

**MULTNOMAH COUNTY SHERIFF'S OFFICE
HAZARD REPORT**

Date 9-17-06 Time 1720 Location Of Occurrence NW 13th / NW Everett Case # _____

Name Of Person Controlled (Last, First Middle) Chasse, James Philip SWIS Id # _____

Sex Male Female DOB 5-7-64 Height 5' 11" Weight 145 Connecting Reports PPB 06-84962

Jail Reception Area? Yes No Reason For Initial Contact suspicious behavior

RESISTIVE CONDITIONS (Check All That Apply)

<input type="checkbox"/> Alcohol	<input checked="" type="checkbox"/> Mental	<input checked="" type="checkbox"/> Foot Pursuit	<input type="checkbox"/> Armed	<input checked="" type="checkbox"/> Assault On Deputy	<input type="checkbox"/> Menacing
<input type="checkbox"/> Other Drug	<input type="checkbox"/> DUII	<input type="checkbox"/> Veh Pursuit	<input type="checkbox"/> Firearm	<input type="checkbox"/> Assault On Citizen	<input type="checkbox"/> Business Dispute
<input type="checkbox"/> Specify Drug Or State Unk.	<input checked="" type="checkbox"/> Defiance	<input type="checkbox"/> Other	<input type="checkbox"/> Knife	<input checked="" type="checkbox"/> Assault On Mate	<input type="checkbox"/> Neighbor Dispute
				<input checked="" type="checkbox"/> Assault On Staff	<input type="checkbox"/> Family Dispute

METHODS OF CONTROL (Check All That Apply)

Physical Force	OC Spray	View
<input type="checkbox"/> OC Restraint	No. Of Times Sprayed	Front
<input checked="" type="checkbox"/> Pressure Point	Type Of Spray	Rear
<input type="checkbox"/> Wrist Lock	Nozzle	
<input type="checkbox"/> Digital Control	Distance From Threat	
<input checked="" type="checkbox"/> Hair Hold	Duration Of Spray	
<input type="checkbox"/> Hair Take Down	Was Spray Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Joint Take Down	If No, Reason	
<input type="checkbox"/> Kick	<input type="checkbox"/> Wind	
<input checked="" type="checkbox"/> Punch	<input type="checkbox"/> Suspect Ducked/Ran	
<input type="checkbox"/> Restraint Board	<input type="checkbox"/> Too Close	
<input type="checkbox"/> Impact Weapon	<input type="checkbox"/> Too Far	
<input checked="" type="checkbox"/> Electrical Stun	<input type="checkbox"/> Deputy In The Way	
<input type="checkbox"/> Bean Bag	<input type="checkbox"/> None In Suspect's Eyes	
<input type="checkbox"/> Rubber Pellets	<input type="checkbox"/> Suspect Blocked with Hand	
<input type="checkbox"/> Firearm	<input type="checkbox"/> Other	
Other (Describe)		

SHADE AREA(S) STRUCK OR SPRAYED

Forward information chain of command to Sheriff DO NOT DUPLICATE

Enter the one last method of physical control that finally contained the threat.

INJURIES	Types	A - Major (Usually Hospitalized)	B - Visible (Not Hospitalized)	C - Complained Only			N - None
				Offered	Requested	Refused	
Name	Injury Type	Description Of Injury		Medical Care (Check One)			
<u>Chasse, J.</u>	<u>A/B</u>	<u>see medical reports</u>		<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	

WITNESSES

NAME	ADDRESS	PHONE #	DPSST#	REPORT INCLUDED
<u>Multiple, see interview I provided detectives</u>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Deputy B Burton</u>			<u>43860</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<u>TPD</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

