

University of North Alabama Police Department
 RESPONSE TO RESISTANCE REPORT

Date of Incident	Officer's Name & Rank	Case No.
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Officer Status: On Duty Off Duty Uniform Plainclothes Other

Location of Incident: _____ **Time:** _____

Initial Reason for Contact: _____

Force Used Against: Individual Property Animal

Name of Person Force was Used Against	Sex	Race	Date of Birth	Ht.	Wt.

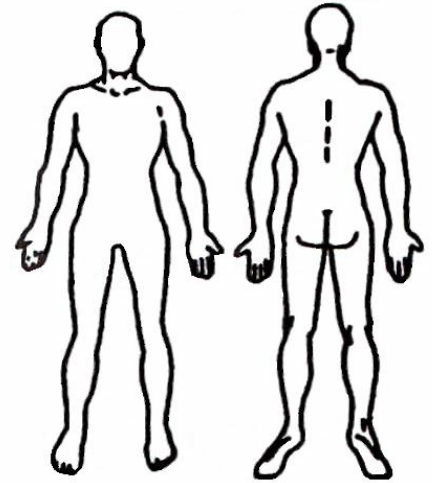
Address: _____

INITIAL FORCE: Type of Force used (Check all that apply below)

Indicate below and on diagram the location on the persons body force was used. Diagrams are not to take place of photos. At least three (3) photos are to be taken of injuries and submitted to Evidence.

Location on Body

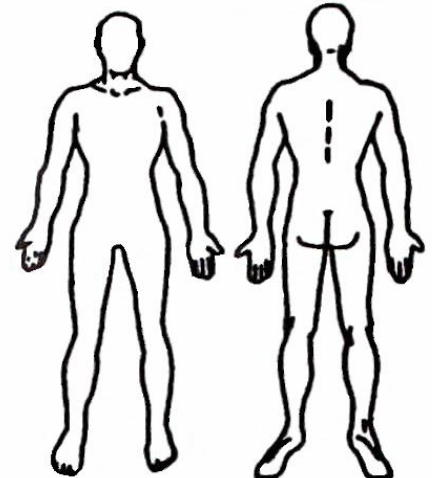
<input type="checkbox"/> Physical			_____
<input type="checkbox"/> Taser	# of deployments	<input type="checkbox"/>	_____
<input type="checkbox"/> Pepper Spray			_____
<input type="checkbox"/> Flashlight			_____
<input type="checkbox"/> ASP			_____
<input type="checkbox"/> Canine			_____
<input type="checkbox"/> Other			_____



SECONDARY FORCE: Type of Force used (Check all that apply below)

Location on Body

<input type="checkbox"/> Physical			_____
<input type="checkbox"/> Taser	# of deployments	<input type="checkbox"/>	_____
<input type="checkbox"/> Pepper Spray			_____
<input type="checkbox"/> Flashlight			_____
<input type="checkbox"/> ASP			_____
<input type="checkbox"/> Canine			_____
<input type="checkbox"/> Other			_____



Subject Armed: YES NO

If Armed, Check Weapon Type: Knife Club Firearm Other: Describe _____

Subject Charged: <input type="checkbox"/> YES <input type="checkbox"/> NO	If Arrests or Charges are Made, List Below
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List Witnesses to incident including any police personnel
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Name: Address	Phone

Was Subject Under Influence:
 YES NO Unable to Determine

Restraints Used YES NO **TYPE OF RESTRAINT USED:** _____
 Prisoner Searched Prior To Transport **Comments:** _____

If injuries were incurred as a result of the use of force, including any officers and or other persons, provide the information below: If additional space is required, please include a separate attachment to this form.

Injury Type	Name of Person Injured	Hospital or Treatment Facility	Dr. or Physician's Name

Narrative Instructions
<p>The narrative should reflect the incident as a chronological account of facts and relevant events that occurred and resulted in the use of force. If additional details and or space are required, attach the additional information as an attachment to this form. Attachments are to be titled "Use of Force Attachment for Case # ", with the reporting officer's name and date of the report. <i>(can type below, or copy and paste narrative in box below or attach to this form)</i></p>

Original to: Chief of Police

Officer's Name: _____	Date: _____
Reviewed and Approved by: _____	Date: _____
Immediate Supervisor	

Immediate Supervisor
<input type="checkbox"/> I concur with the officer's action as detailed in this Use of Force Report and the facts contained herein.
<input type="checkbox"/> I do not concur with the officer's actins as detailed in the Use of Force report and the facts contained herein. As a Result, I have submitted a letter attached to this form with my concerns and recommendations to the appropriate and affected Commander for his/her review and evaluation.
Name of Supervisor _____
Date _____

This Use of Force Report has been review and approved by:
Chief of Police: _____
Date: _____

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(can type below, or copy and paste narrative in box below or attach to this form)