Lincoln Police Department

Response to Resistance Form ☐
Discharge of Weapon Form (animal) ☐

The Response to resistance report will be completed any time deadly or non-deadly force is used in the performance of an officer’s duties as outlined in General Order 2.1. It will also be completed for any animal destruction, accidental firearms discharge, or display of firearm where no other force was used.

Response to Resistance Incident Details

Local Report # ____________________    Date of Incident: _____________  Time of Incident: ______________
Location of Incident: ______________________  Nature of Original Call: _______________________________
Officer Filing Report: _____________________  Primary Assignment at Time of Incident:

Supervisor on Duty:   _____________________
Supervisor Witnessed Incident: ☐Yes ☐ No
Supervisor Authorized Use of Force: ☐Yes ☐ No

Other Officers Present at Incident:
__________________________________________________________________________________________
Other Witnesses Present at Incident: _____________________________________________________________
(List Names and Phone #)
Statements Obtained from Witnesses: ☐ Yes ☐ No (If Yes, Attach Statements to the Report)
Chief Notified: ☐ Yes ☐ No     Date / Time Notified: ____________________  By Whom: __________________

Type of Response Utilized     (May Check More Than One)

Display of Firearm / Pointing at Suspects
Use of Firearm
☒ Hard Controls ( Strikes, Take-downs)
☒ Use of Non-Lethal (Circle: ASP  Mace  Taser)
☒ Striking Structural Areas  (Area Struck: _____________)
☒ Deadly Force
☒ Use of Vehicle
☒ Other_______________

☐ Accidental Firearm Discharge

☐ Animal Destruction
☐ Use Non-Lethal Weapons on Animal
☐ Reason for Destruction or Use on Animal:
☐ Vicious
☐ Injured  Type Injury: ____________________
☐ Risk of Harm to Others Explain: ___________

If firearm was utilized, list information:
☐ Duty Weapon ☐ Off-Duty Weapon
Make: ________________________
Model: ________________________
Serial #: ________________________

☐ Display of Non-lethal Weapons (Circle: ASP  Mace  Taser)

☐ Soft Controls (Escort Position, Touching, Grasping)
☐ Balance Displacement  (Less than take-down)
☐ Compliance Techniques (Arm Locks, Pressure Points)

☐ Display of Firearm / Pointing at Suspects
Use of Firearm

☐ Hard Controls ( Strikes, Take-downs)
☐ Use of Non-Lethal (Circle: ASP  Mace  Taser)
☐ Striking Structural Areas  (Area Struck: _____________)
☐ Deadly Force
☐ Use of Vehicle
☐ Other_______________

☐ Accidental Firearm Discharge

☐ Animal Destruction
☐ Use Non-Lethal Weapons on Animal
☐ Reason for Destruction or Use on Animal:
☐ Vicious
☐ Injured  Type Injury: ____________________
☐ Risk of Harm to Others Explain: ___________

If firearm was utilized, list information:
☐ Duty Weapon ☐ Off-Duty Weapon
Make: ________________________
Model: ________________________
Serial #: ________________________

☐ Display of Non-lethal Weapons (Circle: ASP  Mace  Taser)

☐ Soft Controls (Escort Position, Touching, Grasping)
☐ Balance Displacement  (Less than take-down)
☐ Compliance Techniques (Arm Locks, Pressure Points)

☐ Display of Firearm / Pointing at Suspects
Use of Firearm

☐ Hard Controls ( Strikes, Take-downs)
☐ Use of Non-Lethal (Circle: ASP  Mace  Taser)
☐ Striking Structural Areas  (Area Struck: _____________)
☐ Deadly Force
☐ Use of Vehicle
☐ Other_______________

☐ Accidental Firearm Discharge

☐ Animal Destruction
☐ Use Non-Lethal Weapons on Animal
☐ Reason for Destruction or Use on Animal:
☐ Vicious
☐ Injured  Type Injury: ____________________
☐ Risk of Harm to Others Explain: ___________

If firearm was utilized, list information:
☐ Duty Weapon ☐ Off-Duty Weapon
Make: ________________________
Model: ________________________
Serial #: ________________________

☐ Display of Non-lethal Weapons (Circle: ASP  Mace  Taser)

☐ Soft Controls (Escort Position, Touching, Grasping)
☐ Balance Displacement  (Less than take-down)
☐ Compliance Techniques (Arm Locks, Pressure Points)
### Level of Resistance
(If more than one observed, list order in boxes)

- Displayed Verbal & Physical Danger Cues
- Not Responding to Commands
- Refusing to Move, Resisting
- Aggressively Pulls Away
- Displays Manifestations of Imminent Assault
- Pushed or Shoved Officer
- Actively Resisting Arrest
- Striking/Kicking Officer
- Choking Officer
- Produces Weapon and Attempts Use or Uses Type Weapon: ______________________
- Grabs or Attempted to Grab Officers Firearm
- Used or Attempted to Assault Officer w/ MV
- Other ________________________

### Effect of Force/Resistance
(Suspect and Officer)

#### Suspect
- No visible injury, no complaint of pain
- No visible injury, complaint of minor pain
- Minor visible injury, no medical treatment required
  (Describe)
- Injury requiring outpatient medical treatment
  (Describe)
- Injury requiring overnight hospitalization
  (Describe)
- Deceased

#### Officer
- No visible injury, no complaint of pain
- No visible injury, complaint of minor pain
- Minor visible injury, no medical treatment required
  (Describe)
- Injury requiring outpatient medical treatment
  (Describe)
- Injury requiring overnight hospitalization
  (Describe)
- Deceased

### Situational Factors Present

- Special Knowledge / Previous Contact Explain: _______________________________________________
- Officer on the Ground Explain: _______________________________________________
- Closeness of Weapon (Subject) Explain: _______________________________________________
- Injury or Exhaustion (Officer) Explain: _______________________________________________
- Distance from Subject Explain: _______________________________________________
- Availability of Other Options Explain: _______________________________________________
- Other ________________________ Explain: _______________________________________________

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Suspect Name ___________________________________  DOB: _____________   SSN: __________________

Address: ___________________________________________________________________________________

Home Phone: ___________________________________  Work Phone: ________________________________

Injured: □ Yes  □ No     Nature of Injury: ________________________________________________________

Treated by Medics: □ Yes  □ No     Medics: ______________________________________________________

Transported to Hospital: □ Yes  □ No     Hospital: _________________________________________________

At the time of the incident, was the subject suspected of being under:
□ Mental/Stress Instability  □ Influence of Drugs/Alcohol  □ Other _________________________________

Was Suspect under arrest at the time of the incident? □ Yes  □ No
Subsequently Arrested? □ Yes  □ No     Charges: ________________________________________________

Additional Suspect Information:
Officer’s Statement of Facts

☐ Check if Offense or Supplemental Report is attached

______________________________  ____________________
Officer Signature                  Date Forwarded to Supervisor:
Supervisor’s Review of Report

Date Received: ___________________________                Date Reviewed: _________________________

Additional Paperwork Needed: ☐ Yes ☐ No     If yes, list

Additional Clarification Needed: ☐Yes ☐ No     If yes, list

Date Request Made for Additional Paperwork or Clarification: ____________ Date Returned: ________________

Clarification Sufficient: ☐ Yes ☐ No     If no, list comments recommendations

Complaint Received: ☐ Yes ☐ No     If yes, attach with report.     Dispatch Tapes On Hold: ☐ Yes ☐ No

Supervisor Review Recommendations:
☐ Officer’s Actions Justified  Department Policy  (List Policy # _________________________)
☐ Officer’s Actions Justified not  Department Policy, but extenuating circumstances
☐ Officer’s Actions Not Justified  - Recommend Disciplinary Action be initiated
☐ Officer’s Actions Not Justified  - Recommend Additional Training for Officer
☐ Recommend Further Investigation Prior to Closure

Comments:

Supervisor Signature: _______________________________ Date Forwarded to Chief: ___________________
Chief of Police Review of Report

Date Received: ___________________________                Date Reviewed: _________________________

Additional Paperwork Needed:  □ Yes  □ No     If yes, list

Additional Clarification Needed:  □ Yes  □ No     If yes, list

Date Request Made for Additional Paperwork or Clarification: ____________  Date Returned: ________________

Clarification Sufficient:  □ Yes  □ No     If no, list comments recommendations

Chief of Police Review and Decision on Report Closure:
□ Concur  with Supervisor’s Recommendation as indicated below.
□ Officer’s Actions Justified  Department Policy (List Policy # _________________________)
□ Officer’s Actions Justified not Department Policy, but extenuating circumstances
□ Officer’s Actions Not Justified  - Recommend Disciplinary Action be initiated
□ Officer’s Actions Not Justified  - Recommend Additional Training for Officer
□ Recommend Further Investigation Prior to Closure

Comments:

Chief of Police Signature: ______________________________ Date: ___________________
(Chief of Police will use for input into end of year reports) (Original Copy filed in Case File and Copy in Officer’s Personnel File)