



Greece Police Department

Subject Resistance Report

Date: _____ Time: _____ CR#: _____ Location: _____

Subject Info:

Name (L/F/M): _____ DOB: _____ Male Female

Race: _____ Height: _____ Weight: _____ lbs Subject Injured? Yes No Unknown

Arrest Info:

Subject Arrested? Yes (list): _____
 No (reason): _____

Subject's Resistance (check all that apply and explain in report)

- Verbal (failing to adhere to commands) Active (pulling away, striking, or attempted assault)
- Passive (dead weight) Armed (Uses or attempts to use a weapon or dangerous instrument)

Taser Info:

Was a Taser Used? Yes No Model: _____ SN: _____ Cartridge #: _____

Mode? Drive Stun Distance (feet): _____ # of Shots: _____ Point of Aim: _____
 Probes
 Both Skin Penetration? No Yes Removed by/at: _____

Tactic Effectiveness (Check appropriate box(s) indicating if tactic was used, order number of tactic, and effectiveness):

Effectiveness Codes : E - Effective, ME - Moderately Effective, NE - Not Effective

<u>Tactic</u>	<u>Order Effective</u>	<u>Tactic</u>	<u>Order Effective</u>	<u>Tactic</u>	<u>Order Effective</u>
<input type="checkbox"/> Verbal		<input type="checkbox"/> Defensive Wedge		<input type="checkbox"/> Power Chop	
<input type="checkbox"/> Mandibular Angle		<input type="checkbox"/> Hooking Technique		<input type="checkbox"/> Forward Spin/Strike	
<input type="checkbox"/> Hypoglossal Nerve		<input type="checkbox"/> Ground Stabilization		<input type="checkbox"/> Reverse Spin/Strike	
<input type="checkbox"/> Jugular Notch		<input type="checkbox"/> Spear Block		<input type="checkbox"/> Horizontal Strike	
<input type="checkbox"/> Clavical Notch		<input type="checkbox"/>		<input type="checkbox"/> Middle Strike	
<input type="checkbox"/> Brachial Stun		Force Instruments:		<input type="checkbox"/> Inside Spin	
<input type="checkbox"/> Subscapular Stun		<input type="checkbox"/> PR 24 <input type="checkbox"/> Monadnock Expandable Baton		<input type="checkbox"/> Power Spin	
<input type="checkbox"/> Jab		<input type="checkbox"/> Shin Sheer		<input type="checkbox"/> Oleoresin Capsicum(OC)	
<input type="checkbox"/> Front Kick		<input type="checkbox"/> Arm Lock		<input type="checkbox"/> Taser	
<input type="checkbox"/> Straight Punch		<input type="checkbox"/> Front Jab		<input type="checkbox"/> Bean Bag	
<input type="checkbox"/> Angle Kick		<input type="checkbox"/> Rear Jab		<input type="checkbox"/> Hand Gun	
<input type="checkbox"/> Forearm Strike		<input type="checkbox"/> Flat Chop		<input type="checkbox"/> Long Gun	
<input type="checkbox"/> Knee Strike		<input type="checkbox"/> Upper Chop		<input type="checkbox"/>	

Officer(s) Involved:

Primary:	IBM:	Height:	Weight:	Car:	Uniform:	Injured:
Assisting:	IBM:	Height:	Weight:	Car:	Uniform:	Injured:
Assisting:	IBM:	Height:	Weight:	Car:	Uniform:	Injured:
Assisting:	IBM:	Height:	Weight:	Car:	Uniform:	Injured:

Witnesses: Codes: W - Witness/Deposed, NI - Not Interviewed, NO - Interviewed/No Information, WR - Witness/Refused Deposition

<u>Name</u>	<u>Address</u>	<u>Day Phone</u>	<u>Eve Phone</u>	<u>Code</u>

Medical Information:

Suspect Condition: _____ Suspect Treated By: _____ For OC? No Yes Status: _____

Subject Injured Prior to Incident? No Yes (describe): _____

Subject Injured During Incident? No Yes (describe): _____

Tech Work Performed? No Yes (describe): _____

Reports Completed (forward copies with SRR to IAD Lt.): Crime IAR Incident PDR Tech Addendum

Command Officer at Scene: _____ Reporting Officer: _____

Reporting Officer's Signature	Reviewed By	Date	IAD Lieutenant	Date
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GREECE POLICE DEPARTMENT
REPORT OF ANIMAL DESTROYED

DATE: _____ TIME: _____ KIND OF ANIMAL: _____

LOCATION: _____

NATURE OF INJURY: _____

CAUSE OF INJURY (e.g. MVA): _____

WEAPON USED BY OFFICER TO DESTROY ANIMAL: _____

TYPE OF AMMUNITION: _____

NUMBER OF ROUNDS USED BY OFFICER: ____

DESTROYED BY (Officer's Name): _____

WITNESS 1 (Name, Address, Phone #): _____

WITNESS 2 (Name, Address, Phone #): _____

ADDITIONAL INFORMATION:

ADDITIONAL REPORTS:

MVA Report CR: _____

Incident Report CR: _____

Crime Report CR: _____

Other: _____

Reporting Officer: _____ Date: _____

Supervisor Officer: _____ Date: _____

Copies: IAD Lieutenant

Form # IN-018

INCIDENT	Monroe County Incident Report		1. Agency Greece Police		2. Zone / Precinct		3. Report Date		4. Report Time		5. Incident Type		6. Incident No.				
	7. Date From			8. Time From		9. Date To			10. Time To		11. Dispatched To (Address)						
	12. Incident Address (Street, Bldg. No., Apt. No.)							13. City, State, Zip C / T / V				14. Weapon(s)					
	15. OFF. NO.		LAW		SECTION		SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE					CTS
VICTIM	16. Victim Name (V1)							17. (V1) Address: (Street, Bldg. No., Apt. No.)					18. Telephone No. W / H / C			A.	
	19. Date of Birth		20. Age	21. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		22. Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk			23. Ethnic: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unk		24. Residence Status: <input type="checkbox"/> Temp. Res - Foreign Nat. <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.					B.	
	25. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> Yes <input type="checkbox"/> NO														C.		
ASSOCIATED PERSONS	26. R = Reporting Person W = Witness PK = Person w/Knowledge NI = Not Interviewed NO = Interview No Information														D.		
	Type / No.	Name (Last, First, Middle)				D.O.B.		Sex M/F/U	Race W/B/I/A/U		Address				Telephone No. W / H / C		E.
																	F.
																	G.
SUSPECT / ARRESTED MISSING PERSON	27. Type/No.		28. Name (Last, First, Middle)					29. Alias/ Nickname/ Maiden			30. Apparent Condition: <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis. <input type="checkbox"/> Impaired Alcoh <input type="checkbox"/> Inj/III <input type="checkbox"/> App. Norm <input type="checkbox"/> Unk					H.	
	31. Address					32. Telephone No. W / H / C			33. MoRis No.		34. Employer / School					I.	
	35. D.O.B.		36. Age	37. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		38. Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk			39. Ethnic: <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk <input type="checkbox"/> Non-Hispanic		40. Build <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Medium		41. Skin Color <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk <input type="checkbox"/> Med. <input type="checkbox"/> Other		42. Height	43. Weight	J.
	44. Hair		45. Eye Color		46. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contacts		47. S / M / T			48. Clothing Description					K.		
	49. Missing Person Code:			50. Mother's Maiden Name					51. Misc. (School Dist. / Place of Birth)					L.			
PROPERTY	52. Vict./ Susp. No.	Property Status	Property / Drug Type	Quantity / Measure	Color	Make / Model	Serial # / VIN		Description / Firearms: include Caliber/ Barrel Length and Finish				TT #	Value	M.		
															N.		
															M.O.		
VEHICLES	53. Vehicle Status		54. License Plate		Full <input type="checkbox"/> Partial <input type="checkbox"/>	55. Lic. State	56. Exp. Yr	57. Plate Type	58. Value	59. Veh. Yr	60. Veh. Color		1.				
	61. Make		62. Model		63. Style		64. VIN					65. Inventory Search <input type="checkbox"/> Yes <input type="checkbox"/> No		2.			
	66. Towed By: To:			67. Working / Recovery CR#			68. Hold For:		69. Owner Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes By:		70. TT Message #			3.			
**NARRATIVE	71.														4.		
															5.		
															6.		
															7.		
															8.		
															9.		
ADMINISTRATIVE	False Statements made Herein are punishable by a Class A Misdemeanor pursuant to the New York State Penal Law																
	72. Inquiries <input type="checkbox"/> DMV <input type="checkbox"/> Want / Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other <input type="checkbox"/> Tech. By:							73. NYSPIN Message #		74. Complainant's Signature							
	75. Reporting Officer's Signature (Include Rank)						76. ID No.		77. Supervisor's Signature				78. ID No.				
	79. Status <input type="checkbox"/> Field <input type="checkbox"/> Cleared By (check box to right) <input type="checkbox"/> Incident <input type="checkbox"/> CBI <input type="checkbox"/> Warrant Advised			Cleared By: <input type="checkbox"/> Arrest-Adult <input type="checkbox"/> Arrest-Juvenile <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Death of Offender <input type="checkbox"/> Victim Refused Coop <input type="checkbox"/> Juvenile No Court <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Unfounded					80 Review Date		81. Notified / Turned over To						
** Additional Narrative on Addendum Page Of																	