

Response to Resistance/Aggression Report

2045 Morse Road, Bldg. B-1, Columbus, OH 43229

REPORT NUMBER		CAD INCIDENT NUMBER		DLEA#	
INCIDENT DATE		INCIDENT TIME		REPORT DATE	
INCIDENT TIME		REPORT DATE		REPORT TIME	
EVENT	LOCATION OF CALL		COUNTY	INTERSECTION	
LATITUDE	LONGITUDE	RECIEVED DATE	INVESTIGATION START DATE	INVESTIGATION COMPLETE DATE	
REVIEW DATE	REVIEW COMPLETE DATE				FINAL DISPOSITION DATE
FINAL DISPOSITION			REASON FOR USE OF FORCE		
INCIDENT TYPE			ATTACHED REPORTS DESCRIPTION		
FORCE TYPE OF FORCE USED			CIRCUMSTANCE TYPE OF CIRCUMSTANCE		
OTHER:			OTHER:		
SPECIAL CIRCUMSTANCES					
CLOSENESS OF WEAPON (SUBJECT)		Explain: _____			
INJURY OR EXHAUSTION (OFFICER)		Explain: _____			
OFFICER ON THE GROUND		Explain: _____			
DISTANCE FROM SUBJECT		Explain: _____			
SPECIAL KNOWLEDGE/PREVIOUS CONTACT		Explain: _____			
AVAILABILITY OF OTHER OPTIONS		Explain: _____			
OTHER		Explain: _____			
INITIAL CALL TYPE OF INITIAL CALL					
OTHER:					
IMMEDIATE SUPERVISOR			DIVISION/OFFICE		AREA
REPORT SUPERVISOR			DIVISION/OFFICE		AREA

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SUBJECT	NO.	NAME (Last, First, Middle, Suffix)			DOB	AGE
RACE		SEX	HEIGHT	WEIGHT		
INJURY					MEDICAL TREATMENT	
TRANSPORTED BY		REFUSED TREATMENT		NOTE IF REFUSED:		
SUSPECTED OF BEING UNDER		PHYSICAL DESCRIPTION				
IF NO ARREST, EXPLAIN:					UNDER ARREST AT TIME OF INCIDENT SUBSEQUENTLY ARRESTED	
ALIAS	ALIAS (Last, First, Middle)					
LEVEL OF RESISTANCE		WEAPON INDICATORS			WEAPON TYPE	
		OTHER:			OTHER:	
SUBJECT	NO.	NAME (Last, First, Middle, Suffix)			DOB	AGE
RACE		SEX	HEIGHT	WEIGHT		
INJURY					MEDICAL TREATMENT	
TRANSPORTED BY		REFUSED TREATMENT		NOTE IF REFUSED:		
SUSPECTED OF BEING UNDER		PHYSICAL DESCRIPTION				
IF NO ARREST, EXPLAIN:					UNDER ARREST AT TIME OF INCIDENT SUBSEQUENTLY ARRESTED	
ALIAS	ALIAS (Last, First, Middle)					
LEVEL OF RESISTANCE		WEAPON INDICATORS			WEAPON TYPE	
		OTHER:			OTHER:	
IMMEDIATE SUPERVISOR		DIVISION/OFFICE			AREA	
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TRANSPORTED BY		REFUSED TREATMENT		NOTE IF REFUSED:		
SUSPECTED OF BEING UNDER		PHYSICAL DESCRIPTION				
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LEVEL OF RESISTANCE		WEAPON INDICATORS		WEAPON TYPE		
OTHER:		OTHER:		OTHER:		
SUBJECT	NO.	NAME (Last, First, Middle, Suffix)			DOB	AGE
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LEVEL OF RESISTANCE		WEAPON INDICATORS		WEAPON TYPE		
OTHER:		OTHER:		OTHER:		
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INCIDENT TIME		REPORT DATE		REPORT TIME	
REPORTING OFFICER	ROLE			FIRST NAME	
				LAST NAME	
UNIT#	DIVISION/OFFICE		AREA		AGE
					DOB
RACE		SEX	HEIGHT	WEIGHT	DUTY STATUS
INJURY				MEDICAL TREATMENT	
TRANSPORTED BY	REFUSED TREATMENT		NOTE IF REFUSED:		
ASSIGNMENT			LEVEL OF CONTROL		
			OTHER:		
INVOLVED OFFICER	ROLE			FIRST NAME	
				LAST NAME	
UNIT#	DIVISION/OFFICE		AREA		AGE
					DOB
RACE		SEX	HEIGHT	WEIGHT	DUTY STATUS
INJURY				MEDICAL TREATMENT	
TRANSPORTED BY	REFUSED TREATMENT		NOTE IF REFUSED:		
ASSIGNMENT			LEVEL OF CONTROL		
			OTHER:		
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				LAST NAME	
UNIT#	DIVISION/OFFICE		AREA		AGE
					DOB
RACE		SEX	HEIGHT	WEIGHT	DUTY STATUS
INJURY				MEDICAL TREATMENT	
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INCIDENT DATE		INCIDENT TIME		REPORT DATE	
INCIDENT TIME		REPORT DATE		REPORT TIME	
OFFENSE	DESCRIPTION OF OFFENSE				
CODE/RULE			ATTEMPTED/COMPLETED		COUNTS
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INCIDENT TIME		REPORT DATE		REPORT TIME	
WITNESS	NO.	NAME (Last, First, Middle, Suffix)			
ADDRESS (Street, Unit#, City, State, Zip)				COUNTY	
HOME PHONE		WORK PHONE		CELL PHONE	
PAGER					
WITNESS	NO.	NAME (Last, First, Middle, Suffix)			
ADDRESS (Street, Unit#, City, State, Zip)				COUNTY	
HOME PHONE		WORK PHONE		CELL PHONE	
PAGER					
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OTHER FACTORS OBSERVED:

IMMEDIATE SUPERVISOR	DIVISION/OFFICE	AREA
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NARRATIVE:

REPORTING OFFICER

DIGITAL SIGNATURE

IMMEDIATE SUPERVISOR

DIVISION/OFFICE

AREA

REPORT SUPERVISOR

DIVISION/OFFICE

AREA