



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

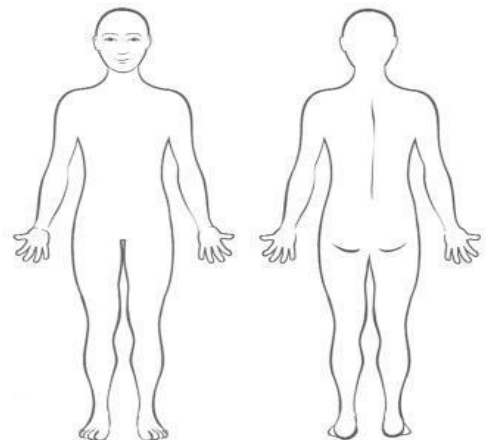
☐ Photos Taken ☐ Subject Treated ☐ Subject Refused

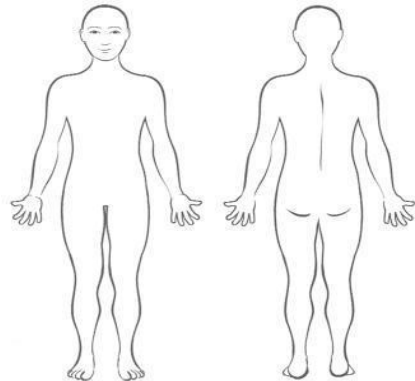
☐ Transported to Hospital (name): _____

☐ Admitted to Hospital (name): _____

☐ Physical Injuries ☐ Psychiatric Evaluation

Mark injuries with an "X" on diagram



ANY OFFICER(S) INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Officer Visibly Injured <input type="checkbox"/> Officer Complained of Injury			
<input type="checkbox"/> Photos Taken <input type="checkbox"/> Officer Treated <input type="checkbox"/> Officer Refused			
<input type="checkbox"/> Transported to Hospital (name): _____			
<input type="checkbox"/> Admitted to Hospital (name): _____			
<input type="checkbox"/> Officer(s) Name: _____			
Mark injuries with an "X" on diagram			
			
Witness(es):	Address:	Phone:	Connection to Incident:
AUDIO/VIDEO RECORDING OF THE INCIDENT			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If Yes, was the video/audio secured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Source of the video/audio recording:			
SUPERVISOR REVIEW:			
Name:		Rank / Badge:	
SUPERVISOR REVIEW:	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>		
Supervisor Signature:		Date:	
REVIEW BY OPERATIONS COMMANDER:			
Name:		Date:	
Signature:			
REVIEW BY ADMINISTRATIVE COMMANDER:			
Name:		Date:	
Signature:			