



Royal Newfoundland Constabulary
Use of Force Report

| JURISDICTION | | COLLATOR CODE | | FILE NUMBER <u>15-17896</u> | |
|---|--|---|--|---|--|
| PART A | | | | | |
| DATE <u>15-04-05</u> | TIME INCIDENT COMMENCED <u>1400</u> | TIME INCIDENT TERMINATED <u>1415</u> | LENGTH OF SERVICE <u>14 yrs</u> | RANK <u>CST</u> | |
| TEAM REPORT <input type="checkbox"/> | TYPE OF TEAM | # OF POLICE OFFICERS <u>1</u> | POLICE PRESENCE AT TIME OF INCIDENT <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> POLICE ASSISTED (SPECIFY #) _____ | | |
| TYPE OF ASSIGNMENT | | TYPE OF INCIDENT | | ATTIRE <input type="checkbox"/> UNIFORM <input checked="" type="checkbox"/> CIVILIAN CLOTHES | |
| <input type="checkbox"/> GENERAL PATROL <input type="checkbox"/> FOOT PATROL <input type="checkbox"/> TRAFFIC <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> DRUGS <input type="checkbox"/> OFF-DUTY <input type="checkbox"/> OTHER | | <input type="checkbox"/> SUSPICIOUS PERSON <input type="checkbox"/> BREAK & ENTER <input type="checkbox"/> DOMESTIC DISTURBANCE <input type="checkbox"/> OTHER DISTURBANCE <input type="checkbox"/> TRAFFIC | | <input type="checkbox"/> ROBBERY <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> HOMICIDE <input type="checkbox"/> WEAPONS CALL <input type="checkbox"/> ALARM <input type="checkbox"/> OTHER | |
| TYPE OF FORCE USED | | WAS FORCE EFFECTIVE? YES NO | REASON FOR USE OF FORCE | ALTERNATIVE STRATEGIES USED <input type="checkbox"/> VERBAL INTERACTION <input type="checkbox"/> CONCEALMENT <input type="checkbox"/> COVER <input type="checkbox"/> OTHER | |
| <input checked="" type="checkbox"/> FIREARM - DISCHARGED <input type="checkbox"/> FIREARM - POINTED AT PERSON <input type="checkbox"/> HANDGUN - DRAWN <input type="checkbox"/> AEROSOL WEAPON <input type="checkbox"/> CED <input type="checkbox"/> HANDCUFFS <input type="checkbox"/> IMPACT WEAPON - HARD <input type="checkbox"/> IMPACT WEAPON - SOFT <input type="checkbox"/> EMPTY HAND - HARD <input type="checkbox"/> EMPTY HAND - SOFT | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input checked="" type="checkbox"/> PROTECT SELF <input type="checkbox"/> PROTECT PUBLIC <input type="checkbox"/> EFFECT ARREST <input type="checkbox"/> PREVENT OFFENCE <input type="checkbox"/> PREVENT ESCAPE <input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> DESTROY ANIMAL <input type="checkbox"/> OTHER | TYPE OF FIREARM USED <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTOMATIC <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER | |
| DISTANCE TO SUSPECT AT THE FORCE WAS APPLIED | | WEAPONS CARRIED BY SUSPECT | | CONDUCTED ENERGY DEVICE | |
| <input type="checkbox"/> LESS THAN 2 M <input checked="" type="checkbox"/> 2 TO 3 M <input type="checkbox"/> 3 TO 5 M <input type="checkbox"/> 5 TO 7 M <input type="checkbox"/> 7 TO 10 M <input type="checkbox"/> MORE THAN 10 METERS | | <input type="checkbox"/> 1 UNKNOWN <input type="checkbox"/> 2 NONE <input type="checkbox"/> 3 REVOLVER <input type="checkbox"/> 4 SEMI-AUTO <input checked="" type="checkbox"/> 5 RIFLE <input type="checkbox"/> 6 SHOTGUN <input type="checkbox"/> 7 KNIFE/EDGED WEAPON <input type="checkbox"/> 8 CLUB <input type="checkbox"/> 9 OTHER | | BRAND NAME: _____ SERIAL #: _____ CARTRIDGE BRAND NAME: _____ SERIAL #: _____ # OF CYCLES: _____ DURATION OF CYCLE(S): _____ TIME BETWEEN CYCLES: _____ LOCATION(S) OF IMPACT ON SUBJECT: _____ | |
| LOCATION OF SUBJECT'S WEAPON | | NUMBER OF ROUNDS FIRED BY SUBJECT | | TYPE OF CLOTHING WORN BY SUBJECT: | |
| <input checked="" type="checkbox"/> 1 IN-HAND <input type="checkbox"/> 2 AT HAND <input type="checkbox"/> 3 CONCEALED ON PERSON | | TOTAL: <u>Believed to be 0</u> | | <u>Casual</u> | |
| LOCATION OF INCIDENT | | | WEATHER CONDITIONS | LIGHTING CONDITIONS | |
| OUTDOORS <input type="checkbox"/> ROADWAY <input type="checkbox"/> LANEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER | | | <input type="checkbox"/> CLEAR <input type="checkbox"/> SUNNY <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/SLEET <input type="checkbox"/> FOG <input type="checkbox"/> OTHER | <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK <input checked="" type="checkbox"/> GOOD ARTIFICIAL LIGHT <input type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER | |
| PERSON INJURED | | MEDICAL ATTENTION REQUIRED | | NATURE OF INJURIES | |
| 1. SELF 2. OTHER POLICE OFFICER 3. SUBJECT 4. THIRD PARTY | | YES NO <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE <u>Narrative is contained in RNC File 2015-17896; matter is currently under investigation by the RCMP B-Div.</u> | | | | | |
| OFFICER'S SIGNATURE <u>Joseph Smyth 610</u> | | SUPERVISOR'S SIGNATURE <u>Stefan Smith</u> | | DIVISIONAL COMMANDER'S SIGNATURE <u>Leon Sheppard</u> | |
| REVIEWED BY SUPERVISOR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | REVIEWED BY TRAINING SEC. <input type="checkbox"/> YES <input type="checkbox"/> NO | RECOMMENDED EAP COUNSELLING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | RECOMMENDED OTHER TRAINING <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| PART B | | | | | |
| OFFICER INVOLVED (NAME, REG #, ETC.): <u>CST. JOSEPH SMYTH Reg # 610</u> | | | | | |
| DATE OF LAST USE OF FORCE TRAINING: <u>April 17, 2014</u> | | | | | |
| ADDITIONAL TRAINING RECOMMENDED BY: | | | TYPE OF TRAINING SUGGESTED: | | |



Use of Force Monthly Summary Report
 Use of Force Report for May , 2015 .

Division: CID

Platoon/Unit:

| File # | Date | Case Type | Type of Force | | Remedial Training | Reg. # | Remarks |
|----------|---------------|---------------|---------------|-------|---|--------|---|
| | | | Firearms | Other | | | |
| 15-17896 | April 5, 2015 | Investigation | Discharged | . | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 610 | Further information can be gathered from RNC file # 15-17896. |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | . | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

I certify that the Use of Force Form (RNC Form #096) for each of the reported incidents above have been personally reviewed and signed.

Date at St. John's , NL, this 22th day of May , 20 15 .

Inspector: _____
 Superintendent: Jason Stymud

Date: 15-05-24