

PSO#:

**GUILFORD COUNTY SHERIFF'S DEPARTMENT
USE OF FORCE REPORT
OFFICER RECORD**

Case/Complaint #		Name of Officer: <u>Cpl. B. Robinson</u>	
Officer Status: On Duty <input checked="" type="checkbox"/> Off Duty <input type="checkbox"/>		Secondary Employment <input type="checkbox"/> Uniform <input type="checkbox"/> Plainclothes <input type="checkbox"/>	
Length of Service: <u>8 years 11 months</u>		Duty Assignment:	
Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Race: <u>B</u>	Age: <u>33</u>	Height: <u>601</u> Weight: <u>205</u>
Officer Injury: (Check all that apply) Limb <input type="checkbox"/> Torso <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Face <input type="checkbox"/> No Apparent Injury <input checked="" type="checkbox"/>			
Subject Weapon(s): Firearm <input type="checkbox"/> Flashlight <input type="checkbox"/> Baton <input type="checkbox"/> HFFEK <input checked="" type="checkbox"/> CS/CN <input type="checkbox"/> Pepper Spray <input type="checkbox"/>			
Other (Specify) _____			
Medical Treatment: Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Comments: _____			
Subject Name: <u>Ronnie Kimble</u>		Extent of Injury: _____	
(Check all blocks that apply to describe injury) Limb <input type="checkbox"/> Torso <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Face <input checked="" type="checkbox"/> No Apparent Injury <input type="checkbox"/>			
Officer Weapon(s): Firearm <input type="checkbox"/> Flashlight <input type="checkbox"/> Baton <input type="checkbox"/> HFFEK <input checked="" type="checkbox"/> CS/CN <input type="checkbox"/> Pepper Spray <input type="checkbox"/>			
Other: (Specify) _____			
Medical Treatment: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Comments: _____			
Subject # 2 Name: _____		Extent of Injury: _____	
(Check all blocks that apply to describe injury) Limb <input type="checkbox"/> Torso <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Face <input type="checkbox"/> No Apparent Injury <input type="checkbox"/>			
Officer Weapon(s): Firearm <input type="checkbox"/> Flashlight <input type="checkbox"/> Baton <input type="checkbox"/> HFFEK <input type="checkbox"/> CS/CN <input type="checkbox"/> Pepper Spray <input type="checkbox"/>			
Other: (Specify) _____			
Medical Treatment: Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Comments: _____			
Note: If more than two subjects are involved in the event, complete a separate officer record sheet for each two subjects and simply renumber the additional form to indicate the actual number of the subjects.			
Officer Statement: <u>On 11-19-97 at 0820 cl, Cpl. Robinson reported to D-floor to assist in the search of inmate Ronnie Kimble's Cell. When Kimble came out he had two legal pads. He was instructed to leave them in his room. Inmate Kimble removed a letter from the pad and attempted to destroy them by placing them in his mouth. At that time cl took hold of his right arm while the letter was removed from his mouth. cl then placed handcuffs on inmate Kimble and escorted him to the visitation room.</u>			
(Officer narrative must include identification of each subject by name and # as used above.)			
(Officer Record to be completed by each officer involved in event.)			