

**Watertown Police Department
Response to Resistance Form**

Incident Information

INC # _____ Date of Incident: _____ Time of Incident : _____

Reporting Officer: _____ ID # _____ Shift: _____

Type of Incident (Disturbance, DUI, etc.): _____

Location of Incident: _____

Video Available [] Yes [] No Comments: _____

Video Reviewed [] Yes [] No Comments: _____

Video Preserved [] Yes [] No Comments: _____

Suspect Information

Suspect's Name: _____ DOB: _____

Suspect's Address: _____ City: _____ State: _____

Suspect's Race: _____ Sex: _____ Height: _____ Weight: _____

Offense Charged or Action Taken: _____

Suspect's Physical Condition Prior to Incident
(Alcohol or Drug Influence, Mental Condition, Prior Injuries, etc.):

Suspect Weapons: [] Hands [] Feet [] Impact [] Edged [] Firearm [] Vehicle [] Chemical [] Other

Suspect's Subsequent Apparent Injuries: _____

Medical Treatment of Suspect: [] Yes [] No [] Refused

Where: _____ By Whom: _____

Date: _____ Time: _____

Photographs of Injuries: [] Yes [] No Comments: _____

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Suspect's Level of Resistance (Check all that apply):

- Psychological Intimidation (Flexing, Clinching Fists, Etc.)
- Verbally Non-Compliant
- Passive Resistance (Dead Weight, Not responding to Verbal Commands, Etc)
- Defensive Resistance (Pulling/Pushing away from escort position)
- Active Aggression (Advancing, Grabbing, Punching, Kicking, Etc)
- Deadly Force Assault (Great Bodily Harm to, or Loss of Human Life)

Officer's Response Level (Check all that apply):

- Officer Presence (Uniformed Presence or Verbal ID)
- Verbal Commands (Commands of Direction or Arrest)
- Soft Empty Hand Control (Joint Locks, Pressure Points, Handcuffing, Etc)
- Hard Empty Hand Control (Counter Strikes, Shoulder Pin Restraint, Etc)
- Intermediate Weapon (Any Object Used to Strike Suspect: Flashlight, Ticket Book, Etc)
- Deadly Force

Baton Use

- Forehand Strike
- Reverse Strike
- Closed Baton Strike

OC Use

- Full Incapacitation
- Partial Incapacitation
- No Apparent Affect

Firearm Discharged or Pointed

- Pistol Shotgun Rifle
- Pointed Only: _____ Compliance: Yes No
- Number Of Shots: _____
- Number Of Hits To Target: _____
- Shots Accounted For _____
- Shots Unaccounted For: _____
- Weapon Serial #: _____

Less Lethal Munitions Use

- Full Incapacitation
- Partial Incapacitation
- No Affect
- Distance: _____ Feet: _____
- Number Of Rounds: _____

Officers Involved

Name: _____ Injury: Yes No Medical Treatment Yes No

Describe Injury: _____ Photographs of Injury Yes No

Level Of Force Used: _____

Name: _____ Injury: Yes No Medical Treatment Yes No

Describe Injury: _____ Photographs of Injury Yes No

Level Of Force Used: _____

Witnesses:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

