



East Providence Police Department

RESPONSE TO RESISTANCE/NON-COMPLIANCE FORM

Date of Incident _____ **Officer's Name & Rank** _____ **Case Number** _____
Officer Status: Off-duty On-Duty / Uniform Plain Clothes

Location of Incident: _____
Initial Reason for Contact: _____

Subject(s):	D.O.B.	Race/Sex:
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Criminal Charges/Offense: _____

Perceived Suspect Condition(s)	EDP	Alcohol	Drugs	Other (Describe)
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Force Encountered by Officer	Firearm	Edged Weapon	Physical	Other (Describe)
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Force Used By Officer	Firearm	Impact tool	Physical	O.C.
	CEW/Taser	Firearm (Not Discharged) used to maintain custody of subject	CEW/Taser (Not Discharged) used to maintain custody of subject	Other (Describe)
	K9 Deployed (Physical Contact)	K9 Deployed (Non-physical Contact)		

Effects of Force Used Upon Subject	Effective	Somewhat effective	Not effective	Other (Describe)
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Officer injuries: _____

Subject's injuries: _____



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Is the use of force in compliance with applicable state law; and Rules and Regulations & Policies and Procedures of the East Providence police department:

Shift Supervisor: Yes No Shift Commander: Yes No

Division Commander: Yes No

Shift Supervisor's Name (Print)	Date:
Signature:	

OIC's name (Print)	Date:
Signature	
Comments:	

Division Commander's name: (Print)	Date:
Signature:	
Comments:	

Professional Standards OIC's Name (Print)	
Signature:	
Date of Review:	OPS number:
Comments:	

Revised: 9/2019