject's state	ment:					
Supervisor's observation of	`subject:					
Was the subject injured?	No 🗌	Yes; visible injury	Ye Ye	es; claimed injury		
Type of injury:						
Did the subject receive med	lical attention? Y	res No If yes	s, where?			
Is there a citizen's complain	nt of police misco	onduct about the us	e of force?			
Yes No If yes, entry	# of complaint:					
At this point in the investig	ation, do you bel	ieve the use of force	e/weapon disc	harge was justified and within policy?		
Yes No If not, expla	in:					
Additional factors and cont	ributing circumst	tances:				
Replaced ammunition, tase	r cartridge? Yes [	☐ No ☐ Ty	pe:	Serial #:		
Reviewing supervisor:		Da	te:			
Division Commander:			Concurrer	nce: Yes  No		

(Separate form to be completed by each officer using force)

Б.,	- CI 11		T' CD .		
Date:	Time of Incident:	,	Time of Report:	C) I	
Officer completing	-		C	CN:	
	g force or witnessing:				
Location of Incide	nt:	DOD	aa		
Subject's Name:		DOB:		N:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged With:			
Level of force use	d (check all that apply)				
Baton I	C9 Unarmed Physical Impact Munitions	Firearm	nd Strike Fo Taser w/ Barb	ot Strike s Taser	ASP Contact
For weapons disch	arge, select from the follow	ing:			
How many shots: Ammunition:	How many accordance Taser Cartridge		Weapon used: Serial # of weap	pon:	
	ted or injured? Yes No medical attention? Yes	If yes, describ No If yes, where			
Describe events le	eading up to the use of forc	e and force used in	detail. Use add	itional sheets	as necessary.
Officer:			Badge #		
On Duty Superviso	or:		UOF Entry #		

(Separate form to be completed by each officer using force)

	(Separate form to be	completed by each	romeer asing ro	100)	
Date:	Time of Incident:	_	Time of Report:		
Officer completing report	rt:		C	CCN:	
Other officers using force	e or witnessing:				
Location of Incident:					
Subject's Name:		DOB:	SS	SN:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged With:			
Level of force used (che	eck all that apply)				
Chemical K9 Baton Impact For weapons discharge,	Unarmed Physical t Munitions select from the followir	Firearm	and Strike Fo Taser w/ Barb	oot Strike os Tas	ASP ser Contact
How many shots: Ammunition:	How many account Taser Cartridge #		Weapon used: Serial # of wea	pon:	
Was officer assaulted or Did officer receive medie	•	If yes, descri Io If yes, wher			
Describe events leading	g up to the use of force	and force used i	n detail. Use add	litional shee	ets as necessary.
Officer:			Badge #		
On Duty Supervisor:			UOF Entry #		

Entry #(s):	CCN:	Т	ime of inci	dent:		
Time you were notified:						
Officer(s) using force:			Subject's n	ame:		
Check all that apply:						
☐ Supervisor was preso	ent during use of	force or discharg	ge [	Subject was int	erviewed	
☐ Video of incident wa	as reviewed			Witnesses were	interviewed	
Photo(s) of subject v	vere taken					
Summary of subject's state	ement:					
Supervisor's observation o	of subject:					
Was the subject injured?	No 🗌	Yes; visible inj	jury 🗌	Yes; claimed	injury 🔲	
Type of injury:						
Did the subject receive me	edical attention?	Yes No If	yes, where	?		
Is there a citizen's compla	int of police misc	conduct about the	e use of for	ce?		
Yes No If yes, entry	y # of complaint:					
At this point in the investi	gation, do you be	lieve the use of f	force/weapo	on discharge was	justified and with	hin policy?
Yes No If not, expl	ain:					
Additional factors and con	ntributing circums	stances:				
Replaced ammunition, task	er cartridge? Yes	□ No □	Type:	Serial	#:	
Reviewing supervisor:			Date:			
Division Commander:			Cor	ncurrence: Yes	] No 🗌	

Entry #(s):	CCN: Time of incident:				
Time you were notified:					
Officer(s) using force:		Subject	a's name:		
Check all that apply:					
☐ Supervisor was presen	nt during use of force	e or discharge	☐ Subject was interviewed		
☐ Video of incident was	reviewed		☐ Witnesses were interview	wed	
☐ Photo(s) of subject we	ere taken				
Summary of subject's stater	nent:				
Supervisor's observation of	subject:				
Was the subject injured?	No 🗌 Ye	es; visible injury [	Yes; claimed injury	]	
Type of injury:					
Did the subject receive med	ical attention? Yes [	☐ No ☐ If yes, wh	nere?		
Is there a citizen's complain	at of police miscond	uct about the use of	force?		
Yes No If yes, entry	# of complaint:				
At this point in the investiga	ation, do you believe	e the use of force/we	eapon discharge was justified a	and within policy?	
Yes No If not, explai	n:				
Additional factors and contr	ributing circumstanc	es:			
Replaced ammunition, taser	cartridge? Yes 🔲	No Type:	Serial #:		
Reviewing supervisor:		Date:			
Division Commander:			Concurrence: Yes No		

(Separate form to be completed by each officer using force)

Date:	Time of Incident:	,	Time of Report:		
Officer completing			-	CN:	
	ng force or witnessing:		_		
Location of Incid					
Subject's Name:		DOB:	SS	N:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged With:			
Level of force us	ed (check all that apply)	•			
Chemical Baton	K9 Unarmed Physica Impact Munitions	Firearm	nd Strike Fo Taser w/ Barb		ASP Contact
For weapons disc	harge, select from the follow				
How many shots: Ammunition:	How many according to Taser Cartridge		Weapon used: Serial # of weap	oon:	
	elted or injured? Yes No e medical attention? Yes	If yes, describ No If yes, where			
<b>Describe events</b>	leading up to the use of forc	e and force used in	detail. Use add	itional sheets a	as necessary.
Office			Dodge #		
Officer:			Badge #		
On Duty Supervis	sor:		UOF Entry #		

Entry #(s):	CCN:	Tin	ne of incide	nt:
Time you were notified:				
Officer(s) using force:		Su	ubject's nan	ne:
Check all that apply:				
☐ Supervisor was prese	nt during use of for	rce or discharge		Subject was interviewed
☐ Video of incident was	s reviewed			Witnesses were interviewed
Photo(s) of subject w	ere taken			
Summary of subject's state	ment:			
Supervisor's observation of	f subject:			
Was the subject injured?	No 🗌	Yes; visible injur	ту 🗌	Yes; claimed injury
Type of injury:				
Did the subject receive med	dical attention? Yes	s 🗌 No 🔲 If ye	es, where?	
Is there a citizen's complai	nt of police miscon	nduct about the u	se of force	•
Yes No If yes, entry	# of complaint:			
At this point in the investig	gation, do you belie	eve the use of for	rce/weapon	discharge was justified and within policy?
Yes No If not, expla	in:			
Additional factors and cont	ributing circumstar	nces:		
Replaced ammunition, tase	r cartridge? Yes [	] No 🗌 Ty	ype:	Serial #:
Reviewing supervisor:		Da	ate:	
Division Commander:			Conci	nrrence: Yes  No

(Separate form to be completed by each officer using force)

	<b>1</b>	1 ,	2 /	
Date:	Time of Incident:		Time of Report:	<u> </u>
Officer completing	ng report:		CCN:	
Other officers usi	ng force or witnessing:			
Location of Incid	ent:			
Subject's Name:		DOB:	SSN:	
Address:		Race:	Sex: Male Female	Age:
Phone #		Charged With:		
Level of force us	ed (check all that apply)			
Chemical Baton For weapons disc	K9 Unarmed Physica Impact Munitions harge, select from the follow	Firearm	and Strike Foot Strike Taser w/ Barbs	ASP Faser Contact
How many shots: Ammunition:	_	unted for:	Weapon used: Serial # of weapon:	
	lted or injured? Yes No e medical attention? Yes	If yes, descri No If yes, when		
Describe events	leading up to the use of forc	e and force used	in detail. Use additional sl	neets as necessary.
Officer:			Badge #	
On Duty Supervis	sor:		UOF Entry #	

Entry #(s):	CCN:	$\mathbf{T}^{2}$	ime of incide	ent:
Time you were notified:				
Officer(s) using force:			Subject's nai	me:
Check all that apply:				
☐ Supervisor was presen	nt during use of f	force or discharge	е	Subject was interviewed
☐ Video of incident was	reviewed			Witnesses were interviewed
Photo(s) of subject we	ere taken			
Summary of subject's states	ment:			
Supervisor's observation of	subject:			
Was the subject injured?	No 🗌	Yes; visible inju	ury 🔲	Yes; claimed injury
Type of injury:				
Did the subject receive med	lical attention? Y	es No If	yes, where?	
Is there a citizen's complain	nt of police misc	onduct about the	use of force	e?
Yes No If yes, entry	# of complaint:			
At this point in the investig	ation, do you bel	lieve the use of fo	orce/weapon	n discharge was justified and within policy
Yes No If not, expla	in:			
Additional factors and cont	ributing circums	tances:		
Replaced ammunition, tases	cartridge? Yes	□ No □	Туре:	Serial #:
Reviewing supervisor:		J	Date:	
Division Commander:			Conc	currence: Yes  No

(Separate form to be completed by each officer using force)

	<b>\</b>	1 2	$\mathcal{E}$	,	
Date:	Time of Incident:		Time of Report:		
Officer completing	ng report:		C	CN:	
Other officers usi	ing force or witnessing:				
Location of Incid	lent:				
Subject's Name:		DOB:	SS	N:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged With:			
Level of force us	sed (check all that apply)				
Chemical Baton	K9 Unarmed Physica Impact Munitions	ll Force Ha Firearm	and Strike Fo Taser w/ Barb	oot Strike s Tase	ASP er Contact
For weapons disc	charge, select from the follow	ing:			
How many shots Ammunition:	How many according to Taser Cartridge		Weapon used: Serial # of weap	pon:	
	ulted or injured? Yes No ve medical attention? Yes	If yes, descri No If yes, when			
<b>Describe events</b>	leading up to the use of forc	e and force used i	n detail. Use add	litional sheet	ts as necessary.
Officer:			Badge #		
On Duty Supervi	sor:		UOF Entry #		

Entry #(s):	CCN:	Time of incide	ent:	
Time you were notified:				
Officer(s) using force:		Subject's nar	me:	
Check all that apply:				
☐ Supervisor was present	during use of force or o	discharge	Subject was interviewed	
☐ Video of incident was r	reviewed		Witnesses were interviewed	
☐ Photo(s) of subject wer	re taken			
Summary of subject's statem	ient:			
Supervisor's observation of s	subject:			
Was the subject injured?	No Yes; vi	sible injury [	Yes; claimed injury [	
Type of injury:				
Did the subject receive media	cal attention? Yes \[ \] N	o If yes, where?		
Is there a citizen's complaint	of police misconduct a	bout the use of force	?	
Yes No If yes, entry #	of complaint:			
At this point in the investigat	tion, do you believe the	use of force/weapon	discharge was justified and w	ithin policy?
Yes No If not, explain	1:			
Additional factors and contri	buting circumstances:			
Replaced ammunition, taser	cartridge? Yes 🗌 No 🛭	Type:	Serial #:	
Reviewing supervisor:		Date:		
Division Commander:		Cono	urrence: Yes  No	
Division Commander.		Conc	unionee. 1 es 1 10	

(Separate form to be completed by each officer using force)

Date:	Time of In	cident:	Time of Report:	
Officer complet	ing report:		CCN:	
Other officers u	sing force or witnessing	<b>y:</b>		
Location of Inc	dent:			
Subject's Name	:	DOB:	SSN:	
Address:		Race:	Sex: Male Fen	nale Age:
Phone #		Charged Wi	th:	
Level of force u	ised (check all that ap	<u>ply)</u>		
Chemical Baton	Impact Munitions	Physical Force Firearm	Hand Strike Foot St Taser w/ Barbs	rike ASP Taser Contact
-	scharge, select from the	_		
How many shot Ammunition:	s: How mar Taser Car	ny accounted for: rtridge #:	Weapon used: Serial # of weapon:	
	nulted or injured? Yes ive medical attention? Y	•	lescribe: where?	
Describe event	s leading up to the use	of force and force u	sed in detail. Use addition	al sheets as necessarv.
	<b>7</b>			<u> </u>
Officer:			Badge #	
On Duty Superv	visor:		UOF Entry #	

Entry #(s):	CCN:	Time of	incident:		
Time you were notified:					
Officer(s) using force:		Subjec	t's name:		
Check all that apply:					
☐ Supervisor was present	during use of force	or discharge	☐ Subje	ct was interviewed	
☐ Video of incident was r	eviewed		Witne	esses were interview	ed
Photo(s) of subject wer	e taken				
Summary of subject's statem	ent:				
Supervisor's observation of s	subject:				
Was the subject injured?	No 🗌 Ye	s; visible injury [	Yes	; claimed injury [	
Type of injury:					
Did the subject receive media	cal attention? Yes [	☐ No ☐ If yes, wh	nere?		
Is there a citizen's complaint	of police miscondu	act about the use of	force?		
Yes No If yes, entry #	of complaint:				
At this point in the investigat	tion, do you believe	the use of force/w	eapon disch	arge was justified a	nd within policy?
Yes No If not, explain	n:				
Additional factors and contri	buting circumstanc	es:			
Replaced ammunition, taser	cartridge? Yes 🗌 1	No Туре:		Serial #:	
Reviewing supervisor:		Date:			
Division Commander:			Concurrence	ee: Yes 🗌 No 🗌	

(Separate form to be completed by each officer using force)

	` 1	1 ,	C	,	
Date:	Time of Incident:		Time of Report:		
Officer completing	g report:		C	CN:	
Other officers usi	ng force or witnessing:				
Location of Incid	ent:				
Subject's Name:		DOB:	SS	N:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged With:			
Level of force us	ed (check all that apply)				
Chemical Baton	K9 Unarmed Physica Impact Munitions	Firearm	and Strike Fo Taser w/ Barb	ot Strike s Taser	ASP Contact
For weapons disc	harge, select from the follow	ing:			
How many shots: Ammunition:	How many according to Taser Cartridge		Weapon used: Serial # of weap	pon:	
	lted or injured? Yes No e medical attention? Yes	If yes, descri No If yes, when			
<b>Describe events</b>	eading up to the use of forc	e and force used	in detail. Use add	itional sheets	as necessary.
Officer:			Badge #		
On Duty Supervis	sor:		UOF Entry #		

Entry #(s)	CCN: Time of incident:			
Time you were notified:				
Officer(s) using force:		Subject	ct's name:	
Check all that apply:				
☐ Supervisor was prese	ent during use of force	or discharge	☐ Subject was interviewed	
☐ Video of incident wa	as reviewed		☐ Witnesses were interviewed	
Photo(s) of subject v	vere taken			
Summary of subject's stat	ement:			
Supervisor's observation of	of subject:			
Was the subject injured?	No Yes	; visible injury [	Yes; claimed injury	
Type of injury:				
Did the subject receive me	edical attention? Yes	No If yes, wh	where?	
Is there a citizen's compla	int of police misconduc	ct about the use of	f force?	
Yes No If yes, entr	y # of complaint:			
At this point in the investi	gation, do you believe	the use of force/we	veapon discharge was justified and within policy?	
Yes No If not, expl	ain:			
Additional factors and cor	ntributing circumstance	s:		
Replaced ammunition, tas	er cartridge? Yes \[ \] N	o Type:	Serial #:	
Reviewing supervisor:		Date:		
D				
Division Commander:			Concurrence: Yes No	

(Separate form to be completed by each officer using force)

Date:	Time of Inci	dent:	Time of Report:		
Officer completing	ng report:		C	CCN:	
Other officers us	ing force or witnessing:				
Location of Incid	lent:				
Subject's Name:		DOB:	SS	SN:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged Wi	th:		
Level of force us	sed (check all that appl	<u>y)</u>			
Chemical Baton	Impact Munitions	nysical Force Firearm	Hand Strike Fo Taser w/ Barb	oot Strike os Tas	ASP er Contact
How many shots Ammunition:	charge, select from the formula the formula that the select from the select from the formula that the select from the select f	accounted for:	Weapon used: Serial # of wea	pon:	
	alted or injured? Yes we medical attention? Ye		lescribe: where?		
<b>Describe events</b>	leading up to the use o	f force and force u	ısed in detail. Use add	litional shee	ts as necessary.
Officer:			Badge #		
On Duty Supervi	sor:		UOF Entry #		

Entry #(s): CCN:	Time of incident:
Time you were notified:	
Officer(s) using force:	Subject's name:
Check all that apply:	
☐ Supervisor was present during use of force or dis	scharge
☐ Video of incident was reviewed	☐ Witnesses were interviewed
Photo(s) of subject were taken	
Summary of subject's statement:	
Supervisor's observation of subject:	
Was the subject injured? No Yes; visil	ble injury  Yes; claimed injury
Type of injury:	
Did the subject receive medical attention? Yes \subseteq No	☐ If yes, where?
Is there a citizen's complaint of police misconduct about	out the use of force?
Yes No If yes, entry # of complaint:	
At this point in the investigation, do you believe the us	se of force/weapon discharge was justified and within policy?
Yes No If not, explain:	
Additional factors and contributing circumstances:	
Replaced ammunition, taser cartridge? Yes \( \subseteq \text{No } \subseteq \)	Type: Serial #:
Reviewing supervisor:	Date:
Division Commander:	Concurrence: Yes No No

(Separate form to be completed by each officer using force)

	<b>\ 1</b>	1 3	8 /		
Date:	te: Time of Incident:		Time of Report:		
Officer completing	ng report:		CCN:		
Other officers usi	ng force or witnessing:				
Location of Incid	ent:				
Subject's Name:		DOB:	SSN:		
Address:		Race:	Sex: Male Female	Age:	
Phone #		Charged With:			
Level of force us	ed (check all that apply)				
Chemical Baton	K9 Unarmed Physic Impact Munitions	al Force Firearm	Hand Strike Foot Strike Taser w/ Barbs Tase	ASP r Contact	
For weapons disc	harge, select from the follow	ving:			
How many shots: Ammunition:	How many according Taser Cartridge		Weapon used: Serial # of weapon:		
	lted or injured? Yes No re medical attention? Yes	If yes, deso			
		•			
Describe events	leading up to the use of for	ce and force use	d in detail. Use additional sheets	s as necessary.	
Officer:			Badge #		
On Duty Supervis	sor:		UOF Entry #		

Entry #(s):	CCN:	Т	ime of incid	dent:
Time you were notified:				
Officer(s) using force:			Subject's na	ame:
Check all that apply:				
☐ Supervisor was prese	ent during use o	of force or discharg	ge 🗌	Subject was interviewed
☐ Video of incident wa	s reviewed			Witnesses were interviewed
Photo(s) of subject w	ere taken			
Summary of subject's state	ement:			
Supervisor's observation o	of subject:			
Was the subject injured?	No 🗌	Yes; visible inj	jury 🔲	Yes; claimed injury
Type of injury:				
Did the subject receive me	dical attention?	? Yes No If	yes, where?	
Is there a citizen's complain	int of police mi	sconduct about the	e use of force	e?
Yes No If yes, entry	y # of complain	ıt:		
At this point in the investig	gation, do you l	pelieve the use of f	corce/weapo	n discharge was justified and within policy
Yes No If not, expla	ain:			
Additional factors and con	tributing circur	nstances:		
	_			
Replaced ammunition, tase	er cartridge? Ye	es 🗌 No 🗌	Type:	Serial #:
Reviewing supervisor:			Date:	
Division Commander:			Con	currence: Yes No

(Separate form to be completed by each officer using force)

	\ I	1 7	0	,	
Date:	Time of Incident:		Time of Report:		
Officer completing	ng report:		C	CCN:	
Other officers usi	ng force or witnessing:				
Location of Incid	ent:				
Subject's Name:		DOB:	SS	SN:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged With:			
Level of force us	ed (check all that apply)				
Chemical Baton	K9 Unarmed Physica Impact Munitions	Firearm	Hand Strike Fo Taser w/ Barb	oot Strike os Taser	ASP Contact
_	harge, select from the followi				
How many shots: Ammunition:	How many accou Taser Cartridge #		Weapon used: Serial # of wea	pon:	
	lted or injured? Yes No re medical attention? Yes	If yes, described If yes, who			
Describe events	leading up to the use of forc	•		litional sheets	as necessary.
Officer:			Badge #		
On Duty Supervis	sor:		UOF Entry #		

Entry #(s):	CCN:	Time	of incident:		
Time you were notified:					
Officer(s) using force:		Subj	ect's name:		
Check all that apply:					
☐ Supervisor was prese	ent during use of f	orce or discharge	Subject v	vas interviewed	
☐ Video of incident wa	s reviewed		Witnesse	s were interviewe	ed
Photo(s) of subject w	ere taken				
Summary of subject's state	ement:				
Supervisor's observation o	f subject:				
Was the subject injured?	No 🗌	Yes; visible injury [	Yes; cla	aimed injury	
Type of injury:					
Did the subject receive me	dical attention? Y	es No If yes,	where?		
Is there a citizen's complai	nt of police misco	onduct about the use	of force?		
Yes No If yes, entry	# of complaint:				
At this point in the investig	gation, do you bel	ieve the use of force	weapon discharge	e was justified an	d within policy?
Yes No If not, expla	ain:				
Additional factors and con-	tributing circumst	ances:			
Replaced ammunition, tase	er cartridge? Yes [	□ No □ Туре	::	Serial #:	
Reviewing supervisor:		Date	:		
Division Commander:			Concurrence:	Yes No No	

(Separate form to be completed by each officer using force)

	separate form to be completed by	each officer asing force,	
Date:	Time of Incident:	Time of Report:	
Officer completing report:		CCN:	
Other officers using force or	witnessing:		
Location of Incident:			
Subject's Name:	DOB:	SSN:	
Address:	Race:	Sex: Male Female	Age:
Phone #	Charged Wit	th:	
Level of force used (check	all that apply)		
Chemical K9 Baton Impact Mu For weapons discharge, sele		Hand Strike Foot Strike Taser w/ Barbs Ta	ASP ser Contact
How many shots: Ammunition:	How many accounted for: Taser Cartridge #:	Weapon used: Serial # of weapon:	
Was officer assaulted or injudiced officer receive medical a			
Describe events leading up	to the use of force and force u	sed in detail. Use additional she	ets as necessary.
Officer:		Badge #	_
On Duty Supervisor:		UOF Entry #	

Entry #(s):	CCN:		Time of inc	cident:			
Time you were notified:							
Officer(s) using force:			Subject's	name:			
Check all that apply:							
☐ Supervisor was prese	nt during use o	f force or discha	rge [	Subjec	t was intervie	ewed	
☐ Video of incident was	s reviewed			☐ Witnes	sses were inte	rviewed	
☐ Photo(s) of subject w	ere taken						
Summary of subject's state	ement:						
Supervisor's observation o	f subject:						
Was the subject injured?	No 🗌	Yes; visible i	njury 🗌	Yes;	claimed inju	ry 🗌	
Type of injury:							
Did the subject receive me	dical attention?	Yes No No	If yes, where	e?			
Is there a citizen's complai	nt of police mis	sconduct about t	he use of for	rce?			
Yes No If yes, entry	# of complain	t:					
At this point in the investig	gation, do you b	believe the use of	f force/wear	on discha	rge was justit	fied and with	in policy?
Yes No If not, expla	nin:						
Additional factors and con	tributing circun	ıstances:					
Replaced ammunition, tase	er cartridge? Ye	es 🗌 No 🗌	Type:		Serial #:		
Reviewing supervisor:	-		Date:				
<b>.</b>							
Division Commander:			Co	oncurrence	e: Yes 🔲 No	o 🗌	

(Separate form to be completed by each officer using force)

	<b>\</b> 1	1 3	$\mathcal{E}$	,	
Date:	Time of Incident:		Time of Report:		
Officer completing 1	report:		C	CN:	
Other officers using	force or witnessing:				
Location of Incident	·•.				
Subject's Name:		DOB:	SS	N:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged With:			
Level of force used	(check all that apply)				
	pact Munitions	Firearm	nd Strike Fo Taser w/ Barb	ot Strike s Taser	ASP Contact
-	ge, select from the following				
How many shots: Ammunition:	How many accou Taser Cartridge #		Weapon used: Serial # of weap	pon:	
Was officer assaulte Did officer receive r	3	If yes, described If yes, where			
Describe events lea	ding up to the use of force	and force used i	n detail. Use add	itional sheets	as necessary.
Officer:			Badge #		
On Duty Supervisor	:		UOF Entry #		

Entry #(s) CCN	Time of incident:
Time you were notified:	
Officer(s) using force:	Subject's name:
Check all that apply:	
☐ Supervisor was present during use of force or disc	harge
☐ Video of incident was reviewed	☐ Witnesses were interviewed
Photo(s) of subject were taken	
Summary of subject's statement:	
Supervisor's observation of subject:	
Was the subject injured? No Yes; visible	e injury  Yes; claimed injury
Type of injury:	
Did the subject receive medical attention? Yes \[ \] No \[ \]	If yes, where?
Is there a citizen's complaint of police misconduct about	t the use of force?
Yes No If yes, entry # of complaint:	
At this point in the investigation, do you believe the use	of force/weapon discharge was justified and within policy?
Yes No If not, explain:	
Additional factors and contributing circumstances:	
Replaced ammunition, taser cartridge? Yes \( \subseteq No \subseteq \)	Type: Serial #:
Reviewing supervisor:	Date:
Division Commander:	Concurrence: Yes No

(Separate form to be completed by each officer using force)

	(Separate form to be complete	a sy caen sincer asing isree,	
Date:	Time of Incident:	Time of Report:	
Officer completing report	rt:	CCN:	
Other officers using force	e or witnessing:		
Location of Incident:			
Subject's Name:	DOB:	SSN:	
Address:	Race:	Sex: Male Female	Age:
Phone #	Charged	l With:	
Level of force used (che	eck all that apply)		
_	Unarmed Physical Force t Munitions Firearm select from the following:	Hand Strike Foot Strike Taser w/ Barbs T	ASP Faser Contact
How many shots: Ammunition:	How many accounted for: Taser Cartridge #:	Weapon used: Serial # of weapon:	
Was officer assaulted or Did officer receive medie	5	es, describe: yes, where?	
Describe events leading	gup to the use of force and for	ce used in detail. Use additional sh	eets as necessary.
Officer:		Badge #	
On Duty Supervisor:		UOF Entry #	

Entry #(s):	CCN	Time o	of incident:		
Time you were notified:					
Officer(s) using force:		Subje	ct's name:		
Check all that apply:					
☐ Supervisor was prese	nt during use o	of force or discharge	☐ Subject was	interviewed	
☐ Video of incident was	s reviewed		☐ Witnesses w	ere interviewed	
Photo(s) of subject w	ere taken				
Summary of subject's state	ement:				
Supervisor's observation of	f subject:				
Was the subject injured?	No 🗌	Yes; visible injury	Yes; claim	ned injury 🔲	
Type of injury:					
Did the subject receive med	dical attention?	? Yes 🗌 No 🔲 If yes, v	where?		
Is there a citizen's complai	nt of police mi	sconduct about the use of	of force?		
Yes No If yes, entry	# of complain	t:			
At this point in the investig	gation, do you l	pelieve the use of force/v	weapon discharge w	as justified and wit	hin policy?
Yes No If not, expla	in:				
Additional factors and cont	tributing circur	mstances:			
	-				
Replaced ammunition, tase	er cartridge? Ye	es 🗌 No 🗍           Type:	Ser	rial #:	
Reviewing supervisor:		Date:			<u> </u>
Division Commander:			Concurrence: Yes	□ No □	

(Separate form to be completed by each officer using force)

	<b>\</b> 1	1 2	· ·	,	
Date:	Time of Incident:		Time of Report:		
Officer completing	ng report:		CO	CN:	
Other officers usi	ng force or witnessing:				
Location of Incid	ent:				
Subject's Name:		DOB:	SSN	٧:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged With:			
Level of force us	ed (check all that apply)				
Chemical Baton	K9 Unarmed Physica Impact Munitions	Firearm	and Strike Foo Taser w/ Barbs	ot Strike Taser	ASP Contact
For weapons disc	harge, select from the follow	•			
How many shots: Ammunition:	How many acco Taser Cartridge		Weapon used: Serial # of weap	on:	
	alted or injured? Yes No re medical attention? Yes	If yes, descri No If yes, when			
<b>Describe events</b>	leading up to the use of forc	e and force used i	n detail. Use addi	tional sheets	as necessary.
Officer:			Badge #		
On Duty Supervis	sor:		UOF Entry #		

Entry #(s): CCN	Time of incident:
Time you were notified:	_
Officer(s) using force:	Subject's name:
Check all that apply:	
☐ Supervisor was present during use of force	or discharge
☐ Video of incident was reviewed	☐ Witnesses were interviewed
Photo(s) of subject were taken	
Summary of subject's statement:	
Supervisor's observation of subject:	
Was the subject injured? No \( \subseteq \text{Yes} \)	visible injury  Yes; claimed injury
Type of injury:	
Did the subject receive medical attention? Yes	No If yes, where?
Is there a citizen's complaint of police misconduc	t about the use of force?
Yes No If yes, entry # of complaint:	
At this point in the investigation, do you believe	he use of force/weapon discharge was justified and within policy?
Yes No If not, explain:	
Additional factors and contributing circumstance	y:
Replaced ammunition, taser cartridge? Yes \( \subseteq N	Type: Serial #:
Reviewing supervisor:	Date:
Division Commander:	Concurrence: Yes No

(Separate form to be completed by each officer using force)

	\ 1	1 3	$\mathcal{E}$	,	
Date:	Time of Incident:		Time of Report:		
Officer completing	g report:		C	CN:	
Other officers usi	ng force or witnessing:				
Location of Incid	ent:				
Subject's Name:		DOB:	SS	N:	
Address:		Race:	Sex: Male	Female	Age:
Phone #		Charged With:			
Level of force us	ed (check all that apply)				
Chemical Baton	K9 Unarmed Physica Impact Munitions	Firearm	and Strike Fo Taser w/ Barb	ot Strike s Taser	ASP Contact
-	harge, select from the follow				
How many shots: Ammunition:	How many according Taser Cartridge		Weapon used: Serial # of weap	pon:	
	lted or injured? Yes No e medical attention? Yes	If yes, descri			
Describe events l	eading up to the use of forc	e and force used i	n detail. Use add	itional sheets	as necessary.
Officer:			Badge #		
On Duty Supervis	sor:		UOF Entry #		

II. TO BE COMPLETED BY SUPERVISOR: Officer(s) Using Force:	
DOES THIS USE OF FORCE COMPLY WITH DEPARTM ENTAL POLICY? ☐ YES ☐ NO	☐ Additional narrative page
SUPERVISOR'S DETAILED FOLLOW UP INVESTIGATION: CFS#	
SUPERVISORS DETAILED FOLLOW UP INVESTIGATION:  WITNESS STATEMENTS ATTACHED OBSERVED ARRESTEE PERSONALLY PHOTOS TO RESPONDED TO HOSPITAL ALL BWC OR OTHER VIDEO REVIEWED ADDITIONAL STORM MVR INCIDENT VIDEO AVAILABLE MVR TRANSPORT VIDEO AVAILABLE  WYST INCIDENT VIDEO AVAILABLE MVR TRANSPORT VIDEO AVAILABLE	
SUPERVISOR'S SIGNATURE DATE REVIEWED	
SUPERVISOR'S SIGNATURE DATE REVIEWED  Printed Name and Badge Number:	
III. TO BE COMPLETED BY DEPARTMENTAL ADMINISTRATIVE OFFICERS:	
CONCURRENCE: ☐ YES ☐ NO LIEUTENANT'S SIGNATURE:	DATE:
☐ REVIEWED BY DIVISION COMMANDER SIGNATURE:	DATE:

I. TO BE COMPLETED BY OFFI	CER: (ANY OFFICE	R TAKING DEFENSIVE A	ACTION M	IUST MAKE A	SEPARA	TE REPO	ORT)
NAME DATE OF REPORT	BADGE NUMBER CFS#  DATE OF INCIDENT TIME OF INCIDENT						
MPD WITNESSES / OTHER OFFICERS USIN	IG FORCE	OTHER WITNESS A	AND CO	NTACT INF	ORMAT	ION	
1. BAI	OGE#	4					
2. BAI	OGE#	5					
3. BAI	OGE#	6					
ARRESTEE INFORMATION NAME			DATE	OF BIRTH	RACE		SEX
ADDRESS							CH ATTACHED
ARRESTEE/OFFICER FACTORS:		CHARGES					
ARRESTEE: AGE SEX HEIGHT	WEIGHT	DID THE SUSPECT DISPLA	AY MARTIA	AL ARTS/FIGHT	ING SKILL	s? 🗌 YI	ES 🗌 NO
OFFICER: AGE SEX HEIGHT	WEIGHT	NUMBER OF SUSPECTS					
ARRESTEE CONDITION AT TIME OF ARR	EST:	IF OTHER, D	DESCRIBE:				
REASON FOR DEFENSIVE ACTION: (Check	the most appropriate)						
Describe Original Call Type (Domestic, Fight, Etc)							
SUBJECT'S ACTIONS TOWARD OFFICER:    FAILING TO COMPLY WITH COMMANDS   REFUSING TO MOVE/DEAD WEIGHT   VERBAL/PHYSICAL DANGER CUES	(Check All That Apply)  PULLING AWAY  PUSHING/WRESTLI  STRIKING/PUNCHIN			EMPTING TO DI APON/WEAPONI ER:			Е
OFFICER'S RESPONSE: (Check All That Apply)							
☐ VERBAL COMMANDS	TAKE DOWN	ND / VNICE CTD IVEC		ON STRIKES			
BALANCE DISPLACEMENT PRESSURE POINT CONTROL JOINT MANIPULATION	PRESSURE POINT CONTROL CHEMICAL SPRAY DEADLY FORCE						
WEAPONS INVOLVED:							
ARRESTEE:	IF OTHER, DESCRIBE:						
OFFICER:	IF OTHER, DESCRIBE:						
IF PROBES FAILED, WAS THE DRIVE STUN USED AS FO DART SPREAD: INCHES	NUMBER OF CART			DA / <b>MANY</b> OFFICE NMI ACE	RS DEPLO	OF CYCL	ES:
INJURY TO ARRESTEE? (Check Any Boxes Tha	at Apply) 🗆 YES 🗀 NO	PHOTOS? ☐ YES	□ NO	,	SUSI	PECT	_
(IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLET	E THE SECTION BELOW)	BY:		1		4	7
LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOUL ☐ ARMS ☐ LEGS ☐ FEET		K □ GROIN □ BUTTOC	CKS	Si.	1	1	<u>=</u>
DEGREE: TREATMENT &	LOCATION:			11/	11	()	_ {{}}
DESCRIBE INJURY:				6	1 / 1	- Kill -	1-16
INJURY TO OFFICER? (Check Any Boxes That A  (IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLETE LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOUL	E THE SECTION BELOW) DER   CHEST   BACK	PHOTOS? ☐ YES ☐  K ☐ GROIN ☐ BUTTOC					
☐ ARMS ☐ LEGS ☐ FEET ☐  DEGREE: TREATMENT &	OTHER			٤.,	مواز	L)	W
DESCRIBE INJURY:	LOCATION.			INDICATE TA	ASER, BAT	ON, OR CI	HEMICAL

INCIDENT NARRATTVE: (Give a Description of the Use of Force Incident)	☐ Additional narrative page
SIGNATURE OF OFFICER:	DATE:

# Middletown Police Department DEFENSIVE ACTION REPORT G.O.1.3.1 (Rev. 10/30/2023)

Addendum to Incident #:
☐ Officer Narrative ☐ Supervisor Follow-up Invest

II. TO BE COMPLETED BY SUPERVISOR: Officer(s) Using Force	
DOES THIS USE OF FORCE COMPLY WITH DEPARTM ENTAL POLICY?   YES  NO	
SUPERVISOR'S DETAILED FOLLOW UP INVESTIGATION: CFS#	
SUPERVISOR'S DETAILED FOLLOW UP INVESTIGATION:  CFS#  WITNESS STATEMENTS ATTACHED OBSERVED ARRESTEE PERSONALLY PHOTOS  RESPONDED TO HOSPITAL ALL BWC OR OTHER VIDEO REVIEWED ADDITIONALS  MVR INCIDENT VIDEO AVAILABLE MVR TRANSPORT VIDEO AVAILABLE	
SUPERVISOR'S SIGNATURE DATE REVIEWED Printed Name and Badge Number: T.E.D. Revie	
III. TO BE COMPLETED BY DEPARTMENTAL ADMINISTRATIVE OFFICERS:	
CONCURRENCE: ☐ YES ☐ NO LIEUTENANT'S SIGNATURE:	DATE:
☐ REVIEWED BY DIVISION COMMANDER SIGNATURE:	

Middletown Police Department	DEFENSIVE	ACTION REPO	UKI	(	G.O.1.3.	I (Rev. 1/30/20	J25)
I. TO BE COMPLETED BY O	FFICER: (ANY OFFICE	R TAKING DEFENSIVE A	ACTION MU	ST MAKE A	A SEPARA	TE REPORT)	
NAME	BAD	GE NUMBER			CFS#		
DATE OF REPORT	DATE OF INC			TIME O	F INCID		
MPD WITNESSES / OTHER OFFICERS	USING FORCE	OTHER WITNESS	AND CON	TACT INF	ORMAT	ION	
1.	BADGE#	4					
2.	BADGE#	5					_
3.	BADGE#	6					=
ARRESTEE INFORMATION NAME			DATE OF	BIRTH	RACE	SEX	
ADDRESS						☐ CCH ATTA	CHED
ARRESTEE/OFFICER FACTORS:		CHARGES					
ARRESTEE: AGE SEX HEIGHT	T WEIGHT	DID THE SUSPECT DISPLA	AY MARTIAL	ARTS/FIGHT	ING SKILL	S? YES N	10
OFFICER: AGE SEX HEIGHT		NUMBER OF SUSPECTS					
ARRESTEE CONDITION AT TIME OF		IF OTHER, I	DESCRIBE:				
REASON FOR DEFENSIVE ACTION: (							
Describe Original Call Type (Domestic, Fight, Etc							
SUBJECT'S ACTIONS TOWARD OFFI    FAILING TO COMPLY WITH COMMANI   REFUSING TO MOVE/DEAD WEIGHT   VERBAL/PHYSICAL DANGER CUES	OS PULLING AWAY	ING WITH OFFICER NG/KICKING		IPTING TO DE DN/WEAPONE t:			
OFFICER'S RESPONSE: (Check All That	Apply)						
☐ VERBAL COMMANDS ☐ ESCORT POSITION	☐ TAKE DOWN	ND / KNEE STRIKES	☐ BATON☐ TASER	STRIKES			
BALANCE DISPLACEMENT PRESSURE POINT CONTROL JOINT MANIPULATION	STRIKING MUSCLE CHEMICAL SPRAY BATON RESTRAIN	E MASS GROUP	LESS L	ETHAL MUN LY FORCE	ITIONS		
WEAPONS INVOLVED:							
ARRESTEE:	IF OTHER, DESCRIBE:						
OFFICER:	IF OTHER, DESCRIBE:						
TASER: □ SUCCESS □ FAILURE	IF FAILED, EXPLAIN:						
IF PROBES FAILED, WAS THE DRIVE STUN USED DART SPREAD: INCHES TARGET DISTANCE: FT. DID SIMULTANEOUS DEPLOYMENT? IF YES, E.	NUMBER OF CART MORE THAN ONE OFFICER DEP				NUMBER ERS DEPLO	CONTACT? OF CYCLES: YED TASER?	
INJURY TO ARRESTEE? (Check Any Box	xes That Apply)   YES   NO	PHOTOS? ☐ YES	□ NO		SUSI	PECT	
(IF "YES" IS CHECKED FOR INJURY ABOVE, COM LOCATION: ☐ HEAD/FACE ☐ NECK ☐ S	SHOULDER □ CHEST □ BAC	BY: CK □ GROIN □ BUTTOO	CKS	<u> </u>			)
	ENT & LOCATION:			11	11	1)):(()	
DESCRIBE INJURY:			1.10	En!	1	4	ì
INJURY TO OFFICER? (Check Any Boxes		PHOTOS? ☐ YES ☐	I NO	10	Med		•
(IF "YES" IS CHECKED FOR INJURY ABOVE, COM LOCATION: ☐ HEAD/FACE ☐ NECK ☐ S	· ·	ck □ GROIN □ BUTTOO	CKS	(	1/	()()	
□ ARMS □ LEGS □ FE	EET OTHER			1	لغ	UU	
DEGREE: TREATMI DESCRIBE INJURY:	ENT & LOCATION:					ON, OR CHEMICAI	L

INCIDENT NARRATTVE: (Give a Description of the Use of Force Incident)	☐ Additional narrative page
	DATE
SIGNATURE OF OFFICER:	DATE:

# Middletown Police Department DEFENSIVE ACTION REPORT G.O.1.3.1 (Rev. 10/30/2023)

Addendum to Incident #:
☐ Officer Narrative ☐ Supervisor Follow-up Invest

G.O.1.3.1 (Rev. 1/30/2025)

II. TO BE COMPLETED BY SUPERVISOR: Officer(s) Using Force:	
DOES THIS USE OF FORCE COMPLY WITH DEPARTM ENTAL POLICY?	
SUPERVISOR'S DETAILED FOLLOW UP INVESTIGATION: CFS#	
SUPERVISORS DETAILED FOLLOW UP INVESTIGATION:  WITNESS STATEMENTS ATTACHED OBSERVED ARRESTEE PERSONALLY PHOTOS RESPONDED TO HOSPITAL ALL BWC OR OTHER VIDEO REVIEWED ADDITIONAL:  MVR INCIDENT VIDEO AVAILABLE MVR TRANSPORT VIDEO AVAILABLE	
SUPERVISOR'S SIGNATURE DATE REVIEWE Printed Name and Badge Number: T.E.D. Revi	
III. TO BE COMPLETED BY DEPARTMENTAL ADMINISTRATIVE OFFICERS	S:
CONCURRENCE: ☐ YES ☐ NO LIEUTENANT'S SIGNATURE:	DATE:
☐ REVIEWED BY DIVISION COMMANDER SIGNATURE:	DATE:

I. TO BE COMPLETED BY OFF	ICER: (ANY OFFICE	R TAKING DEFENSIVE A	ACTION MU	ST MAKE A	SEPARA	TE REPO	ORT)
NAME DATE OF REPORT	BADGE NUMBER DATE OF INCIDENT			CFS#TIME OF INCIDENT			
MPD WITNESSES / OTHER OFFICERS USI  1. BA	NG FORCE DGE#	OTHER WITNESS A	AND CON	TACT INF	ORMAT	ION	
2. BA	DGE#	··					
3. BA	DGE#	_6.					
ARRESTEE INFORMATION NAME			DATE OF	BIRTH	RACE		SEX
ADDRESS							СН АТТАСНЕГ
ARRESTEE/OFFICER FACTORS:		CHARGES					
ARRESTEE: AGE SEX HEIGHT	WEIGHT	DID THE SUSPECT DISPLA	AY MARTIAL	ARTS/FIGHT	ING SKILL	S? 🗌 YI	ES 🗌 NO
OFFICER: AGE SEX HEIGHT	WEIGHT	NUMBER OF SUSPECTS					
ARRESTEE CONDITION AT TIME OF ARI	REST:	IF OTHER, D	DESCRIBE:				
REASON FOR DEFENSIVE ACTION: (Check	the most appropriate)						
Describe Original Call Type (Domestic, Fight, Etc)							
SUBJECT'S ACTIONS TOWARD OFFICER    FAILING TO COMPLY WITH COMMANDS   REFUSING TO MOVE/DEAD WEIGHT   VERBAL/PHYSICAL DANGER CUES	: (Check All That Apply)  PULLING AWAY  PUSHING/WRESTLI  STRIKING/PUNCHIN			IPTING TO DI ON/WEAPONI R:			Е
OFFICER'S RESPONSE: (Check All That Apply	)						
<ul> <li>□ VERBAL COMMANDS</li> <li>□ ESCORT POSITION</li> <li>□ BALANCE DISPLACEMENT</li> <li>□ PRESSURE POINT CONTROL</li> <li>□ JOINT MANIPULATION</li> </ul>	☐ TAKE DOWN ☐ ELBOW / OPEN HAN ☐ STRIKING MUSCLE ☐ CHEMICAL SPRAY ☐ BATON RESTRAIN	MASS GROUP	☐ TASER☐ LESS L	BATON STRIKES TASER LESS LETHAL MUNITIONS DEADLY FORCE OTHER			
WEAPONS INVOLVED:							
ARRESTEE:	IF OTHER, DESCRIBE:						
OFFICER:	IF OTHER, DESCRIBE:						
TASER: □ SUCCESS □ FAILURE IF FA	ILED, EXPLAIN:						
IF PROBES FAILED, WAS THE DRIVE STUN USED AS F DART SPREAD: INCHES TARGET DISTANCE: FT. DID MOR SIMULTANEOUS DEPLOYMENT? IF YES, EXPLA	NUMBER OF CART E THAN ONE OFFICER DEPI			DA <b>IANY</b> OFFICE NMI ACF		OF CYCL	ES:
INJURY TO ARRESTEE? (Check Any Boxes The	nat Apply) 🗆 YES 🗀 NO	PHOTOS? ☐ YES	□ NO		SUSI	PECT	_
(IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLE' LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOU ☐ ARMS ☐ LEGS ☐ FEET  DEGREE: TREATMENT & DESCRIBE INJURY:	LDER CHEST BACI	BY:	CKS				6
INJURY TO OFFICER? (Check Any Boxes That  (IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLE' LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOU  ☐ ARMS ☐ LEGS ☐ FEET	TE THE SECTION BELOW)  LDER	PHOTOS? ☐ YES ☐  X ☐ GROIN ☐ BUTTOC					
DEGREE: TREATMENT & DESCRIBE INJURY:	LUCATION:			INDICATE TA			

INCIDENT NARRATTVE: (Give a Description of the Use of Force Incident)	☐ Additional narrati	ve page
SIGNATURE OF OFFICER:	DATE:	

# Middletown Police Department DEFENSIVE ACTION REPORT G.O.1.3.1 (Rev. 10/30/2023)

Addendum to Incident #:
☐ Officer Narrative ☐ Supervisor Follow-up Invest