

Page 1
FOR: DDRAKE

ROYAL NF CONSTABULARY

Tue, 2008-Apr-15

CALL: 16776 Status: ACTIVE Priority: 1 Received by: TELEPHONE

Initial: 311025: SUICIDE ATTEMPT

TIME: Recd: 16:12 Tue Apr 15 2008 By: C105-Baird, J. CT4
 Queued: 16:12 Tue Apr 15 2008 Queue:R
 Disp: 16:13 Tue Apr 15 2008
 Enroute: 16:13 Tue Apr 15 2008
 AS: 16:18 Tue Apr 15 2008

Place: [REDACTED]
 Address: [REDACTED]
 Community: ST. JOHN'S District: J Zone: 6 Atom 102870

Officer safety: KNIFE
 18 YEAR OLD SON HAS KNIFE AND IS TRYING TO CUTE HIMSELF
 [REDACTED] REFUSING TO GIVE PARENTS THE KNIFE, HE IS THREATEING AND IS
 BEING ABUSIVE

Complainant: Name: [REDACTED]
 Address: [REDACTED]
 State: NEWFOUNDLAND AND LABRADOR
 Home: 709 [REDACTED]

EMS: N BOLO/FYI: N

Additional Remarks:

CT4 C105 Baird, J. on 16:13 Tue Apr 15 2008

HAS HISTORY OF ATTEMPTS,

CT4 C105 Baird, J. on 16:14 Tue Apr 15 2008

HE IS FREAKING OUT

CT4 C105 Baird, J. on 16:14 Tue Apr 15 2008

HAS ADHD

CT4 C105 Baird, J. on 16:15 Tue Apr 15 2008

MALE IS ON MEDICATION

CT4 C105 Baird, J. on 16:16 Tue Apr 15 2008

[REDACTED] IN THE ROOM WITH HIS MOM

CT4 C105 Baird, J. on 16:17 Tue Apr 15 2008

12 YEAR OLD AND 13 YEAR OLD GIRLS IN THE HOME

CALL: 16776 Status: ACTIVE Priority: 1 Received by: TELEPHONE

CT4 C105 Baird, J. on 16:18 Tue Apr 15 2008

CO-RISPHEIBON .5, RATIO-FUVLOXIME 50MG , CONCERTA 36MGS
ARE THE MEDICATIONS

CT4 C105 Baird, J. on 16:19 Tue Apr 15 2008

FEW OF [REDACTED] FRIENDS HAVE COMMITTED SUICIDE IN THE PAST 6 MONTHS

CT4 C105 Baird, J. on 16:22 Tue Apr 15 2008

10-29 IS 10-10

DSP2 C002 Mulcahy, J. on 17:04 Tue Apr 15 2008

CST TURPIN NOTIFIED

Unit	Officer(s)	Times
259-MP	677 Pittman, R	Dispatch: 16:13 Tue Apr 15 2008 Enroute: 16:37 Tue Apr 15 2008 AS: 16:59 Tue Apr 15 2008
229-MP	688 Simmons, S	Dispatch: 16:13 Tue Apr 15 2008 Enroute: 16:13 Tue Apr 15 2008 AS: 16:24 Tue Apr 15 2008
226-UP	610 Smyth, J.	Cleared: 16:24 Tue Apr 15 2008 Dispatch: 16:14 Tue Apr 15 2008 Enroute: 16:37 Tue Apr 15 2008 AS: 16:59 Tue Apr 15 2008
221-MP	686 McDonald,	Cleared: 17:25 Tue Apr 15 2008 Dispatch: 16:14 Tue Apr 15 2008 Enroute: 16:14 Tue Apr 15 2008
269-ID	371 Turpin, J.	Cleared: 16:24 Tue Apr 15 2008 Dispatch: 17:27 Tue Apr 15 2008 Enroute: 17:27 Tue Apr 15 2008 AS: 17:27 Tue Apr 15 2008

DSP1 C082 17:33 Tue Apr 15 2008 AS 95:269 ID TIMER OFF 269
 DSP1 C082 17:27 Tue Apr 15 2008 AS:269 ID [REDACTED]
 DSP1 C082 17:27 Tue Apr 15 2008 ER:269 ID [REDACTED]
 DSP1 C082 17:25 Tue Apr 15 2008 IS:226 UP
 DSP1 C082 17:04 Tue Apr 15 2008 AS 95:259 MP TIMER OFF 259
 DSP1 C082 17:04 Tue Apr 15 2008 AS 95:226 UP TIMER OFF 226 26 59
 DSP1 C082 16:59 Tue Apr 15 2008 AS:259 MP
 DSP1 C082 16:59 Tue Apr 15 2008 AS:226 UP
 DSP1 C082 16:37 Tue Apr 15 2008 ER:259 MP 10-17 SHORT STAY UNIT
 DSP1 C082 16:37 Tue Apr 15 2008 ER:226 UP 10-17 SHORT STAY UNIT
 DSP1 C082 16:24 Tue Apr 15 2008 IS:229 MP
 DSP1 C082 16:24 Tue Apr 15 2008 IS:221 MP

CALL: 16776 Status: ACTIVE Priority: 1 Received by: TELEPHONE

DSP1 C082 16:24 Tue Apr 15 2008 AS:229 MP
 DSP1 C082 16:20 Tue Apr 15 2008 AS 95:226 UP TIMER OFF 259 226
 DSP1 C082 16:20 Tue Apr 15 2008 AS 95:259 MP TIMER OFF 259 226
 CT4 C105 16:18 Tue Apr 15 2008 Remarks:CO-RISPHEIBON .5,
 RATIO-FUVLOXIME 50MG , CONCERTA 36MGS
 DSP1 C082 16:18 Tue Apr 15 2008 AS:226 UP
 DSP1 C082 16:18 Tue Apr 15 2008 AS:259 MP
 DSP1 C082 16:14 Tue Apr 15 2008 ER:226 UP ADDED STACK TO 08-16775
 TIMER:40
 DSP1 C082 16:14 Tue Apr 15 2008 ER:221 MP [REDACTED]
 DSP1 C082 16:14 Tue Apr 15 2008 ER:226 UP [REDACTED]
 CT4 C105 16:14 Tue Apr 15 2008 Comp.phone:709 709 TO:709 [REDACTED]
 709
 DSP1 C082 16:13 Tue Apr 15 2008 ER:229 MP [REDACTED]
 CT4 C105 16:13 Tue Apr 15 2008 Call Remarks:18 YEAR OLD SON HAS
 KNIFE AND IS TRYING TO CUTE HIMSELF [REDACTED] REFUSING TO
 GIVE PARENTS THE KNIFE, HE IS THREATEING AND IS ABEING ABUSIVE
 CT4 C105 16:13 Tue Apr 15 2008 Comp.Name:CHANGED TO: [REDACTED]
 DSP1 C082 16:13 Tue Apr 15 2008 ER:259 MP [REDACTED]
 CT4 C105 16:13 Tue Apr 15 2008 Call Remarks:18 YEAR OLD SON HAS
 KNIFE AND IS TRYING TO CUTE HIMSELF
 CT4 C105 16:12 Tue Apr 15 2008 Off. safety remarks:CHANGED TO:KNIFE

END OF CALL HARDCOPY

Officer Signature : _____

Supervisor Approval: _____



Royal Newfoundland Constabulary Use of Force Report

CIDDD Exhibit P-0291

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JURISDICTION NEA		COLLATOR CODE		FILE NUMBER 08-8013	
DATE 08-02-19		TIME INCIDENT COMMENCED 0710		TIME INCIDENT TERMINATED 0730	
LENGTH OF SERVICE 6 yrs		RANK CST		TEAM REPORT <input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/> POLICE ASSISTED (SPECIFY #) 2	
TYPE OF FORCE USED FIREARM - DISCHARGED FIREARM - POINTED AT PERSON SHOTGUN - DRAWN AEROSOL WEAPON HANDCUFFS IMPACT WEAPON - HARD IMPACT WEAPON - SOFT EMPTY HAND - HARD EMPTY HAND - SOFT		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		ATTIRE <input checked="" type="checkbox"/> UNIFORM <input type="checkbox"/> CIVILIAN CLOTHES	
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 1 2 3 <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NONE <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> KNIFE / EDGED WEAPON <input type="checkbox"/> CLUB <input type="checkbox"/> OTHER		ALTERNATIVE STRATEGIES USED <input type="checkbox"/> VERBAL INTERACTION <input type="checkbox"/> CONCEALMENT <input type="checkbox"/> COVER <input type="checkbox"/> OTHER	
LOCATION OF INCIDENT <input checked="" type="checkbox"/> OUTDOORS ROADWAY LANEWAY YARD PARK RURAL MOTOR VEHICLE OTHER		LOCATION OF SUBJECT'S WEAPON 1 2 3 <input type="checkbox"/> IN-HAND <input type="checkbox"/> AT HAND <input type="checkbox"/> CONCEALED ON PERSON		NUMBER OF ROUNDS FIRED BY SUBJECT TOTAL: _____	
PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLOWAY		PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input type="checkbox"/> OTHER		WEATHER CONDITIONS <input type="checkbox"/> CLEAR <input type="checkbox"/> SUNNY <input type="checkbox"/> CLOUDY <input checked="" type="checkbox"/> RAIN <input type="checkbox"/> SNOW / BLEET <input type="checkbox"/> FOG <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 checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		NATURE OF INJURIES MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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	
<p>[REDACTED] was detained @ Albany st after a call to the RUC reported she had been breaking into vehicles. she was searched for officer safety where several needles were located. she was placed in handcuffs and in the rear of MVC unit 222. she was later released and her property seized. matter still under investigation.</p>					
CONSTABLE'S SIGNATURE <i>[Signature]</i>		SUPERVISOR'S SIGNATURE <i>[Signature]</i> 347		REGIONAL COMMANDER'S SIGNATURE <i>[Signature]</i> #405	
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>		REVIEWED BY TRAINING SEC YES NO <input type="checkbox"/> <input type="checkbox"/>		RECOMMENDED EAP COUNSELLING YES NO <input type="checkbox"/> <input type="checkbox"/>	
				RECOMMENDED OTHER TRAINING YES NO <input type="checkbox"/> <input type="checkbox"/>	



Royal Newfoundland Constabulary

Use of Force Report

JURISDICTION NEA	COLLATOR CODE	FILE NUMBER 08-2743
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PART A

DATE 2008-01-18	TIME INCIDENT COMMENCED 1645	TIME INCIDENT TERMINATED 1650
LENGTH OF SERVICE 6 yrs	RANK CST	TEAM REPORT <input type="checkbox"/>
		TYPE OF TEAM 1
		# OF POLICE OFFICERS 1

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 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 checked="" type="checkbox"/> OTHER	POLICE PRESENCE AT TIME OF INCIDENT <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> POLICE ASSISTED (SPECIFY #) _____ ATTIRE <input checked="" type="checkbox"/> UNIFORM <input type="checkbox"/> CIVILIAN CLOTHES NUMBER OF SUBJECTS INVOLVED IN INCIDENT <input type="checkbox"/> ONE <input checked="" 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 checked="" 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"/>	WAS FORCE EFFECTIVE? YES NO <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"/> <input 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 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> <td>1</td><td>2</td><td>3</td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>UNKNOWN</td> </tr> <tr> <td><input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNKNOWN	<input 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> <td>1</td><td>2</td><td>3</td><td></td> </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> <td> OUTDOORS <input type="checkbox"/> ROADWAY <input checked="" type="checkbox"/> LANEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER </td> <td> PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY </td> <td> PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input type="checkbox"/> OTHER </td> </tr> </table>	OUTDOORS <input type="checkbox"/> ROADWAY <input checked="" type="checkbox"/> LANEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER	PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY	PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <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 checked="" type="checkbox"/> DUSK <input type="checkbox"/> DARK <input type="checkbox"/> GOOD ARTIFICIAL LIGHT <input type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER
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PERSON INJURED 1. SELF <input type="checkbox"/> 2. OTHER POLICE OFFICER <input type="checkbox"/> 3. SUBJECT <input type="checkbox"/> 4. THIRD PARTY <input type="checkbox"/>	MEDICAL ATTENTION REQUIRED <table style="width:100%"> <tr> <td>YES</td><td>NO</td> </tr> <tr> <td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NATURE OF INJURIES <table style="width:100%"> <tr> <td>MINOR</td><td>SERIOUS</td><td>FATAL</td><td>UNKNOWN</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> <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

CONSTABLES SIGNATURE <i>[Signature]</i>	SUPERVISORS SIGNATURE <i>[Signature]</i>	DIVISIONAL COMMANDERS SIGNATURE <i>[Signature]</i>
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>	REVIEWED BY TRAINING SEC. 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

copy for
UOFFR 096 form



R9

CROWN ATTORNEY'S
CASE REPORT

File # 2008-2743

Page 1 of 1

CASE SUMMARY

On 2008-Jan-18 at 1650hrs, RNC Cst J.Smyth was operating marked RNC Police Vehicle #272 on Church Hill, St John's, NL. Smyth patrolled into the rear parking lot of Gower St United Church and observed two males next to a black Saturn. One of the males smashed the window on the rear passenger side and removed a black duffle bag; the second male saw the police vehicle and started to run. The male with the bag also began to run along the east side of the church, Cst Smyth exited the vehicle and pursued the suspects. The male with the bag was apprehended after he attempted to jump the fence and struck his face on a steel support rod, he was controlled to the ground and placed in handcuffs. The second male jumped over the fence and fled east on Gower St. The apprehended male was identified as [redacted] and brought to Cst Smyth's police vehicle. Several other police units responded to the area, however, the second male could not be located.

The vehicle owner - [redacted] - arrived on scene moments after and provided Cst Brian Marshall with a written statement. [redacted] confirmed that there had been no previous damage to his vehicle and the frame around the broken window also appeared to be damaged. He estimates repairs will cost between \$200 and \$300

Cst Smyth read [redacted] rights and caution at 1712hrs; he stated he understood and declined to speak to counsel. He was informed that he was being charged with Theft under \$5000, mischief to property, and breach of probation. He was subsequently released with a promise to appear.

[redacted] was bound by an active probation order which expires on 2009-05-01.

Investigating Officer <i>[Signature]</i>	Reg. No. 610	Organizational Unit: (eg. Platoon) Patrol, Platoon C, East District	Date 2008-01-18
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Royal Newfoundland Constabulary Use of Force Report

JURISDICTION NFA		COLLATOR CODE		FILE NUMBER 08-4411	
DATE 2008-01-29		TIME INCIDENT COMMENCED 0200		TIME INCIDENT TERMINATED 0215	
LENGTH OF SERVICE 6 yrs		RANK CSF		TEAM REPORT <input checked="" type="checkbox"/>	
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 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 checked="" type="checkbox"/> OTHER		POLICE PRESENCE AT TIME OF INCIDENT <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> POLICE ASSISTED (SPECIFY #) 3	
TYPE OF FORCE USED FIREARM - DISCHARGED FIREARM - POINTED AT PERSON HANDGUN - DRAWN AEROSOL WEAPON HANDCUFFS IMPACT WEAPON - HARD IMPACT WEAPON - SOFT EMPTY HAND - HARD EMPTY HAND - SOFT		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"/> CONCEALMENT <input type="checkbox"/> COVER <input type="checkbox"/> OTHER	
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 1 2 3 UNKNOWN NONE REVOLVER SEMI-AUTO RIFLE SHOTGUN KNIFE / EDGED WEAPON CLUB OTHER		LOCATION OF SUBJECT'S WEAPON 1 2 3 IN-HAND AT HAND CONCEALED ON PERSON	
LOCATION OF INCIDENT OUTDOORS <input checked="" 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		WEATHER CONDITIONS <input type="checkbox"/> CLEAR <input type="checkbox"/> SUNNY <input type="checkbox"/> CLOUDY <input checked="" 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 type="checkbox"/> DARK <input checked="" type="checkbox"/> GOOD ARTIFICIAL LIGHT <input type="checkbox"/> POOR ARTIFICIAL LIGHT <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"/>		NATURE OF INJURIES MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
NARRATIVE (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE Responded to water St to a report of a male and female assaulting one another. They were located and the male appeared to have the female pinned against a wall. He refused to step away from her after being told several times. He became very aggressive, clenching his fist and teeth. The male was controlled to the pavement and placed in handcuffs. The male was held at the St John's take up.					
CONSTABLE'S SIGNATURE <i>[Signature]</i> 610		SUPERVISOR'S SIGNATURE <i>[Signature]</i>		DIVISIONAL COMMANDER'S SIGNATURE <i>[Signature]</i>	
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>		REVIEWED BY TRAINING SEC YES NO <input type="checkbox"/> <input type="checkbox"/>		RECOMMENDED CAP COUNSELING YES NO <input type="checkbox"/> <input type="checkbox"/>	
				RECOMMENDED OTHER TRAINING YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	



Royal Newfoundland Constabulary

Use of Force Report

JURISDICTION <i>NEA</i>	COLLATOR CODE	FILE NUMBER <i>07-5408</i>
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PART A

DATE <i>2007-02-04</i>	TIME INCIDENT COMMENCED <i>0450</i>	TIME INCIDENT TERMINATED <i>0625</i>	LENGTH OF SERVICE <i>6 yrs</i>	RANK <i>1ST</i>	TEAM REPORT <input checked="" type="checkbox"/>	TYPE OF TEAM <i>patrol</i>	# OF POLICE OFFICERS <i>4</i>
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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 type="checkbox"/> SUSPICIOUS PERSON <input type="checkbox"/> BREAK & ENTER <input checked="" type="checkbox"/> DOMESTIC DISTURBANCE <input type="checkbox"/> OTHER DISTURBANCE <input type="checkbox"/> TRAFFIC	POLICE PRESENCE AT TIME OF INCIDENT <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> POLICE ASSISTED (SPECIFY #) <i>3</i> ATTIRE <input checked="" type="checkbox"/> UNIFORM <input 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 checked="" 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"/>	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 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 1 2 3 <input checked="" 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 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 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 PRIVATE PROPERTY <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input type="checkbox"/> OTHER	WEATHER CONDITIONS <input 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 type="checkbox"/> DARK <input checked="" type="checkbox"/> GOOD ARTIFICIAL LIGHT <input type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER
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PERSON INJURED 1. SELF 2. OTHER POLICE OFFICER 3. SUBJECT 4. THIRD PARTY	MEDICAL ATTENTION REQUIRED YES NO <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	NATURE OF INJURIES MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE

[REDACTED] assaulted his girlfriend and was restrained by her two friends upon police arrival. [REDACTED] again became agitated and made aggressive moves towards his two friends. He was forced to the ground and placed in handcuffs by Cst Marshall, Cst McDonald, Sgt D. Edison and myself. Held at the lock-up for court.

CONSTABLES SIGNATURE <i>[Signature]</i>	SUPERVISORS SIGNATURE <i>[Signature]</i>	DIVISIONAL COMMANDERS SIGNATURE <i>[Signature]</i>
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>	REVIEWED BY TRAINING SEC. 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 _____



Royal Newfoundland Constabulary

Use of Force Report

JURISDICTION <i>NEA</i>	COLLATOR CODE	FILE NUMBER <i>07 6535</i>
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PART A

DATE <i>2007-11</i>	TIME INCIDENT COMMENCED	TIME INCIDENT TERMINATED
LENGTH OF SERVICE <i>5 yrs</i>	RANK <i>CSR</i>	TEAM REPORT <input type="checkbox"/>
		TYPE OF TEAM
		# OF POLICE OFFICERS <i>1</i>

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 type="checkbox"/> SUSPICIOUS PERSON <input type="checkbox"/> BREAK & ENTER <input type="checkbox"/> DOMESTIC DISTURBANCE <input checked="" 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 checked="" type="checkbox"/> POLICE ASSISTED (SPECIFY #) <i>1</i>
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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 checked="" type="checkbox"/> HANDCUFFS <input checked="" type="checkbox"/> IMPACT WEAPON - HARD <input type="checkbox"/> IMPACT WEAPON - SOFT <input type="checkbox"/> EMPTY HAND - HARD <input type="checkbox"/> EMPTY HAND - SOFT <input type="checkbox"/>	WAS FORCE EFFECTIVE? YES NO <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"/>	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 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"/> CONCEALMENT <input type="checkbox"/> COVER <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 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input 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 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 OUTDOORS <input type="checkbox"/> ROADWAY <input checked="" type="checkbox"/> LANEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER	PRIVATE PROPERTY <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY	PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <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 type="checkbox"/> DARK <input checked="" type="checkbox"/> GOOD ARTIFICIAL LIGHT <input type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER
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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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NATURE OF INJURIES MINOR SERIOUS FATAL UNKNOWN <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"/> <input type="checkbox"/> <input type="checkbox"/>
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NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE

[REDACTED] was fighting with staff outside peddlers on George St. Police arrived and [REDACTED] continued to be very combative and wanting to fight staff. There were a lot of persons in the area, many aggravated by the incident. [REDACTED] continued to fight and was placed pepper sprayed after being warned

OFFICER'S SIGNATURE <i>[Signature]</i>	SUPERVISOR'S SIGNATURE <i>[Signature]</i>	DIVISIONAL COMMANDER'S SIGNATURE <i>[Signature]</i>
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>	REVIEWED BY TRAINING SEC. YES NO <input type="checkbox"/> <input type="checkbox"/>	RECOMMENDED GAP 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 _____

CS 1067 REVISED 2006/01/01



Royal Newfoundland Constabulary

Use of Force Report

JURISDICTION <i>NEA</i>	COLLATOR CODE	FILE NUMBER <i>07.6543</i>
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PART A

DATE <i>07-02-11</i>	TIME INCIDENT COMMENCED	TIME INCIDENT TERMINATED
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LENGTH OF SERVICE <i>5 yrs</i>	RANK <i>CST</i>	TEAM REPORT <input type="checkbox"/>	TYPE OF TEAM	# OF POLICE OFFICERS <i>2</i>
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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 type="checkbox"/> SUSPICIOUS PERSON <input type="checkbox"/> BREAK & ENTER <input type="checkbox"/> DOMESTIC DISTURBANCE <input checked="" type="checkbox"/> OTHER DISTURBANCE <input type="checkbox"/> TRAFFIC	POLICE PRESENCE AT TIME OF INCIDENT <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> POLICE ASSISTED (SPECIFY #) <i>1</i> ATTIRE <input checked="" type="checkbox"/> UNIFORM <input 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 checked="" type="checkbox"/> IMPACT WEAPON - HARD <input type="checkbox"/> IMPACT WEAPON - SOFT <input type="checkbox"/> EMPTY HAND - HARD <input type="checkbox"/> EMPTY HAND - SOFT <input type="checkbox"/>	WAS FORCE EFFECTIVE? YES NO <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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 type="checkbox"/> PREVENT OFFENCE <input 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 1 2 3 <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NONE <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> KNIFE / EDGED WEAPON <input type="checkbox"/> CLUB <input type="checkbox"/> OTHER	LOCATION OF SUBJECT'S WEAPON 1 2 3 <input type="checkbox"/> IN - HAND <input type="checkbox"/> AT HAND <input type="checkbox"/> CONCEALED ON PERSON	NUMBER OF ROUNDS FIRED BY SUBJECT TOTAL: _____
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LOCATION OF INCIDENT OUTDOORS <input checked="" 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 PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <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 type="checkbox"/> DARK <input checked="" type="checkbox"/> GOOD ARTIFICIAL LIGHT <input type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER
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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 type="checkbox"/>	NATURE OF INJURIES MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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ARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE

was detained for assaulting bar staff and was placed in handcuffs after refusing to comply with police was held at the St John's lock-up to be held till sober

INSTANCES SIGNATURE <i>[Signature]</i>	SUPERVISORS SIGNATURE <i>[Signature]</i>	DIVISIONAL COMMANDERS SIGNATURE <i>[Signature]</i>
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>	REVIEWED BY TRAINING SEC. 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	TYPE OF TRAINING SUGGESTED
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1521 Rights + Caution to



2501-1052
7-1052

Responded to the area of Parker St after Sgt Scourley reported a male had stolen a qty of goods and then threatened them with a Synage when they approached

I located the goods on Parker and they got into the PC in an effort to locate

- the suspect shortly after one of the officers pointed to a male at the door of [redacted]
- the male matched the description of the suspect
- I pulled in front of the house and exited the vehicle as the male started to come towards me.
- I drew my firearm and commanded him to get on the ground several times. after he failed to comply I drew my pepper spray and administered a short burst of OC.
- one of the males 23



Royal Newfoundland Constabulary

Cst. Joe Smyth, Reg. #610
Street Patrol East

1 Fort Townshend
St John's, NL A1C 2G2

File #



hands was not visible to me

- once oc'd he went to the ground. The security guard, assisted and brought his hands behind his back
- I placed the male in handcuffs and
- The stolen property was located in the snow by the front steps of the home.

The male ID is [redacted] was searched and a capped syringe was located in his upper

left jacket pocket.

- Cst McDonald arrived and [redacted] was placed in my patrol vehicle
- (1521) RPC read and understood + counsel declined.
- 10:31 to St. Clare's emerg. checked by Dr. [redacted] and [redacted]
- 10:31 to St. John's lock up.
- Informed of all charges



Synopsis (Date, Time, Location, Actions)

On today's date, while working as an Investigator with Sears Canada, Village Mall location, at aprox. 15:02 hrs. I observed a lone male in the childrens wear dept crouching down behind racks of clothing. As I continued observing this individual, I saw hem select a white colored childrens outfit and again crouch down behind the rack of cloths. With this I observed him put this item into his jacket, stand up, and proceed to leave the dept. I observed him cross throught the ladies wear dept., and exit the store via the Topsail Rd. entrance, making no attempt to pay for the items that he had concealed in his coat. I left the cctv room where I was located observing this individualm and sought out some back-up to help me apprehend this individual, and place him under arrest for theft. myself and Spectrum Security officer [REDACTED] approached this individual on the rear parking lot of the Village Mall. I identified myself as Sears Security and that he was under arrest for theft. With this, he turned around and took a couple of steps back and stated, no fucking way buddy. He the produced a needle from his right jacket pocket and said get the fuck away or you'll be sorry. Myself and [REDACTED] immediately stepped back and the suspect started running towards Forbes St. Myself and [REDACTED] took chase, but at a safe distance. The suspect continued running down Forbes St. and onto Berry St., however, we lost sight of him here. I was on my cell phone with police communications centre all the time that we were chasing him and I notified the dispatcher of the last known location of this individual. A police unit showed up and myself and [REDACTED] got in to continue looking for this suspect. As we drove down Eaststaff St. I saw the suspect on the step of [REDACTED] When he saw the police unit, he ducked down behind the snowbank and tried to hide. prior to our arrival on Pynn Pl. I inform Cst. Smyth that the suspect was armed with a needle and that he had already pulled it on me. As Cst. Smyth exited the police vehicle, he drew his side arm and ordered the suspect to the ground, however the suspect did not immediately comply. he continued to try and burry the stolen merchandise. Cst. Smyth again ordered the suspect to comply and the suspect started to advance towars him, and myself, but dropped to the ground when again told to do so by Cst. Smyth. Once on the ground, he continued to resist being handcuffed and had to be pepper sprayed. Once pepper sprayed, he sated yelling and screaming that he could not breath. Cst. Smyth assured the suspect that he would be alright and to just calm down. I recovered the stolen merchandise that he was trying to burry in the snow bank. A subsiquent search of the suspect revealed that he had another needle in his posession but it was in a package, he did not have the open needle in his posession when searched by the police. Myself and [REDACTED] returned to the Sears Security office with Cst. Mcdonald an i gave the appropriate statement as to what had transpired.

Submitted by: [REDACTED]**Date:** 03/12/2007**Position:** Resources Protection Investigator**Signature:** [REDACTED]

Rev. 1.4 08/2006
Investigation Compendium





P.O. Box 39058
St. John's, NL
A1E 5Y7

CIDDD Exhibit P-0291 Page 16
Telephone: (709) 738-3535
Facimile: (709) 738-3536
E-mail: spectrum@nfld.net

SHIFT REPORT

LOCATION: Sears Village Mall 03/12/07
DETAIL: 11082 file # RUC

On this particular day I happened to be in the mall and as I was getting ready to leave, Resource protection from Sears approached me and asked if I could assist them in the apprehension of a shoplifter. We exited the mall through the entrance by Klondike Sal's and met up with the said individual at the back end of the parking lot.

[redacted] had warned me that the individual could possibly be violent. As we approached the individual he said to us "Don't fucking do it you'll be sorry" at which he pulled out a fully exposed syringe. We ~~continued~~ backed off but still had eye contact on the suspect as he crossed over Columbus Avenue. We continued to follow suspect over on to Forbes Street. All the while [redacted] was on the phone with dispatch ~~looking~~ waiting for back-up. We were picked up on the corner of Forbes and Bery by Cst. Smyth. We patrolled the area and noticed the suspect on P/You place. Cst. Smyth exited the vehicle and ordered the individual to the ground. I observed everything from the back of the patrol car. I was let out of the vehicle and at this point the suspect was in handcuffs and pepper sprayed. The Cst's did the initial search on the suspect and found one needle that was packaged. Suspect was taken into custody and Resource protection and myself along with Cst. McDonald returned to the Stone to fill out reports

Guard: [redacted] Please print
Signature: [redacted] Guard Sig: /
Supervisor: _____
Date: _____ Time In: _____ Time Out: _____

190506



3-13 / 00
St. John's
hnl
28



R9

**CROWN ATTORNEY'S
CASE REPORT**

FILE # 2007-11082

Page 3 of 3

CASE SUMMARY

2007-MAR-12

Sears Security officer [REDACTED] called police and reported that a male had stolen a quantity of goods and proceeded to threaten security with a syringe when they approached him.

Cst J. Smyth and Cst P. McDonald responded to the area of Forbes St after [REDACTED] reported they chased the male to the area but lost sight of him. They provided a description of the male.

Smyth arrived and spoke to the security officers who entered Smyth's patrol vehicle in an effort to locate the male. Moments later while heading down East St, [REDACTED] pointed to a male on the front steps of [REDACTED] and stated it was the male who had threatened him with the syringe. The male also matched the physical description provided by [REDACTED] earlier.

Smyth pulled the unmarked patrol car in front of the home and exited the vehicle as the male was coming towards him. Smyth drew his firearm and commanded the male to get on the ground several times. The male continued towards Smyth saying "What! What!" with one hand not visible. As the male still did not comply with Smyth's demands he administered a short burst of OC spray at the male's facial area.

The male went to the ground and became somewhat compliant. [REDACTED] assisted and brought the male's arms behind his back. Smyth holstered his sidearm and OC and proceeded to place him in handcuffs as the male continued to passively resist.

The male was identified as [REDACTED]

Cst P. McDonald arrived on scene and [REDACTED] person

Investigating Officer

RNC - R9 - 99/09/17

Reg. No.

1016

Organizational Unit: (eg Platoon A)

Pl. C

Date

YY

MM

DD

07 03 12



R9

CROWN ATTORNEY'S
CASE REPORT

FILE # 2007-11082

Page 3 of 3

CASE SUMMARY

was searched. A syringe was located in a jacket pocket and was in an opened package. The stolen property was located by the steps and in the driveway of [REDACTED]. The Sears Security officers took possession of their property, which consisted of a quantity of clothing. Cst J. Smyth took custody of [REDACTED] and read rights and caution at 1521 hrs. [REDACTED] understood and declined counsel. Smyth advised him of the charges and conveyed him to St. Charles Emergency for decontamination. Once cleared [REDACTED] was brought to the St. John's lock-up to be held for court.

Investigating Officer <i>[Signature]</i>	Reg. No. 010	Organizational Unit: (eg. Platoon A)	Date 07 03 12
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Royal Newfoundland Constabulary

Use of Force Report

JURISDICTION NEA	COLLATOR CODE	FILE NUMBER 07-15604
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PART A

DATE 2007 APR 05	TIME INCIDENT COMMENCED 2235	TIME INCIDENT TERMINATED 0010
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LENGTH OF SERVICE 6 yrs	RANK CST	TEAM REPORT <input type="checkbox"/>	TYPE OF TEAM	# OF POLICE OFFICERS 2
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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 type="checkbox"/> SUSPICIOUS PERSON <input type="checkbox"/> BREAK & ENTER <input type="checkbox"/> DOMESTIC DISTURBANCE <input checked="" 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 checked="" type="checkbox"/> POLICE ASSISTED (SPECIFY #) 1
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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 checked="" type="checkbox"/> IMPACT WEAPON - HARD <input checked="" type="checkbox"/> IMPACT WEAPON - SOFT <input type="checkbox"/> EMPTY HAND - HARD <input type="checkbox"/> EMPTY HAND - SOFT <input checked="" type="checkbox"/>	WAS FORCE EFFECTIVE? YES NO <input type="checkbox"/> <input type="checkbox"/> <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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 type="checkbox"/> PREVENT OFFENCE <input 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"/> CONCEALMENT <input type="checkbox"/> COVER <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 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 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 OUTDOORS <input checked="" 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	PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY	PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input type="checkbox"/> OTHER	WEATHER CONDITIONS <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	LIGHTING CONDITIONS <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input checked="" type="checkbox"/> DARK <input type="checkbox"/> GOOD ARTIFICIAL LIGHT <input type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER
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PERSON INJURED 1. SELF 2. OTHER POLICE OFFICER 3. SUBJECT 4. THIRD PARTY	MEDICAL ATTENTION REQUIRED YES NO <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	NATURE OF INJURIES MINOR SERIOUS FATAL UNKNOWN <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"/> <input type="checkbox"/> <input type="checkbox"/>
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NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE

CONSTABLE'S SIGNATURE <i>[Signature]</i>	SUPERVISOR'S SIGNATURE <i>[Signature]</i>	DIVISIONAL COMMANDER'S SIGNATURE <i>[Signature]</i>
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>	REVIEWED BY TRAINING SEC 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 _____



R5

NOTES
CONTINUATION

Page 1 of 1

FILE #

YEAR # 2007 15604

CASE HEADING
B&E, Resist Arrest

Surname:

SMYTH

G1

JOE

G2

CST

(1) CW Civilian Witness Statement

NS Narrative Summary

CS Cautioned Statement

2007-APR-7/8

0009 RAC to [redacted] while
enroute to St Clares - Unit 222. [redacted]
understand + declined counsel.

Responded to Coolestown Rd @ the [redacted]
to a report of a disturbance. I arrived on scene
and found a crowd on the road, several persons
yelling and arguing. I spoke to a male who
identified himself as [redacted]. He was doing
most of the yelling and arguing. He stated to
me that someone had hit his girlfriend.
A second person stated to me that the
male I was speaking with had kicked in the
door of [redacted]. Another female stated
the same thing. The male stated he was leaving
and started to go into [redacted]. I
stood in front of the door and told him he was
under arrest and would have to sit in my
vehicle until the matter was resolved. He
began to walk away and I grabbed onto his
sweater, he pulled away and started to run down
Coolestown. I pursued the male to Harrow Rd
and then back to Freshwater. I was yelling verbal
commands, telling him to stop and informing him
I would strike him with the baton.
The male continued to run up Freshwater and then
to Field St. He then ran into an empty lot,
around a car and back to Field St and began
to run back down.

Off J. Miller arrived on scene and exited his vehicle.
The male then ran into another empty lot, around a
car and again back to Field. He slowed and I
grabbed onto him, yelling for him to get on the

Time Statement Concluded:

Signature

Taken by [Signature]

Reg No 610

Date 07/04/08



R5

NOTES
CONTINUATION

Page 2 of 2

FILE #

YEAR # 07

15604

CASE HEADING

Surname: SMITH GI Joe G2 CST

(1) CW Civilian Witness Statement NS Narrative Summary CS Cautioned Statement

ground. He continued to resist and I struck him 2-3 times on the lower part of his legs. He fell to the ground and was placed in handcuffs. I conveyed the male - who was then identified as [redacted] - to St. Charles Emergency where Dr. [redacted] checked his legs and cleared him to go to the lock-up.

[redacted] admitted to kicking on the desk, and stated he was after the person who handcuffed his girlfriend. [redacted] was cooperative after and apologetic for his actions.

10:31 to St. Charles lock-up contacted legal Aid [redacted] spoke to DC [redacted]

Time-Statement Concluded

Signature:

Taken by: [Signature]

Reg. No. 6010

Date: 07 09 08



Royal Newfoundland Constabulary

Use of Force Report

JURISDICTION <i>NEA</i>	COLLATOR CODE	FILE NUMBER <i>07-19581</i>
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PART A

DATE <i>2007-MAY-02</i>	TIME INCIDENT COMMENCED <i>0330</i>	TIME INCIDENT TERMINATED
LENGTH OF SERVICE <i>6 yrs</i>	RANK <i>CST</i>	TEAM REPORT <input type="checkbox"/>
		TYPE OF TEAM
		# OF POLICE OFFICERS <i>2</i>

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 type="checkbox"/> SUSPICIOUS PERSON <input checked="" 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 checked="" type="checkbox"/> POLICE ASSISTED (SPECIFY #) <i>3</i>
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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 checked="" type="checkbox"/> IMPACT WEAPON - HARD <input type="checkbox"/> IMPACT WEAPON - SOFT <input type="checkbox"/> EMPTY HAND - HARD <input type="checkbox"/> EMPTY HAND - SOFT <input type="checkbox"/>	WAS FORCE EFFECTIVE? YES NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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 type="checkbox"/> PREVENT OFFENCE <input type="checkbox"/> PREVENT ESCAPE <input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> DESTROY ANIMAL <input type="checkbox"/> OTHER	POLICE PRESENCE AT TIME OF INCIDENT ATTIRE <input checked="" type="checkbox"/> UNIFORM <input type="checkbox"/> CIVILIAN CLOTHES NUMBER OF SUBJECTS INVOLVED IN INCIDENT <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <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 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 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 OUTDOORS <input type="checkbox"/> ROADWAY <input checked="" type="checkbox"/> LAWEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER	PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY	PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input type="checkbox"/> OTHER	WEATHER CONDITIONS <input type="checkbox"/> CLEAR <input type="checkbox"/> SUNNY <input type="checkbox"/> CLOUDY <input checked="" type="checkbox"/> RAIN <input checked="" type="checkbox"/> SNOW / SLEET <input checked="" type="checkbox"/> FOG <input type="checkbox"/> OTHER	LIGHTING CONDITIONS <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK <input type="checkbox"/> GOOD ARTIFICIAL LIGHT <input checked="" type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER
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PERSON INJURED 1. SELF <input type="checkbox"/> 2. OTHER POLICE OFFICER <input type="checkbox"/> 3. SUBJECT <input type="checkbox"/> 4. THIRD PARTY <input type="checkbox"/>	MEDICAL ATTENTION REQUIRED YES NO <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	NATURE OF INJURIES MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE

Police responded to the area of Symonds St. to make search vehicles. [redacted] climbed a fence into [redacted] secure compound. He came out once located by police and was placed in handcuffs; no other force used.

CONSTABLE'S SIGNATURE <i>[Signature]</i>	SUPERVISOR'S SIGNATURE <i>[Signature]</i>	DIVISIONAL COMMANDER'S SIGNATURE <i>[Signature]</i>
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>	REVIEWED BY TRAINING SEC YES NO <input type="checkbox"/> <input type="checkbox"/>	RECOMMENDED EAP 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 _____



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 #) <u>1</u>
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		

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 checked="" 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 _____	

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><td>1</td><td>2</td><td>3</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>UNKNOWN</td></tr> <tr><td><input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN	<input 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><td>1</td><td>2</td><td>3</td><td></td></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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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AT HAND																																																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONCEALED ON PERSON																																																								

LOCATION OF INCIDENT <table style="width:100%;"> <tr> <td style="width:33%;"> OUTDOORS <input type="checkbox"/> ROADWAY <input checked="" type="checkbox"/> LANEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER </td> <td style="width:33%;"> PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY </td> <td style="width:33%;"> PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input checked="" type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input checked="" type="checkbox"/> OTHER </td> </tr> </table>	OUTDOORS <input type="checkbox"/> ROADWAY <input checked="" type="checkbox"/> LANEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER	PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY	PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input checked="" type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input checked="" 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
OUTDOORS <input type="checkbox"/> ROADWAY <input checked="" type="checkbox"/> LANEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER	PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY	PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input checked="" type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input checked="" 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 MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 CAP 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

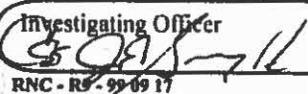
2007-MAY-10 (UUIS hrs)

Police responded to the school for the deaf on Topsail Rd, St. Johns, 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	MM	DD
				07	05	10



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, Topsall Rd.

0020

C/N 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).

0025

Cst. Smyth 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

C/N [redacted] came out and identified [redacted] as a former student. (pic is also). [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



Royal Newfoundland Constabulary

Use of Force Report

(c)

JURISDICTION <i>NEA</i>	COLLATOR CODE	FILE NUMBER <i>07-27367</i>
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PART A		
DATE <i>2007-JUNE-11</i>	TIME INCIDENT COMMENCED <i>2050</i>	TIME INCIDENT TERMINATED <i>2055</i>

LENGTH OF SERVICE <i>6 yrs</i>	RANK <i>CST</i>	TEAM REPORT <input type="checkbox"/>	TYPE OF TEAM	# OF POLICE OFFICERS <i>1</i>
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TYPE OF ASSIGNMENT		TYPE OF INCIDENT		POLICE PRESENCE AT TIME OF INCIDENT	
<input checked="" type="checkbox"/> GENERAL PATROL	<input type="checkbox"/> SUSPICIOUS PERSON	<input type="checkbox"/> ROBBERY	<input checked="" type="checkbox"/> ALONE	<input type="checkbox"/> POLICE ASSISTED (SPECIFY #)	
<input type="checkbox"/> FOOT PATROL	<input type="checkbox"/> BREAK & ENTER	<input type="checkbox"/> SERIOUS INJURY			
<input type="checkbox"/> TRAFFIC	<input type="checkbox"/> DOMESTIC DISTURBANCE	<input type="checkbox"/> HOMICIDE	ATTIRE		
<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> OTHER DISTURBANCE	<input type="checkbox"/> WEAPONS CALL	<input checked="" type="checkbox"/> UNIFORM	<input type="checkbox"/> CIVILIAN CLOTHES	
<input type="checkbox"/> DRUGS	<input type="checkbox"/> TRAFFIC	<input type="checkbox"/> ALARM	NUMBER OF SUBJECTS INVOLVED IN INCIDENT		
<input type="checkbox"/> OFF-DUTY		<input checked="" type="checkbox"/> OTHER	<input checked="" type="checkbox"/> ONE	<input type="checkbox"/> TWO	<input type="checkbox"/> THREE
<input type="checkbox"/> OTHER			<input type="checkbox"/> OTHER		

TYPE OF FORCE USED		REASON FOR USE OF FORCE		ALTERNATIVE STRATEGIES USED	
FIREARM - DISCHARGED	<input type="checkbox"/>	<input checked="" type="checkbox"/> PROTECT SELF	<input type="checkbox"/> VERBAL INTERACTION	<input type="checkbox"/> COVER	
FIREARM - POINTED AT PERSON	<input type="checkbox"/>	<input checked="" type="checkbox"/> PROTECT PUBLIC	<input type="checkbox"/> CONCEALMENT	<input type="checkbox"/> OTHER	
HANDGUN - DRAWN	<input type="checkbox"/>	<input checked="" type="checkbox"/> EFFECT ARREST	TYPE OF FIREARMS USED		
AEROSOL WEAPON	<input type="checkbox"/>	<input checked="" type="checkbox"/> PREVENT OFFENCE	<input type="checkbox"/> REVOLVER	# OF ROUNDS DISCHARGED	
HANDCUFFS	<input type="checkbox"/>	<input checked="" type="checkbox"/> PREVENT ESCAPE	<input type="checkbox"/> SEMI-AUTOMATIC		
IMPACT WEAPON - HARD	<input type="checkbox"/>	<input type="checkbox"/> ACCIDENTAL	<input type="checkbox"/> RIFLE		
IMPACT WEAPON - SOFT	<input type="checkbox"/>	<input type="checkbox"/> DESTROY ANIMAL	<input type="checkbox"/> SHOTGUN		
EMPTY HAND - HARD	<input type="checkbox"/>	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER		
EMPTY HAND - SOFT	<input checked="" type="checkbox"/>				

DISTANCE TO SUSPECT AT TIME FORCE WAS APPLIED	WEAPONS CARRIED BY SUSPECT			LOCATION OF SUBJECT'S WEAPON			NUMBER OF ROUNDS FIRED BY SUBJECT
<input checked="" type="checkbox"/> LESS THAN 2 M	1	2	3	1	2	3	TOTAL: _____
<input type="checkbox"/> 2 TO 3 M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3 TO 5 M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 5 TO 7 M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7 TO 10 M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> MORE THAN 10 METERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LOCATION OF INCIDENT			WEATHER CONDITIONS		LIGHTING CONDITIONS	
OUTDOORS	PRIVATE PROPERTY	PUBLIC PROPERTY	<input type="checkbox"/> CLEAR	<input type="checkbox"/> DAYLIGHT		
<input type="checkbox"/> ROADWAY	<input type="checkbox"/> HOUSE	<input type="checkbox"/> FINANCIAL INSTITUTION	<input type="checkbox"/> SUNNY	<input type="checkbox"/> DUSK		
<input type="checkbox"/> LANEWAY	<input type="checkbox"/> APARTMENT	<input checked="" type="checkbox"/> COMMERCIAL SITE	<input checked="" type="checkbox"/> CLOUDY	<input type="checkbox"/> DARK	<input checked="" type="checkbox"/> GOOD ARTIFICIAL LIGHT	
<input type="checkbox"/> YARD	<input type="checkbox"/> HALLWAY	<input type="checkbox"/> PUBLIC SITE	<input type="checkbox"/> RAIN	<input type="checkbox"/> POOR ARTIFICIAL LIGHT	<input type="checkbox"/> OTHER	
<input type="checkbox"/> PARK		<input type="checkbox"/> OTHER	<input type="checkbox"/> SNOW / SLEET			
<input type="checkbox"/> RURAL			<input type="checkbox"/> FOG			
<input type="checkbox"/> MOTOR VEHICLE			<input type="checkbox"/> OTHER			
<input type="checkbox"/> OTHER						

PERSON INJURED	MEDICAL ATTENTION REQUIRED		NATURE OF INJURIES			
1. SELF	YES	NO	MINOR	SERIOUS	FATAL	UNKNOWN
2. OTHER POLICE OFFICER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SUBJECT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. THIRD PARTY	<input type="checkbox"/>	<input checked="" 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

[Redacted] was detained for fraud at Zellers, she was advised of the arrest, read rights and caution and informed her purse was to be searched. she refused to pass over her purse and jerked away from me and began to walk away. she was restrained until she agree to cooperate and stop resisting.

CONSTABLE'S SIGNATURE <i>[Signature]</i>	SUPERVISOR'S SIGNATURE <i>[Signature]</i> 298	DIVISIONAL COMMANDER'S SIGNATURE <i>[Signature]</i> #312
REVIEWED BY SUPERVISOR YES NO	REVIEWED BY TRAINING SEC YES NO	RECOMMENDED OTHER TRAINING YES NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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



Royal Newfoundland Constabulary Use of Force Report

JURISDICTION	COLLATOR CODE	FILE NUMBER 07-40409
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PART A		
DATE 07-08-14	TIME INCIDENT COMMENCED 2115	TIME INCIDENT TERMINATED 2130
LENGTH OF SERVICE 6	RANK CSO	TEAM REPORT <input type="checkbox"/>
		TYPE OF TEAM # OF POLICE OFFICERS 1

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 type="checkbox"/> SUSPICIOUS PERSON <input type="checkbox"/> BREAK & ENTER <input type="checkbox"/> DOMESTIC DISTURBANCE <input checked="" 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 checked="" type="checkbox"/> ALONE <input type="checkbox"/> POLICE ASSISTED (SPECIFY #) _____
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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 checked="" type="checkbox"/> IMPACT WEAPON - HARD <input type="checkbox"/> IMPACT WEAPON - SOFT <input type="checkbox"/> EMPTY HAND - HARD <input type="checkbox"/> EMPTY HAND - SOFT <input type="checkbox"/>	WAS FORCE EFFECTIVE? YES NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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 type="checkbox"/> PREVENT OFFENCE <input type="checkbox"/> PREVENT ESCAPE <input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> DESTROY ANIMAL <input type="checkbox"/> OTHER	ALTERNATIVE STRATEGIES USED <input type="checkbox"/> VERBAL INTERACTION <input type="checkbox"/> CONCEALMENT <input type="checkbox"/> COVER <input type="checkbox"/> OTHER
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DISTANCE TO SUSPECT AT TIME FORCE WAS APPLIED <input 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 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input 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 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 OUTDOORS <input checked="" 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 PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input type="checkbox"/> OTHER	WEATHER CONDITIONS <input 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 type="checkbox"/> DARK <input checked="" type="checkbox"/> GOOD ARTIFICIAL LIGHT <input type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER
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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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NATURE OF INJURIES MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE

Two females handcuffed on Levescourt Rd after being arrested for theft and property damage. Both were intoxicated and non compliant. Adult held at the St John's lock-up, youth conveyed home with youth warning.

CONSTABLES SIGNATURE <i>[Signature]</i> 610	SUPERVISOR'S SIGNATURE <i>[Signature]</i> #118	DIVISIONAL COMMANDER'S SIGNATURE <i>[Signature]</i> Insp. #1800 #512
REVIEWED BY SUPERVISOR YES NO <input type="checkbox"/> <input type="checkbox"/>	REVIEWED BY TRAINING SEC. YES NO <input type="checkbox"/> <input type="checkbox"/>	RECOMMENDED EAP 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



Royal Newfoundland Constabulary Use of Force Report

JURISDICTION WEA		COLLATOR CODE		FILE NUMBER 07-40247	
PART A					
DATE 2007-08-14		TIME INCIDENT COMMENCED 0250		TIME INCIDENT TERMINATED 0350	
LENGTH OF SERVICE 6 yrs		RANK CST		TEAM REPORT <input type="checkbox"/>	# OF POLICE OFFICERS 1
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 type="checkbox"/> SUSPICIOUS PERSON <input checked="" type="checkbox"/> BREAK & ENTER <input type="checkbox"/> DOMESTIC DISTURBANCE <input type="checkbox"/> OTHER DISTURBANCE <input type="checkbox"/> TRAFFIC		TYPE OF INCIDENT <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 FIREARM - DISCHARGED <input type="checkbox"/> FIREARM - POINTED AT PERSON <input type="checkbox"/> HANDGUN - DRAWN <input checked="" type="checkbox"/> AEROSOL WEAPON <input checked="" 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"/>		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		POLICE PRESENCE AT TIME OF INCIDENT <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> POLICE ASSISTED (SPECIFY #) _____	
WAS FORCE EFFECTIVE? YES NO <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		ALTERNATIVE STRATEGIES USED <input checked="" type="checkbox"/> VERBAL INTERACTION <input type="checkbox"/> CONCEALMENT <input type="checkbox"/> COVER <input type="checkbox"/> OTHER		ATTIRE <input checked="" type="checkbox"/> UNIFORM <input type="checkbox"/> CIVILIAN CLOTHES	
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 1 2 3 <input checked="" 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 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 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	
LOCATION OF INCIDENT OUTDOORS <input checked="" type="checkbox"/> ROADWAY <input checked="" type="checkbox"/> LAWEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER		PRIVATE PROPERTY <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> HALLWAY		PUBLIC PROPERTY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> COMMERCIAL SITE <input type="checkbox"/> PUBLIC SITE <input type="checkbox"/> OTHER	
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NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE

See attached occurrence report

CONSTABLE'S SIGNATURE <i>[Signature]</i>		SUPERVISOR'S SIGNATURE #918 <i>[Signature]</i>		DIVISIONAL COMMANDER'S SIGNATURE <i>[Signature]</i>	
REVIEWED BY SUPERVISOR	YES NO	REVIEWED BY TRAINING SEC	YES NO	RECOMMENDED EAP COUNSELING	YES NO
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
RECOMMENDED OTHER TRAINING		YES NO			
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 # 2007-40247

Page 3 of 3

1/2

CASE SUMMARY

2007-08-14 (0240)

[REDACTED] of [REDACTED] St Johns, NL reported that she had caught a male whom had broken into her home. She provided a physical description of the male and stated that he fled from the residence on foot.

Cor J. SMYTH proceeded to the area of Spencer St, as the description of the male and the method of operation was similar to that of [REDACTED] who was bound by an 11:00 curfew. Cor B. COOK attended the Montstown Rd residence.

Smyth parked his vehicle, exited and remained in an alleyway in the area of [REDACTED] Spencer St. Moments later and male matching the physical description of the suspect began walking down Spencer from Merry Meeting Rd. Once the male got close, Smyth recognized him as [REDACTED]. Smyth identified himself, told [REDACTED] he was under arrest and commanded to get on the ground. [REDACTED] failed to comply and started to back away. [REDACTED] placed his hands in his pockets and Smyth commanded he remove them and lie on the ground, [REDACTED] again failed to comply and Smyth drew his Service Airarm and held it towards the ground. [REDACTED] continued to back away and sidestep, Smyth told him if he didn't get on the ground he would be pepper sprayed; [REDACTED] stated "For what, Breaching my curfew?" and continued to back away. Smyth attempted to grab onto him but he shook away. Smyth administered a short burst of OC spray but [REDACTED] plucked away from it. [REDACTED] then ran between # [REDACTED] and [REDACTED] Spencer St, when he removed his hands from his pockets a quantity of currency fell to the ground. Smyth gave chase a short distance and notified other RNC units. Multiple police vehicles arrived quickly and contained the area. The RNC / K9

Investigating Officer Cor J. Smyth	Reg. No. 610	Organizational Unit: (eg. Platoon 4)	Date 07/08	YY 07	MM 08	DD 14
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R5

CROWN CONTINUATION

Page 2 of 2

FILE #
YEAR # 07 40247
CASE HEADING

Surname G1 G2

(1) CW Civilian Witness Statement NS Narrative Summary CS Cautioned Statement

unit was notified and Cst Russ Moores arrived shortly after. Cst Moores began a truck with PSD Rocky which led the officers through several backyards and eventually towards Field st.

RNC communications received a call from an area resident who advised she heard somebody on the roof of # [redacted] and Fieldst and further stated the person jumped to # [redacted]. Cst Moores Smyth and PSD Rocky trucked to the area. Several other officers were in the area and cst Rose spoke to the resident of # [redacted] who advised there shouldn't be anybody in the residence.

Cst Smyth and Moores went to the roof of the house and confirmed there was nobody up there. The resident of # [redacted] allowed cst Rose inside after Smyth and Moores found an open window at the rear.

once inside cst Rose and Sgt Dawe found the bathroom door locked and determined there was somebody hiding inside. The male eventually came out and was identified as [redacted]. Cst Rose took [redacted] into custody and placed in handcuffs. He was brought outside and placed in RNC unit #226 where cst Pittman where he was read rights and caution at 0346 hrs when [redacted] was taken into custody, he was not wearing any footwear. Cst Moores checked the area behind Field st again and located a pair of black sneakers abandoned in the middle of a yard next to a quantity of corn and a watch.

[redacted] was conveyed to the st. what lock-up to be held for court. Cst Cook spoke to the complainant who confirmed a quantity of very rare Chinese currency had been stolen; the same which [redacted] was found in possession of.

Time Statement Concluded Signature

Taken by [Signature] Reg No 610 Date 07 08 14



Royal Newfoundland Constabulary

Use of Force Report

C

JURISDICTION NEA		COLLATOR CODE		FILE NUMBER																																																									
PART A																																																													
DATE 2007-09-15		TIME INCIDENT COMMENCED 0145		TIME INCIDENT TERMINATED 0150																																																									
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NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED)

USE REVERSE FOR ADDITIONAL SPACE

makes fighting in the area of [redacted] Higgins Ln, two males detained for causing a disturbance. youth was handcuffed and later passed over to his mother. the second adult was detained and held for court, as he had breached his curfew. Both very intoxicated

SUPERVISOR'S SIGNATURE <i>[Signature]</i> 010		SUPERVISOR'S SIGNATURE <i>[Signature]</i> 347		DIVISIONAL COMMANDER'S SIGNATURE <i>[Signature]</i> 512	
REVIEWED BY SUPERVISOR	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	REVIEWED BY TRAINING SEC	YES <input type="checkbox"/> NO <input type="checkbox"/>	RECOMMENDED CAP COUNSELING	YES <input type="checkbox"/> NO <input type="checkbox"/>
			RECOMMENDED OTHER TRAINING	YES <input type="checkbox"/> NO <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



Royal Newfoundland Constabulary Use of Force Report

JURISDICTION		COLLATOR CODE		FILE NUMBER 07-59329	
PART A					
DATE 2007-11-15		TIME INCIDENT COMMENCED 1120		TIME INCIDENT TERMINATED 1125	
LENGTH OF SERVICE 6 yrs		RANK CST		TEAM REPORT <input type="checkbox"/>	TYPE OF TEAM # OF POLICE OFFICERS 3
TYPE OF ASSIGNMENT		TYPE OF INCIDENT		POLICE PRESENCE AT TIME OF INCIDENT	
<input 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		<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"/> ALONE <input type="checkbox"/> POLICE ASSISTED (SPECIFY #) 2	
<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		ATTIRE <input checked="" type="checkbox"/> UNIFORM <input 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	
TYPE OF FORCE USED		REASON FOR USE OF FORCE		ALTERNATIVE STRATEGIES 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 checked="" type="checkbox"/> IMPACT WEAPON - HARD <input type="checkbox"/> IMPACT WEAPON - SOFT <input type="checkbox"/> EMPTY HAND - HARD <input type="checkbox"/> EMPTY HAND - SOFT <input type="checkbox"/>		WAS FORCE EFFECTIVE? YES NO <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> VERBAL INTERACTION <input type="checkbox"/> COVER <input type="checkbox"/> CONCEALMENT <input type="checkbox"/> OTHER	
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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 type="checkbox"/>		MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE

[REDACTED] arrested for breach of conditional sentence. He was detained in his residence, placed in handcuffs and conveyed to RNC HQ without further incident. **[REDACTED]** was later released from custody.

CONSTABLES SIGNATURE <i>[Signature]</i> 616		SUPERVISORS SIGNATURE		DIVISIONAL COMMANDERS SIGNATURE <i>[Signature]</i>	
REVIEWED BY SUPERVISOR	REVIEWED BY TRAINING SEC.	RECOMMENDED EAP COUNSELING	RECOMMENDED OTHER TRAINING		
YES <input type="checkbox"/> NO <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		