

# GREER POLICE DEPARTMENT USE OF CONTROL TECHINQUE FORM

CASE # \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_/\_\_\_\_/\_\_\_\_

INCIDENT LOCATION \_\_\_\_\_

TIME OF INCIDENT \_\_\_\_\_

**OFFICER** IS TO COMPLETE THIS FORM IN DETAIL  
**COPY** OF COMPLETED **INCIDENT REPORT** IS TO BE ATTACHED  
**ORIGINAL** (W/ATTACHMENTS) WILL BE FORWARDED TO **THE CHIEF'S OFFICE**, VIA CHAIN OF COMMAND

OFFICER / EMPLOYEE INFORMATION (FORM COMPILED FOR EACH OFFICER USING CONTROL)	
NAME _____	UNIT # _____
<input type="checkbox"/> YES* <input type="checkbox"/> NO   MEDICAL TREATMENT REQUIRED ..... <input type="checkbox"/> INJURY/WORK COMP. PAPERWORK COMPLETED	
*DESCRIBE INJURY	
<input type="checkbox"/> TRANSPORTED <input type="checkbox"/> ADMITTED TO HOSPITAL <input type="checkbox"/> TREATED-RELEASED <input type="checkbox"/> EMS <input type="checkbox"/> OTHER	
MEDICAL FACILITY/TREATING PHYSICIAN	
<input type="checkbox"/> PHOTOGRAPHS TAKEN	
<input type="checkbox"/> DUTY STATUS	

SUBJECT / SUSPECT INFORMATION	
NAME _____	
DOB _____	RACE _____
SEX _____	
CRIMINAL CHARGE(S)	
<input type="checkbox"/> NO INJURY <input type="checkbox"/> COMPLAINT OF INJURY <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> MEDICAL ATTENTION <input type="checkbox"/> REFUSED	
*DESCRIBE INJURY	
<input type="checkbox"/> TRANSPORTED <input type="checkbox"/> ADMITTED TO HOSPITAL <input type="checkbox"/> TREATED/RELEASED <input type="checkbox"/> EMS <input type="checkbox"/> OTHER	
<input type="checkbox"/> PHOTOGRAPHS TAKEN	

DID ANYONE WITNESS THE CONTROL TECHNIQUE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATEMENT (S) TAKEN <input type="checkbox"/> YES <input type="checkbox"/> No (INDICATE ON WITNESS LINE FOR EACH TAKEN)
IDENTIFY NAME, ADDRESS, PHONE
WITNESS #1
WITNESS #2
WITNESS#3



RESISTANCE		RESPONSE	
<input type="checkbox"/> 1	PSYCHOLOGICAL INTIMIDATION	<input type="checkbox"/> 1	OFFICER PRESENCE
<input type="checkbox"/> 2	VERBAL NONCOMPLIANCE	<input type="checkbox"/> 2	VERBAL DIRECTION
<input type="checkbox"/> 3	PASSIVE RESISTANCE	<input type="checkbox"/> 3	SOFT EMPTY HAND CONTROL
<input type="checkbox"/> 4	DEFENSIVE RESISTANCE	<input type="checkbox"/> 4	HARD EMPTY HAND CONTROL
<input type="checkbox"/> 5	ACTIVE AGGRESSION	<input type="checkbox"/> 5	INTERMEDIATE WEAPONS
<input type="checkbox"/> 6	DEADLY ASSAULTS	<input type="checkbox"/> 6	DEADLY CONTROL
SUSPECT FACTORS:		SUSPECT WEAPONS:	
SEX	DRUG <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HANDS	<input type="checkbox"/> FIREARM
HEIGHT	ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FEET	<input type="checkbox"/> VEHICLE
WEIGHT	UNKNOWN DRUG/ALC. <input type="checkbox"/>	<input type="checkbox"/> IMPACT	<input type="checkbox"/> CHEMICAL
AGE		<input type="checkbox"/> EDGED	Other
OFFICER RESPONSES (CHECK ALL THAT APPLY)			
<input type="checkbox"/> COMMAND PRESENCE	<input type="checkbox"/> VERBAL COMMANDS	<input type="checkbox"/> SOFT EMPTY HAND CONTROL	
<u>RESTRAINT DEVICES</u>	<u>ESCORTS</u>	<u>TAKE DOWNS</u>	<u>STRIKES:</u>
<input type="checkbox"/> HANDCUFFS <input type="checkbox"/> CHECK-FIT <input type="checkbox"/> DOUBLE-LOCK <input type="checkbox"/> LEG IRONS <input type="checkbox"/> HOBBLE	<input type="checkbox"/> FIELD <input type="checkbox"/> BENT WRIST <input type="checkbox"/> PRESSURE POINT <input type="checkbox"/> FINGER LOCK <input type="checkbox"/> SHOULDER LOCK <input type="checkbox"/> HAMMER LOCK	<input type="checkbox"/> ARM BAR <input type="checkbox"/> BENT WRIST <input type="checkbox"/> FINGER LOCK <input type="checkbox"/> SHOULDER LOCK <input type="checkbox"/> HAMMER LOCK <input type="checkbox"/> CALF STRIKE PULL DOWN	<input type="checkbox"/> PUNCH <input type="checkbox"/> PALM HEEL <input type="checkbox"/> HAMMER FIST <input type="checkbox"/> FORE ARM <input type="checkbox"/> ELBOW <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> LEG KICK
<u>BATON</u>	<u>CHEMICAL (OC OR OTHER)</u> (CIRCLE APPROPRIATE DEVICE)	<u>FLASHBANG</u>	
<input type="checkbox"/> FORE HAND STRIKE <input type="checkbox"/> REVERSE STRIKE <input type="checkbox"/> CLOSED BATON STRIKE	<input type="checkbox"/> FULL INCAPACITATION <input type="checkbox"/> PARTIAL INCAPACITATION <input type="checkbox"/> NO APPARENT AFFECT	<input type="checkbox"/> FULL INCAPACITATION # ROUNDS _____ <input type="checkbox"/> PARTIAL INCAPACITATION <input type="checkbox"/> NO AFFECT DISTANCE _____ FEET	
<u>CONDUCTED ELECTRICAL WEAPON</u> (CIRCLE APPROPRIATE DEVICE)		<u>FIREARM DISCHARGED OR POINTED</u>	
<input type="checkbox"/> DEPLOYED <input type="checkbox"/> DRIVE STUN <input type="checkbox"/> POINTED ONLY DEPLOYMENT DISTANCE _____ FT NUMBER OF CYCLES _____ <input type="checkbox"/> EFFECTIVE <input type="checkbox"/> NON-EFFECTIVE <input type="checkbox"/> M26 / X26 SERIAL # _____ <input type="checkbox"/> CARTRIDGES(S) SERIAL #(S) _____ _____		<input type="checkbox"/> PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LONG GUN POINTED ONLY _____ COMPLIANCE <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF SHOTS _____ NUMBER OF HITS TO TARGET _____ SHOTS ACCOUNTED FOR _____ SHOTS UNACCOUNTED FOR _____ WEAPON SERIAL # _____	



<b>DIVISION COMMANDER:</b>	<b>DATE:</b>
COMMENTS	
<b>PROFESSIONAL STANDARDS:</b>	<b>DATE:</b>
COMMENTS	
<b>CHIEF OF POLICE:</b>	<b>DATE:</b>
COMMENTS:	