

BOARDMAN POLICE DEPARTMENT**APPREHENSION/ DETENTION REPORT**

DATE / TIME OCCURRED:	SUBJECT'S NAME: (LAST, FIRST, M.I.)	ADULT JUVENILE	MALE FEMALE	RACE:	CASE #:
PRIMARY ARRESTING OFFICER:	INJURED? YES NO	ASSISTING OFFICER:			INJURED? YES NO
ASSISTING OFFICER:	INJURED? YES NO	ASSISTING OFFICER:			INJURED? YES NO
SUBJECT DETAINED/ RELEASED WITHOUT ARREST SUBJECT ARRESTED WITHOUT INCIDENT RESISTANCE/ AGGRESSION ENCOUNTERED			HANDCUFFS: YES NO GAPPED / DOUBLE LOCKED	TOTAL MINUTES HANDCUFFS ON: MIN.	
OTHER OFFICER RESPONSES (CHECK ALL BOXES THAT APPLY)	DISPLAYED WEAPON (DRAWN BUT NOT USED)	FIREARM BATON	LESS LETHAL MUNITIONS	O.C. TASER	OTHER

COMPLETE BELOW INFORMATION ONLY IF "RESISTANCE/AGGRESSION ENCOUNTERED" WAS CHECKED ABOVE

INDIVIDUAL'S ACTIONS (CHECK ALL BOXES THAT APPLY)

WEAPONS USED AGAINST OFFICER	ATTEMPTING TO DISARM OFFICER	LIFE THREATENING WEAPONLESS ASSAULT	
STRIKING OR KICKING OFFICER	WRESTLING WITH OFFICER	PUSHING OFFICER	PULLING AWAY/FLEEING
REFUSING TO MOVE	NOT RESPONDING TO COMMANDS	VERBAL DANGER CUES	
PHYSICAL DANGER CUES			

OFFICERS'S RESPONSE (CHECK ALL BOXES THAT APPLY)

DEADLY FORCE	BATON TECHNIQUES	CONTROL DEVICES & TECHNIQUES	STRIKING STRUCTURAL AREAS
OC	BATON RESTRAINTS	CONDUCTED ENERGY DEVICE	STRIKING MOTOR MUSCLE GROUPS
TAKEDOWNS	JOINT MANIPULATION	PPC	BALANCE DISPLACEMENT
ESCORT POSITION	ASSISTANCE FROM OTHER OFFICERS		
VERBAL OR PHYSICAL COMMANDS			
OFFICER PRESENCE			

SUBJECT INFORMATION

COMPLAINT OF INJURY? YES NO	EVIDENCE OF INJURY? YES NO	
SUBJECT INJURED PRIOR TO ARRIVAL OF OFFICERS	SUBJECT INJURED DURING ARREST	
SUBJECT'S CONDITION: UNIMPAIRED IMPAIRED (EXPLAIN)	MEDICAL TREATMENT: YES NO	
REPORTING OFFICER	SIGNATURE:	DATE / TIME

BELOW INFORMATION TO BE COMPLETED BY TURN SUPERVISOR

SUBJECT INTERVIEWED? DATE/TIME YES NO	COOPERATIVE? YES NO	STATEMENTS ATTACHED? YES NO	PHOTOGRAPHS TAKEN? YES NO	BY:
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
OFFICER'S RESPONSE WAS FOUND TO BE WITHIN DEPARTMENTAL GUIDELINES				FORWARD FOR REVIEW
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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Conducted Energy Weapon Deployment

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

Supervisor's Review

Supervisor's Review area (large empty space for text)

SUPERVISOR SIGNATURE

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