

Response to Resistance/Aggression Report

2045 Morse Road, Bldg. B-1, Columbus, Ohio 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 COMPLETED DATE
REVIEW DATE	REVIEW COMPLETED DATE				FINAL DISPOSITION
FINAL DISPOSITION			REASON FOR USE OF FORCE		
INCIDENT TYPE (select all applicable)			ATTACHED REPORTS DESCRIPTION		
FORCE TYPE OF FORCE USED (select all applicable)			CIRCUMSTANCE TYPE OF CIRCUMSTANCE (select all applicable)		
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 (select all applicable)					
OTHER					
IMMEDIATE SUPERVISOR				AREA	
REPORT SUPERVISOR				AREA	

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SUBJECT	NO.	NAME (Last, First, Middle, Suffix)			
RACE	SEX	HEIGHT	WEIGHT	DOB	AGE
INJURY				MEDICAL TREATMEMNT	
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 (select all applicable)		WEAPONS INDICATORS (select all applicable)		WEAPON TYPE (select all applicable)	
		OTHER		OTHER	
SUBJECT	NO.	NAME (Last, First, Middle, Suffix)			
RACE	SEX	HEIGHT	WEIGHT	DOB	AGE
INJURY				MEDICAL TREATMEMNT	
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 (select all applicable)		WEAPONS INDICATORS (select all applicable)		WEAPON TYPE (select all applicable)	
		OTHER		OTHER	
IMMEDIATE SUPERVISOR			AREA		
REPORT SUPERVISOR			AREA		

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		OTHER		OTHER	
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LEVEL OF RESISTANCE (select all applicable)		WEAPONS INDICATORS (select all applicable)		WEAPON TYPE (select all applicable)	
		OTHER		OTHER	
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OFFENSE	DESCRIPTION OF OFFENSE				
CODE/RULE		ATTEMPTED/COMPLETED		F/M DEGREE	
COUNTS					
OFFENSE	DESCRIPTION OF OFFENSE				
CODE/RULE		ATTEMPTED/COMPLETED		F/M DEGREE	
COUNTS					
OFFENSE	DESCRIPTION OF OFFENSE				
CODE/RULE		ATTEMPTED/COMPLETED		F/M DEGREE	
COUNTS					
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COUNTS					
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COUNTS					
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INCIDENT TIME		REPORT DATE		REPORT TIME	
REPORTING OFFICER	ROLE				DUTY STATUS
UNIT #	FIRST NAME	LAST NAME		AREA	
RACE	SEX	HEIGHT	WEIGHT	DOB	AGE
INJURY				MEDICAL TREATMENT	
TRANSPORTED BY		REFUSED TREATMENT	NOTE IF REFUSED		
ASSIGNMENT (select type)			LEVEL OF CONTROL (select all applicable)		
			OTHER		
INVOLVED OFFICER	ROLE				DUTY STATUS
UNIT #	FIRST NAME	LAST NAME		AREA	
RACE	SEX	HEIGHT	WEIGHT	DOB	AGE
INJURY				MEDICAL TREATMENT	
TRANSPORTED BY		REFUSED TREATMENT	NOTE IF REFUSED		
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WITNESS	NO.	NAME (Last, First, Middle, Suffix)			
ADDRESS (Street, Unit#, City, State, Zip)					COUNTY
HOME PHONE		WORK PHONE		CELL PHONE	
				E-MAIL	
WITNESS	NO.	NAME (Last, First, Middle, Suffix)			
ADDRESS (Street, Unit#, City, State, Zip)					COUNTY
HOME PHONE		WORK PHONE		CELL PHONE	
				E-MAIL	
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OTHER FACTORS OBSERVED:					
IMMEDIATE SUPERVISOR					AREA
REPORT SUPERVISOR					AREA