

03450

Portland Police Bureau

USE OF FORCE REPORT

PAGE OF 2

Case No: 06-34962 Refr Case No: Classification

Date/Time Reported: 9/20/06 1500 Date/Time Occurred: 9/15/06 1715 Location of Occurrence: AL 13/MLS EWING

Name of Subject: UF Chasse, James P. Sex: M Race: L DOB: 5-1-84

Address: N/A UNKNOWN Hgt: 5-11 Wgt: 160 Hair: Eyes:

Conditions

Lighting Conditions: 01 DARK 02 LOW LIGHT 03 BRIGHT

Under the Influence (Check all that apply)

- 01 Alcohol } Suspected
- 02 Drugs }
- 03 Mental Illness
- 04 None apparent
- 05 Other (explain)

Applicable Suspect Conditions (Check all that apply)

- 01 Actually armed
- 02 Reported to be armed
- 03 Assaulted officer
- 04 Assaulted citizen
- 05 History of violence
- 06 Failure to comply
- 07 Engaged in or indicated the intent to engage in physical resistance
- 08 Engaged in or indicated the intent to engage in aggressive physical resistance
- 09 Other

Event Conditions: 01 High risk incident 02 Search warrant 03 Other Arrest - Safety

Use of Force / Control Necessary to:

- 01 Defend self
- 02 Defend another
- 03 Make arrest
- 04 Prevent escape
- 05 Civil hold
- 06 Accomplish official purpose (explain)
- 07 Other Safety of subject & others

Warning Given Before Deployment: YES NO Not feasible

Control

Physical Control: 01 Pressure points 02 Handcuffing 03 Control holds 04 Takedowns 05 Hobble 06 Not applicable

Impact Weapons: 01 Hands/Feet 02 Baton 03 Flashlight 04 Not applicable 05 Other

Pepper Spray: Distance (Feet): 01 1-3' 02 4-7' 03 7' 04 Not applicable

Pointing of Firearm: # of Officers: # of Subjects

01 Handgun Distance (feet) 02 Shotgun Distance (feet) 03 AR-15 Distance (feet) 04 Impact Munitions Distance (feet) 05 Not applicable

Discharge of Firearm

Not applicable

Weapon	Subject	Result
<input type="checkbox"/> 01 Handgun (Primary)	<input type="checkbox"/> 01 Person	<input type="checkbox"/> 01 Death
<input type="checkbox"/> 02 Handgun (Secondary)	<input type="checkbox"/> 02 Animal	<input checked="" type="checkbox"/> 03 Missed
<input type="checkbox"/> 03 Shotgun	<input type="checkbox"/> 03 Other	<input type="checkbox"/> 02 Injury
<input type="checkbox"/> 04 AR-15		

Impact Munitions

Not applicable

Type/Distance: 01 Bean bag Feet 02 Stingers Feet 03 Sage Feet 04 Other Feet

Effective? YES NO If not why?

01 Clothing 02 Missed 03 Malfunction 04 No physical effect 05 Other

Rounds Fired

Hits

Reporting Officer: C. Humphreys DSSST: 32584 Prec/Div: JM Rit/Shift: A Assn/Dist: 1152 Supervisor's Signature:

Case No

- Dets
- Cent
- East
- North
- NE
- SE
- PLM
- Trng
- Traf
- TOD

COMPUTER ENTRY

Person:

Entry

03450

Case No.

Use of Force Report

PAGE OF
2

Taser

Not applicable

Application

- 01 Probe
- 02 Drive stun
- 03 Laser only

Cycles

- 1
- 2
- 3
- 4
- 5
- OTHER

Distance (Feet)

- 01 0-5
- 02 6-10
- 03 11-15
- 04 16-21

Did Probes Penetrate the Skin?

- YES
- NO

Effective?

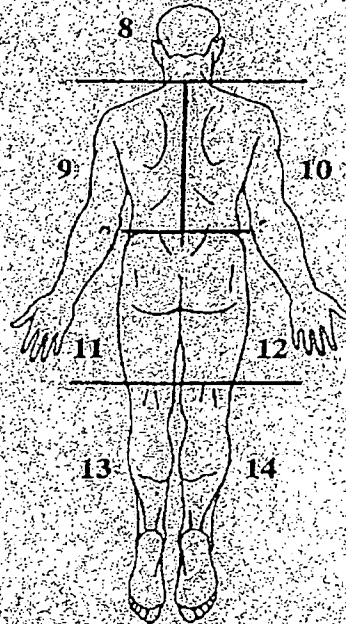
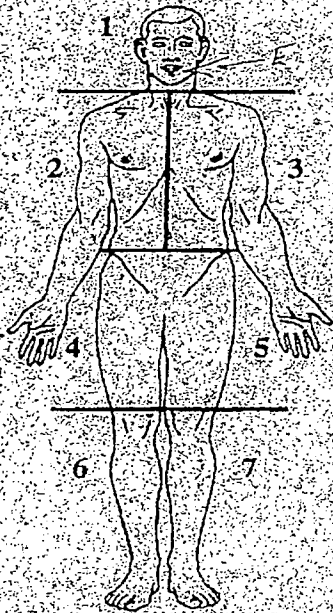
- YES
- NO

If not, why?

- 01 Heavy clothing
- 02 Close probe strikes
- 03 Low muscle mass
- 04 Subject moved
- 05 Missed
- 06 Malfunction
- 07 One probe
- 08 Other

Taser Serial #

Cartridge #



Injuries

- | Officer | Suspect |
|--|-------------------------------------|
| <input type="checkbox"/> 01 None | <input type="checkbox"/> |
| <input type="checkbox"/> 02 Bruises | <input type="checkbox"/> |
| <input type="checkbox"/> 03 Abrasions | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 04 Lacerations | <input type="checkbox"/> |
| <input type="checkbox"/> 05 Broken bones | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> 06 Other | <input type="checkbox"/> |

See left side of page

Checked by Medical

- | | | |
|---------|---|--|
| Officer | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Suspect | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

Taken to Hospital

Where

- | | | |
|---------|---|--|
| Officer | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Suspect | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
- Handwritten: Hospital to PA*

Notification: Superv. Notified: YES NO At Scene: YES NO

Name / DPSST: *Sgt. K. Nicks*

Narrative: *See special report and refer to the continuation of this report provided in the form of an oral statement to be given to Detectives*