

USE of FORCE REPORT(s)

- a. Use of Force**
- b. O/C Administrative Warning**

APD 181

**CITY OF ANDERSON POLICE DEPARTMENT
Use of Force Report
Form APD-181a**

Case No: _____ **Date:** _____ **Time:** _____

Officer: _____ **Incident Location:** _____

Charges: _____

Type of Incident: _____

	Name	Address	Phone	D.O.B.
SUSPECTS				
WITNESSES				

TYPE of FORCE USED: Taser: _____ Chemical _____ Physical _____ Impact _____ Firearm _____

If chemical weapon was used, effect: Immobilized _____ Moderate _____ None _____

Injury to suspect: _____

Injury to officer: _____

Was Medical Attention Required? _____ Yes _____ No

Was EMS Notified? _____ Yes _____ No

Hospital Name: _____ **Doctor Name:** _____

SUMMARY of INCIDENT (Use additional paper if necessary):

Reporting Officer _____ **Date** _____

Supervisor _____ **Date** _____

O/C ADMINISTRATIVE WARNING

Person Arrested: _____ / Date: _____ / Time: _____

Interviewing Officer: _____ Case #: _____

To be given to any person who is exposed to O.C. spray

1. You have been exposed to OLEORESIN CAPSICUM (O.C.), a natural product derived from CAYENNE PEPPERS. As long as you are cooperative, I am going to treat you to reduce the discomfort you are feeling.
2. O.C. IS NON-TOXIC and the effects will dissipate in a short time. However, the effects of O.C. may mask or cover other medical conditions, including overdoses or toxic levels of drugs like Cocaine, Amphetamines, Barbituates, PCP, Opiates, Heroin, or Alcohol.
3. I am going to ask you five (5) questions for your own safety. Not answering my questions, withholding information, or giving false or misleading answers could delay medical treatment and may seriously jeopardize your health and safety.

Question # 1 Are you currently under the influence of Cocaine, Amphetamines, Barbituates, PCP, Opiates, Heroin, or Alcohol?

Yes _____ No _____ Which One(s) _____ Refused To Answer _____

Question # 2 Have you taken Cocaine, Amphetamines, Barbituates, PCP, Opiates, Heroin, or Alcohol in the last eight (8) hours?

Yes _____ No _____ Which One(s) _____ Refused To Answer _____

Question # 3 Do you normally take any illegal drugs or prescription drugs?

Yes _____ No _____ Which One(s) _____ Refused To Answer _____

Question # 4 Do you have heart problems, lung problems, diabetes, high blood pressure, or any other serious medical condition(s)?

Yes _____ No _____ Which One(s) _____ Refused To Answer _____

Question # 5 Do you have any allergies?

Yes _____ No _____ Which One(s) _____ Refused To Answer _____

Officer Signature: _____ Witnessed by: _____

Date: _____ Time: _____