



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 Received, Review of Records

Involves: [REDACTED] (S), [REDACTED] (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 [REDACTED] and [REDACTED] from Deputy Chief Ryan Morgan. SA Seitzman reviewed the records and noted the following:

[REDACTED] 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.

[REDACTED] 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: [REDACTED] UOF Supervisor Review [REDACTED]
Attachment # 02: [REDACTED] Use of Force Report– [REDACTED]
Attachment # 03: [REDACTED] Use of Force– [REDACTED]
Attachment # 04: [REDACTED] UOF Supervisor Review [REDACTED]
Attachment # 05: [REDACTED] UOF Supervisor Review [REDACTED]
Attachment # 06: [REDACTED] Use of Force Report– [REDACTED]
Attachment # 07: [REDACTED] UOF Supervisor Review [REDACTED]
Attachment # 08: [REDACTED] Use of Force Report– [REDACTED]

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law – a statute, an administrative rule, or any rule of procedure.

Attachment # 09:	[REDACTED]	UOF Supervisor Review – [REDACTED]
Attachment # 10:	[REDACTED]	Use of Force Report– [REDACTED]
Attachment # 11:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 12:	[REDACTED]	Use of Force Report– [REDACTED]
Attachment # 13:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 14:	[REDACTED]	Use of Force Report– [REDACTED]
Attachment # 15:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 16:	[REDACTED]	Use of Force Report – [REDACTED]
Attachment # 17:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 18:	[REDACTED]	Use of Force Report [REDACTED]
Attachment # 19:	[REDACTED]	UOF Supervisor Review–Jail [REDACTED]
Attachment # 20:	[REDACTED]	Use of Force Report [REDACTED] Jail [REDACTED]
Attachment # 21:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 22:	[REDACTED]	Use of Force Report– [REDACTED]
Attachment # 23:	[REDACTED]	UOF Supervisor Review– [REDACTED]
Attachment # 24:	[REDACTED]	Use of Force Report– [REDACTED]
Attachment # 25:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 26:	[REDACTED]	Use of Force Report – [REDACTED]
Attachment # 27:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 28:	[REDACTED]	Use of Force Report– [REDACTED]
Attachment # 29:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 30:	[REDACTED]	Use of Force Report – [REDACTED]
Attachment # 31:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 32:	[REDACTED]	Use of Force Report– [REDACTED]
Attachment # 33:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 34:	[REDACTED]	Use of Force Report – [REDACTED]
Attachment # 35:	[REDACTED]	UOF Supervisor Review [REDACTED]
Attachment # 36:	[REDACTED]	Use of Force Report– [REDACTED]

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Supervisor Review of Use of Force

Entry #(s):

CCN:



Time of incident:

Time you were notified:

Officer(s) using force:



Subject's name:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor was present during use of force or discharge | <input type="checkbox"/> Subject was interviewed |
| <input type="checkbox"/> Video of incident was reviewed | <input type="checkbox"/> Witnesses were interviewed |
| <input type="checkbox"/> Photo(s) of subject were taken | |

Summary of subject's statement:

Supervisor's observation of subject:

Was the subject injured? No ☐ 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 misconduct about 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 ☐ No ☐

Type:

Serial #:

Reviewing supervisor:

Date:



Division Commander:

Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date: [REDACTED]

Time of Incident:

Time of Report:

Officer completing report: [REDACTED]

CCN: [REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN: [REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

Badge #

On Duty Supervisor:

UOF Entry #

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date:

[REDACTED]

Time of Incident:

Time of Report:

Officer completing report:

[REDACTED]

CCN:

[REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN:

[REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

[REDACTED]

Badge #

[REDACTED]

On Duty Supervisor:

UOF Entry #

[REDACTED]

Supervisor Review of Use of Force

Entry #(s): [REDACTED] CCN: [REDACTED] Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED] Subject's name:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor was present during use of force or discharge | <input type="checkbox"/> Subject was interviewed |
| <input type="checkbox"/> Video of incident was reviewed | <input type="checkbox"/> Witnesses were interviewed |
| <input type="checkbox"/> Photo(s) of subject were taken | |

Summary of subject's statement:

Supervisor's observation of subject:

Was the subject injured? No ☐ 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 misconduct about 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 ☐ No ☐ Type: Serial #:

Reviewing supervisor: Date: [REDACTED]

Division Commander: Concurrence: Yes ☐ No ☐

Supervisor Review of Use of Force

Entry #(s): [REDACTED]

CCN: [REDACTED]

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

☐ Subject was interviewed

☐ 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 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 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 ☐ No ☐

Type:

Serial #:

Reviewing supervisor:

Date: [REDACTED]

Division Commander:

Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

(Separate form to be completed by each officer using 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 With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

Badge #

On Duty Supervisor:

UOF Entry #

Supervisor Review of Use of Force

Entry #(s): [REDACTED]

CCN: [REDACTED]

Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED]

Subject's name:

Check all that apply:

☐ Supervisor was present during use of force or discharge

☐ Subject was interviewed

☐ 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 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 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 ☐ No ☐

Type:

Serial #:

Reviewing supervisor:

Date: [REDACTED]

Division Commander:

Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date: [REDACTED] Time of Incident:

Time of Report: [REDACTED]

Officer completing report: [REDACTED]

CCN: [REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN: [REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon: [REDACTED]

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

Badge #

On Duty Supervisor:

UOF Entry #

Supervisor Review of Use of Force

Entry #(s): [REDACTED]

CCN: [REDACTED]

Time of incident:

Time you were notified:

Officer(s) using force:

[REDACTED]

Subject's name:

Check all that apply:

☐ Supervisor was present during use of force or discharge

☐ Subject was interviewed

☐ 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 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 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 ☐ No ☐

Type:

Serial #:

Reviewing supervisor:

Date:

[REDACTED]

Division Commander:

Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date: [REDACTED]

Time of Incident:

Time of Report:

Officer completing report: [REDACTED]

CCN: [REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN: [REDACTED]

Address: [REDACTED]

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

Badge #

On Duty Supervisor:

UOF Entry #

Supervisor Review of Use of Force

Entry #(s): [REDACTED] CCN: [REDACTED] Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED] Subject's name:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor was present during use of force or discharge | <input type="checkbox"/> Subject was interviewed |
| <input type="checkbox"/> Video of incident was reviewed | <input type="checkbox"/> Witnesses were interviewed |
| <input type="checkbox"/> Photo(s) of subject were taken | |

Summary of subject's statement:

[REDACTED]

Supervisor's observation of subject:

Was the subject injured? No ☐ 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 misconduct about 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 ☐ No ☐

Type:

Serial #: [REDACTED]

Reviewing supervisor:

Date: [REDACTED]

Division Commander:

Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date:



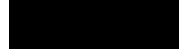
Time of Incident:

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 With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:



Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:



Badge #



On Duty Supervisor:

UOF Entry #



Supervisor Review of Use of Force

Entry #(s): [REDACTED] CCN: [REDACTED] Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED] Subject's name:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor was present during use of force or discharge | <input type="checkbox"/> Subject was interviewed |
| <input type="checkbox"/> Video of incident was reviewed | <input type="checkbox"/> Witnesses were interviewed |
| <input type="checkbox"/> Photo(s) of subject were taken | |

Summary of subject's statement:

Supervisor's observation of subject:

Was the subject injured? No ☐ 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 misconduct about 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 ☐ No ☐ Type: Serial #: [REDACTED]

Reviewing supervisor: Date: [REDACTED]

Division Commander: Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date: [REDACTED]

Time of Incident:

Time of Report:

Officer completing report: [REDACTED] [REDACTED]

CCN: [REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN: [REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon: [REDACTED]

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer: [REDACTED] [REDACTED]

Badge # [REDACTED]

On Duty Supervisor:

UOF Entry # [REDACTED]

Supervisor Review of Use of Force

Entry #(s) [REDACTED] CCN: [REDACTED] Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED] Subject's name:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor was present during use of force or discharge | <input type="checkbox"/> Subject was interviewed |
| <input type="checkbox"/> Video of incident was reviewed | <input type="checkbox"/> Witnesses were interviewed |
| <input type="checkbox"/> Photo(s) of subject were taken | |

Summary of subject's statement:

Supervisor's observation of subject:

Was the subject injured? No ☐ 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 misconduct about 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:

[REDACTED]

[REDACTED]

Replaced ammunition, taser cartridge? Yes ☐ No ☐ Type: Serial #:

Reviewing supervisor: Date: [REDACTED]

Division Commander: Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

(Separate form to be completed by each officer using 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 With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

Badge #

On Duty Supervisor:

UOF Entry #

Supervisor Review of Use of Force

Entry #(s): [REDACTED]

CCN: [REDACTED]

Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED]

Subject's name:

Check all that apply:

☐ Supervisor was present during use of force or discharge

☐ Subject was interviewed

☐ Video of incident was reviewed

☐ Witnesses were interviewed

☐ Photo(s) of subject were taken

Summary of subject's statement:

[REDACTED]

Supervisor's observation of subject:

Was the subject injured?

No ☐

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 misconduct about 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:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Replaced ammunition, taser cartridge? Yes ☐ No ☐

Type:

Serial #:

[REDACTED]

Reviewing supervisor:

Date:

[REDACTED]

Division Commander:

Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date:

[REDACTED]

Time of Incident:

Time of Report:

Officer completing report:

[REDACTED]

CCN:

[REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN:

[REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

[REDACTED]

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

[REDACTED]

Badge #

[REDACTED]

On Duty Supervisor:

UOF Entry #

[REDACTED]

Supervisor Review of Use of Force

Entry #(s): [REDACTED] CCN: [REDACTED] Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED] Subject's name:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor was present during use of force or discharge | <input type="checkbox"/> Subject was interviewed |
| <input type="checkbox"/> Video of incident was reviewed | <input type="checkbox"/> Witnesses were interviewed |
| <input type="checkbox"/> Photo(s) of subject were taken | |

Summary of subject's statement:

Supervisor's observation of subject:

Was the subject injured? No ☐ 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 misconduct about 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:

[REDACTED] [REDACTED] [REDACTED]

Replaced ammunition, taser cartridge? Yes ☐ No ☐ Type: Serial #:

Reviewing supervisor: Date: [REDACTED]

Division Commander: Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date: [REDACTED]

Time of Incident:

Time of Report:

Officer completing report: [REDACTED] [REDACTED]

CCN: [REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN: [REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

[REDACTED] [REDACTED] [REDACTED]

Badge #

[REDACTED]

On Duty Supervisor:

UOF Entry #

[REDACTED]

Supervisor Review of Use of Force

Entry #(s): [REDACTED]

CCN: [REDACTED]

Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED]

Subject's name:

Check all that apply:

☐ Supervisor was present during use of force or discharge

☐ Subject was interviewed

☐ 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 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 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 ☐ No ☐

Type:

Serial #: [REDACTED]

Reviewing supervisor:

Date:

Division Commander:

Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date:

[REDACTED]

Time of Incident:

Time of Report:

Officer completing report:

[REDACTED]

CCN:

[REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN:

[REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

[REDACTED]

Badge #

[REDACTED]

On Duty Supervisor:

UOF Entry #

[REDACTED]

Supervisor Review of Use of Force

Entry #(s): [REDACTED] CCN: [REDACTED] Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED] [REDACTED] [REDACTED] Subject's name:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor was present during use of force or discharge | <input type="checkbox"/> Subject was interviewed |
| <input type="checkbox"/> Video of incident was reviewed | <input type="checkbox"/> Witnesses were interviewed |
| <input type="checkbox"/> Photo(s) of subject were taken | |

Summary of subject's statement:

Supervisor's observation of subject:

Was the subject injured? No ☐ 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 misconduct about 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 ☐ No ☐ Type: Serial #:

Reviewing supervisor: Date: [REDACTED]

Division Commander: Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date:

[REDACTED]

Time of Incident:

Time of Report:

Officer completing report:

[REDACTED]

CCN:

[REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN:

[REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

[REDACTED]

Badge #

[REDACTED]

On Duty Supervisor:

UOF Entry #

[REDACTED]

Supervisor Review of Use of Force

Entry #(s) [REDACTED]

CCN [REDACTED]

Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED] [REDACTED]

Subject's name:

Check all that apply:

☐ Supervisor was present during use of force or discharge

☐ Subject was interviewed

☐ 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 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 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:

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Replaced ammunition, taser cartridge? Yes ☐ No ☐

Type:

Serial #:

[REDACTED]

Reviewing supervisor:

Date:

[REDACTED]

Division Commander:

Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date:

[REDACTED]

Time of Incident:

Time of Report:

Officer completing report:

[REDACTED]

CCN:

[REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN:

[REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

[REDACTED]

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer:

[REDACTED]

Badge #

[REDACTED]

On Duty Supervisor:

UOF Entry #

[REDACTED]

Supervisor Review of Use of Force

Entry #(s):

CCN

[REDACTED]

Time of incident:

Time you were notified:

Officer(s) using force:

[REDACTED]

[REDACTED]

Subject's name:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor was present during use of force or discharge | <input type="checkbox"/> Subject was interviewed |
| <input type="checkbox"/> Video of incident was reviewed | <input type="checkbox"/> Witnesses were interviewed |
| <input type="checkbox"/> Photo(s) of subject were taken | |

Summary of subject's statement:

Supervisor's observation of subject:

Was the subject injured? No ☐ 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 misconduct about 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:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Replaced ammunition, taser cartridge? Yes ☐ No ☐

Type:

Serial #:

[REDACTED]

Reviewing supervisor:

Date:

[REDACTED]

Division Commander:

Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date: [REDACTED]

Time of Incident:

Time of Report:

Officer completing report: [REDACTED] [REDACTED] [REDACTED]

CCN: [REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN: [REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon: [REDACTED]

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer: [REDACTED] [REDACTED] [REDACTED]

Badge # [REDACTED]

On Duty Supervisor:

UOF Entry # [REDACTED]

Supervisor Review of Use of Force

Entry #(s): [REDACTED] CCN [REDACTED] Time of incident:

Time you were notified:

Officer(s) using force: [REDACTED] [REDACTED] Subject's name:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Supervisor was present during use of force or discharge | <input type="checkbox"/> Subject was interviewed |
| <input type="checkbox"/> Video of incident was reviewed | <input type="checkbox"/> Witnesses were interviewed |
| <input type="checkbox"/> Photo(s) of subject were taken | |

Summary of subject's statement:

Supervisor's observation of subject:

Was the subject injured? No ☐ 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 misconduct about 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:

[REDACTED] [REDACTED]

Replaced ammunition, taser cartridge? Yes ☐ No ☐ Type: Serial #:

Reviewing supervisor: Date: [REDACTED]

Division Commander: Concurrence: Yes ☐ No ☐

MIDDLETOWN DIVISION OF POLICE ASSAULT AND USE OF FORCE REPORT

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

Date: [REDACTED]

Time of Incident:

Time of Report:

Officer completing report: [REDACTED] [REDACTED] [REDACTED]

CCN: [REDACTED]

Other officers using force or witnessing:

Location of Incident:

Subject's Name:

DOB:

SSN: [REDACTED]

Address:

Race:

Sex: Male

Female

Age:

Phone #

Charged With:

Level of force used (check all that apply)

Chemical

K9

Unarmed Physical Force

Hand Strike

Foot Strike

ASP

Baton

Impact Munitions

Firearm

Taser w/ Barbs

Taser Contact

For weapons discharge, select from the following:

How many shots:

How many accounted for:

Weapon used:

Ammunition:

Taser Cartridge #:

Serial # of weapon:

Was officer assaulted or injured? Yes No

If yes, describe:

Did officer receive medical attention? Yes No

If yes, where?

Describe events leading up to the use of force and force used in detail. Use additional sheets as necessary.

Officer: [REDACTED] [REDACTED]

Badge # [REDACTED]

On Duty Supervisor:

UOF Entry # [REDACTED]

II. TO BE COMPLETED BY SUPERVISOR:

Officer(s) Using Force:

DOES THIS USE OF FORCE COMPLY WITH DEPARTMENTAL POLICY?

☐ YES☐ NO☐ Additional narrative page

SUPERVISOR'S DETAILED FOLLOW UP INVESTIGATION:

CFS#

- ☐ WITNESS STATEMENTS ATTACHED ☐ OBSERVED ARRESTEE PERSONALLY ☐ PHOTOS TAKEN
☐ RESPONDED TO HOSPITAL ☐ ALL BWC OR OTHER VIDEO REVIEWED ☐ ADDITIONAL SUPPLEMENT PAGE
☐ MVR INCIDENT VIDEO AVAILABLE ☐ MVR TRANSPORT VIDEO AVAILABLE

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 OFFICER: (ANY OFFICER TAKING DEFENSIVE ACTION MUST MAKE A SEPARATE REPORT)

NAME

BADGE NUMBER

CFS#

DATE OF REPORT

DATE OF INCIDENT

TIME OF INCIDENT

MPD WITNESSES / OTHER OFFICERS USING FORCE

OTHER WITNESS AND CONTACT INFORMATION

1. BADGE #

4.

2. BADGE #

5.

3. BADGE #

6.

ARRESTEE INFORMATION

NAME

DATE OF BIRTH

RACE

SEX

ADDRESS

☐ CCH ATTACHED

ARRESTEE/OFFICER FACTORS:

CHARGES

ARRESTEE: AGE SEX HEIGHT WEIGHT

DID THE SUSPECT DISPLAY MARTIAL ARTS/FIGHTING SKILLS? ☐ YES ☐ NO

OFFICER: AGE SEX HEIGHT WEIGHT

NUMBER OF SUSPECTS

ARRESTEE CONDITION AT TIME OF ARREST:

IF OTHER, DESCRIBE:

REASON FOR DEFENSIVE ACTION: (Check the most appropriate)

Describe Original Call Type (Domestic, Fight, Etc)

SUBJECT'S ACTIONS TOWARD OFFICER: (Check All That Apply)

☐ FAILING TO COMPLY WITH COMMANDS

☐ PULLING AWAY

☐ ATTEMPTING TO DISARM OFFICER

☐ REFUSING TO MOVE/DEAD WEIGHT

☐ PUSHING/WRESTLING WITH OFFICER

☐ WEAPON/WEAPONLESS DEADLY FORCE

☐ VERBAL/PHYSICAL DANGER CUES

☐ STRIKING/PUNCHING/KICKING

☐ OTHER:

OFFICER'S RESPONSE: (Check All That Apply)

☐ VERBAL COMMANDS

☐ TAKE DOWN

☐ BATON STRIKES

☐ ESCORT POSITION

☐ ELBOW / OPEN HAND / KNEE STRIKES

☐ TASER

☐ BALANCE DISPLACEMENT

☐ STRIKING MUSCLE MASS GROUP

☐ LESS LETHAL MUNITIONS

☐ PRESSURE POINT CONTROL

☐ CHEMICAL SPRAY

☐ DEADLY FORCE

☐ JOINT MANIPULATION

☐ BATON RESTRAINT

☐ OTHER:

WEAPONS INVOLVED:

ARRESTEE: IF OTHER, DESCRIBE:

OFFICER: IF OTHER, DESCRIBE:

TASER: ☐ SUCCESS ☐ FAILURE IF FAILED, EXPLAIN:

IF PROBES FAILED, WAS THE DRIVE STUN USED AS FOLLOW-UP? DRIVE STUN CONTACT? DART PROBE CONTACT?

DART SPREAD: INCHES NUMBER OF CARTRIDGES FIRED: NUMBER OF CYCLES:

TARGET DISTANCE: FT. DID MORE THAN ONE OFFICER DEPLOY A TASER: HOW MANY OFFICERS DEPLOYED TASER?

SIMULTANEOUS DEPLOYMENT? IF YES, EXPLAIN: NMI ACHIEVED?

INJURY TO ARRESTEE? (Check Any Boxes That Apply) ☐ YES ☐ NO

PHOTOS? ☐ YES ☐ NO

(IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLETE THE SECTION BELOW)

BY:

LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOULDER ☐ CHEST ☐ BACK ☐ GROIN ☐ BUTTOCKS

☐ ARMS ☐ LEGS ☐ FEET ☐ OTHER

DEGREE: TREATMENT & LOCATION:

DESCRIBE INJURY:

INJURY TO OFFICER? (Check Any Boxes That Apply) ☐ YES ☐ NO

PHOTOS? ☐ YES ☐ NO

(IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLETE THE SECTION BELOW)

LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOULDER ☐ CHEST ☐ BACK ☐ GROIN ☐ BUTTOCKS

☐ ARMS ☐ LEGS ☐ FEET ☐ OTHER

DEGREE: TREATMENT & LOCATION:

DESCRIBE INJURY:

SUSPECT



INDICATE TASER, BATON, OR CHEMICAL SPRAY CONTACT OR INJURY LOCATIONS



SIGNATURE OF OFFICER: _____

DATE: _____

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 DEPARTMENTAL POLICY?

☐ YES☐ NO

SUPERVISOR'S DETAILED FOLLOW UP INVESTIGATION:

CFS#

- ☐ WITNESS STATEMENTS ATTACHED ☐ OBSERVED ARRESTEE PERSONALLY ☐ PHOTOS TAKEN
☐ RESPONDED TO HOSPITAL ☐ ALL BWC OR OTHER VIDEO REVIEWED ☐ ADDITIONAL SUPPLEMENT PAGE
☐ MVR INCIDENT VIDEO AVAILABLE ☐ MVR TRANSPORT VIDEO AVAILABLE

SUPERVISOR'S SIGNATURE _____

DATE REVIEWED _____

Printed Name and Badge Number: _____

T.E.D. Review

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 OFFICER: (ANY OFFICER TAKING DEFENSIVE ACTION MUST MAKE A SEPARATE REPORT)

NAME

BADGE NUMBER

CFS#

DATE OF REPORT

DATE OF INCIDENT

TIME OF INCIDENT

MPD WITNESSES / OTHER OFFICERS USING FORCE

OTHER WITNESS AND CONTACT INFORMATION

1. BADGE #

4.

2. BADGE #

5.

3. BADGE #

6.

ARRESTEE INFORMATION

NAME

DATE OF BIRTH

RACE

SEX

ADDRESS

☐ CCH ATTACHED

ARRESTEE/OFFICER FACTORS:

CHARGES

ARRESTEE: AGE SEX HEIGHT WEIGHT

DID THE SUSPECT DISPLAY MARTIAL ARTS/FIGHTING SKILLS? ☐ YES ☐ NO

OFFICER: AGE SEX HEIGHT WEIGHT

NUMBER OF SUSPECTS

ARRESTEE CONDITION AT TIME OF ARREST:

IF OTHER, DESCRIBE:

REASON FOR DEFENSIVE ACTION: (Check the most appropriate)

Describe Original Call Type (Domestic, Fight, Etc)

SUBJECT'S ACTIONS TOWARD OFFICER: (Check All That Apply)

☐ FAILING TO COMPLY WITH COMMANDS

☐ PULLING AWAY

☐ ATTEMPTING TO DISARM OFFICER

☐ REFUSING TO MOVE/DEAD WEIGHT

☐ PUSHING/WRESTLING WITH OFFICER

☐ WEAPON/WEAPONLESS DEADLY FORCE

☐ VERBAL/PHYSICAL DANGER CUES

☐ STRIKING/PUNCHING/KICKING

☐ OTHER:

OFFICER'S RESPONSE: (Check All That Apply)

☐ VERBAL COMMANDS

☐ TAKE DOWN

☐ BATON STRIKES

☐ ESCORT POSITION

☐ ELBOW / OPEN HAND / KNEE STRIKES

☐ TASER

☐ BALANCE DISPLACEMENT

☐ STRIKING MUSCLE MASS GROUP

☐ LESS LETHAL MUNITIONS

☐ PRESSURE POINT CONTROL

☐ CHEMICAL SPRAY

☐ DEADLY FORCE

☐ JOINT MANIPULATION

☐ BATON RESTRAINT

☐ OTHER:

WEAPONS INVOLVED:

ARRESTEE:

IF OTHER, DESCRIBE:

OFFICER:

IF OTHER, DESCRIBE:

TASER: ☐ SUCCESS ☐ FAILURE

IF FAILED, EXPLAIN:

IF PROBES FAILED, WAS THE DRIVE STUN USED AS FOLLOW-UP?

DRIVE STUN CONTACT?

DART PROBE CONTACT?

DART SPREAD: INCHES

NUMBER OF CARTRIDGES FIRED:

NUMBER OF CYCLES:

TARGET DISTANCE: FT.

DID MORE THAN ONE OFFICER DEPLOY A TASER:

HOW MANY OFFICERS DEPLOYED TASER?

SIMULTANEOUS DEPLOYMENT?

IF YES, EXPLAIN:

NMI ACHIEVED?

INJURY TO ARRESTEE? (Check Any Boxes That Apply) ☐ YES ☐ NO

PHOTOS? ☐ YES ☐ NO

(IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLETE THE SECTION BELOW)

BY:

LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOULDER ☐ CHEST ☐ BACK ☐ GROIN ☐ BUTTOCKS

☐ ARMS ☐ LEGS ☐ FEET ☐ OTHER

DEGREE:

TREATMENT & LOCATION:

DESCRIBE INJURY:

INJURY TO OFFICER? (Check Any Boxes That Apply) ☐ YES ☐ NO

PHOTOS? ☐ YES ☐ NO

(IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLETE THE SECTION BELOW)

LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOULDER ☐ CHEST ☐ BACK ☐ GROIN ☐ BUTTOCKS

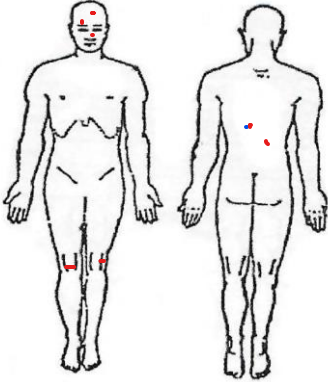
☐ ARMS ☐ LEGS ☐ FEET ☐ OTHER

DEGREE:

TREATMENT & LOCATION:

DESCRIBE INJURY:

SUSPECT



INDICATE TASER, BATON, OR CHEMICAL SPRAY CONTACT OR INJURY LOCATIONS

[Redacted]

SIGNATURE OF OFFICER: _____

DATE: [Redacted] _____

Addendum to Incident #:

☐ Officer Narrative ☐ Supervisor Follow-up Invest

II. TO BE COMPLETED BY SUPERVISOR:

Officer(s) Using Force:

[REDACTED]

DOES THIS USE OF FORCE COMPLY WITH DEPARTMENTAL POLICY?

☐ YES☐ NO

SUPERVISOR'S DETAILED FOLLOW UP INVESTIGATION:

CFS#

[REDACTED]

- ☐ WITNESS STATEMENTS ATTACHED ☐ OBSERVED ARRESTEE PERSONALLY ☐ PHOTOS TAKEN
☐ RESPONDED TO HOSPITAL ☐ ALL BWC OR OTHER VIDEO REVIEWED ☐ ADDITIONAL SUPPLEMENT PAGE
☐ MVR INCIDENT VIDEO AVAILABLE ☐ MVR TRANSPORT VIDEO AVAILABLE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SUPERVISOR'S SIGNATURE _____

DATE REVIEWED [REDACTED] _____

Printed Name and Badge Number: _____

T.E.D. Review

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 OFFICER: (ANY OFFICER TAKING DEFENSIVE ACTION MUST MAKE A SEPARATE REPORT)

NAME

BADGE NUMBER

CFS#

DATE OF REPORT

DATE OF INCIDENT

TIME OF INCIDENT

MPD WITNESSES / OTHER OFFICERS USING FORCE

OTHER WITNESS AND CONTACT INFORMATION

1. BADGE #

4.

2. BADGE #

5.

3. BADGE #

6.

ARRESTEE INFORMATION

NAME

DATE OF BIRTH

RACE

SEX

ADDRESS

☐ CCH ATTACHED

ARRESTEE/OFFICER FACTORS:

CHARGES

ARRESTEE: AGE SEX HEIGHT WEIGHT

DID THE SUSPECT DISPLAY MARTIAL ARTS/FIGHTING SKILLS? ☐ YES ☐ NO

OFFICER: AGE SEX HEIGHT WEIGHT

NUMBER OF SUSPECTS

ARRESTEE CONDITION AT TIME OF ARREST:

IF OTHER, DESCRIBE:

REASON FOR DEFENSIVE ACTION: (Check the most appropriate)

Describe Original Call Type (Domestic, Fight, Etc)

SUBJECT'S ACTIONS TOWARD OFFICER: (Check All That Apply)

☐ FAILING TO COMPLY WITH COMMANDS

☐ PULLING AWAY

☐ ATTEMPTING TO DISARM OFFICER

☐ REFUSING TO MOVE/DEAD WEIGHT

☐ PUSHING/WRESTLING WITH OFFICER

☐ WEAPON/WEAPONLESS DEADLY FORCE

☐ VERBAL/PHYSICAL DANGER CUES

☐ STRIKING/PUNCHING/KICKING

☐ OTHER:

OFFICER'S RESPONSE: (Check All That Apply)

☐ VERBAL COMMANDS

☐ TAKE DOWN

☐ BATON STRIKES

☐ ESCORT POSITION

☐ ELBOW / OPEN HAND / KNEE STRIKES

☐ TASER

☐ BALANCE DISPLACEMENT

☐ STRIKING MUSCLE MASS GROUP

☐ LESS LETHAL MUNITIONS

☐ PRESSURE POINT CONTROL

☐ CHEMICAL SPRAY

☐ DEADLY FORCE

☐ JOINT MANIPULATION

☐ BATON RESTRAINT

☐ OTHER:

WEAPONS INVOLVED:

ARRESTEE: IF OTHER, DESCRIBE:

OFFICER: IF OTHER, DESCRIBE:

TASER: ☐ SUCCESS ☐ FAILURE IF FAILED, EXPLAIN:

IF PROBES FAILED, WAS THE DRIVE STUN USED AS FOLLOW-UP?

DRIVE STUN CONTACT?

DART PROBE CONTACT?

DART SPREAD: INCHES

NUMBER OF CARTRIDGES FIRED:

NUMBER OF CYCLES:

TARGET DISTANCE: FT.

DID MORE THAN ONE OFFICER DEPLOY A TASER:

HOW MANY OFFICERS DEPLOYED TASER?

SIMULTANEOUS DEPLOYMENT?

IF YES, EXPLAIN:

NMI ACHIEVED?

INJURY TO ARRESTEE? (Check Any Boxes That Apply) ☐ YES ☐ NO

PHOTOS? ☐ YES ☐ NO

(IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLETE THE SECTION BELOW)

BY:

LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOULDER ☐ CHEST ☐ BACK ☐ GROIN ☐ BUTTOCKS

☐ ARMS ☐ LEGS ☐ FEET ☐ OTHER

DEGREE: TREATMENT & LOCATION:

DESCRIBE INJURY:

INJURY TO OFFICER? (Check Any Boxes That Apply) ☐ YES ☐ NO

PHOTOS? ☐ YES ☐ NO

(IF "YES" IS CHECKED FOR INJURY ABOVE, COMPLETE THE SECTION BELOW)

LOCATION: ☐ HEAD/FACE ☐ NECK ☐ SHOULDER ☐ CHEST ☐ BACK ☐ GROIN ☐ BUTTOCKS

☐ ARMS ☐ LEGS ☐ FEET ☐ OTHER

DEGREE: TREATMENT & LOCATION:

DESCRIBE INJURY:

SUSPECT



INDICATE TASER, BATON, OR CHEMICAL SPRAY CONTACT OR INJURY LOCATIONS

[REDACTED]

[REDACTED]

SIGNATURE OF OFFICER: _____

DATE: [REDACTED] _____

Addendum to Incident #:

☐ Officer Narrative ☐ Supervisor Follow-up Invest