RESISTANCE CONTROL FORM

FORWARD COMPLETED REPORT TO INTERNAL AFFAIRS VIA COMMANDER

1. CASE NUMBER:	2. TIME:	3. DATE OF OCCURRENCE:

4. LOCATION:	5. BEAT:	6. DISPATCHED EVENT CALL TYPE (ONLY):

7. OFFICER NAME:	8. DSN:	9. SEX:	10. RACE:	11. AGE:	12. HEIGHT:	13. WEIGHT:

14. ASSIGNMENT (PATROL, SRT, DETENTION, ETC):	15. TYPE OF DUTY:	16. OFFICER'S APPEARANCE:	17. BODY ARMOR:
	☐ ON DUTY ☐ OFF DUTY ☐ EXTRA DUTY	☐ UNIFORM ☐ PLAIN CLOTHES	☐ YES ☐ NO

18. SUSPECT NAME (LAST, FIRST, MI):	19. ADDRESS:

20. SEX:	21. RACE:	22. AGE:	23. DATE OF BIRTH:	24. HEIGHT (FT/IN):	25. WEIGHT:

26. PERCEIVED MENTAL CONDITION AT TIME OF INCIDENT:
☐ NORMAL ☐ DRUG/NARCOTIC INFLUENCE
☐ ENRAGED ☐ MENTALLY DISTURBED
☐ INTOXICATED

27. NUMBER OF PEOPLE PRESENT DURING INCIDENT:
OFFICERS _____ WITNESS _____
WITH SUSPECT _____ VICTIMS _____
CIVILIANS W/OFFICER _____

28. ENVIRONMENTAL CONDITIONS:
☐ INDOORS ☐ OUTDOORS
☐ DAYTIME ☐ NIGHTTIME
☐ DAWN/DUSK ☐ ARTIFICIAL LIGHT

29. TIME RESISTANCE BEGAN:
☐ BEFORE HANDCUFFING
☐ DURING HANDCUFFING
☐ AFTER HANDCUFFING

30. REASON PHYSICAL CONTROL / WEAPONS USED (CHECK ALL THAT APPLY):
☐ TAKE CUSTODY OF SUSPECT ☐ PREVENT FELONY ☐ MAINTAIN/REGAIN CONTROL OF SUSPECT
☐ PROTECT SELF ☐ PROTECT ANOTHER PERSON ☐ PLACE PERSON IN PROTECTIVE CUSTODY
☐ PREVENT ESCAPE ☐ ACCIDENTAL DISCHARGE ☐ DESTROY AGGRESSIVE ANIMAL

31. WEAPONS USED BY SUSPECTS (CHECK ALL THAT APPLY):
☐ NONE ☐ CLUB ☐ FEET ☐ LONG GUN ☐ EXPLOSIVE DEVICE
☐ HAND(S) ☐ VEHICLE ☐ BITE ☐ OFFICER'S WEAPON ☐ KNIFE
☐ ANIMAL ☐ HANDGUN ☐ OTHER:____

32. WEAPONS USED BY / AVAILABLE TO OFFICER (CHECK ALL THAT APPLY)

A=AVAILABLE U=USED

A	U		EFFECTIVE YES	EFFECTIVE NO
☐	☐	NONE	☐	☐
☐	☐	EMPTY HAND TECHNIQUES	☐	☐
☐	☐	VNR	☐	☐
☐	☐	OC DEPLOYMENT	☐	☐
☐	☐	CS GAS	☐	☐
☐	☐	BATON	☐	☐
☐	☐	FLASHLIGHT	☐	☐
☐	☐	TASER	☐	☐
		SERIAL #: __________		
☐	☐	K9	☐	☐
☐	☐	AUTOMATIC WEAPON	☐	☐
☐	☐	BACKUP WEAPON	☐	☐
☐	☐	DUTY GUN	☐	☐
☐	☐	OFF-DUTY GUN	☐	☐
☐	☐	RIFLE	☐	☐
☐	☐	SHOTGUN LETHAL	☐	☐
☐	☐	SHOTGUN LESS-LETHAL	☐	☐
☐	☐	VEHICLE	☐	☐
☐	☐	OTHER: __________	☐	☐

33. LEVELS OF RESISTANCE USED (CHECK ALL THAT APPLY):
☐ PSYCHOLOGICAL INTIMIDATION ☐ VERBAL NON-COMPLIANCE ☐ PASSIVE RESISTANCE
☐ DEFENSIVE RESISTANCE ☐ ACTIVE AGGRESSION ☐ DEADLY FORCE ASSAULTS

34. EFFECT OF PHYSICAL CONTROL / WEAPONS USED ON SUSPECTS / OFFICERS (CHECK ONE IN EACH COLUMN):
S=SUSPECT O=OFFICER

S	O	
☐	☐	NO VISIBLE INJURY, NO COMPLAINT OF PAIN
☐	☐	NO VISIBLE INJURY, COMPLAINT OF MINOR PAIN, NO MEDICAL TREATMENT REQUIRED
☐	☐	MINOR VISIBLE INJURY (REDNESS, SWELLING, ABRASION), NO MEDICAL TREATMENT REQUIRED
☐	☐	INJURY REQUIRING OUTPATIENT TREATMENT (DOCTOR'S EXAM, STITCHES, X-RAYS)
☐	☐	INJURY REQUIRING OVERNIGHT HOSPITALIZATION
☐	☐	FATAL
☐		SELF-INFLICTED INJURY BY SUSPECT

35. LOCATION OF INJURIES (CHECK ALL THAT APPLY):
S=SUSPECT O=OFFICER

S	O		S	O		S	O		S	O		S	O		S	O		S	O	
☐	☐	HEAD	☐	☐	TORSO	☐	☐	HAND	☐	☐	FOOT	☐	☐	NECK	☐	☐	ARM	☐	☐	LEG

36. OFFICER'S SIGNATURE / DSN / DATE: