

BOARDMAN POLICE DEPARTMENT

APPREHENSION REPORT

DATE / TIME OCCURRED:	SUBJECT'S NAME: (LAST, FIRST, M.I.)	Adult Juvenile	Male Female	CASE#:
ARRESTING OFFICER:	INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ASSISTING OFFICER:		INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ASSISTING OFFICER:	INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ASSISTING OFFICER:		INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUBJECT COOPERATIVE, ARRESTED WITHOUT INCIDENT RESISTANCE/ AGGRESSION ENCOUNTERED SUBJECT DETAINED /RELEASED WITHOUT ARREST	HANDCUFFS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GAPPED / DOUBLE LOCKED	TOTAL MINUTES HANDCUFFS ON: _____ MIN.
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COMPLETE BELOW INFORMATION ONLY IF RESISTANCE OR AGGRESSION WAS ENCOUNTERED

INDIVIDUAL'S ACTIONS (CHECK ALL BOXES THAT APPLY)	OFFICER'S RESPONSE (CHECK ALL BOXES THAT APPLY)
<input type="checkbox"/> WEAPONS USED AGAINST OFFICER <input type="checkbox"/> ATTEMPTING TO DISARM OFFICER <input type="checkbox"/> LIFE THREATENING WEAPONLESS ASSAULT <input type="checkbox"/> STRIKING OR KICKING OFFICER <input type="checkbox"/> WRESTLING WITH OFFICER <input type="checkbox"/> PUSHING OFFICER <input type="checkbox"/> PULLING AWAY FROM OFFICER (FLEEING OFFICER) <input type="checkbox"/> REFUSING TO MOVE – DEAD WEIGHT <input type="checkbox"/> NOT RESPONDING TO COMMANDS <input type="checkbox"/> VERBAL DANGER CUES <input type="checkbox"/> PHYSICAL DANGER CUES	<input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> BATON TECHNIQUES <input type="checkbox"/> LESS-LETHAL IMPACT MUNITIONS <input type="checkbox"/> STRIKING STRUCTURAL AREAS <input type="checkbox"/> O.C. AEROSOL AGENTS <input type="checkbox"/> BATON RESTRAINTS <input type="checkbox"/> TASER (Electronic Control Device) <input type="checkbox"/> STRIKING MOTOR MUSCLE GROUPS <input type="checkbox"/> TAKEDOWNS <input type="checkbox"/> JOINT MANIPULATION <input type="checkbox"/> PPC <input type="checkbox"/> BALANCE DISPLACEMENT <input type="checkbox"/> ESCORT POSITION <input type="checkbox"/> ASSISTANCE FROM OTHER OFFICERS <input type="checkbox"/> VERBAL OR PHYSICAL COMMANDS <input type="checkbox"/> OFFICER PRESENCE

OTHER OFFICER RESPONSES (CHECK ALL BOXES THAT APPLY)	<input type="checkbox"/> DISPLAYED WEAPON (DRAWN BUT NOT USED)	<input type="checkbox"/> FIREARM <input type="checkbox"/> BATON	<input type="checkbox"/> LESS LETHAL MUNITIONS	<input type="checkbox"/> O.C. <input type="checkbox"/> TASER	<input type="checkbox"/> OTHER
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SUBJECT INFORMATION		
COMPLAINT OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	EVIDENCE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SUBJECT INJURED PRIOR TO ARRIVAL OF OFFICERS	<input type="checkbox"/> SUBJECT INJURED DURING ARREST	
SUBJECT'S CONDITION: <input type="checkbox"/> UNIMPAIRED <input type="checkbox"/> IMPAIRED (EXPLAIN)	MEDICAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
REPORTING OFFICER	SIGNATURE:	DATE / TIME

BELOW INFORMATION TO BE COMPLETED BY TURN SUPERVISOR

SUBJECT INTERVIEWED? DATE/TIME	WITNESSES?	STATEMENTS ATTACHED?	COOPERATIVE	COMBATIVE	PHOTOGRAPHS TAKEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES BY: <input type="checkbox"/> NO
WITNESS NAME (LAST, FIRST,)	D.O.B.	ADDRESS	PHONE	()	
WITNESS NAME (LAST, FIRST,)	D.O.B.	ADDRESS	PHONE	()	
WITNESS NAME (LAST, FIRST,)	D.O.B.	ADDRESS	PHONE	()	
<input type="checkbox"/> OFFICER'S RESPONSE WAS FOUND TO BE WITHIN DEPARTMENTAL GUIDELINES				<input type="checkbox"/> FORWARDED FOR REVIEW / INVESTIGATION	
<input type="checkbox"/> OFFICER'S RESPONSE WAS NOT STRICTLY WITHIN DEPARTMENTAL GUIDELINES					
TURN SUPERVISOR	SIGNATURE:			DATE / TIME	

ADMINISTRATIVE REVIEW

DIVISION COMMANDER	CHIEF OF POLICE
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Number of Tasers Fired		Where was Subject Struck	
Distance to Subject	Ft	Injuries/Medical Treatment	
Subjects Action Necessitating Use:			
Problems Encountered with Taser:			