



# North Kingstown Police Department

8166 Post Road, North Kingstown, Rhode Island 02852

## NON-COMPLIANT SUBJECT REPORT

Date:	Time:	Location:			Case#:
OFFICER(S) INVOLVED:					
Name:		Rank	Signature:		Other Agency, if applicable
#1					
#2					
#3					
Additional forms attached for additional involved officers: <input type="checkbox"/> YES					
SUSPECT INFORMATION:					
Name:					
Address:					
DOB:	Age:	Height:	Weight:	Sex:	Race:
Type of Incident/Charges:				Phone:	
REASON USE OF FORCE WAS NECESSARY: (Check all that apply)					
<input type="checkbox"/> Effect Arrest <input type="checkbox"/> Prevent Escape <input type="checkbox"/> Defend Another Officer/Person <input type="checkbox"/> Defend Self					
<input type="checkbox"/> Prevent Violent Felony <input type="checkbox"/> Protective Custody / Subject Safety <input type="checkbox"/> Unintentional <input type="checkbox"/> Handcuff/Restrain					
<input type="checkbox"/> Warrant Execution by SWAT/Entry Team <input type="checkbox"/> SWAT/Entry Team Operation <input type="checkbox"/> Other (_____)					
<input type="checkbox"/> Incident occurred outside of home jurisdiction					
At the time of arrest, the subject was: <input type="checkbox"/> No visible impairment					
<input type="checkbox"/> Under the influence of alcohol <input type="checkbox"/> Mentally Impaired / Emotionally Disturbed					
<input type="checkbox"/> Under the influence of drugs <input type="checkbox"/> In possession of /threatening use of a weapon <input type="checkbox"/> Other:					
OFFICER #1/K9 Handler    FORCE OPTION(S) USED: (Check all that apply)					
Presence: <input type="checkbox"/> Uniformed    OR <input type="checkbox"/> Plain clothes; AND <input type="checkbox"/> On Duty OR <input type="checkbox"/> Off Duty					
<input type="checkbox"/> Compliance Techniques: Force used to gain control (restraint, takedowns, hands, arms, feet, legs)					
<input type="checkbox"/> O.C. Spray (presented only) <input type="checkbox"/> O.C. Spray (discharged) <i>NOTE: If OC was discharged, an OC exposure form must be completed.</i>					
*Number of Bursts:		*Duration of Bursts:		*Distance from Subject:	
*Impact Location:		*Time between application/decontamination:			
Desired Effect Achieved: <input type="checkbox"/> YES <input type="checkbox"/> NO    Complications: (Describe in narrative): <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> Baton (presented only)		<input type="checkbox"/> Baton (applied)		*Impact Location:	
<input type="checkbox"/> Taser (presented only)		<input type="checkbox"/> Taser (discharged)			
<input type="checkbox"/> Probe Deployment		<input type="checkbox"/> Drive Stun		<input type="checkbox"/> K9 Deployment <input type="checkbox"/> K9 Bite	
*Impact Location(s):		* # of cycles:		* # of cartridges fired:	
*Taser No.:		*Cartridge Type used:		*Distance from Subject:	
Probe/Anchor Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO    Probe/Anchor Penetrate Skin: <input type="checkbox"/> YES <input type="checkbox"/> NO    Drive Stun Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> Firearm (presented) <input type="checkbox"/> Firearm (discharged) <i>NOTE: If a firearm was discharged, a firearm discharge report must be completed.</i>					
<input type="checkbox"/> ADPL (presented) <input type="checkbox"/> ADPL (discharged, type of munition used) <input type="checkbox"/> Other (List)					

**OFFICER #2****FORCE OPTION(S) USED: (Check all that apply)**Presence:  Uniformed OR  Plain clothes; AND  On Duty OR  Off Duty Compliance Techniques: Force used to gain control (restraint, takedowns, hands, arms, feet, legs) O.C. Spray (presented only)  O.C. Spray (discharged) *NOTE: If OC was discharged, an OC exposure form must be completed.*

\*Number of Bursts: \*Duration of Bursts: \*Distance from Subject:

\*Impact Location: \*Time between application/decontamination:

Desired Effect Achieved:  YES  NO Complications: (Describe in narrative):  YES  NO Baton (presented only)  Baton (applied) \*Impact Location: Taser (presented only)  Taser (discharged) Probe Deployment  Drive Stun

\*Impact Location(s): \*# of cycles: \*# of cartridges fired:

\*Taser No.: \*Cartridge Type used: \*Distance from Subject:

Probe/Anchor Contact:  YES  NO Probe/Anchor Penetrate Skin:  YES  NO Drive Stun Contact:  YES  NO Firearm (presented)  Firearm (discharged) *NOTE: If a firearm was discharged, a firearm discharge report must be completed.* ADPL (presented)  ADPL (discharged, type of munition used)  Other (List)**OFFICER #3****FORCE OPTION(S) USED: (Check all that apply)**Presence:  Uniformed OR  Plainclothes; AND  On Duty OR  Off Duty Compliance Techniques: Force used to gain control (restraint, takedowns, hands, arms, feet, legs) O.C. Spray (presented only)  O.C. Spray (discharged) *NOTE: If OC was discharged, an OC exposure form must be completed.*

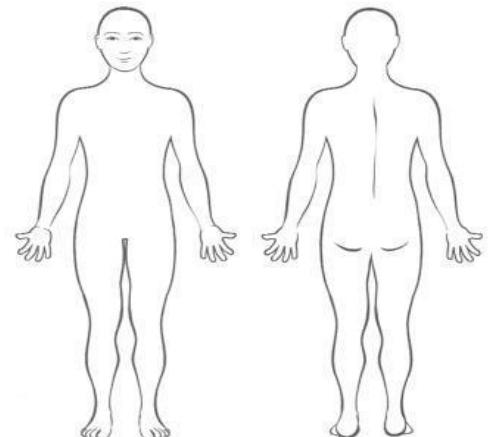
\*Number of Bursts: \*Duration of Bursts: \*Distance from Subject:

\*Impact Location: \*Time between application/decontamination:

Desired Effect Achieved:  YES  NO Complications: (Describe in narrative):  YES  NO Baton (presented only)  Baton (applied) \*Impact Location: Taser (presented only)  Taser (discharged) Probe Deployment  Drive Stun

\*Impact Location(s): \*# of cycles: \*# of cartridges fired:

\*Taser No.: \*Cartridge Type used: \*Distance from Subject:

Probe/Anchor Contact:  YES  NO Probe/Anchor Penetrate Skin:  YES  NO Drive Stun Contact:  YES  NO Firearm (presented)  Firearm (discharged) *NOTE: If a firearm was discharged, a firearm discharge report must be completed.* ADPL (presented)  ADPL (discharged, type of munition used)  Other (List)**WAS SUBJECT INJURED/ COMPLAINED OF INJURY?  YES  NO** Subject Appeared Injured  Subject Complained of Injury     ADPL Contact Point Photos Taken  Subject Treated  Subject Refused Transported to Hospital (name): \_\_\_\_\_ Admitted to Hospital (name): \_\_\_\_\_     Physical Injuries  Psychiatric Evaluation***Mark injuries with an "X" on diagram***

ANY OFFICER(S) INJURED?  YES  NO

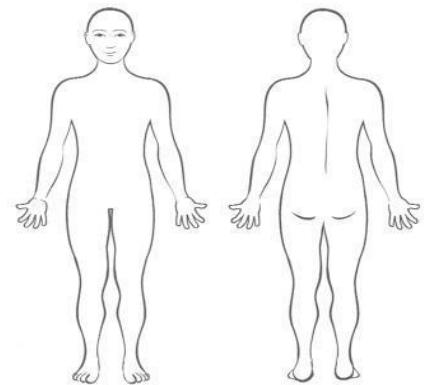
Officer Visibly Injured  Officer Complained of Injury

Photos Taken  Officer Treated  Officer Refused

Transported to Hospital (name): \_\_\_\_\_

Admitted to Hospital (name): \_\_\_\_\_

Officer(s) Name: \_\_\_\_\_



*Mark injuries with an "X" on diagram*

Witnesses(es):	Address:	Phone:	Connection to Incident:

**AUDIO/VIDEO RECORDING OF THE INCIDENT**

Yes  No  Unknown **If Yes, was the video/audio secured?**  Yes  No  Unknown

**Source of the video/audio recording:**

**SUPERVISOR REVIEW:**

Name:	Rank / Badge:
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<b>SUPERVISOR REVIEW:</b>	Use of Force in compliance with Policies and Procedures: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>The supervisor or Officer-In-Charge must submit a separate memorandum concerning the use of force when it is not in compliance with the department policy and procedure describing the variations and corrective action to be taken. The memorandum will be submitted to Internal Affairs.</i>
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Supervisor Signature:	Date:
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<b>REVIEW BY OPERATIONS COMMANDER:</b>	
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Name:	
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Signature:	Date:
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<b>REVIEW BY ADMINISTRATIVE COMMANDER:</b>	
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Name:	
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Signature:	Date:
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