

Take Custody of Suspect

Protect Self

Prevent Escape

## Montana State University Billings Police Department 1500 University Drive Billings, MT 59101

## **Response to Aggression and Resistance Report**



BPD Case	BPD Case Number   MSUB Case Number   Time   D					Location			
Campus	Type of I	ncident							
Campus	Type of it	icident							
0.65									
Officer							1		
NAME:	Last, Firs	t, Middle Initia	l				Sex	Rac	e
_		1	_						
Age	Height	Weight	Ass	signment	Туре	of Duty	Appearance	Body A	rmor
Suspe	ct								
Last Nam				First Na	ame		Middle		
Address									
City					State		Zip code		
City					State		Zip code		
Rad	2	Age		DOB	Не	ight	Weight	Sex	7
ruc		Age		<u> </u>	110	igiit	Weight		
Perceive	ed Mental (	Condition At T	ime Of Inc	rident	Numbe	r of People	Present at Inciden	t	
	ormal		arcotic Inf		Officers:	i oi i copic			
	nraged	•	ly Disturbe				Witnesses:		1000
	toxicated	Mentai	iy Disturbe	;u	Last	Name	First Name	Officer	Witness
1110	ioxicated								
Env	ironmental	Conditions							
Indo		Outdoors							
Dayt		Nighttime							
	n/Dusk	Artificial Lig	ht						
	sistance B	egan							
	I Contact								
	During Arrest								
After	Arrest								
	Reason Physical Control / Weapons Used (Check all that Apply)								

Maintain/Regain Control of Suspect Place Person in Protective Custody

Prevent Felony

Protect Another Person

**Humanely Destroy Animal** 

BPD Case Number	MSUB Case Number

Weapons Used by Suspects (Check all that apply)					
None	Animal	Long Gun			
Hands	Feet	Officers Weapon			
Knife	Bite	Explosive Device			
Club	Handgun	Accidental Discharge			
Vehicle	Other:				

Levels of Resistance Used by Suspect (Check all that apply)Verbal Non-CompliancePassive AggressionActive AggressionDeadly Force

		Effect of Physical Control / Type of Injury				
S	0	S = Suspect O = Officer				
		No visible Injury, No complaint of pain				
		No visible injury, complaint of minor pain, no medical attention required				
		Minor Visible Injury (redness, swelling, abrasion), no medical attention required				
		Injury requiring 1 <sup>st</sup> Aid or outpatient treatment (doctor's exam, stitches, x-rays)				
		Injury requiring overnight hospitalization				
		Fatal				

	Location of Injuries (Check all that apply)										
	S = Suspect O = Officer										
S	0		S	0		S	0		S	0	
		Head			Hand			Neck			Leg
		Torso			Foot			Arm			

Weapon Poir	nted at	Person	
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	VV	eapons Use / Avai A = Available	U = Used
Α	U	A - Available	Effective
		Verbal Commands	S
		Empty Hand Tech	1
		OC Spray	
		Baton	
		Flashlight	
		Taser/CEW	
		Vehicle	
		Duty Weapon	
		Patrol Rifle	
		Backup Weapon	
		Off-Duty Weapon.	
		K9	
		Shotgun	
		Less Lethal	
		Other	
_es	ss Le	ethal/Other Descri	

Co	omments - Incident Details	
	Officer's Signature:	Date:

## **CHAIN OF COMMAND REVIEW**

Attach review to Response to Aggression and Resistance Report before forwarding

BPD Case Number	MSUB Case Number		
Sergeant's Comments	S		
		Supervisor's Signature	Date
Officer's Action			
Within Polic			
Consistent V	With Training		
Assistant Chief's Con	nments		
		Assistant Chief's Signature:	Date:
Chief's Comments			
		Chief's Signature:	Data
		Onier's Signature:	Date: