

COLUMBUS DIVISION OF POLICE....ROUTING SHEET FOR CORRESPONDENCE

SUBJECT: Uses of Force during Civil Disturbance (May 30, 2020 to June 6, 2020)

RE: Zone 5 Evening Midwatch - Mobile Field Force 6000

ORIGINATOR: Sgt. Benjamin J. Messerly #5205

ASSIGNMENT RS95E

DATE: 8/31/2020 0613

FORWARD TO: <u>Lieutenant Larry Yates #5080</u>	ASSIGNMENT <u>Watch Commander</u>
REMARKS: <u>NO EMPLOYMENT ACTIONS NOTED- ALL ACTIONS WITHIN BLEED.</u>	
<u>I RECOMMEND NO FURTHER ACTION. - SEE MY ATTACHED LETTER</u>	
SIGNATURE: <u>[Signature] #5080</u>	DATE REC'D _____ FORWARDED <u>7/5/20</u>
<input type="checkbox"/> Cont'd on back	
FORWARD TO: <u>GREGORY SANDERSON #5091</u> <u>Lieutenant Nicholas Komves #5040</u>	ASSIGNMENT <u>L5C</u>
REMARKS: <u>I CONCUR WITH SGT MESSERLY THAT THE OFFICER'S LEVEL OF DAMAGE</u>	
<u>OF CROWN IS IN POLICY. I RECOMMEND NO FURTHER ACTION</u>	
SIGNATURE: <u>[Signature] #5091</u>	DATE REC'D <u>07/07/20</u> FORWARDED <u>07/12/20</u>
<input type="checkbox"/> Cont'd on back	
FORWARD TO: <u>Commander Smith Weir #5028</u>	ASSIGNMENT <u>CMDR5</u>
REMARKS: _____	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: _____	DATE REC'D _____ FORWARDED _____
FORWARD TO: _____	ASSIGNMENT _____
REMARKS: _____	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: _____	DATE REC'D _____ FORWARDED _____
FORWARD TO: _____	ASSIGNMENT _____
REMARKS: _____	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: _____	DATE REC'D _____ FORWARDED _____
FORWARD TO: _____	ASSIGNMENT _____
REMARKS: _____	
<input type="checkbox"/> Cont'd on back	
SIGNATURE: _____	DATE REC'D _____ FORWARDED _____
FINAL DISPOSITION: _____	
ORIGINATING PERSON ADVISED BY: _____	
NAME	NOTIFIED VIA
DATE	

☐ CD/DVD (#) ATTACHMENTS

A-10 (02/09)

DIVISION OF POLICE

Intra-Divisional

July 20, 2020

TO: Chief Thomas Quinlan #5000, Chief of Police
FROM: Lieutenant Larry Yates #5080
SUBJECT: Field Force Operations
RE: Riot Response from May 30, 2020 – June 1, 2020

Sir,

The following is a chronological explanation of the field force operations I was responsible for from May 30, 2020 – June 1, 2020. All of the following statements are protected by *Garrrity*, as I am being ordered to provide this statement by Deputy Chief Mike Woods #5002.

Saturday, May 30, 2020 – Monday June 1, 2020:

I was in charge of Field Force 6000 with the responsibility of arresting rioters/law violators. My field force travelled northbound on High Street from downtown and ended north of Lane Avenue and High Street. During that time, my officers faced rioters that threw water bottles, frozen water bottles, rocks, bottles, and even possessed numerous other dangerous weapons. The officers also faced motorcycles and cars that revved their engines and at times would drive toward them. The rioters set fires, ripped plywood from buildings, and used construction barricades to block the road.

The rioters were given hundreds of orders to cease their illegal activities and disperse, but they failed to follow these commands. In response to these numerous threats, officers were authorized to disperse gas canisters, Multiple Baton rounds and individually issued mace in order to stop the illegal activity of the rioters. The rioters put up multiple barricades in the roadway to attempt to stop vehicular traffic and impeded officers from enforcing the law. There were several officers injured by the violent actions of the rioters to include a sergeant being struck by a handheld firework that was fired. Some rioters were also physically taken to the ground by officers to affect their arrests.

The attached U-10-128's are a result of field force operations and the enforcement actions taken during these days of rioting are considered necessary, justified, and within Division policy.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'LYates', followed by the number '5080'.

Lieutenant Larry Yates #5080
Drug Crimes Bureau

Columbus Area Civil Disturbance

ICS 204

5/30/

Operational Periods	Event Position & Call Sign	Rank/Name/Badge Number	Function
2nd Operational Period	Incident Commander	DC Gregory Bodker #5005	PATROL-OPS
	Operations Section Chief		
Columbus Area Civil Disturbance	Commander / C-5		SUP - CC
3:00pm - 7:00am	LT / 6000	Lt. Larry Yates	Arrest Teams
	SGT / 6010	Brian Steel #5224	SUP - LE - CC
	Officer / 6011	Rob Davis 2594	LE - CC
	Officer / 6012	Mike Laird 134	LE - CC
	Officer / 6013	Dean Prantl 2822	LE - CC
	Officer / 6014	Justin Jones 2466	LE - CC
	Officer/6015	Mike Dunlevy 2547	LE - CC
	Officer/6016	Jim Eschenburg 2734	LE - CC
	Officer/6017	Dave Salsgiver 2519	LE - CC
	Officer/6018	Scott Branch 2483	LE - CC
	Officer /6019	Brian Feldhaus 2557	LE - CC
	Officer	Joe Carruthers 496	SUP - LE - CC
	Officer	Dillon Evans 2550	LE - CC
	Officer	Phillip Jackson 2426	LE - CC
	Officer	Rufus Goodwin 2649	LE - CC
	Officer	Mike Moreau 2669	LE - CC
	Officer	Chase Tomlin 2579	LE - CC
	SGT/6020	Mark Eickholt 5332	LE - CC
	Officer/6021	James Richardson 436	LE - CC
	Officer / 6022	Michael Secrest 1709	LE - CC
	Officer / 6023	Daniel Haddix 2390	LE - CC
	Officer/6024	Guy Gardner 2691	LE - CC
	Officer/6025	Dion Jones 2606	LE - CC
	Officer/6026	Tim Dennis 2453	LE - CC
	Officer/6027	Terry Bond 1063	LE - CC
	SGT/6030	Brain Vegh 5122	SUP - LE - CC
	Officer/6031	Josh Cramer 2641	LE - CC
	Officer / 6032	Cody Rosteffe 2678	LE - CC

Columbus Area Civil Disturbance

ICS 204

Officer / 6033	Tom Armentrout 2559	LE - CC
Officer/6034	James Watkins 2692	LE - CC
Officer/6035	Marion Gaines 2457	LE - CC
Officer/6036	Pat Fletcher 2528	LE - CC
Officer/6037	Rick Ford 2569	LE - CC
Officer/6038	Logan Ramser 2092	LE - CC
Officer/6039	Garrett Bernard 1481	LE - CC
Officer	Deann Triofante 1484 RDO	LE - CC
SGT/6040	Steve Mason 5310	SUP - LE - CC
Officer/6041	Rogers 2720	LE - CC
Officer/6042	Tate 2784	LE - CC
Officer/6043	Tulga 2872	LE - CC
Officer/6044	Mackley 2508	LE - CC
Officer/6045	Landis 1305	LE - CC
Officer/6046	Hardwick 2600	LE - CC
Officer/6047	Romans 2477	LE - CC
SGT/6050	Benjamin Leppla 5186	SUP - LE - CC
Officer/6051	Detweiler 2685	LE - CC
Officer/6052	Erdenberger 2688	LE - CC
Officer/6053	Frazer 2501	LE - CC
Officer/6054	Holley 2656	LE - CC
Officer/6055	Morgan 2613	LE - CC
Officer/6056	Rees 761	LE - CC
Officer/6057	Rich 2523	LE - CC
SGT/6060	Aaron M. Ward 5125	SUP - LE - CC
Officer/6061	Kahoun 2657	LE - CC
Officer/6062	Beam 2778	LE - CC
Officer/6063	Kellley 2703	LE - CC
Officer/6064	Harris 2877	LE - CC
Officer/6065	Olson 2603	LE - CC
Officer/6066	Wayner 2941	LE - CC
Officer/6067	Bozeman 2933	LE - CC
Officer/6068	Walls 1828	LE - CC

Columbus Area Civil Disturbance

ICS 204

Operational Periods	Event Position & Call Sign	Rank/Name/Badge Number	Function
2nd Operational Period	Incident Commander	DC Kenneth Kuebler #5008	PATROL-OPS
	Operations Section Chief		
Columbus Area Civil Disturbance	Commander / C-6	Commander Echenrode #5034	SUP - CC
6:00am - 7:00pm	LT / 6000	Lt. Yates #5080	
	SGT / 6010	Sgt Eickholt #5332	SUP - LE - CC
	Officer / 6011	Gardner #2691	LE - CC
	Officer / 6012	Armentrout #2559	LE - CC
	Officer / 6013	Cramer #2641	LE - CC
	Officer / 6014	Haddix #2390	LE - CC
	Officer / 6015	Bernard #1481	LE - CC
	Officer / 6016	Bond #1063	LE - CC
	Officer / 6017	Case #2639	LE - CC
	Officer / 6018	Dennis #2453	LE - CC
	Officer / 6019	Jones #2606	LE - CC
	Officer	Krichbaum #2383	LE - CC
	Officer	Ramsier #2092	LE - CC
	Officer	Richardson #436	LE - CC
	Officer	Secrest #1709	LE - CC
	Officer	Sheehan #2266	LE - CC
	SGT / 6020	Sgt Muscarello #5336	SUP - LE - CC
	Officer / 6021	Burkey #2223	LE - CC
	Officer / 6022	Cole #1838	LE - CC
	Officer / 6023	Collier #1503	LE - CC
	Officer / 6024	Collins #2361	LE - CC
	Officer / 6025	Duke #2454	LE - CC
	Officer / 6026	Ezell #2570	LE - CC

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force – Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force – Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response – Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm – Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident – No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>6/1/2020</u> Time: <u>10:18 p.m.</u> Incident #: <u>200394090</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>4</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Robert A. Davis</u> Badge: <u>2594</u> Assignment: <u>Z5E2-9</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ► Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: <u>Lt. Larry Yates #5080</u> <input checked="" type="checkbox"/> Other: <u>CS Gas Canister</u> ► Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
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(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel	Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
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(H) Information Only: _____

☐ Police Vehicle Accident
 ☐ Vehicular Pursuit
 ☐ Use or Attempted Use of Stopping Tactic

Section V - Comments:

Completed By: Lt. Larry Yates #5080 Assignment: WatchCommander

Incident #
200394090

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer	Last	First	Middle	Badge	Assignment	Age	Sex	Ht	Wt
Davis		Robert	A.	2594	Z5E2-9	42	M	5' 11"	210
Suspect	Last	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Crowd									
Date	Time	Location			Zone/Pct	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported	
6/1/2020	10:18pm	E. Lane Ave. & Tuller St.			4/4				

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues
 ☐ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
☐ Complaint of Injury from Handcuffing
☐ Distraction Device
☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Mandibular Angle
☐ Jugular Notch
☐ Hypoglossal
☐ Escort Position (Locked Out)
☐ Transport Wrist Lock
☐ Other _____
☐ Arm Bar Take Down
☐ Wrist Roll
☐ Other _____

☐ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
☐ Femoral
☐ Tibial
☐ Suprascapular
☐ Radial
☐ Median
☐ Brachial Plexus Origin
☐ Brachial Plexus Tie-In
☐ Other _____

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
☐ Femoral
☐ Tibial
☐ Radial
☐ Median
☐ Other _____

☐ **Level 6:** Police K-9 (Bite Only)

☒ **Level 7:** Less Lethal Control

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Bean Bag
☐ Multiple Baton Rounds
☐ Other CS gas canister

☐ **Level 8:** Deadly Force

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Firearm
☐ Other _____

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☐ Officer Skill Level
☐ Subject Skill Level
☐ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☐ Distance From the Subject
☐ Special Knowledge
☐ Availability of Other Options
☐ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY
☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8 ☐

On June 1, 2020 at approximately 10:18pm, Officer Davis and the rest of Zone 5 Evening Midwatch were dispatched to the area of Lane Ave. and N. High St. for a report of protesters blocking the intersection. As officers arrived there were a couple hundred people blocking the intersection with their person and vehicles.

Officers gave multiple commands to clear the intersection and proceed home due to the City wide curfew that was in placed issued by the Mayor of Columbus. Officer Davis approached the protesters and gave multiple warnings that it was past curfew and to clear the intersection. The protesters continued to chant "Fucc 12" and began throwing water bottles, almost striking Officer Davis in the head. Officer Davis then deployed his Division issued Mark 9 pepper spray above the crowd, which caused them to leave the area.

The protesters began to gather back up at the intersection of Tuller St. and Lane Ave. Officers then formed a line and began giving orders to clear the area. At this time, the protesters began throwing rocks, water bottles, and shooting off mortar style fireworks towards officers. At the direction of the field force commander, Officer Davis deployed 1 CS gas canister into the crowd which was effective in dispersing the protesters. At the time, nobody approached any officer to seek medical aid, and the crowd dispersed. Officer Davis then returned to his marked CPD cruiser which was parked on N. High St.

Signature *RD* 2594

Date 6/15/2020

Officer Injury None

Treated By N/A

Suspect Injury None

Treated By N/A

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

SEE ATTACHED LETTER
DEPLOYMENT WAS NECESSARY & JUSTIFIED AND WITHIN POLICY.

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video ☐ Investigative Letter

Supervisor Signature *[Signature]* 5080 Date

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check all that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force – Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force – Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response – Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm – Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident – No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>5/30/2020</u> Time: <u>Various</u> Incident #: <u>200388604</u> Location of Occurrence (check one): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check one): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check one): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check one): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check one): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Charles Bishop</u> Badge: <u>2701</u> Assignment: <u>Z5E1-8</u> Classification (check one): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check one): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check one): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check one): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 – Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick ► Level 5 – Use of Impact Weapon <input type="checkbox"/> Level 6 – Canine Bite ► Level 7 – Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 – Deadly Force <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response – Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____		Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic				

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident # 200388604

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Bishop IV	First Charles	Middle W	Badge 2701	Assignment Z5E1-8	Age 34	Sex M	Ht 509	Wt 200
Suspect Last Crowd	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 05/30/20	Time 8p-2a	Location North High Street/Russell Street			Zone/Pct 5/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☒ Verbal or Physical Danger Cues
 ☒ Not Responding to Commands
 ☒ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☒ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Mandibular Angle
 ☐ Jugular Notch
 ☐ Hypoglossal
☐ Escort Position (Locked Out)
 ☐ Transport Wrist Lock
 ☐ Other _____
☐ Arm Bar Take Down
 ☐ Wrist Roll
 ☐ Other _____

☐ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Suprascapular
☐ Radial
☐ Median
☐ Brachial Plexus Origin
☐ Brachial Plexus Tie-In
☐ Other _____

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Radial
☐ Median
☐ Other _____

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Bean Bag
 ☐ Multiple Baton Rounds
 ☐ Other _____

☐ **Level 8:** Deadly Force

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Firearm
 ☐ Other _____

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☐ Officer Skill Level
☐ Subject Skill Level
☒ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☒ Distance From the Subject
☒ Special Knowledge
☒ Availability of Other Options
☒ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

CONTROL LEVEL: 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

☐ U-10.100 Attached

On 05/30/2020 from approximately 8pm until 2am, Officer Bishop was part of a field force sent to address a large civil disturbance involving hundreds of individuals gathering at the intersection located at North High Street and Russell Street. The civil disturbance eventually evolved into several groups at various locations within the Short North area and the groups varied in size. Throughout the night, the officer's field force encountered several groups who were throwing rocks, bottles, gallon jugs full of liquid, and other various items at the officers on the field force line. These individuals were given multiple orders to disperse by Division personnel over an auditory amplification device. These individuals at various parts in the night were also engaged in breaking into property, damaging property, and failing to disperse when ordered to. Officer Bishop deployed Mark-9 mace at various times in the night in the direction of the individuals throwing objects to disperse the crowd, prevent further assaults on the officers, prevent property damage, and prevent theft. No further details are available regarding the action response used due to the chaotic and dangerous nature of the incident.

Signature

[Handwritten Signature] #2781

Date 5/31/2020

Officer Injury None

Treated By N/A

Suspect Injury None

Treated By N/A

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

SEE ATTACHED RESPONSE

☐ Use of Chemical Spray Justified and Within Policy

☐ CVS Used

☐ BWC Used

☐ Other Video

☐ Investigative Letter

Supervisor Signature

[Handwritten Signature] #5205

Date 6/30/20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

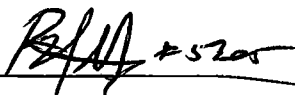
Use of Force Report Narrative Supplement

Supervisor's Review

I find Officer Bishop's Level II Uses of Force, chemical mace, towards unknown persons in a hostile crowd, to be within Division policy. Orders were given for the crowd to disperse and the crowd ignored those orders and began throwing various objects at the officers, which determined the course of action taken by Officer Bishop. The use of chemical mace was effective during this incident as it dispersed groups of individuals within Officer Bishop's immediate vicinity, however this action needed to be repeated several times during the incident due to the large scale of the civil disturbance. I recommend no further action regarding Officer Bishop in this incident.

There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC.

Signature

 #5205

Date

6/20/20

Sgt. Benjamin J. Messerly #5205, RS95E

Data Processing Worksheet - Columbus Division of Police Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>6/1/2020</u> Time: <u>10:18 p.m.</u> Incident #: <u>200394090</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>4</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Robert A. Davis</u> Badge: <u>2594</u> Assignment: <u>Z5E2-9</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ► Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____		Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(H) Information Only: _____ <hr/> <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic				

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident # 200394090

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Davis	Last	First Robert	Middle A.	Badge 2594	Assignment Z5E2-9	Age 42	Sex M	Ht 5' 11"	Wt 210
Suspect Crowd	Last	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 6/1/2020	Time 10:18pm	Location E. Lane Ave. & Tuller St.			Zone/Pct 4/4	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported	

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues
 ☐ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Mandibular Angle
 ☐ Jugular Notch
 ☐ Hypoglossal
☐ Escort Position (Locked Out)
 ☐ Transport Wrist Lock
 ☐ Other _____
☐ Arm Bar Take Down
 ☐ Wrist Roll
 ☐ Other _____

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Suprascapular
 ☐ Radial
 ☐ Median
☐ Brachial Plexus Origin
 ☐ Brachial Plexus Tie-In
 ☐ Other _____

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Radial
 ☐ Median
 ☐ Other _____

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Bean Bag
 ☐ Multiple Baton Rounds
 ☐ Other _____

☐ **Level 8:** Deadly Force

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Firearm
 ☐ Other _____

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
- ☐ Size
- ☐ Sex
- ☐ Officer Skill Level
- ☐ Subject Skill Level
- ☐ Multiple Subjects/Officers
- ☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
- ☐ Injury or Exhaustion
- ☐ Being on the Ground
- ☐ Distance From the Subject
- ☐ Special Knowledge
- ☐ Availability of Other Options
- ☐ Environmental Awareness
- ☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

On June 1, 2020 at approximately 10:18pm, Officer Davis and the rest of Zone 5 Evening Midwatch were dispatched to the area of Lane Ave. and N. High St. for a report of protesters blocking the intersection. As officers arrived there were a couple hundred people blocking the intersection with their person and vehicles.

Officers gave multiple commands to clear the intersection and proceed home due to the City wide curfew that was in placed issued by the Mayor of Columbus. Officer Davis approached the protesters and gave multiple warnings that it was past curfew and to clear the intersection. The protesters continued to chant "Fucc 12" and began throwing water bottles, almost striking Officer Davis in the head. Officer Davis then deployed his Division issued Mark 9 pepper spray above the crowd, which caused them to leave the area.

The protesters began to gather back up at the intersection of Tuller St. and Lane Ave. Officers then formed a line and began giving orders to clear the area. At this time, the protesters began throwing rocks, water bottles, and shooting off mortar style fireworks towards officers. At the direction of the field force commander, Officer Davis deployed 1 CS gas canister into the crowd which was effective in dispersing the protesters. At the time, nobody approached any officer to seek medical aid, and the crowd dispersed. Officer Davis then returned to his marked CPD cruiser which was parked on N. High St.

Signature 

Date 6/15/2020

Officer Injury None

Treated By N/A

Suspect Injury None

Treated By N/A

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

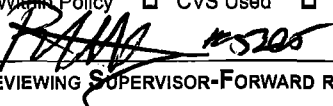
☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Davis' Level II Use of Force, chemical mace, towards unknown persons in a hostile crowd, to be within Division policy. Orders were given for the crowd to disperse and the crowd ignored those orders and began throwing various objects at the officers, which determined the course of action taken by Officer Davis. The use of chemical mace was effective during this incident as it dispersed groups of individuals within the intersection of N. High St. and Lane Ave. I recommend no further action regarding Officer Davis in this incident.

This incident took place during a civil disturbance of an unprecedented scale. There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC.

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video ☐ Investigative Letter

Supervisor Signature 

Date 6/17/2020

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>6/1/2020</u> Time: <u>10:18 p.m.</u> Incident #: <u>200394090</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>4</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Rodney Hall</u> Badge: <u>2463</u> Assignment: <u>Z5E2-5</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
--	---	--

Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ▶ Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ▶ Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ▶ Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if only using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ▶ Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ▶ Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check one): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
--	---	---	--

(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check one): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel	Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(H) Information Only: _____		
<input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic		

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident # 200394090

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Hall	First Rodney	Middle L	Badge 2463	Assignment Z5E2-5	Age 43	Sex M	Ht 5'11"	Wt 200
Suspect Last Crowd	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 06/01/20	Time 10:18P	Location N. High St/ Lane Ave			Zone/Pct 4/4	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☒ Verbal or Physical Danger Cues
 ☒ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| PPCT: | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)
Technique Used

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <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"/> |

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)
Technique Used

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <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"/> |

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <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"/> |

☐ **Level 8:** Deadly Force

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☒ Age
☒ Size
☒ Sex
☒ Officer Skill Level
☐ Subject Skill Level
☒ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☒ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☐ Distance From the Subject
☒ Special Knowledge
☒ Availability of Other Options
☒ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated In Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

Officer Hall responded to a large hostile crowd (over 100) gathered at the intersection of High St. and Lane Ave. Upon arrival, the crowd was throwing bottles and rocks. The crowd was chanting "fuck the police". The crowd was ordered multiple times to disperse by LT. Yates and were told to leave the area. Once SWAT arrived on scene they too gave the order to disperse. Officer Hall and other officers at scene were ordered to deploy mace to the crowd who then ran away.

Signature Ronny Hall

Date 6/15/2020

Officer Injury _____

Treated By _____

Suspect Injury _____

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Hall's Level II Use of Force, chemical mace, to be within Division policy. I find no negligence on the part of Officer Hall. Officer Hall responded to an intersection which was blocked by approximately 100 people. As Officer Hall and other officers approached the intersection on foot, unknown persons in the crowd threw various objects at Officer Hall and other officers, before and after, they had been ordered to disperse. During the incident, Lt. Yates #5080, ordered that CS gas and chemical mace be used to disperse the hostile crowd. Officer Hall's use of chemical mace was effective in dispersing the remaining crowd and preventing the need for further uses of force. I recommend no further action regarding Officer Hall in this incident.

This incident took place during a civil disturbance of an unprecedented scale. There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a malle to mount the BWC.

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video _____ ☐ Investigative Letter

Supervisor Signature

PC/HA #5205

Date

6/15/20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check all that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force – Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force – Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response – Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm – Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident – No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)	Basic Incident Information: Date: <u>5/30/2020</u> Time: <u>8:00 p.m. - 2:00 a.m.</u> Incident #: <u>200388604</u> Location of Occurrence (check one): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check one): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check one): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____	Medical Status (check one): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
Race/Ethnicity (check one): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown		

Section III - Personnel Information:

Employee: Name: <u>Michael Laird</u> Badge: <u>134</u> Assignment: <u>Z5E1-12</u> Classification (check one): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check one): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check one): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check one): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ► Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if only using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check one): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check one): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____		Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic				

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident #
200388604

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Laird	First Michael	Middle R	Badge 134	Assignment Z5E1-12	Age 35	Sex M	Ht 6'5"	Wt 275
Suspect Last Crowd	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 05/30/20	Time 8p-2a	Location North High Street/Russell Street			Zone/Pct 5/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues
 ☐ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
☐ Complaint of Injury from Handcuffing
☐ Distraction Device
☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

PPCT:

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Joint Manipulation: | <input type="checkbox"/> Mandibular Angle | <input type="checkbox"/> Jugular Notch | <input type="checkbox"/> Hypoglossal |
| <input type="checkbox"/> Grounding Technique: | <input type="checkbox"/> Escort Position (Locked Out) | <input type="checkbox"/> Transport Wrist Lock | <input type="checkbox"/> Other |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> Arm Bar Take Down | <input type="checkbox"/> Wrist Roll | <input type="checkbox"/> Other |

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> Femoral | <input type="checkbox"/> Tibial |
| <input type="checkbox"/> Suprascapular | <input type="checkbox"/> Radial | <input type="checkbox"/> Median |
| <input type="checkbox"/> Brachial Plexus Origin | <input type="checkbox"/> Brachial Plexus Tie-In | <input type="checkbox"/> Other |

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | |
|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> Femoral | <input type="checkbox"/> Tibial |
| <input type="checkbox"/> Radial | <input type="checkbox"/> Median | <input type="checkbox"/> Other |

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | |
|-----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Bean Bag | <input type="checkbox"/> Multiple Baton Rounds | <input type="checkbox"/> Other |
|-----------------------------------|--|--------------------------------|

☐ **Level 8:** Deadly Force

- | | |
|----------------------------------|--------------------------------|
| <input type="checkbox"/> Firearm | <input type="checkbox"/> Other |
|----------------------------------|--------------------------------|

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☐ Officer Skill Level
☐ Subject Skill Level
☐ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☐ Distance From the Subject
☐ Special Knowledge
☐ Availability of Other Options
☐ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

On 05/30/2020 from approximately 8pm until 2am, Officer Laird was part of a field force sent to address a large civil disturbance involving hundreds of individuals gathering at the intersection located at North High Street and Russell Street. Throughout the night, officers encountered several groups who were throwing rocks, bottles, gallon jugs full of liquid, and other various items at the officers on the field force line. The crowd was given multiple orders to disperse by Division personnel over a sound amplification device. These individuals at various parts in the night were also engaged in breaking into property, damaging property, building barricades to obstruct the street traffic, and failing to disperse when ordered to. Officer Laird deployed Division issued mace at various times in the night in the direction of the individuals throwing objects to disperse the crowd, prevent further assaults on the officers, prevent property damage, and prevent theft. No further details are available regarding the action response used due to the chaotic nature of the incident.

Signature

[Handwritten Signature] #134

Date 6/26/2020

Officer Injury None

Treated By N/A

Suspect Injury None

Treated By N/A

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Laird's Level II Uses of Force, chemical mace, towards unknown persons in a hostile crowd, to be within Division policy. Orders were given for the crowd to disperse and the crowd ignored those orders and began throwing various objects at the officers, which determined the course of action taken by Officer Laird. The use of chemical mace was effective during this incident as it dispersed groups of individuals within Officer Laird's immediate vicinity, however this action needed to be repeated several times during the incident due to the large scale of the civil disturbance. I recommend no further action regarding Officer Laird in this incident.

There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC.

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video ☐ Investigative Letter

Supervisor Signature

[Handwritten Signature] 25205

Date

[Handwritten Date] 6/30/20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)	Basic Incident Information: Date: <u>5/31/2020</u> Time: <u>11:00 p.m.</u> Incident #: <u>200391487</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown		

Section III - Personnel Information:

Employee: Name: <u>Michael Laird</u> Badge: <u>134</u> Assignment: <u>Z5E1-12</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input checked="" type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 – Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 – Use of Impact Weapon <input type="checkbox"/> Level 6 – Canine Bite ► Level 7 – Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 – Deadly Force <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response – Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if only using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
---	--	---	--

(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel	Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
---	---	---

(H) Information Only: _____ _____ _____
<input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident #
200391487

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Laird	First Michael	Middle R	Badge 134	Assignment Z5E1-12	Age 35	Sex M	Ht 6'5"	Wt 275
Suspect Last Crowd	First	Middle	DOB	SSN	Age	Sex F	Ht	Wt
Date 5/31/2020	Time 11:00pm	Location N High St & 1st ave			Zone/Pct 5/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues
 ☐ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ Level 0: Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
☐ Complaint of Injury from Handcuffing
☐ Distraction Device
☐ Taser sparked for compliance

☐ Level 1: Empty Hand Control (pressure point/joint manipulation/pain compliance)

PPCT:

- | | | | | | |
|--|---|---|--------------------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <input type="checkbox"/> Joint Manipulation: | <input type="checkbox"/> Mandibular Angle | <input type="checkbox"/> Jugular Notch | <input type="checkbox"/> Hypoglossal | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Grounding Technique: | <input type="checkbox"/> Escort Position (Locked Out) | <input type="checkbox"/> Transport Wrist Lock | <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> Arm Bar Take Down | <input type="checkbox"/> Wrist Roll | <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |

☒ Level 2: Use of Chemical Spray

E I
☐ ☐

☐ Level 3: Use of Electronic Device

E I
☐ ☐

☐ Level 4: Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|---|---|---------------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> Femoral | <input type="checkbox"/> Tibial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Suprascapular | <input type="checkbox"/> Radial | <input type="checkbox"/> Median | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Brachial Plexus Origin | <input type="checkbox"/> Brachial Plexus Tie-In | <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Level 5: Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|--|----------------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> Femoral | <input type="checkbox"/> Tibial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Radial | <input type="checkbox"/> Median | <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Level 6: Police K-9 (Bite Only)

E I
☐ ☐

☐ Level 7: Less Lethal Control

- | | | | | | |
|-----------------------------------|--|--------------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <input type="checkbox"/> Bean Bag | <input type="checkbox"/> Multiple Baton Rounds | <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Level 8: Deadly Force

E I
☐ Firearm ☐ Other

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☐ Officer Skill Level
☐ Subject Skill Level
☐ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☐ Distance From the Subject
☐ Special Knowledge
☐ Availability of Other Options
☐ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated In Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

☐ U-10.100 Attached

CONTROL LEVEL: 0 ☒ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

On 5/31/2020 around 11:00 p.m., Officer Laird was assigned to a field force during the riots responded to the area of N High St and 1st on a large crowd that was in violation of curfew. As the officers approached, the crowd began throwing rocks and other objects at the officers. The officers gave multiple commands to leave the area which were ignored. Officer Laird deployed Division issued mace in the direction of the individuals throwing objects in order to prevent further assaults on the officers. There is no other information available due to the chaotic nature of the incident.

Signature

[Handwritten Signature] #1361

Date 06/26/2020

Officer Injury None

Treated By N/A

Suspect Injury None

Treated By N/A

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Laird's Level II Uses of Force, chemical mace, towards unknown persons in a hostile crowd, to be within Division policy. Orders were given for the crowd to disperse and the crowd ignored those orders and began throwing various objects at the officers, which determined the course of action taken by Officer Laird. The use of chemical mace was effective during this incident as it dispersed groups of individuals within Officer Laird's immediate vicinity, however this action needed to be repeated several times during the incident due to the large scale of the civil disturbance. I recommend no further action regarding Officer Laird in this incident.

There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC.

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video ☐ Investigative Letter

Supervisor Signature

[Handwritten Signature] #5205

Date

6/30/20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>6/1/2020</u> Time: <u>10:45 p.m.</u> Incident #: <u>200394090</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>4</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	Incident Description (check <u>one</u>): <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Jeffery Lazar</u> Badge: <u>2505</u> Assignment: <u>Z5E2-8</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) _____ *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ► Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) _____ Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody _____ Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy			
(F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy						
<table style="width: 100%;"> <tr> <td style="width: 40%;"> (G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel </td> <td style="width: 40%;"> Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____ </td> <td style="width: 20%;"> Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy </td> </tr> </table>				(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel	Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel	Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy				
(H) Information Only: _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic						

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident # 200394090

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Lazar	First Jeffrey	Middle M	Badge 2505	Assignment Z5E2-8	Age 39	Sex M	Ht 6' 2"	Wt 185
Suspect Last Crowd	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 6/1/2020	Time 10:45pm	Location N. High St & Lane Ave N/O			Zone/Pct 4/4	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☒ Verbal or Physical Danger Cues
 ☒ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Mandibular Angle
 ☐ Jugular Notch
 ☐ Hypoglossal
☐ Escort Position (Locked Out)
 ☐ Transport Wrist Lock
 ☐ Other _____
☐ Arm Bar Take Down
 ☐ Wrist Roll
 ☐ Other _____

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Suprascapular
☐ Radial
☐ Median
☐ Brachial Plexus Origin
☐ Brachial Plexus Tie-In
☐ Other _____

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Radial
☐ Median
☐ Other _____

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Bean Bag
 ☐ Multiple Baton Rounds
 ☐ Other _____

☐ **Level 8:** Deadly Force

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Firearm
 ☐ Other _____

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☐ Officer Skill Level
☐ Subject Skill Level
☐ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☐ Distance From the Subject
☐ Special Knowledge
☐ Availability of Other Options
☐ Environmental Awareness
☐ Subject Handcuffed

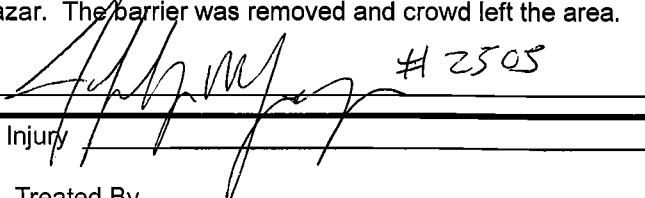
All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY
CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐
☐ U-10.100 Attached

On 6/1/20 at approximately 10:18pm Officer Lazar #2505 while working as a mobile arrest team in riot gear was dispatched to the area of N. High St and Lane Ave on a group of people protesting in the middle of the street, blocking the intersection. It was also relayed via CPD radio that the protesters were on foot in between the vehicles that were occupying the intersection. As Officer Lazar and the rest of the mobile arrest team moved into the area, it was observed several vehicles in the intersection with people hanging out of them and people in the intersection. Officer Lazar was riding in the back of a cruiser and approached the intersection on foot. Some of the vehicles began to leave the intersection when they observed the officers approaching causing some concern for the pedestrians in the road way as the vehicles left. As Officer Lazar, along with the other officers on foot were almost to the intersection, water bottles began to be thrown from the group of protesters that were fleeing east on Lane Ave. Officer Lazar went to the middle of the intersection at N. High St and Lane Ave and was watching the group of protesters that went north on N. High St begin to take plywood make a barrier in the middle of the roadway. A dumpster was then rolled into the roadway. Officer Lazar loudly ordered groups to disperse the area or they would be subject to arrest. A small group began walking towards Officer Lazar not listening to the given order. Lt. Yates, standing behind Officer Lazar was also giving loud verbal orders to the crowd ordered Officer Lazar to deploy his Mark 9. Officer Lazar aimed the Mark 9 at a 45 degree angle above the group approaching and deployed the chemical agent. The Mark 9 was effective and the crowd dispersed. While standing at Norwich and N. High St a class 1 firework was thrown 25 feet in front off Officer Lazar and the starburst firework exploded sending the flaming fallout from it towards Officer Lazar. The barrier was removed and crowd left the area.

Signature



Date

6/14/2020

Officer Injury

Treated By

Suspect Injury

Treated By

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Lazar's Level II Use of Force, chemical mace, to be within Division policy. I find no negligence on the part of Officer Lazar. Officer Lazar was approaching a hostile crowd who were standing in the street and forming a barricade. Persons in the crowd were throwing objects at Officer Lazar and other officers after they had been ordered to disperse. Officer Lazar's use of chemical mace was at the direction of Lt. Yates #5080 and it was effective in dispersing the remaining crowd and preventing the need for further uses of force. I recommend no further action regarding Officer Lazar in this incident.

This incident took place during a civil disturbance of an unprecedented scale. There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC.

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video ☐ Investigative Letter

Supervisor Signature



Date

6/15/20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>5/30/2020</u> Time: <u>1:35 a.m.</u> Incident #: <u>200386904</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	Incident Description (check <u>one</u>): <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u>	Sex: _____ Age: _____	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
Street: _____	Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	
City/State/Zip: _____		
Phone: _____		
Phone: _____		

Section III - Personnel Information:

Employee: Name: <u>Joel Little</u> Badge: <u>1253</u> Assignment: <u>Z5E1-3</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input checked="" type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick ► Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ► Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if only using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check one): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
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(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check one): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel	Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
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(H) Information Only: _____ _____ _____
<input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident # 200386904

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Little	First Joel	Middle M	Badge 1253	Assignment Z5E1-3	Age 36	Sex M	Ht 5'8	Wt 160
Suspect Last Crowd	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 5/30/2020	Time 1:35am	Location S High St & W Town St			Zone/Pct 5/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☒ Verbal or Physical Danger Cues
 ☒ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☒ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Mandibular Angle
 ☐ Jugular Notch
 ☐ Hypoglossal
☐ Escort Position (Locked Out)
 ☐ Transport Wrist Lock
 ☐ Other _____
☐ Arm Bar Take Down
 ☐ Wrist Roll
 ☐ Other _____

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Suprascapular
☐ Radial
☐ Median
☐ Brachial Plexus Origin
☐ Brachial Plexus Tie-In
☐ Other _____

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Radial
☐ Median
☐ Other _____

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Bean Bag
 ☐ Multiple Baton Rounds
 ☐ Other _____

☐ **Level 8:** Deadly Force

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Firearm
 ☐ Other _____

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☒ Officer Skill Level
☐ Subject Skill Level
☒ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☒ Distance From the Subject
☐ Special Knowledge
☒ Availability of Other Options
☒ Environmental Awareness
☐ Subject Handcuffed


All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY
☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

I Officer Little #1253 was assigned to a field force during the riots which occurred on May 29th, 2020. At approximately 1:35am other field force officers were effecting an arrest at the corner of S High St and W Town St. As they were taking the suspect into custody a group of people walking east on W Town St began to approach the officers. The group appeared to be approaching the officers to impede their arrest. I ordered the group to disperse and leave the area. As the group continued to approach me I deployed a 1 to 2 second burst of the distributed Fox 5.3 Fog spray over the top of the crowd. The spray effectively dispersed the crowd which ran westbound on W Town St.

Signature  #1253 Date 6/13/20

Officer Injury None

Treated By N/A

Suspect Injury None

Treated By N/A

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Little's Level II Use of Force, chemical mace, towards a hostile crowd, to be within Division policy. The hostile crowd was given several verbal commands by Officer Little to disperse and not approach the officers as they were engaged in an arrest. The persons in this hostile crowd failed to comply with Officer Little's verbal warnings and continued to approach the officers. Officer Little perceived this hostile crowd's intention as to interfere with the officers' arrest, so Officer Little deployed his Division issued chemical mace to prevent the hostile crowd from being able to interfere in the arrest. The use of chemical mace was effective during this incident as it caused the hostile crowd to disperse. I recommend no further action regarding Officer Little in this incident.

This incident took place during a civil disturbance of an unprecedented scale. There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video ☐ Investigative Letter

Supervisor Signature  #5205

Date 6/17/2020

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>5/31/2020</u> Time: <u>10:56 p.m.</u> Incident #: <u>200391487</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call-for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Unknown</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: <u>M</u> Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Joel Little</u> Badge: <u>1253</u> Assignment: <u>Z5E1-3</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ► Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if only using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
---	---	---	--

(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel	Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
--	---	---

(H) Information Only: _____ _____ _____
<input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident # 200391487

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Little	First Joel	Middle M	Badge 1253	Assignment Z5E1-3	Age 36	Sex M	Ht 5'8	Wt 160
Suspect Last Unknown	First Unknown	Middle	DOB	SSN	Age	Sex F	Ht	Wt
Date 5/31/2020	Time 10:56pm	Location N High St & Warren St			Zone/Pct 5/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues
 ☐ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☒ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| PPCT: | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <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"/> |

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <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"/> |

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <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"/> |

☐ **Level 8:** Deadly Force

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☒ Officer Skill Level
☐ Subject Skill Level
☒ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☒ Distance From the Subject
☐ Special Knowledge
☒ Availability of Other Options
☒ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

☐ U-10.100 Attached

CONTROL LEVEL: 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

I Officer Little #1253 was assigned to a field force during the riots which occurred on May 31st, 2020. At approximately 10:56pm officers responded to the area of Warren St and N High St on several vehicles doing donuts in the middle of the street. As officers circulated the area and attempted to initiate traffic stops to end the reckless driving, a white female kept walking in an out of traffic on N High St impeding officers from their duties. I was walking west on Warren St clearing pedestrians that were in violation of the curfew issued by Mayor Ginther when I again observed the female walking through the street and approaching cruisers. As the female approached me I ordered her to leave the area immediately. She continued to advance on me in an aggressive manner as I was trying to clear pedestrians. I then deployed a 1 to 2 second burst of chemical spray towards her face. The spray was effective and the female left westbound crossing N High St.

Signature

[Signature] #1253

Date

6/17/20

Officer Injury None

Treated By N/A

Suspect Injury None

Treated By N/A

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Little's Level II Use of Force, chemical mace, towards an unknown female, to be within Division policy. The unknown female was given several verbal commands by Officer Little to stay out of the roadway and to leave the area. There were several vehicles area driving erratically and more pedestrians than officers in the area. Officers were trying to clear the roadway to prevent any individuals from being struck by the vehicles as well as trying to open the roadway for emergency vehicle travel. The unknown female failed to comply with both these verbal warnings and violated the enacted curfew. When the unknown female re-approached Officer Little, he was attempting to return to his cruiser to respond to an emergency dispatch, Officer Little deployed his Division issued chemical mace to prevent the unknown female from provoking further confrontation, escalating the situation and preventing Officer Little from responding to the emergency dispatch. The use of chemical mace was effective during this incident as it caused the unknown female to leave the area. I recommend no further action regarding Officer Little in this incident.

This incident took place during a civil disturbance of an unprecedented scale. There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video ☐ Investigative Letter

Supervisor Signature

[Signature] #5205

Date

6/17/2020

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police Side A

(Complete one worksheet for each employee involved with the incident. This Includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)	Basic Incident Information: Date: <u>5/30/2020</u> Time: <u>8:45 p.m.</u> Incident #: <u>200388604</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown		

Section III - Personnel Information:

Employee: Name: <u>David Moreau</u> Badge: <u>2669</u> Assignment: <u>Z5E1-2</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 – Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 – Use of Impact Weapon <input type="checkbox"/> Level 6 – Canine Bite ► Level 7 – Less Lethal Control <input type="checkbox"/> Special Ordinance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 – Deadly Force <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response – Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel			
Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____			
Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy			
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic			

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident #

200 388604

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Moreau	First David	Middle A	Badge 2669	Assignment Z5E1-2	Age 34	Sex M	Ht 5'10"	Wt 200
Suspect Last Crowd	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 5/30/20	Time 8:45PM	Location N. High St. & Russell St.			Zone/Pct 5/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues
 ☐ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☐ Level 0: Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
☐ Complaint of Injury from Handcuffing
☐ Distraction Device
☐ Taser sparked for compliance

☐ Level 1: Empty Hand Control (pressure point/joint manipulation/pain compliance)

PPCT:

- | | | | | | | |
|-----------------------------|---|---|---|---|---|--------------------------------------|
| Joint Manipulation: | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Mandibular Angle | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Jugular Notch | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Hypoglossal |
| Grounding Technique: | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Escort Position (Locked Out) | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Transport Wrist Lock | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |
| Physically Placed on Ground | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Arm Bar Take Down | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Wrist Roll | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |

☐ Level 2: Use of Chemical Spray

☐ Level 3: Use of Electronic Device

☐ Level 4: Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|---|---|---|---|---|--------------------------------------|
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Femoral | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Tibial |
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Suprascapular | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Radial | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Median |
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Brachial Plexus Origin | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Brachial Plexus Tie-In | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |

☐ Level 5: Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|---|--|---|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Femoral | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Tibial |
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Radial | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Median | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |

☐ Level 6: Police K-9 (Bite Only)

☐ Level 7: Less Lethal Control

- | | | | | | |
|---|-----------------------------------|---|--|---|--------------------------------------|
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Bean Bag | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Multiple Baton Rounds | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |
|---|-----------------------------------|---|--|---|--------------------------------------|

☐ Level 8: Deadly Force

- | | | | |
|---|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Firearm | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |
|---|----------------------------------|---|--------------------------------------|

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☐ Officer Skill Level
☐ Subject Skill Level
☐ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☐ Distance From the Subject
☐ Special Knowledge
☐ Availability of Other Options
☐ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

☐ U-10.100 Attached

CONTROL LEVEL: 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

On 5/28/2020 at approximately 18:45 PM Officer Moreau was part of a field force working the riots at Russell St. And N. High St. Officers were being struck with bricks and other blunt objects while attempting to disperse the crowd. The crowd was given multiple warnings to disperse or chemical agents would be used. The crowd continued to grow in size and become more violent. Fearing officers would be injured and to prevent further property damage, Officer Moreau deployed his division issued mace to disperse the crowd several times.

Signature

[Signature] #2669

Date 5/30/20

Officer Injury None

Treated By None

Suspect Injury None

Treated By None

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Moreau's Level II Use of Force, chemical mace, to be within Division policy. Officer Moreau was dispatched to an area with a hostile crowd that had been given several audible orders to disperse. Furthermore, the crowd had responded to the orders to disperse by throwing rocks, bottles and other various objects at officers. I find no negligence on the part of Officer Moreau and his course of action was determined by the hostile actions of the crowd. I recommend no further action regarding Officer Moreau in this incident.

This incident took place during a civil disturbance of an unprecedented scale. There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC

☐ Use of Chemical Spray Justified and Within Policy

☐ CVS Used

☐ BWC Used

☐ Other Video

☐ Investigative Letter

Supervisor Signature

[Signature] 05205
REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Date

6/17/2020

Data Processing Worksheet - Columbus Division of Police Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>5/30/2020</u> Time: <u>10:00 p.m.</u> Incident #: <u>200388604</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Dean Prantl</u> Badge: <u>2822</u> Assignment: <u>Z5E2-4</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input checked="" type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ► Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check one): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check one): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic			

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident # 200388604

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Prantl	First Dean	Middle Joseph	Badge 2822	Assignment Z5E2-4	Age 31	Sex M	Ht 5-10	Wt 210
Suspect Last Crowd	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 5/30/2020	Time 1930	Location W. Russell St/N. High St.			Zone/Pct 5/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☒ Verbal or Physical Danger Cues
 ☒ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☒ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☒ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Mandibular Angle
 ☐ Jugular Notch
 ☐ Hypoglossal
☐ Escort Position (Locked Out)
 ☐ Transport Wrist Lock
 ☐ Other _____
☐ Arm Bar Take Down
 ☐ Wrist Roll
 ☐ Other _____

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☒ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Suprascapular
 ☐ Radial
 ☐ Median
☐ Brachial Plexus Origin
 ☐ Brachial Plexus Tie-In
 ☐ Other _____

☒ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Radial
 ☐ Median
 ☐ Other _____

☒ **Level 6:** Police K-9 (Bite Only)

☒ **Level 7:** Less Lethal Control

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Bean Bag
 ☐ Multiple Baton Rounds
 ☐ Other _____

☒ **Level 8:** Deadly Force

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Firearm
 ☐ Other _____

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☒ Age
☒ Size
☒ Sex
☒ Officer Skill Level
☒ Subject Skill Level
☒ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☒ Distance From the Subject
☒ Special Knowledge
☒ Availability of Other Options
☒ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

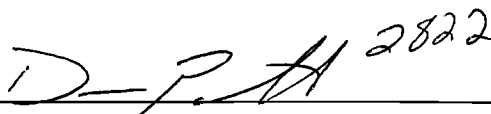
OFFICER NARRATIVE SUMMARY
☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

During the protests, a large crowd had gathered and had taken over N. High St. at W. Russell St. facing South. Zone 5 evening midwatch positioned their cruisers Southwest of the group as CPD SWAT and other field forces had positioned themselves in front of the unlawful group, making numerous commands for the group to disperse. After numerous failed attempts for the unlawful group to disperse, Zone 5 evening midwatch received the command to drive their cruisers East on W. Russell St. to N. High St. and to initiate arrests.

Once positioned near N. High St., I had observed the large group approximately 350 people blocking the roadway. I exited the cruiser and immediately observed large groups from inside the crowd begin to disperse upon our arrival. Numerous vehicles were inside the crowd and were also attempting to leave, and I observed one vehicle strike a protester. The area was extremely chaotic and dangerous for all people within the intersection. While located at the Northwest corner of the intersection of N. High St. and W. Russell St. I observed a group of approximately 30 individuals approaching the Officers and their cruisers and, equipped with my division issued Mk 9, I delivered a 2 second spray to divert the crowd away from the Officers and the crowd quickly retreated Northbound onto N. High St.

Signature



Date 5/30/2020

 Officer Injury N/A

Treated By _____

 Suspect Injury Unknown

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Prantl's Level II Use of Force, chemical mace, towards unknown persons in a hostile crowd, to be within Division policy. Officer Prantl and other officers were struck with several objects from the crowd as moved towards a line of officers at the intersection of E. Russell St. and N. High St. The crowd failed to disperse after several warnings to do so, and a smaller group of individuals approached the officers. Officer Prantl then deployed the chemical mace to disperse the smaller group. The use of chemical mace was effective during this incident as it dispersed the crowd within Officer Prantl's immediate vicinity. I recommend no further action regarding Officer Prantl in this incident.

This incident took place during a civil disturbance of an unprecedented scale. There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC.

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video _____ ☐ Investigative Letter

Supervisor Signature



Date 6/15/2020

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>5/30/2020</u> Time: <u>8:40pm</u> Incident #: <u>200388604</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Weston Tomlin</u> Badge: <u>2579</u> Assignment: <u>Z5E2-1</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input checked="" type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 – Electronic Device (Complete Subsection (D) if a transport was made for barb removal) *Also complete Subsection (D) for the below Levels if Injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 – Use of Impact Weapon <input type="checkbox"/> Level 6 – Canine Bite ► Level 7 – Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 – Deadly Force <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response – Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____		Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic				

Section V - Comments:

Completed By: Sgt. Benjamin J. Messerly #5205

Assignment: RS95E

Incident # 200388604

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Tomlin	Last	First Weston	Middle C	Badge 2579	Assignment Z5E2-1	Age 33	Sex M	Ht 5' 10"	Wt 200
Suspect Crowd	Last	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 5-30-20	Time 8:40pm	Location N. High St. & E. Russell St.			Zone/Pct 5/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported	

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☒ Verbal or Physical Danger Cues
 ☒ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☒ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)
Technique Used

- | | | | | | |
|--|--------------------------|---|--------------------------|---------------------------------|--------------------------|
| E | I | E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> | <input type="checkbox"/> Femoral | <input type="checkbox"/> | <input type="checkbox"/> Tibial | <input type="checkbox"/> |
| <input type="checkbox"/> Suprascapular | <input type="checkbox"/> | <input type="checkbox"/> Radial | <input type="checkbox"/> | <input type="checkbox"/> Median | <input type="checkbox"/> |
| <input type="checkbox"/> Brachial Plexus Orign | <input type="checkbox"/> | <input type="checkbox"/> Brachial Plexus Tie-In | <input type="checkbox"/> | <input type="checkbox"/> Other | <input type="checkbox"/> |

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)
Technique Used

- | | | | | | |
|--|--------------------------|----------------------------------|--------------------------|---------------------------------|--------------------------|
| E | I | E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> | <input type="checkbox"/> Femoral | <input type="checkbox"/> | <input type="checkbox"/> Tibial | <input type="checkbox"/> |
| <input type="checkbox"/> Radial | <input type="checkbox"/> | <input type="checkbox"/> Median | <input type="checkbox"/> | <input type="checkbox"/> Other | <input type="checkbox"/> |

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | | | | |
|-----------------------------------|--------------------------|--|--------------------------|--------------------------------|--------------------------|
| E | I | E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bean Bag | <input type="checkbox"/> | <input type="checkbox"/> Multiple Baton Rounds | <input type="checkbox"/> | <input type="checkbox"/> Other | <input type="checkbox"/> |

☐ **Level 8:** Deadly Force

- | | | | |
|----------------------------------|--------------------------|--------------------------------|--------------------------|
| E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Firearm | <input type="checkbox"/> | <input type="checkbox"/> Other | <input type="checkbox"/> |

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
- ☐ Size
- ☐ Sex
- ☐ Officer Skill Level
- ☐ Subject Skill Level
- ☐ Multiple Subjects/Officers
- ☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
- ☐ Injury or Exhaustion
- ☐ Being on the Ground
- ☐ Distance From the Subject
- ☐ Special Knowledge
- ☐ Availability of Other Options
- ☐ Environmental Awareness
- ☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

On 5-30-20 at approximately 8:40 P.M. Officer W. Tomlin #2579 was working as an arrest team for the riots and civil unrest in the area of N High St & E Goodale St. Officers were wearing full riot gear and were not wearing their body cameras. The protesters and rioters had assembled a barricade to the north of N High St & E Goodale St. The FCSO was holding the line to the south of the rioters/protesters and reported that they were having bottles, rocks and other debris thrown at them. The FCSO had given orders dozens of times to leave the area and had used chemical agents and knee knockers to regain control of the area. Officer Tomlin and other officers responded to the area of N High St & E Russell St to arrest the remaining subjects who had failed to leave the area. When officers deployed to the area they found many people still in the area some wearing goggles and masks to protect themselves from chemical agents. Officer Tomlin initially deployed his FOX division issued mace on a crowd in the middle of the intersection which had some effect. Officer Tomlin then turned around to see a male dressed in all black running at him. Officer Tomlin lowered his shoulder and started to tackle the male and was nearly ran over by a black Chevy Malibu. The male was then handcuffed without further incident for failure to disperse. Officer Tomlin identified the male was Alexander Loscko using his Ohio license. Mr. Loscko did not complain of any injuries. Mr. Loscko was ultimately slated at the FCJ.

Signature

[Handwritten Signature]

#2579

W. Tomlin

Date

6-15-20

Officer Injury N/A

Treated By _____

Suspect Injury N/A

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I find Officer Tomlin's Level II Use of Force, chemical mace, to be within Division policy. Officer Tomlin was dispatched to an area with a hostile crowd that had been given several audible orders to disperse. Furthermore, the crowd had responded to the orders to disperse by throwing rocks, bottles and other various objects at officers. I find no negligence on the part of Officer Tomlin and his course of action was determined by the hostile actions of the crowd. I recommend no further action regarding Officer Tomlin in this incident.

This incident took place during a civil disturbance of an unprecedented scale. There is no body worn camera (BWC) video of the incident, as the involved officers were wearing riot gear that was not equipped with a molle to mount the BWC

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video _____ ☐ Investigative Letter

Supervisor Signature

[Handwritten Signature]

Date 6/15/2020

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>6/1/2020</u> Time: <u>10:18 p.m.</u> Incident #: <u>200394090</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>4</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	Incident Description (check <u>one</u>): <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
--	--	---

Section III - Personnel Information:

Employee: Name: <u>Benjamin Messerly</u> Badge: <u>5205</u> Assignment: <u>RS95E</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) _____ *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ► Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordinance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) _____ Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody _____ Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel			
Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____			
Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy			
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic			

Section V - Comments:

Completed By: Lt. Larry Yates #5080

Assignment: Watch Cmdr.

Incident # 200394090

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Messerly	First Benjamin	Middle Joseph	Badge 5205	Assignment RS95E	Age 37	Sex M	Ht 6'	Wt 210
Suspect Last Crowd	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 6/1/2020	Time 10:18pm	Location N. High St. & Lane Ave.			Zone/Pct 4/4	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues
 ☐ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☒ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|--|----------------------------|---|----------------------------|----------------------------|---|--|
| PPCT: | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> Mandibular Angle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Jugular Notch | <input type="checkbox"/> Hypoglossal |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> Escort Position (Locked Out) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Transport Wrist Lock | <input checked="" type="checkbox"/> Other Open Hand Push |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> Arm Bar Take Down | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Wrist Roll | <input type="checkbox"/> Other |

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|----------------------------|---|----------------------------|---|----------------------------|---------------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> | <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> | <input type="checkbox"/> Femoral | <input type="checkbox"/> | <input type="checkbox"/> Tibial |
| <input type="checkbox"/> | <input type="checkbox"/> Suprascapular | <input type="checkbox"/> | <input type="checkbox"/> Radial | <input type="checkbox"/> | <input type="checkbox"/> Median |
| <input type="checkbox"/> | <input type="checkbox"/> Brachial Plexus Origin | <input type="checkbox"/> | <input type="checkbox"/> Brachial Plexus Tie-In | <input type="checkbox"/> | <input type="checkbox"/> Other |

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|----------------------------|--|----------------------------|----------------------------------|----------------------------|---------------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> | <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> | <input type="checkbox"/> Femoral | <input type="checkbox"/> | <input type="checkbox"/> Tibial |
| <input type="checkbox"/> | <input type="checkbox"/> Radial | <input type="checkbox"/> | <input type="checkbox"/> Median | <input type="checkbox"/> | <input type="checkbox"/> Other |

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | | | | |
|----------------------------|-----------------------------------|----------------------------|--|----------------------------|--------------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> | <input type="checkbox"/> Bean Bag | <input type="checkbox"/> | <input type="checkbox"/> Multiple Baton Rounds | <input type="checkbox"/> | <input type="checkbox"/> Other |

☐ **Level 8:** Deadly Force

- | | | | |
|----------------------------|----------------------------------|----------------------------|--------------------------------|
| <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> | <input type="checkbox"/> Firearm | <input type="checkbox"/> | <input type="checkbox"/> Other |

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☐ Officer Skill Level
☐ Subject Skill Level
☐ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☐ Distance From the Subject
☐ Special Knowledge
☐ Availability of Other Options
☐ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY
☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

On June 1, 2020 at approximately 10:18 p.m. Sergeant Messerly #5205 was dispatched to the intersection of N. High St. and Lane Ave. on a civil disturbance as part of Mobile Field Force Unit 6000. While enroute to the location, Sgt. Messerly was advised via radio that several individuals, numbering approximately 100 people, had taken over the intersection and prevented the normal flow of traffic on both N. High St. and Lane Ave. When Sgt. Messerly arrived on scene, he observed several people sitting on the roofs of parked cars and several other people sitting on the doors of vehicles and hanging out the windows of some other vehicles. Furthermore, Sgt. Messerly observed approximately 100 people standing in the intersection. Sgt. Messerly exited his cruiser with several other officers and began giving loud verbal commands for the individuals to get out of the street. Sgt. Messerly then began organizing a group of officers into a line to approach the intersection. While officers were still responding to the area and getting organized, an unknown M/W began walking towards the officers and their cruisers. Sgt. Messerly stuck out his left hand, with his palm open and facing the M/W, and pushed against his chest to stop him from walking up on the officers as they organized. Sgt. Messerly then redirected the M/W to walk westbound on Lane Ave. to clear the area. As additional officers began arriving in the area, Commander 5 aired on the radio to move people off to the side, which Sgt. Messerly interpreted as to clear pedestrians from the street. As Sgt. Messerly and the other officers approached the intersection, several unknown persons in the crowd began throwing bottles and other objects at the approaching officers. Several officers deployed chemical mace towards the hostile crowd. The crowd moved out of the middle of the intersection, but it reformed in two groups. One to the north of the intersection and one to the east of the intersection. Both groups continued to throw bottles and rocks at officers.

Signature *BAM #5205*

Date 6/15/2020

Officer Injury None

Treated By N/A

Suspect Injury None

Treated By N/A

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

I FIND THE ACTIONS BY SGT. MESSERLY WERE NECESSARY AND JUSTIFIED. I RECOMMEND NO FURTHER ACTION IN THIS MATTER.

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video _____ ☐ Investigative Letter

Supervisor Signature *[Signature]* 5080 Date _____

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

OFFICER NARRATIVE SUMMARY (CON'T)

Additional orders were aired to identify the instigators in the crowd and arrest them and to arrest anyone hanging out the windows of a vehicle. As the incident progressed, Lt. Yates #5080 aired for Unit 6000 officers to put on their gas masks and gas was deployed to disperse the crowd.

During the incident, Sgt. Messerly deployed chemical mace towards the northwest corner of the intersection. The distance between Sgt. Messerly and the crowd was such that the stream of chemical mace did not appear to reach the crowd and no persons were apparently struck or affected by the chemical mace as the crowd moved north on N. High St. Sgt. Messerly then primarily moved east on Lane Ave. to disperse the crowd that had gathered there. The civil disturbance continued after the group split and mace and gas were deployed. One group went north to the intersection of N. High St. and Norwich St. and the other continued moving east on Lane Ave. Additional officers arrived in the area and the crowd stopped throwing rocks and bottles and dispersed only after gas and multiple baton rounds had been deployed. Sgt. Messerly moved a portion of his officers to the location of a trash fire in the alley, east of N. High St. and south of Lane Ave. to secure the area so Columbus Fire Department units could move to address the fire. Sgt. Messerly and his group of officers then moved back to N. High St. and Lane Ave. to reform with the rest of Mobile Field Force 6000. Sgt. Messerly had no further uses of force in this incident.

OFFICER NARRATIVE SUMMARY (CON'T)

**** DELAY NOTICE ****

TO: Commander Smith Weir #5028, CMDR5

DATE: 6/14/2020

Investigative Letter/packet concerning this incident:

- ☒ Use of Force
- ☐ Forced Entry
- ☐ Vehicle Accident
- ☐ Accidental Discharge
- ☐ Citizen Complaint
- ☐ Use of Chemical Mace
- ☐ Internal Affairs Investigation
- ☐ Other _____

DETAILS:

5/29/2020
Date

Various
location

Multiple
citizen involved

Multiple
P.O. involved

REASON FOR DELAY:

- ☐ Being Typed
- ☐ Being Re-Typed
- ☒ Still Investigating
- ☐ Sent Back for Further Details
- ☐ Other _____

INITATOR OF THIS NOTICE: Sgt. Ben Messerly #5205, RS95E

COMMENTS: Includes all uses of force reported by Zone 5 EMW during the last 2 weeks of civil disturbances. I am reviewing and processing several investigations over the time span starting on 5/29/2020.

COLUMBUS DIVISION OF POLICE....ROUTING SHEET FOR CORRESPONDENCE

SUBJECT: USGS OF MACE/GAS CANISTERS/MULTIPLE BATON ROUNDS

ORIGINATOR: LT. LARRY VAYOS #5080 ASSIGNMENT DRUG CRIMES DATE: 7/20/20

FORWARD TO: LT. MATTHEW BOBO #5079 ASSIGNMENT LIC

REMARKS: _____
SIGNATURE: _____
DATE REC'D _____ FORWARDED _____ ☐ Cont'd on back

FORWARD TO: COR. MICHAEL CRAY #5021 ASSIGNMENT COMMANDER 1

REMARKS: _____
SIGNATURE: _____
DATE REC'D _____ FORWARDED _____ ☐ Cont'd on back

FORWARD TO: _____
REMARKS: _____
SIGNATURE: _____
DATE REC'D _____ FORWARDED _____ ☐ Cont'd on back

FORWARD TO: _____
REMARKS: _____
SIGNATURE: _____
DATE REC'D _____ FORWARDED _____ ☐ Cont'd on back

FORWARD TO: _____
REMARKS: _____
SIGNATURE: _____
DATE REC'D _____ FORWARDED _____ ☐ Cont'd on back

FORWARD TO: _____
REMARKS: _____
SIGNATURE: _____
DATE REC'D _____ FORWARDED _____ ☐ Cont'd on back

FORWARD TO: _____
REMARKS: _____
SIGNATURE: _____
DATE REC'D _____ FORWARDED _____ ☐ Cont'd on back

FORWARD TO: _____
REMARKS: _____
SIGNATURE: _____
DATE REC'D _____ FORWARDED _____ ☐ Cont'd on back

FORWARD TO: _____
REMARKS: _____
SIGNATURE: _____
DATE REC'D _____ FORWARDED _____ ☐ Cont'd on back

FINAL DISPOSITION: _____

ORIGINATING PERSON ADVISED BY: _____

☐ CD/DVD (#) ATTACHMENTS

NAME

NOTIFIED VIA

DATE

DIVISION OF POLICE

Intra-Divisional

July 20, 2020

TO: Chief Thomas Quinlan #5000, Chief of Police
FROM: Lieutenant Larry Yates #5080
SUBJECT: Field Force Operations
RE: Riot Response from May 30, 2020 – June 1, 2020

Sir,

The following is a chronological explanation of the field force operations I was responsible for from May 30, 2020 – June 1, 2020. All of the following statements are protected by *Garrrity*, as I am being ordered to provide this statement by Deputy Chief Mike Woods #5002.


Saturday, May 30, 2020 – Monday June 1, 2020:

I was in charge of Field Force 6000 with the responsibility of arresting rioters/law violators. My field force travelled northbound on High Street from downtown and ended north of Lane Avenue and High Street. During that time, my officers faced rioters that threw water bottles, frozen water bottles, rocks, bottles, and even possessed numerous other dangerous weapons. The officers also faced motorcycles and cars that revved their engines and at times would drive toward them. The rioters set fires, ripped plywood from buildings, and used construction barricades to block the road.

The rioters were given hundreds of orders to cease their illegal activities and disperse, but they failed to follow these commands. In response to these numerous threats, officers were authorized to disperse gas canisters, Multiple Baton rounds and individually issued mace in order to stop the illegal activity of the rioters. The rioters put up multiple barricades in the roadway to attempt to stop vehicular traffic and impeded officers from enforcing the law. There were several officers injured by the violent actions of the rioters to include a sergeant being struck by a handheld firework that was fired. Some rioters were also physically taken to the ground by officers to affect their arrests.

The attached U-10-128's are a result of field force operations and the enforcement actions taken during these days of rioting are considered necessary, justified, and within Division policy.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Larry Yates', with a stylized flourish at the end.

Lieutenant Larry Yates #5080
Drug Crimes Bureau

Columbus Area Civil Disturbance

ICS 204

5/30/78

Operational Periods	Event Position & Call Sign	Rank/Name/Badge Number	Function
2nd Operational Period	Incident Commander	DC Gregory Bodker #5005	PATROL-OPS
	Operations Section Chief		
Columbus Area Civil Disturbance	Commander / C-5		SUP - CC
3:00pm - 7:00am	LT / 6000	Lt. Larry Yates	Arrest Teams
	SGT / 6010	Brian Steel #5224	SUP - LE - CC
	Officer / 6011	Rob Davis 2594	LE - CC
	Officer / 6012	Mike Laird 134	LE - CC
	Officer / 6013	Dean Prantl 2822	LE - CC
	Officer / 6014	Justin Jones 2466	LE - CC
	Officer/6015	Mike Dunlevy 2547	LE - CC
	Officer/6016	Jim Eschenburg 2734	LE - CC
	Officer/6017	Dave Salsgiver 2519	LE - CC
	Officer/6018	Scott Branch 2483	LE - CC
	Officer /6019	Brian Feldhaus 2557	LE - CC
	Officer	Joe Carruthers 496	SUP - LE - CC
	Officer	Dillon Evans 2550	LE - CC
	Officer	Phillip Jackson 2426	LE - CC
	Officer	Rufus Goodwin 2649	LE - CC
	Officer	Mike Moreau 2669	LE - CC
	Officer	Chase Tomlin 2579	LE - CC
	SGT/6020	Mark Eickholt 5332	LE - CC
	Officer/6021	James Richardson 436	LE - CC
	Officer / 6022	Michael Secrest 1709	LE - CC
	Officer / 6023	Daniel Haddix 2390	LE - CC
	Officer/6024	Guy Gardner 2691	LE - CC
	Officer/6025	Dion Jones 2606	LE - CC
	Officer/6026	Tim Dennis 2453	LE - CC
	Officer/6027	Terry Bond 1063	LE - CC
	SGT/6030	Brain Vegh 5122	SUP - LE - CC
	Officer/6031	Josh Cramer 2641	LE - CC
	Officer / 6032	Cody Rosteffe 2678	LE - CC

Columbus Area Civil Disturbance

ICS 204

Officer / 6033	Tom Armentrout 2559	LE - CC
Officer/6034	James Watkins 2692	LE - CC
Officer/6035	Marion Gaines 2457	LE - CC
Officer/6036	Pat Fletcher 2528	LE - CC
Officer/6037	Rick Ford 2569	LE - CC
Officer/6038	Logan Ramser 2092	LE - CC
Officer/6039	Garrett Bernard 1481	LE - CC
Officer	Deann Triofante 1484 RDO	LE - CC
SGT/6040	Steve Mason 5310	SUP - LE - CC
Officer/6041	Rogers 2720	LE - CC
Officer/6042	Tate 2784	LE - CC
Officer/6043	Tulga 2872	LE - CC
Officer/6044	Mackley 2508	LE - CC
Officer/6045	Landis 1305	LE - CC
Officer/6046	Hardwick 2600	LE - CC
Officer/6047	Romans 2477	LE - CC
SGT/6050	Benjamin Leppla 5186	SUP - LE - CC
Officer/6051	Detweiler 2685	LE - CC
Officer/6052	Erdenberger 2688	LE - CC
Officer/6053	Frazer 2501	LE - CC
Officer/6054	Holley 2656	LE - CC
Officer/6055	Morgan 2613	LE - CC
Officer/6056	Rees 761	LE - CC
Officer/6057	Rich 2523	LE - CC
SGT/6060	Aaron M. Ward 5125	SUP - LE - CC
Officer/6061	Kahoun 2657	LE - CC
Officer/6062	Beam 2778	LE - CC
Officer/6063	Kelley 2703	LE - CC
Officer/6064	Harris 2877	LE - CC
Officer/6065	Olson 2603	LE - CC
Officer/6066	Wayner 2941	LE - CC
Officer/6067	Bozeman 2933	LE - CC
Officer/6068	Walls 1828	LE - CC

Columbus Area Civil Disturbance

ICS 204

Operational Periods	Event Position & Call Sign	Rank/Name/Badge Number	Function
2nd Operational Period	Incident Commander	DC Kenneth Kuebler #5008	PATROL-OPS
	Operations Section Chief		
Columbus Area Civil Disturbance	Commander / C-6	Commander Echenrode #5034	SUP - CC
6:00am - 7:00pm	LT / 6000	Lt. Yates #5080	
	SGT / 6010	Sgt Eickholt #5332	SUP - LE - CC
	Officer / 6011	Gardner #2691	LE - CC
	Officer / 6012	Armentrout #2559	LE - CC
	Officer / 6013	Cramer #2641	LE - CC
	Officer / 6014	Haddix #2390	LE - CC
	Officer / 6015	Bernard #1481	LE - CC
	Officer / 6016	Bond #1063	LE - CC
	Officer / 6017	Case #2639	LE - CC
	Officer / 6018	Dennis #2453	LE - CC
	Officer / 6019	Jones #2606	LE - CC
	Officer	Krichbaum #2383	LE - CC
	Officer	Ramsier #2092	LE - CC
	Officer	Richardson #436	LE - CC
	Officer	Secrest #1709	LE - CC
	Officer	Sheehan #2266	LE - CC
	SGT / 6020	Sgt Muscarello #5336	SUP - LE - CC
	Officer / 6021	Burkey #2223	LE - CC
	Officer / 6022	Cole #1838	LE - CC
	Officer / 6023	Collier #1503	LE - CC
	Officer / 6024	Collins #2361	LE - CC
	Officer / 6025	Duke #2454	LE - CC
	Officer / 6026	Ezell #2570	LE - CC

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force – Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force – Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response – Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm – Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident – No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>5/30/2020</u> Time: <u>9:00PM</u> Incident #: <u>200388604</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Richard Ford</u> Badge: <u>2569</u> Assignment: <u>Z1E1-5</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 – Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 – Use of Impact Weapon <input type="checkbox"/> Level 6 – Canine Bite ► Level 7 – Less Lethal Control <input checked="" type="checkbox"/> Special Ordinance Ordered by: <u>Lt Larry Yates #5080</u> <input type="checkbox"/> Other: _____ ► Level 8 – Deadly Force <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response – Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input checked="" type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: _____ <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
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(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel	Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
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(H) Information Only: _____

☐ Police Vehicle Accident
 ☐ Vehicular Pursuit
 ☐ Use or Attempted Use of Stopping Tactic

Section V - Comments:

Completed By: Sgt Brian Vegh #5122

Assignment: S91E

Incident # 200388604

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Ford	First Richard	Middle L	Badge 2569	Assignment Z1E1-5	Age 41	Sex M	Ht 5'10	Wt 170
Suspect Last	First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 5/30/20	Time 9:00 p	Location N High St & W Poplar Ave			Zone/Pct 15/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues
 ☐ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

PPCT:

- | | | | | | | |
|--|---|---|---|---|---|--------------------------------------|
| Joint Manipulation: | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Mandibular Angle | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Jugular Notch | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Hypoglossal |
| Grounding Technique: | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Escort Position (Locked Out) | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Transport Wrist Lock | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Arm Bar Take Down | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Wrist Roll | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |

☐ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|---|---|---|---|---|--------------------------------------|
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Femoral | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Tibial |
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Suprascapular | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Radial | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Median |
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Brachial Plexus Origin | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Brachial Plexus Tie-In | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|---|--|---|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Femoral | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Tibial |
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Radial | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Median | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |

☐ **Level 6:** Police K-9 (Bite Only)

☒ **Level 7:** Less Lethal Control

- | | | | | | |
|---|-----------------------------------|--|--|---|--------------------------------------|
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Bean Bag | <input checked="" type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Multiple Baton Rounds | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |
|---|-----------------------------------|--|--|---|--------------------------------------|

☐ **Level 8:** Deadly Force

- | | | | |
|---|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Firearm | <input type="checkbox"/> E <input type="checkbox"/> I | <input type="checkbox"/> Other _____ |
|---|----------------------------------|---|--------------------------------------|

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
- ☐ Size
- ☐ Sex
- ☐ Officer Skill Level
- ☐ Subject Skill Level
- ☐ Multiple Subjects/Officers
- ☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
- ☐ Injury or Exhaustion
- ☐ Being on the Ground
- ☐ Distance From the Subject
- ☐ Special Knowledge
- ☐ Availability of Other Options
- ☐ Environmental Awareness
- ☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1. M. Gaines #2457	120 Marconi Blvd	43215	(614) 645-4545	(614) 645-4545
2.				

OFFICER NARRATIVE SUMMARY

CONTROL LEVEL: 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8 ☐

☐ U-10.100 Attached

On May 30th, 2020 at approximately 9:00 pm Columbus Police arrest teams were deployed to the area of W. Poplar Ave and N. High St for a large group of violent protestors refusing to disperse and leave the area. Upon arrival, Officer Ford observed protestors breaking out building windows, throwing water bottles, throwing chunks of concrete, building barricades with construction fence and setting fires in the middle of N. High St. After dozens of warnings were provided and Officers being struck with thrown objects, Officer Ford "skip" deployed 37 mm batons at the direction of Lt. Yates to disperse the crowd between Warren St and E. Hubbard Avenue on N. High St. The use of the baton rounds were effective and the crowd dispersed.

Signature

R. J. L. #2569

Date 6/03/2020

Officer Injury None

Treated By _____

Suspect Injury None

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video _____ ☐ Investigative Letter

Supervisor Signature

Sgt Mark A. Eickhoff #5332

Date

6/27/20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force – Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force – Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response – Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm – Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident – No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>5/30/2020</u> Time: <u>8:00PM</u> Incident #: <u>200388604</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	Incident Description (check <u>one</u>): <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Unknown</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: <u>M</u> Age: <u>Unk</u> Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Joshua Cramer</u> Badge: <u>2641</u> Assignment: <u>Z1E1-12</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 – Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed <input checked="" type="checkbox"/> Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 – Use of Impact Weapon <input type="checkbox"/> Level 6 – Canine Bite <input checked="" type="checkbox"/> Level 7 – Less Lethal Control <input type="checkbox"/> Special Ordinance Ordered by: _____ <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Level 8 – Deadly Force <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response – Personal Emergency Technique: _____ Disposition (check one): <input checked="" type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if only using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: <input checked="" type="checkbox"/> Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input checked="" type="checkbox"/> Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check one): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
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(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check one): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel	Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(H) Information Only: _____ _____ _____		
<input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic		

Section V - Comments:

Completed By: Sgt Brian Vegh #5122

Assignment: S91E

Incident #

200388604

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Cramer	First Joshua	Middle L	Badge 2641	Assignment Z1E1-12	Age 41	Sex M	Ht 5'10"	Wt 185
Suspect Last Unknown	First Unknown	Middle Unk	DOB Unk	SSN Unk	Age 21-35	Sex M	Ht 6	Wt 155
Date 5/30/20	Time 8:00 pm	Location IAO High Street and Russell Street			Zone/Pct 5/16	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☒ Verbal or Physical Danger Cues
 ☒ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☒ Weapon Used Against Officer
☒ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ Level 0: Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
☐ Complaint of Injury from Handcuffing
☐ Distraction Device
☐ Taser sparked for compliance

☐ Level 1: Empty Hand Control (pressure point/joint manipulation/pain compliance)

PPCT:

Joint Manipulation:

Grounding Technique:

☐ Physically Placed on Ground

E

I

☐ Mandibular Angle

☐ Escort Position (Locked Out)

☐ Arm Bar Take Down

E

I

☐ Jugular Notch

☐ Transport Wrist Lock

☐ Wrist Roll

E

I

☐ Hypoglossal

☐ Other

☐ Other

☒ Level 2: Use of Chemical Spray

E

I

☐
☐ Level 3: Use of Electronic Device

E

I

☐
☐ Level 4: Hard Empty Hand Control (strike/punch/kick)

Technique Used

E

I

☐ Common Peroneal

☐ Suprascapular

☐ Brachial Plexus Origin

E

I

☐ Femoral

☐ Radial

☐ Brachial Plexus Tie-In

E

I

☐ Tibial

☐ Median

☐ Other

☐ Level 5: Use of Impact Weapon (baton/flashlight)

Technique Used

E

I

☐ Common Peroneal

☐ Radial

E

I

☐ Femoral

☐ Median

E

I

☐ Tibial

☐ Other

☐ Level 6: Police K-9 (Bite Only)

E

I

☐
☐ Level 7: Less Lethal Control

E

I

☐ Bean Bag

E

I

☐ Multiple Baton Rounds

E

I

☐ Other

☐ Level 8: Deadly Force

E

I

☐ Firearm

E

I

☐ Other

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☒ Age
☒ Size
☒ Sex
☒ Officer Skill Level
☒ Subject Skill Level
☒ Multiple Subjects/Officers
☒ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☒ Closeness of a Weapon
☒ Injury or Exhaustion
☐ Being on the Ground
☒ Distance From the Subject
☒ Special Knowledge
☒ Availability of Other Options
☒ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated In Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY
☐ U-10.100 Attached

CONTROL LEVEL: 0 ☒ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

On 5/30/20 at approx 8:00 pm, Officer J. Cramer #2641 was part of a field force team that deployed to the area of High St and Russell St after several protesters were identified as rioters by command staff. Repeated loud verbal commands were given for the crowd to disperse via loud speaker. Officer Cramer then using a crowd control technique, deployed his division issued chemical irritant (belt mace) for a 1-2 sec burst at an unknown M/W in order to push him and the crowd back as officers were arresting identified agitators who were throwing rocks and bottles. Unknown subject then continued to run E/B as the crowd began to disperse and flee to elude arrest.

Signature

Josh Cramer #2641

Date 6/01/2020

Officer Injury None

Treated By _____

Suspect Injury None Reported

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

☒ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video ☐ Investigative Letter

Supervisor Signature

Sgt Mark A. Eschbacher #5332

Date

6-27-20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>5/30/2020</u> Time: <u>9:00PM</u> Incident #: <u>200388604</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>16</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Michael Secrest</u> Badge: <u>1709</u> Assignment: <u>Z1E2-9</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input checked="" type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 – Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 – Use of Impact Weapon <input type="checkbox"/> Level 6 – Canine Bite ► Level 7 – Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 – Deadly Force <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response – Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if only using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic			

Section V - Comments:

Completed By: Sergeant Brian Vegh #5122

Assignment: S91E

Incident # 200388604

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Secrest		First Michael	Middle L	Badge 1709	Assignment Z1E2-9	Age 59	Sex M	Ht 6' 0"	Wt 220
Suspect Last Unknown		First	Middle	DOB	SSN	Age	Sex M	Ht 5'10"	Wt 180
Date 5-30-20	Time 9:00pm	Location N. High St./W. Poplar Ave.			Zone/Pct 5/16	<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported	

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☒ Verbal or Physical Danger Cues
 ☒ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☒ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Mandibular Angle
 ☐ Jugular Notch
 ☐ Hypoglossal
☐ Escort Position (Locked Out)
 ☐ Transport Wrist Lock
 ☐ Other _____
☐ Arm Bar Take Down
 ☐ Wrist Roll
 ☐ Other _____

☒ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Suprascapular
 ☐ Radial
 ☐ Median
☐ Brachial Plexus Origin
 ☐ Brachial Plexus Tie-In
 ☐ Other _____

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Common Peroneal
 ☐ Femoral
 ☐ Tibial
☐ Radial
 ☐ Median
 ☐ Other _____

☐ **Level 6:** Police K-9 (Bite Only)

☐ **Level 7:** Less Lethal Control

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |
- ☐ Bean Bag
 ☐ Multiple Baton Rounds
 ☐ Other _____

☐ **Level 8:** Deadly Force

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ☐ Firearm
 ☐ Other _____

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☒ Age
- ☒ Size
- ☒ Sex
- ☒ Officer Skill Level
- ☒ Subject Skill Level
- ☒ Multiple Subjects/Officers
- ☒ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☒ Closeness of a Weapon
- ☐ Injury or Exhaustion
- ☒ Being on the Ground
- ☒ Distance From the Subject
- ☒ Special Knowledge
- ☒ Availability of Other Options
- ☒ Environmental Awareness
- ☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1. R. Ford	120 Marconi Blvd.	43215	2569	(614)6454580
2.				

OFFICER NARRATIVE SUMMARY
☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

Officers were part of Field Force Arrest Team on listed date and time. Officers had been deployed to the area of N. High St and W. Poplar Ave. for a large group of violent protesters that had been ordered to disperse, but were refusing. Protesters were observed breaking out windows to businesses, throwing chunks of concrete, water bottles with an unknown liquid, rocks, and building barricades in the street. Other officers were attempting to take into custody an arrestee, when a large group of rioters began running towards them. Officer Secrest was armed with a Mark 9 canister of pepper spray solely to protect his fellow arrest team members. Several loud verbal orders were given to the approaching group as the approached, TO STOP, OR GO AROUND! They refused, and at the last second before they reached their location, Secrest sprayed a quick 1-2 second burst at the group, causing them to stop and then run around him and his teammates. The burst had it's desired effect.

Signature Michael R Secrest #1709

Date 5/30/20

Officer Injury NONE

Treated By _____

Suspect Injury NONE

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

☒ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video _____ ☐ Investigative Letter

Supervisor Signature Sgt R. V. #5122

Date 5/30/20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)	Basic Incident Information: Date: <u>5/31/2020</u> Time: <u>9:00PM</u> Incident #: <u>200391487</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>4</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Joshua Cramer</u> Badge: <u>2641</u> Assignment: <u>Z1E1-12</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if injured or an injury is claimed <input checked="" type="checkbox"/> Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite <input checked="" type="checkbox"/> Level 7 - Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input checked="" type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: <input checked="" type="checkbox"/> Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input checked="" type="checkbox"/> Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____		Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic				

Section V - Comments:

Completed By: Sgt Brian Vegh #5122

Assignment: S91E

Incident #

200391487

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Cramer	First Joshua	Middle L	Badge 2641	Assignment Z1E1-12	Age 41	Sex M	Ht 5'10"	Wt 185
Suspect Last Unknown	First Unknown	Middle Unk	DOB Unk	SSN Unk	Age 21-35	Sex M/F	Ht 5-6	Wt 120-180
Date 5/31/20	Time 9:00 pm	Location IAO N. High St and Lane Ave			Zone/Pct 4/4	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues ☐ Not Responding to Commands ☐ Refusing to Move-Dead Weight ☐ Pulling Away From Officer ☐ Running From Officer
☐ Pushing Officer ☐ Wrestling With Officer ☐ Striking or Kicking Officer ☐ Assaulting Third Party ☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer ☐ Weapon Used Against Officer ☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ Level 0: Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked ☐ Complaint of Injury from Handcuffing ☐ Distraction Device ☐ Taser sparked for compliance

☐ Level 1: Empty Hand Control (pressure point/joint manipulation/pain compliance)

- PPCT: E I E I E I
 Joint Manipulation: ☐ ☐ Mandibular Angle ☐ ☐ Jugular Notch ☐ ☐ Hypoglossal
 Grounding Technique: ☐ ☐ Escort Position (Locked Out) ☐ ☐ Transport Wrist Lock ☐ ☐ Other _____
☐ Physically Placed on Ground ☐ ☐ Arm Bar Take Down ☐ ☐ Wrist Roll ☐ ☐ Other _____

☒ Level 2: Use of Chemical Spray

 E I
☐ ☐
☐ Level 3: Use of Electronic Device

 E I
☐ ☐
☐ Level 4: Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | |
|--|--|---|
| E I | E I | E I |
| <input type="checkbox"/> <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> <input type="checkbox"/> Femoral | <input type="checkbox"/> <input type="checkbox"/> Tibial |
| <input type="checkbox"/> <input type="checkbox"/> Suprascapular | <input type="checkbox"/> <input type="checkbox"/> Radial | <input type="checkbox"/> <input type="checkbox"/> Median |
| <input type="checkbox"/> <input type="checkbox"/> Brachial Plexus Origin | <input type="checkbox"/> <input type="checkbox"/> Brachial Plexus Tie-In | <input type="checkbox"/> <input type="checkbox"/> Other _____ |

☐ Level 5: Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | |
|---|---|---|
| E I | E I | E I |
| <input type="checkbox"/> <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> <input type="checkbox"/> Femoral | <input type="checkbox"/> <input type="checkbox"/> Tibial |
| <input type="checkbox"/> <input type="checkbox"/> Radial | <input type="checkbox"/> <input type="checkbox"/> Median | <input type="checkbox"/> <input type="checkbox"/> Other _____ |

☐ Level 6: Police K-9 (Bite Only)

 E I
☐ ☐
☐ Level 7: Less Lethal Control

- | | | |
|--|---|---|
| E I | E I | E I |
| <input type="checkbox"/> <input type="checkbox"/> Bean Bag | <input type="checkbox"/> <input type="checkbox"/> Multiple Baton Rounds | <input type="checkbox"/> <input type="checkbox"/> Other _____ |

☐ Level 8: Deadly Force

 E I E I
☐ ☐ Firearm ☐ ☐ Other _____

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☐ Officer Skill Level
☐ Subject Skill Level
☐ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☐ Distance From the Subject
☐ Special Knowledge
☐ Availability of Other Options
☐ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

☐ U-10.100 Attached

CONTROL LEVEL: 0 ☒ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

On 5/31/20 at approx 9:00 pm, Officer J. Cramer #2641 was part of a field force team that deployed to the area of N. High St and Lane Ave after several protesters were identified as rioters by command staff. Repeated loud verbal commands were given for the crowd to disperse via loud speaker. Officer Cramer then using a crowd control technique, deployed his division issued chemical irritant (belt mace) for a 1-2 sec burst at an unknown group who were refusing to leave the area or comply with lawful commands. Unknown subjects fled E/B in order to elude arrest.

Signature

J. Cramer #2641

Date 6/01/2020

Officer Injury None

Treated By _____

Suspect Injury None Reported

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

☒ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video _____ ☐ Investigative Letter

Supervisor Signature

Sgt. Mark A. Eickholt

Date

6-27-20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>6/01/2020</u> Time: <u>11:00PM</u> Incident #: <u>200394090</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>4</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Crowd</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Richard Ford</u> Badge: <u>2569</u> Assignment: <u>Z1E1-5</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 - Electronic Device (Complete Subsection (D) if a transport was made for barb removal) <hr/> *Also complete Subsection (D) for the below Levels if Injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 - Use of Impact Weapon <input type="checkbox"/> Level 6 - Canine Bite ► Level 7 - Less Lethal Control <input checked="" type="checkbox"/> Special Ordnance Ordered by: <u>Lt Larry Yates #5080</u> <input type="checkbox"/> Other: _____ ► Level 8 - Deadly Force <input type="checkbox"/> Firearm - Defense of Self <input type="checkbox"/> Firearm - Defense of Others <input type="checkbox"/> Firearm - Fleeing Felon <input type="checkbox"/> Firearm - Warning Shots <input type="checkbox"/> Firearm - Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response - Personal Emergency Technique: _____ Disposition (check one): <input checked="" type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if only using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) <hr/> Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody <hr/> Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic # _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check one): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy <hr/> (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check one): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____		Disposition (check one): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic				

Section V - Comments:

Completed By: Sgt Brian Vegh #5122

Assignment: S91E

Incident # 200394090

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Ford		First Richard	Middle L	Badge 2569	Assignment Z1E1-5	Age 41	Sex M	Ht 5'10	Wt 170
Suspect Last		First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date 6/1//20	Time 11:00 p	Location N High St & Lane Ave			Zone/Pct 4/4	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported	

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☒ Verbal or Physical Danger Cues
 ☒ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☒ Striking or Kicking Officer
☒ Assaulting Third Party
☒ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☒ Weapon Used Against Officer
☒ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ **Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ **Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **Level 2:** Use of Chemical Spray

☐ **Level 3:** Use of Electronic Device

☐ **Level 4:** Hard Empty Hand Control (strike/punch/kick)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |

☐ **Level 5:** Use of Impact Weapon (baton/flashlight)

Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |

☐ **Level 6:** Police K-9 (Bite Only)

☒ **Level 7:** Less Lethal Control

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |

☐ **Level 8:** Deadly Force

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☒ Age
- ☒ Size
- ☒ Sex
- ☒ Officer Skill Level
- ☒ Subject Skill Level
- ☒ Multiple Subjects/Officers
- ☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☒ Closeness of a Weapon
- ☐ Injury or Exhaustion
- ☐ Being on the Ground
- ☒ Distance From the Subject
- ☒ Special Knowledge
- ☒ Availability of Other Options
- ☒ Environmental Awareness
- ☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1. M. Gaines #2457	120 Marconi Blvd	43215	(614) 645-4545	(614) 645-4545
2.				

OFFICER NARRATIVE SUMMARY

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8 ☐

☐ U-10.100 Attached

On June 1st, 2020 at approximately 11:00 pm Columbus Police arrest teams were deployed to the area of N. High St and Lane Ave for a large group of violent protestors refusing to disperse and leave the area. Upon arrival, Officer Ford observed protestors throwing water bottles and chunks of concrete at Officers, setting off fireworks, building barricades with dumpsters and plywood while setting fires in the middle of N. High St. After repeated warnings to disperse were provided, Officer Ford "skip" deployed 37 mm batons at the direction of Lt. Yates to disperse the crowd from N. High St and Lane Ave. The use of the baton rounds were effective and the crowd dispersed.

Signature

R. D. L. #2529

Date 6/03/2020

Officer Injury None

Treated By _____

Suspect Injury None

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

☐ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video _____ ☐ Investigative Letter

Supervisor Signature

Sgt Mark A. Eickholt #5332

Date

6-27-20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Data Processing Worksheet - Columbus Division of Police

Side A

(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check <u>all</u> that apply): <input type="checkbox"/> Forced Entry (complete subsection A) <input type="checkbox"/> Use of Force - Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D) <input checked="" type="checkbox"/> Use of Force - Level: 2 - 8 (complete all subsections that apply in section IV) <input type="checkbox"/> Untrained Response - Personal Emergency (complete all subsections that apply in section IV) <input type="checkbox"/> Injury to Prisoner / Injury Prior to Police Contact (complete subsection D) <input type="checkbox"/> Discharge of Firearm - Not a Use of Force (complete subsection E) <input type="checkbox"/> Strip / Body Cavity Search (complete subsection F) <input type="checkbox"/> Internal Investigation (complete subsection G) <input type="checkbox"/> Information Only (complete subsection H) <input type="checkbox"/> Police Vehicle Accident - No property damage or any visible or claimed personal injury, or the damage to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H) <input type="checkbox"/> Vehicular Pursuit (complete subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete subsection H)		Basic Incident Information: Date: <u>6/01/2020</u> Time: <u>11:00PM</u> Incident #: <u>200394090</u> Location of Occurrence (check <u>one</u>): <input checked="" type="checkbox"/> Precinct # <u>4</u> <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
Incident Location (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Street / Alley <input type="checkbox"/> Private Residence / Property <input type="checkbox"/> Public Building / Property <input type="checkbox"/> Business Building / Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle </div> <div style="width: 48%;"> <input type="checkbox"/> Jail / Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown </div> </div>	Incident Description (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Traffic Incident <input checked="" type="checkbox"/> Demonstration / Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty / Patrol <input type="checkbox"/> Disturbance / Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint </div> <div style="width: 48%;"> <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service / Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review </div> </div>	

Section II - Complainant/Suspect/Subject Information:

Name: <u>Unknown</u> Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: <u>M</u> Age: <u>Unk</u> Race/Ethnicity (check <u>one</u>): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Unknown
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Section III - Personnel Information:

Employee: Name: <u>Guy Gardner</u> Badge: <u>2691</u> Assignment: <u>Z1E1-10</u> Classification (check <u>one</u>): <input checked="" type="checkbox"/> Sworn: Rank: <u>Officer</u> <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Unidentified Duty Status (check <u>one</u>): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	Employee's Action at Time of Incident (check <u>one</u>): <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing / Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing / Corresponding <input type="checkbox"/> Tactical Entry <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	Employee's Medical Status (check <u>one</u>): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No Injury <input checked="" type="checkbox"/> Injury / Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad / Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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Data Processing Worksheet - Columbus Division of Police

Side B

(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry: <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol Action: <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(C) Levels 3 and Above: <input type="checkbox"/> Level 3 – Electronic Device (Complete Subsection (D) if a transport was made for barb removal) *Also complete Subsection (D) for the below Levels if injured or an injury is claimed ► Level 4 <input type="checkbox"/> Pushing / Causing Collision (higher than Level 1) <input type="checkbox"/> Strike / Punch / Kick <input type="checkbox"/> Level 5 – Use of Impact Weapon <input type="checkbox"/> Level 6 – Canine Bite ► Level 7 – Less Lethal Control <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____ ► Level 8 – Deadly Force <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Untrained Response – Personal Emergency Technique: _____ Disposition (check <u>one</u>): <input checked="" type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(D) Injury to Prisoner: Type of Injury: <input type="checkbox"/> Injury Prior to Police Contact (note - if <u>only</u> using this category in Subsection D omit employee's name on side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting / Processing) Injury Severity: ► Minor Injury (Injury that does not require transport to a medical facility) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury ► Serious Injury (Injury that requires transport to a medical facility for treatment) <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody Medical Status: <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	(E) Discharge of Firearm: Type of Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/ Others) <input type="checkbox"/> Animal (Humane Destruction) Disposition (check <u>one</u>): <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy (F) Strip / Body Cavity Search Authorized by: Name: _____ Badge: _____ Assignment: _____ Disposition (check <u>one</u>): <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
(G) Internal Investigation: Date Division Gained Knowledge: _____ Investigating Supervisor: Name: _____ IBM: _____ Assignment: _____ Investigator / Complainant's Status (check <u>one</u>): <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		Nature of Allegation(s) / Investigation: <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP Bureau: _____ SOP: _____ Page: _____	
(H) Information Only: _____ _____ _____ <input type="checkbox"/> Police Vehicle Accident <input type="checkbox"/> Vehicular Pursuit <input type="checkbox"/> Use or Attempted Use of Stopping Tactic			

Section V - Comments:

Completed By: Sgt Brian Vegh #5122

Assignment: S91E

Incident # 200394090

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last Gardner	First Guy	Middle R	Badge 2691	Assignment Z1E1-10	Age 36	Sex male	Ht 5'09	Wt 225
Suspect Last Unk	First Unk	Middle	DOB	SSN	Age 20-40	Sex M	Ht 5'10"	Wt 180
Date 06/01/20	Time 11:00P	Location Lane Avenue and N. High Street			Zone/Pct 4/4	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported

☐ Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- ☐ Verbal or Physical Danger Cues
 ☐ Not Responding to Commands
 ☐ Refusing to Move-Dead Weight
 ☐ Pulling Away From Officer
 ☐ Running From Officer
☐ Pushing Officer
☐ Wrestling With Officer
☐ Striking or Kicking Officer
☐ Assaulting Third Party
☐ Life Threatening Weaponless Assault
☐ Attempt to Disarm Officer
☐ Weapon Used Against Officer
☐ Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

☒ Level 0: Officer presence, verbal and non-verbal commands, search and handcuffing.

- ☐ Handcuffs gapped and double locked
 ☐ Complaint of Injury from Handcuffing
 ☐ Distraction Device
 ☐ Taser sparked for compliance

☐ Level 1: Empty Hand Control (pressure point/joint manipulation/pain compliance)

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PPCT: | E | I | E | I | E | I |
| Joint Manipulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grounding Technique: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Placed on Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☒ Level 2: Use of Chemical Spray

- E I
☐ ☐

☐ Level 3: Use of Electronic Device

- E I
☐ ☐

☐ Level 4: Hard Empty Hand Control (strike/punch/kick)
Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |

☐ Level 5: Use of Impact Weapon (baton/flashlight)
Technique Used

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |

☐ Level 6: Police K-9 (Bite Only)

- E I
☐ ☐

☐ Level 7: Less Lethal Control

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| E | I | E | I | E | I |
| <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"/> |

☐ Level 8: Deadly Force

- E I
☐ ☐ Firearm ☐ ☐ Other

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- ☐ Age
☐ Size
☐ Sex
☐ Officer Skill Level
☐ Subject Skill Level
☐ Multiple Subjects/Officers
☐ Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- ☐ Closeness of a Weapon
☐ Injury or Exhaustion
☐ Being on the Ground
☐ Distance From the Subject
☐ Special Knowledge
☐ Availability of Other Options
☐ Environmental Awareness
☐ Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY

☐ U-10.100 Attached

CONTROL LEVEL: 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

On June 1st, 2020 at approximately 11:00 pm Columbus Police arrest teams were deployed to the area of N. High St and Lane Ave for a large group of violent protestors refusing to disperse and leave the area. Upon arrival, Officer Gardner observed protestors throwing water bottles and chunks of concrete at Officers, setting off fireworks, building barricades with dumpsters and plywood while setting fires in the middle of N. High St. After warnings to disperse were provided, Officer Gardner gave a 1 second burst of Fox Mark 9 pepper spray at a male white in a red shirt that was over 6 feet away, at the order of Lt. Yates to disperse the crowd from N. High St and Lane Ave. This train technique was effective and the individual ran from the area.

Signature

[Handwritten Signature] #2691

Date 6/02/2020

Officer Injury None

Treated By _____

Suspect Injury None

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

☒ Use of Chemical Spray Justified and Within Policy ☐ CVS Used ☐ BWC Used ☐ Other Video _____ ☐ Investigative Letter

Supervisor Signature

[Handwritten Signature] #5332

Date

6-27-20

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY
☐ U-10.100 Attached

CONTROL LEVEL: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

Signature _____

Date _____

Officer Injury _____

Treated By _____

Suspect Injury _____

Treated By _____

☐ Injury Prior to Police Contact (☐ Minor ☐ Serious)

☐ Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

☐ Use of Chemical Spray Justified and Within Policy

☐ CVS Used

☐ BWC Used

☐ Other Video _____

☐ Investigative Letter

Supervisor Signature _____

Date _____

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

OFFICER NARRATIVE SUMMARY (CON'T)

OFFICER NARRATIVE SUMMARY (CON'T)

SUPERVISOR REVIEW (CONTINUED FROM PREVIOUS PAGE)[illegible]

SUPERVISOR REVIEW (CONTINUED FROM PREVIOUS PAGE)