



# FALL RIVER POLICE DEPARTMENT

## USE OF DEFENSIVE TACTICS REPORT - PD235

ATTACH A COPY OF THE INCIDENT OR ARREST REPORT TO THIS FORM



### INCIDENT INFORMATION

REPORTING OFFICER:

ALPHA#

LOCATION OF INCIDENT:

DATE OF INCIDENT:

REPORT NUMBER:

TIME OF INCIDENT:

OFFICER INJURED?

### TYPE OF FORCE REPORTING (CHECK ALL THAT APPLY)

Impact Weapon (i.e. CEW(Taser) Drive Stun/Probes, Baton Strikes, Less-Lethal Shotgun)

OC Spray Deployment

Physical Force (Empty Hand Strikes, Elbow Strikes, Takedowns, Knee strikes)

Firearm Discharge on Dangerous Animal or to euthanize a severely injured animal.

K-9 Bite Deployment

Firearm Pointing (Challenge Only)

CEW (taser) Spark Display

Firearm Discharge

### SUBJECT INFORMATION

NAME OF SUBJECT:

SEX:

DOB:

RACE:

AT THE TIME OF THE INCIDENT THE SUBJECT WAS:

UNDER THE INFLUENCE OF ALCOHOL

UNDER THE INFLUENCE OF DRUGS

HEIGHT:

SUICIDIAL or SELF DESTRUCTIVE

MENTALLY IMPAIRED

WEIGHT:

UNKNOWN

BUILD:

### SUBJECT INJURIES (IF APPLICABLE)

Was the Subject Injured as a result of the Use of Force?

Were Photos Taken and Submitted as Evidence?

**\*\*\*Document Observed Injuries, Treatment or Refusal within Attached Report\*\***

**All injuries should be Photographed. If unable please document the reason in your report**

### PERCEIVED SUBJECT ACTIONS (Check All that Apply)

**Full Details of Perceived Subject Actions to be Documented in Attached Report**

Passive Resistant (Level II)

Assaultive Bodily Harm (Level IV)

Active Resistant (Level III)

Serious Bodily Harm or Death (Level V)

### OFFICER RESPONSE (Check all that Apply)

**Full Details to be Documented in Attached Report**

BATON STRIKE

# OF STRIKES

**\*\*\*Indicate deployment locations on Diagram (if applicable)**

KNEE STRIKE

# OF STRIKES

ARM-BAR

RADIAL NERVE

ELBOW STRIKE

# OF STRIKES

WRIST LOCK

MEDIAL NERVE

CLOSED FIST STRIKE

# OF STRIKES

SHOULDER LOCK

PERONEAL NERVE

EMPTY HAND STRIKE

# OF STRIKES

MANDIBULAR ANGLE

SHIN DISTRACTION

Less-Lethal Shotgun  
(Supersock)

# OF STRIKES

K9-Bite Deployment

OC DEPLOYMENT

OTHER (DESCRIBED IN REPORT)

### CHEMICAL SPRAY DEPLOYMENT

OC SPRAY DEPLOYED

# OF SPRAYS

DISTANCE FROM SUBJECT

**\*\*\* Document Effect on Subject within Attached Report (i.e. burning eyes, labored breathing, skin irritation)\*\*\***

**CONDUCTED ELECTRICAL WEAPON (TASER) DEPLOYMENT**

FRPD TASER #

Verbal Warnings Used?

**\*\*Please Document verbal commands used in report\*\***

LASER FUNCTION

SPARK DISPLAY

DRIVE STUN

PROBES FIRED

# OF SPARK DISPLAYS

# OF DRIVE STUNS

# OF DEPLOYMENTS

**\*\*If duration of any deployment exceeded 5 seconds please document full details in report**

**\*\*\* Document reason for multiple deployments within Attached report\*\*\***

**\*\*\*Indicate Deployment areas on Diagram in Applicable\*\*\***

**USE OF FIREARM**

**DEPLOYMENT AREAS**

CHALLENGE ONLY (pointing)

DISCHARGE

TYPE OF WEAPON:

MAKE:

MODEL:

SERIAL:

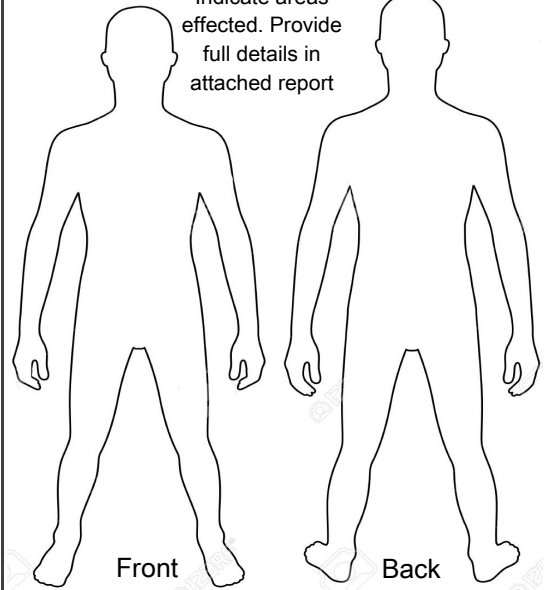
# of Shots Fired:

# Hits:

Distance from Target:

***If firearm was discharged to subdue a dangerous animal or to euthanize a severely injured animal please document accordingly in your attached report***

Indicate areas effected. Provide full details in attached report



**REPORTING OFFICER**

NAME:

ALPHA:

SIGNATURE:

DATE:

**SUPERVISORY DETERMINATION**

**JUSTIFIED USE OF DEFENSIVE TACTICS**

**INITIAL REVIEW MUST BE BY A SUPERVISOR WHO IS NOT DIRECTLY INVOLVED IN THE INCIDENT**

				YES	NO
SERGEANT (Signature)	SERGEANT (Print Name)	ALPHA#	DATE		
LIEUTENANT (Signature)	LIEUTENANT (Print Name)	ALPHA#	DATE		
CAPTAIN (Signature)	CAPTAIN (Print Name)	ALPHA#	DATE		
DEPUTY CHIEF (Signature)	DEPUTY CHIEF (Print Name)	ALPHA#	DATE		

**ALL USE OF DEFENSIVE TACTICS REPORTS MUST HAVE A COPY OF THE INCIDENT/ARREST REPORT ATTACHED**