



Royal Newfoundland Constabulary

Use of Force Report

JURISDICTION	COLLATOR CODE	FILE NUMBER 67-21095
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PART A

DATE 2007 MAY 10	TIME INCIDENT COMMENCED 0020	TIME INCIDENT TERMINATED 0025
LENGTH OF SERVICE 6 yrs	RANK CST	TEAM REPORT <input type="checkbox"/>
		TYPE OF TEAM # OF POLICE OFFICERS 2

TYPE OF ASSIGNMENT <input checked="" type="checkbox"/> GENERAL PATROL <input type="checkbox"/> FOOT PATROL <input type="checkbox"/> TRAFFIC <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> DRUGS <input type="checkbox"/> OFF - DUTY <input type="checkbox"/> OTHER	TYPE OF INCIDENT <input checked="" 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	POLICE PRESENCE AT TIME OF INCIDENT <input type="checkbox"/> ALONE <input type="checkbox"/> POLICE ASSISTED (SPECIFY #) 1 ATTIRE <input type="checkbox"/> UNIFORM <input checked="" type="checkbox"/> CIVILIAN CLOTHES NUMBER OF SUBJECTS INVOLVED IN INCIDENT <input checked="" type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> OTHER
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TYPE OF FORCE USED FIREARM - DISCHARGED <input type="checkbox"/> FIREARM - POINTED AT PERSON <input type="checkbox"/> HANDGUN - DRAWN <input type="checkbox"/> AEROSOL WEAPON <input type="checkbox"/> HANDCUFFS <input type="checkbox"/> IMPACT WEAPON - HARD <input type="checkbox"/> IMPACT WEAPON - SOFT <input type="checkbox"/> EMPTY HAND - HARD <input checked="" type="checkbox"/> EMPTY HAND - SOFT <input checked="" type="checkbox"/>	WAS FORCE EFFECTIVE? YES NO <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	REASON FOR USE OF FORCE <input checked="" type="checkbox"/> PROTECT SELF <input checked="" type="checkbox"/> PROTECT PUBLIC <input checked="" type="checkbox"/> EFFECT ARREST <input checked="" type="checkbox"/> PREVENT OFFENCE <input checked="" type="checkbox"/> PREVENT ESCAPE <input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> DESTROY ANIMAL <input type="checkbox"/> OTHER	ALTERNATIVE STRATEGIES USED <input checked="" type="checkbox"/> VERBAL INTERACTION <input type="checkbox"/> COVER <input type="checkbox"/> CONCEALMENT <input type="checkbox"/> OTHER TYPE OF FIREARMS USED # OF ROUNDS DISCHARGED <input type="checkbox"/> REVOLVER _____ <input type="checkbox"/> SEMI-AUTOMATIC _____ <input type="checkbox"/> RIFLE _____ <input type="checkbox"/> SHOTGUN _____ <input type="checkbox"/> OTHER _____
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DISTANCE TO SUSPECT AT TIME FORCE WAS APPLIED <input checked="" type="checkbox"/> LESS THAN 2 M <input 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	WEAPONS CARRIED BY SUSPECT <table style="width:100%;"> <tr><th>1</th><th>2</th><th>3</th><th></th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>UNKNOWN</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>NONE</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>REVOLVER</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>SEMI-AUTO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>RIFLE</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>SHOTGUN</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>KNIFE / EDGED WEAPON</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CLUB</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>OTHER</td></tr> </table>	1	2	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REVOLVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEMI-AUTO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RIFLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHOTGUN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KNIFE / EDGED WEAPON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	LOCATION OF SUBJECT'S WEAPON <table style="width:100%;"> <tr><th>1</th><th>2</th><th>3</th><th></th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>IN - HAND</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>AT HAND</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CONCEALED ON PERSON</td></tr> </table>	1	2	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN - HAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AT HAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONCEALED ON PERSON	NUMBER OF ROUNDS FIRED BY SUBJECT TOTAL: _____
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LOCATION OF INCIDENT <table style="width:100%;"> <tr> <th>OUTDOORS</th> <th>PRIVATE PROPERTY</th> <th>PUBLIC PROPERTY</th> </tr> <tr> <td><input type="checkbox"/> ROADWAY</td> <td><input type="checkbox"/> HOUSE</td> <td><input type="checkbox"/> FINANCIAL INSTITUTION</td> </tr> <tr> <td><input checked="" type="checkbox"/> LANEWAY</td> <td><input type="checkbox"/> APARTMENT</td> <td><input checked="" type="checkbox"/> COMMERCIAL SITE</td> </tr> <tr> <td><input type="checkbox"/> YARD</td> <td><input type="checkbox"/> HALLWAY</td> <td><input type="checkbox"/> PUBLIC SITE</td> </tr> <tr> <td><input type="checkbox"/> PARK</td> <td></td> <td><input checked="" type="checkbox"/> OTHER</td> </tr> <tr> <td><input type="checkbox"/> RURAL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> MOTOR VEHICLE</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> OTHER</td> <td></td> <td></td> </tr> </table>	OUTDOORS	PRIVATE PROPERTY	PUBLIC PROPERTY	<input type="checkbox"/> ROADWAY	<input type="checkbox"/> HOUSE	<input type="checkbox"/> FINANCIAL INSTITUTION	<input checked="" type="checkbox"/> LANEWAY	<input type="checkbox"/> APARTMENT	<input checked="" type="checkbox"/> COMMERCIAL SITE	<input type="checkbox"/> YARD	<input type="checkbox"/> HALLWAY	<input type="checkbox"/> PUBLIC SITE	<input type="checkbox"/> PARK		<input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> RURAL			<input type="checkbox"/> MOTOR VEHICLE			<input type="checkbox"/> OTHER			WEATHER CONDITIONS <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> SUNNY <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW / SLEET <input type="checkbox"/> FOG <input type="checkbox"/> OTHER	LIGHTING CONDITIONS <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input checked="" type="checkbox"/> DARK <input checked="" type="checkbox"/> GOOD ARTIFICIAL LIGHT <input checked="" type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER
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<input type="checkbox"/> MOTOR VEHICLE																										
<input type="checkbox"/> OTHER																										

PERSON INJURED 1. SELF 2. OTHER POLICE OFFICER 3. SUBJECT 4. THIRD PARTY	MEDICAL ATTENTION REQUIRED YES NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	NATURE OF INJURIES <table style="width:100%;"> <tr> <th>MINOR</th> <th>SERIOUS</th> <th>FATAL</th> <th>UNKNOWN</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	MINOR	SERIOUS	FATAL	UNKNOWN	<input type="checkbox"/>											
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NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE
 see attached R9

CONSTABLE'S SIGNATURE <i>[Signature]</i> 610	SUPERVISOR'S SIGNATURE <i>[Signature]</i> 298	DIVISIONAL COMMANDER'S SIGNATURE <i>[Signature]</i> Insp. F. J. [Signature] 4312
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>	REVIEWED BY TRAINING SEC. YES NO <input type="checkbox"/> <input type="checkbox"/>	RECOMMENDED EAR COUNSELING YES NO <input type="checkbox"/> <input type="checkbox"/>
		RECOMMENDED OTHER TRAINING YES NO <input type="checkbox"/> <input type="checkbox"/>

PART B

OFFICER INVOLVED: (NAME, BADGE, ETC...)
DATE OF LAST USE OF FORCE TRAINING
ADDITIONAL TRAINING RECOMMENDED BY:
TYPE OF TRAINING SUGGESTED



R9

**CROWN ATTORNEY'S
CASE REPORT**

FILE # 2007-21045

Page 3 of 3

CASE SUMMARY

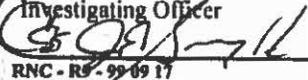
2007-MAY-10 (UUIS hrs)

Police responded to the school for the deaf on Topsail Rd, St. John's, NL after school supervisor [REDACTED] reported there was a male lurking around the back of the school with a flashlight. [REDACTED] advised there were 11 students who were being housed in the dorm, and that the male's presence was brought to her attention by an alarmed student.

Cst Smyth and Cst Marshall arrived on scene and began patrolling the exterior of the school on foot. The officers were dressed in plain clothes and about 200ft apart when Smyth located the male kneeling in a narrow doorway, where there was no other lighting. Smyth identified himself as a police officer and yelled for the male to lie on the ground several times. The male stood and remained still for a few seconds and then began to run. Smyth pursued the male and caught him seconds later. The male continued to resist and both fell to the ground. The male pushed Smyth away as he attempted to gain control, both continued to struggle on the ground when Smyth continued to yell verbal commands for the male to stop resisting. The male refused to comply and Smyth struck him several times with his fist in the face. The male stopped struggling long enough for Smyth to get on his back. Cst Marshall arrived and the male's arms were forced behind his back as he was still uncompliant. The male then stated -

in broken words - that he was 'deaf'. The officers then realized he was hearing impaired. He was identified with his NL driver's licence as [REDACTED]

Smyth contacted [REDACTED] who advised that [REDACTED] is an ex-student who has caused problems for female residents in the past, but nothing which could be confirmed or detailed. [REDACTED] came outside to the police vehicle which had been brought to the scene by Cst Benoit. Marshall read rights and caution at (1245) which was interpreted to [REDACTED]. [REDACTED] advised he understood and did not request counsel.

Investigating Officer  RNC - RS - 99 09 17	Reg. No. 610	Organizational Unit: (eg. Platoon A)	Date	YY 07	MM 05	DD 10
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R5

Crown CONTINUATION

Page 2 of 2

FILE #

YEAR #

07

21045

CASE HEADING

Surname:

G1:

G2:

(1) CW Civilian Witness Statement

NS Narrative Summary

CS Cautioned Statement

[redacted] signed to [redacted] that he was there to visit a student, but could not explain why he was there at such an early hour or why he parked his vehicle at the village wall

[redacted] was informed that he was being charged with Trespass at night and released on an appearance notice to appear in court on May 17/2007. STAFF do have concerns about [redacted] being permitted on the property again.

No charges for resisting arrest were laid, [redacted] advised he thought the officers were supervisors. This is likely given their attire and his inability to hear the verbal commands.

[redacted] appearance notice was explained by [redacted] in sign. He advised he understood and signed the document

Time Statement Concluded:

Signature:

Taken by

[Handwritten signature]

Reg No

6010

Date

07 05 10



R5

CONTINUATION

Page ____ of ____

FILE #

YEAR # 07 21045

CASE HEADING
Trespassing at Night

Surname:

G1

G2

(1) CW Civilian Witness Statement

NS Narrative Summary

CS Cautioned Statement

2017/05/10
0015

Assist Cst. Benoit and Cst. Smyth at the School For the Deaf, Tapsall Rd.

0020

CIN reporting a male dressed with hoodie or hat, going around the building checking windows with a flashlight.

Upon arrival, myself & Cst. Smyth checked property on foot on south side of property. I heard Cst. Smyth yell at someone to "get down on the ground" and looked to see a male figure running (about 100 meters away). Cst. Smyth

0025

caught the person after short foot chase but the person was non-compliant and struggled with Smyth.

As I got to area the male was still resisting, refusing to give police his hands - they were underneath him.

He was struck several times - empty hand hard - until his hands were controlled / handcuffed.

0045

CIN [redacted] came out and identified [redacted] as a former student. (pic is also [redacted]) [redacted] advised police as subject was hearing impaired. [redacted] conveyed [redacted] his rights & caution and explained them to him. [redacted] stated he understood.

He stated he was there to visit a girl - [redacted] stated the light was from his camera phone. Said he ran because he thought it was security after him. [redacted] said he drove to the area, but parked his car on the Village Mall lot.

0102

[redacted] was advised of charge and released on appearance notice for court on 07/05/17 @ 09.30 hrs.

Document explained to subject by [redacted]. He stated he understood everything and had no questions.

P. Marshall SSI.

Time Statement Concluded:

Signature:

Taken by

Reg No

Date:

YY

MM

DD