

CITY OF ANDERSON POLICE DEPARTMENT
RESPONSE TO RESISTANCE FORM

CASE # _____

DATE OF INCIDENT ____/____/____

INCIDENT LOCATION _____

TIME OF INCIDENT _____

- ! **RESPONDING OFFICER** IS TO COMPLETE THIS FORM IN DETAIL
- ! **COPY** OF COMPLETED **INCIDENT REPORT** IS TO BE ATTACHED
- ! **ORIGINAL DOCUMENT** WILL BE FORWARDED TO **SUPERVISOR, NEXT TO TRAINING, NEXT TO INTERNAL AFFAIRS AND FINAL TO CHIEF OF POLICE. FINAL RECORDS TO BE HOUSED IN INTERNAL AFFAIRS.**

OFFICER / EMPLOYEE INFORMATION (FORM COMPILED FOR EACH OFFICER USING FORCE)	
NAME _____	CRT# _____
<input type="checkbox"/> YES* <input type="checkbox"/> NO MEDICAL TREATMENT REQUIRED <input type="checkbox"/> INJURY/WORK COMP. PAPERWORK COMPLETED	
*DESCRIBE INJURY	
<input type="checkbox"/> TRANSPORTED <input type="checkbox"/> ADMITTED TO HOSPITAL <input type="checkbox"/> TREATED-RELEASED <input type="checkbox"/> EMS <input type="checkbox"/> OTHER	
<input type="checkbox"/> MEDICAL FACILITY/TREATING PHYSICIAN	
<input type="checkbox"/> <input type="checkbox"/> PHOTOGRAPHS TAKEN	
<input type="checkbox"/> <input type="checkbox"/> DUTY STATUS	

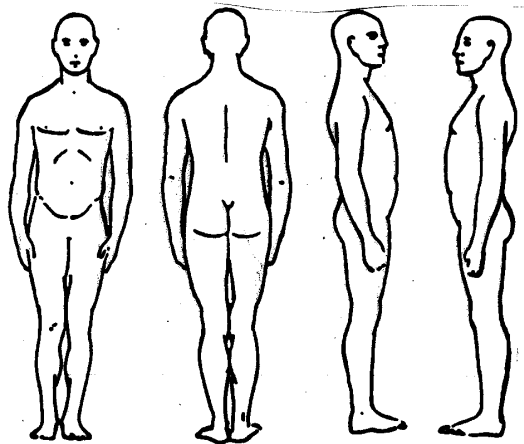
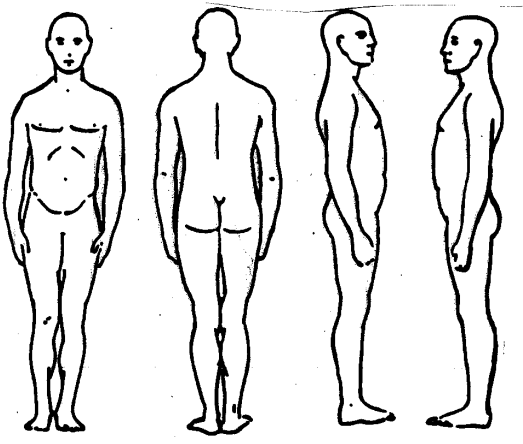
SUBJECT / SUSPECT INFORMATION		
NAME _____		
DOB _____	RACE _____	SEX _____
CRIMINAL CHARGE(S)		
<input type="checkbox"/> NO INJURY <input type="checkbox"/> COMPLAINT OF INJURY <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> MEDICAL ATTENTION <input type="checkbox"/> REFUSED		
*DESCRIBE INJURY		
<input type="checkbox"/> TRANSPORTED <input type="checkbox"/> ADMITTED TO HOSPITAL <input type="checkbox"/> TREATED/RELEASED <input type="checkbox"/> EMS <input type="checkbox"/> OTHER		
<input type="checkbox"/> <input type="checkbox"/> PHOTOGRAPHS TAKEN		

DID ANYONE WITNESS THE RESPONSE TO RESISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATEMENT (S) TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO (INDICATE ON WITNESS LINE FOR EACH TAKEN)
IDENTIFY NAME, ADDRESS, PHONE
WITNESS #1
WITNESS #2

<p style="text-align: center;"><u>BATON</u></p> <p><input type="checkbox"/> FORWARD FOCUS STRIKE</p> <p><input type="checkbox"/> FORWARD CUTTING STRIKE</p> <p><input type="checkbox"/> REVERSE CUTTING STRIKE</p>	<p style="text-align: center;"><u>CHEMICAL (OC OR OTHER)</u> (CIRCLE APPROPRIATE DEVICE)</p> <p><input type="checkbox"/> FULL INCAPACITATION</p> <p><input type="checkbox"/> PARTIAL INCAPACITATION</p> <p><input type="checkbox"/> NO APPARENT AFFECT</p>	<p style="text-align: center;"><u>BEAN BAG OR COMPATIBLE</u></p> <p><input type="checkbox"/> FULL INCAPACITATION # ROUNDS _____</p> <p><input type="checkbox"/> PARTIAL INCAPACITATION</p> <p><input type="checkbox"/> NO AFFECT DISTANCE _____ FEET</p>
<p style="text-align: center;"><u>M26 / X26 TASER</u> (CIRCLE APPROPRIATE DEVICE)</p> <p><input type="checkbox"/> DEPLOYED <input type="checkbox"/> DRIVE STUN</p> <p>DEPLOYMENT DISTANCE _____ Ft</p> <p>NUMBER OF CYCLES _____</p> <p><input type="checkbox"/> EFFECTIVE</p> <p><input type="checkbox"/> NON-EFFECTIVE</p> <p><input type="checkbox"/> M26 / X26 SERIAL # _____</p> <p><input type="checkbox"/> CARTRIDGES(S) SERIAL #(S) _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>FIREARM DISCHARGED OR POINTED</u></p> <p><input type="checkbox"/> PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LONG GUN</p> <p>POINTED ONLY _____ COMPLIANCE <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NUMBER OF SHOTS _____</p> <p>NUMBER OF HITS TO TARGET _____</p> <p>SHOTS ACCOUNTED FOR _____</p> <p>SHOTS UNACCOUNTED FOR _____</p> <p>WEAPON SERIAL # _____</p>	

RESPONSE TO RESISTANCE

CASE # _____
DATE OF INCIDENT ____/____/____

<p>CIRCLE THE AREA (S) OF IMPACT AND/OR INJURY</p> <p>PHOTOGRAPHS OF INJURIES ... <input type="checkbox"/> YES <input type="checkbox"/> NO ... BY WHOM</p>	
 <p style="text-align: right;">SUSPECT</p>	 <p style="text-align: right;">OFFICER</p>

Video Review
<input type="checkbox"/> Video Available
<input type="checkbox"/> Video Preserved
<input type="checkbox"/> Video Reviewed

REVIEWED BY / SIGNATURE / COMMENTS	ID#	DATE
SUPERVISOR:		
ON-SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMENTS		
TRAINING OFFICER		
COMMENTS		
INTERNAL AFFAIRS		
COMMENTS		
CHIEF OF POLICE:		
COMMENTS:		