

1. LAST NAME		FIRST		M.I.	2. DATE	3. TIME	4. CR #
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5. DOB	6. SEX Male	7. RACE White	8. HEIGHT	9. WEIGHT	10. INCIDENT LOCATION	PSA 23
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11. ARREST? NO – release approved by:
 YES – charges:

<p>12. SUBJECTS ACTIONS</p> <p>Subject resisted by (check all that apply and explain in narrative)</p>	<p>13. TACTIC EFFECTIVENESS</p> <p>Check the appropriate box indicating whether the tactic was used, if the tactic was used write the number (1,2,3...) indicating what order the tactics were used in column one (1). In column two (2) write E, for <i>Effective</i>, ME, for <i>Moderately Effective</i> and NE, for <i>Not Effective</i>.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:10%; text-align: center;">Order</th> <th style="width:10%; text-align: center;">Effectiveness</th> <th style="width:30%;"></th> <th style="width:10%; text-align: center;">Order</th> <th style="width:10%; text-align: center;">Effectiveness</th> </tr> </thead> </table>		Order	Effectiveness		Order	Effectiveness
	Order	Effectiveness		Order	Effectiveness		

<input type="checkbox"/> Verbal Resistance (Failing to adhere to verbal commands) <input type="checkbox"/> Passive Resistance (dead weight) <input type="checkbox"/> Active Resistance (pulling away, striking or attempt assault) <input type="checkbox"/> Armed Resistance (uses or attempts to use a weapon or dangerous instrument)	<input type="checkbox"/> Verbal <input type="checkbox"/> Mandibular Angle <input type="checkbox"/> Hypoglossal Nerve <input type="checkbox"/> Jugular Notch <input type="checkbox"/> Clavical Notch <input type="checkbox"/> Brachial Stun <input type="checkbox"/> Suprascapular Stun <input type="checkbox"/> Jab <input type="checkbox"/> Front Kick <input type="checkbox"/> Straight Punch <input type="checkbox"/> Angle Kick <input type="checkbox"/> Forearm Strike <input type="checkbox"/> Knee Strike <input type="checkbox"/> Defensive Wedge <input type="checkbox"/> Hooking Technique <input type="checkbox"/> Ground Stabilization (ie. 3-Point Landing, joint manipulation)			<input type="checkbox"/> Forward Spin <input type="checkbox"/> Shin Sheer <input type="checkbox"/> Arm Lock <input type="checkbox"/> Front Jab w/Baton <input type="checkbox"/> Rear Jab w/ Baton <input type="checkbox"/> Flat Chop <input type="checkbox"/> Upper Chop <input type="checkbox"/> Forward Spin <input type="checkbox"/> Reverse Spin <input type="checkbox"/> Inside Spin <input type="checkbox"/> Power Spin <hr/> <input type="checkbox"/> OC <input type="checkbox"/> Taser <input type="checkbox"/> Bean Bag <input type="checkbox"/> Hand Gun <input type="checkbox"/> Long Gun <input type="checkbox"/> Other: <input type="checkbox"/> Other:		
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14. Narrative (If officer is in plainclothes, describe own clothing. If tactic(s) used on subject were ineffective, explain reason(s) why.)

Officer: <input type="checkbox"/> Primary Officer <input type="checkbox"/> Assisting Officer Name:	ID#
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15. Name	ID #	Height	Weight	Division	Pltn	Uniform	Injured/Treated	Cover Page
PRIMARY:								

WITNESSES – Conduct a neighborhood check and indicate with code: W – Witness/Deposed, NI – Not Interviewed, NO – Interviewed/No Information, WR – Witness/Refused Deposition.

16. NAME	ADDRESS	DAY PHONE	EVENING PHONE	WITNESS CODE

MEDICAL

**Attach and forward a copy of all depositions to PSS and PDS*

17. Condition of subject: Sober Alcohol Influence Intoxicated (alcohol) Drugs

18. Subject injured prior to incident: No Yes, describe:

19. Subject injured during incident: No Yes, describe:

20. If subject was exposed to O.C., was subject treated: No Yes At hospital PSB eyewash station

21. Hospitalization: No – Reason: Yes – Transport via RPD vehicle # Ambulance Co./Veh # Other

22. Hospital: Admitted Treated and Released No Treatment Refused 23. Attending medical professional:

24. Subject: Admitted Treated and Released No Treatment Refused 25. Time of treatment/refusal:

26. Witness to refusal:

27. Technician work performed: No – Reason: Yes by: Photos Diagram Other:

Photos of: Member(s) Subject Other:

28. Reports completed: Crime Incident Investigative action
 (DO NOT ATTACH) Prisoner data Addendum(s) Technicians report
 Other: CR #'s:

29. Commanding Officer at scene: Rank: Division:

ADMINISTRATIVE REVIEW

30. Reviewing Supervisor: _____ Date: _____

31. Platoon Commanding Officer: _____ Date: _____

SUBJECT

RPD 1377

subject resistance report

rochester police department

1. NAME LAST			FIRST		MIDDLE		2. DATE	3. TIME	4. CR#	
5. DOB	6. SEX	7. RACE	8. HEIGHT	9. WEIGHT	10. INCIDENT LOCATION				PSA	

11. ARREST? NO - release approved by: _____
 YES - charges: _____

12. SUBJECT ACTIONS	13. TACTIC EFFECTIVENESS						
Subject resisted by (Check all that apply and explain in narrative.) <input type="checkbox"/> Verbal Resistance (failing to adhere to verbal commands) <input type="checkbox"/> Passive Resistance (dead weight) <input type="checkbox"/> Active Resistance (pulling away, striking or attempt assault) <input type="checkbox"/> Armed Resistance (uses or attempts to use a weapon or dangerous instrument)			ORDER		EFFECTIVE		
	ORDER	EFFECTIVE	ORDER	EFFECTIVE	ORDER	EFFECTIVE	
<input type="checkbox"/> Verbal					<input type="checkbox"/> Forward Spin		
<input type="checkbox"/> Mandibular Angle					<input type="checkbox"/> Shin Sheer		
<input type="checkbox"/> Hypoglossal Nerve					<input type="checkbox"/> Arm Lock		
<input type="checkbox"/> Jugular Notch					<input type="checkbox"/> Front Jab w/ Baton		
<input type="checkbox"/> Clavical Notch					<input type="checkbox"/> Rear Jab w/ Baton		
<input type="checkbox"/> Brachial Stun					<input type="checkbox"/> Flat Chop		
<input type="checkbox"/> Suprascapular Stun					<input type="checkbox"/> Upper Chop		
<input type="checkbox"/> Jab					<input type="checkbox"/> Forward Spin		
<input type="checkbox"/> Front Kick					<input type="checkbox"/> Reverse Spin		
<input type="checkbox"/> Straight Punch					<input type="checkbox"/> Inside Spin		
<input type="checkbox"/> Angle Kick					<input type="checkbox"/> Power Spin		
<input type="checkbox"/> Forearm Strike					<input type="checkbox"/> OC-PLS (Circle One)		
<input type="checkbox"/> Knee Strike					<input type="checkbox"/> Taser		
<input type="checkbox"/> SPEAR					<input type="checkbox"/> Bean Bag		
<input type="checkbox"/> Hooking Technique					<input type="checkbox"/> Hand Gun		
<input type="checkbox"/> Ground Stabilization (ie. 3-Point Landing, joint manipulation)					<input type="checkbox"/> Long Gun		
					<input type="checkbox"/> Other: _____		
					<input type="checkbox"/> Other: _____		

14. Narrative (If officer is in plainclothes, describe own clothing. If tactic(s) used on subject were ineffective, explain reason(s) why.):

OFFICER: Primary Officer Assisting Officer Name _____ ID# _____

15. NAME <i>(List all of the officer(s)/Agencies whom were on scene)</i>	ID#	Height	Weight	Sect./ Plt.	Uniform	Injured/ Treated	Cover Page
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MEDICAL

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17. Condition of subject: sober alcohol influence intoxicated (alcohol) drugs

18. Subject injured prior to incident: no yes, describe: _____

19. Subject injured during incident: no yes, describe: _____

20. If subject was exposed to O.C, was subject treated: no yes at hospital PSB eyewash station

21. Hospitalization: NO - reason: _____
 YES -transport via RPD vehicle # _____ Ambulance Co./Veh. # _____ Other: _____

22. Hospital: _____ 23. Attending medical professional: _____

24. Subject: admitted treated and released no treatment refused 25. Time of treatment/refusal: _____

26. Witness to refusal: _____

27. Technician work performed: NO - reason: _____
 Yes by: _____ photos diagram(s) other: _____

Photos of: member(s) _____ subject other _____

28. Reports completed: crime incident investigative action
 (DO NOT ATTACH) prisoner data addendum(s) technician's report
 other: _____ CR#s _____

29. Commanding Officer at scene: _____ Rank: _____ Section: _____

ADMINISTRATIVE REVIEW

30. Reviewing Supervisor: _____ Date: _____

31. Platoon Commanding Officer: _____ Date: _____

SUBJECT

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