



**RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY
Division of Sheriffs**



RESPONSE TO RESISTANCE/NON-COMPLIANCE REPORT

Case ID #: _____ **Date:** _____

FACILITY/LOCATION: _____

Inmate/Detainee Name: _____

DOB: _____

Inmate/Detainee Address: _____

Inmate/Detainee Contact #: _____

Offender status: Court Appearance

New Commitment: No

Inmate RIDOC I.D.#, if applicable: _____

Deputy Sheriff Completing Report: _____

Badge #: _____

Injuries sustained by member? No

Injuries sustained by Offender? No

USE OF FORCE-APPLIED

Weaponless Physical Force: Yes

Emergency Restraint Chair: No

OC Aerosol Spray: No - Serial Number: NA

Collapsible Baton: No

TASER (CEW): No - Serial Number: NA

- If Yes: N/A

- AFIDs Collected: N/A (If No, explain in narrative below)

Firearm: No - Serial Number: _____

- Make/Model: N/A

Photos Taken: Yes

- *If subject was exposed to Cap-Stun (OC), he/she shall be observed after exposure.*
- *If symptoms persist longer than 45 minutes, medical treatment is required.*
- *In any case where probes from Taser are embedded in tissue of the subject(s), members will take necessary precautions avoiding contamination by infectious bodily fluids and contact EMS personnel.*
- *If photos were taken they shall be submitted with this report.*

Refusal of medical treatment/offender's signature _____

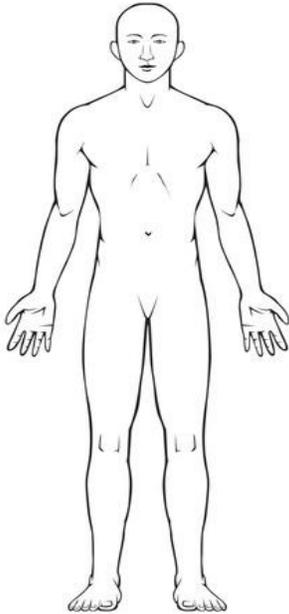
Note: If offender declines medical attention and refuses to sign, write (Refused to sign) with the name of the Division member(s) witnessing the refusal.

Response to Resistance/Non-Compliance Report

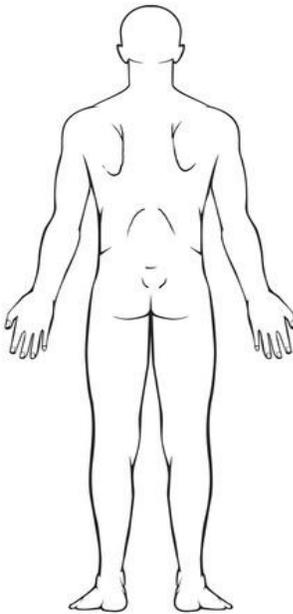
Indicate the areas of the body where use of force was applied

Approx. Height:

Approx. Weight:



(Front)



(Back)



(Right side)



(Left side)

Arrest: Yes *If so, agency/report no.:*

Deputy's Signature: _____

Date:

Deputy's Name: Badge Number:

Reviewing Supervisor's Signature: _____

Date: _____

Reviewing Supervisor's Name (Printed): _____

Narrative

Deputy's Signature: _____ Date: _____

Deputy's Name (Printed): _____ Badge Number: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Name (Printed): _____