

From: [Ab Singleton](#)
To: [Jason Sheppard](#)
Subject: Use of Force Report, Mitchells Brook
Date: Friday, August 28, 2015 3:02:58 PM
Attachments: [Use-of-Force-Report_2015-17896.pdf](#)

Jason,

Not sure if this was disclosed for the criminal or the internal.

Ab



Royal Newfoundland Constabulary
Safer Communities through Policing Excellence

May 20, 2015

A. Singleton
Deputy Chief of Police
Criminal Investigation Division

Re: Use of Force Report – April, 2015
Criminal Investigation Division

Sir,

There was one report submitted this month. The applicable forms are attached for your review.

Superintendent J. Sheppard
Officer In Charge
Criminal Investigation Unit



Royal Newfoundland Constabulary Use of Force Report

JURISDICTION		COLLATOR CODE		FILE NUMBER 15-17896	
PART A					
DATE 15-04-05	TIME INCIDENT COMMENCED 1400	TIME INCIDENT TERMINATED 1415	LENGTH OF SERVICE 14 yrs	RANK CST	
TEAM REPORT <input type="checkbox"/>	TYPE OF TEAM	# OF POLICE OFFICERS 1	POLICE PRESENCE AT TIME OF INCIDENT <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> POLICE ASSISTED (SPECIFY #) _____		
TYPE OF ASSIGNMENT		TYPE OF INCIDENT		ATTIRE <input type="checkbox"/> UNIFORM <input checked="" type="checkbox"/> CIVILIAN CLOTHES	
<input type="checkbox"/> GENERAL PATROL <input type="checkbox"/> FOOT PATROL <input type="checkbox"/> TRAFFIC <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> DRUGS <input type="checkbox"/> OFF-DUTY <input type="checkbox"/> OTHER		<input type="checkbox"/> SUSPICIOUS PERSON <input type="checkbox"/> BREAK & ENTER <input type="checkbox"/> DOMESTIC DISTURBANCE <input type="checkbox"/> OTHER DISTURBANCE <input type="checkbox"/> TRAFFIC		<input type="checkbox"/> ROBBERY <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> HOMICIDE <input type="checkbox"/> WEAPONS CALL <input type="checkbox"/> ALARM <input type="checkbox"/> OTHER	
TYPE OF FORCE USED		WAS FORCE EFFECTIVE? YES NO	REASON FOR USE OF FORCE	ALTERNATIVE STRATEGIES USED <input type="checkbox"/> VERBAL INTERACTION <input type="checkbox"/> CONCEALMENT <input type="checkbox"/> COVER <input type="checkbox"/> OTHER	
<input checked="" type="checkbox"/> FIREARM - DISCHARGED <input type="checkbox"/> FIREARM - POINTED AT PERSON <input type="checkbox"/> HANDGUN - DRAWN <input type="checkbox"/> AEROSOL WEAPON <input type="checkbox"/> CED <input type="checkbox"/> HANDCUFFS <input type="checkbox"/> IMPACT WEAPON - HARD <input type="checkbox"/> IMPACT WEAPON - SOFT <input type="checkbox"/> EMPTY HAND - HARD <input type="checkbox"/> EMPTY HAND - SOFT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> PROTECT SELF <input type="checkbox"/> PROTECT PUBLIC <input type="checkbox"/> EFFECT ARREST <input type="checkbox"/> PREVENT OFFENCE <input type="checkbox"/> PREVENT ESCAPE <input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> DESTROY ANIMAL <input type="checkbox"/> OTHER	TYPE OF FIREARM USED <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTOMATIC <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER	
DISTANCE TO SUSPECT AT THE FORCE WAS APPLIED		WEAPONS CARRIED BY SUSPECT		CONDUCTED ENERGY DEVICE	
<input type="checkbox"/> LESS THAN 2 M <input checked="" type="checkbox"/> 2 TO 3 M <input type="checkbox"/> 3 TO 5 M <input type="checkbox"/> 5 TO 7 M <input type="checkbox"/> 7 TO 10 M <input type="checkbox"/> MORE THAN 10 METERS		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NONE <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO <input checked="" type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> KNIFE/EDGED WEAPON <input type="checkbox"/> CLUB <input type="checkbox"/> OTHER		BRAND NAME: _____ SERIAL #: _____ CARTRIDGE BRAND NAME: _____ SERIAL #: _____ # OF CYCLES: _____ DURATION OF CYCLE(S): _____ TIME BETWEEN CYCLES: _____ LOCATION(S) OF IMPACT ON SUBJECT: _____	
LOCATION OF SUBJECT'S WEAPON		NUMBER OF ROUNDS FIRED BY SUBJECT		TYPE OF CLOTHING WORN BY SUBJECT:	
<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> IN-HAND <input type="checkbox"/> AT HAND <input type="checkbox"/> CONCEALED ON PERSON		TOTAL: <u>Believed to be 0</u>		<u>Casual</u>	
LOCATION OF INCIDENT			WEATHER CONDITIONS	LIGHTING CONDITIONS	
OUTDOORS <input type="checkbox"/> ROADWAY <input type="checkbox"/> LANEWAY <input type="checkbox"/> YARD <input type="checkbox"/> PARK <input type="checkbox"/> RURAL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER			<input type="checkbox"/> CLEAR <input type="checkbox"/> SUNNY <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/SLEET <input type="checkbox"/> FOG <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK <input checked="" type="checkbox"/> GOOD ARTIFICIAL LIGHT <input type="checkbox"/> POOR ARTIFICIAL LIGHT <input type="checkbox"/> OTHER	
PERSON INJURED		MEDICAL ATTENTION REQUIRED		NATURE OF INJURIES	
1. SELF 2. OTHER POLICE OFFICER 3. SUBJECT 4. THIRD PARTY		YES NO <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		MINOR SERIOUS FATAL UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
NARRATIVE: (IF NO OCCURRENCE REPORT ATTACHED) USE REVERSE FOR ADDITIONAL SPACE Narrative is contained in RNC File 2015-17896; matter is currently under investigation by the RCMP B-Div.					
OFFICER'S SIGNATURE <i>Joseph Smyth</i> 610		SUPERVISOR'S SIGNATURE <i>Stefan Smith</i> #1155		DIVISIONAL COMMANDER'S SIGNATURE <i>Leon Sheppard</i>	
REVIEWED BY SUPERVISOR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	REVIEWED BY TRAINING SEC. <input type="checkbox"/> YES <input type="checkbox"/> NO	RECOMMENDED EAP COUNSELLING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RECOMMENDED OTHER TRAINING <input type="checkbox"/> YES <input type="checkbox"/> NO		
PART B					
OFFICER INVOLVED (NAME, REG #, ETC.): <u>CST. JOSEPH SMYTH Reg # 610</u>					
DATE OF LAST USE OF FORCE TRAINING: <u>April 17, 2014</u>					
ADDITIONAL TRAINING RECOMMENDED BY:			TYPE OF TRAINING SUGGESTED:		



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

Division: CID

Platoon/Unit:

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

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

Date at St. John's, NL, this 22th day of May, 2015

Inspector: _____

Superintendent: *Jason Stymud*

Date: 15-05-24