



Ohio Attorney General's Office  
Bureau of Criminal Investigation  
Investigative Report



2025-2991  
Officer Involved Critical Incident – 513 South Isabella St.,  
Springfield, OH 45506 (L)

**Investigative Activity:** Records Received, Review of Records

**Involves:** [REDACTED] (S)

**Date of Activity:** 09/19/2025

**Author:** SA Lauren Frazier, #129

**Narrative:**

On September 22, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent Lauren Frazier received the personnel file for Springfield Police [REDACTED] from Springfield Police Lt. Beau Collins. On October 2, 2025, SA Lauren Frazier reviewed the personnel file and noted the following:

- [REDACTED] was the recipient of the MADD Award of Excellence in 2022
- No documented discipline was located

SA Frazier also received [REDACTED] past use of force reports from the Springfield Police Department from 2017 through 2025. The records included sixteen (16) total use of force incidents. Eight (8) of the sixteen (16) uses of force were involving [REDACTED] discharging a taser.

- No substantiated use of force complaints were located

The personnel file and use of force reports have been attached to this report. Please refer to the attachments for further details.

**References:**

No references.

**Attachments:**

- Attachment # 01: 2025 – [REDACTED] Personnel File  
Attachment # 02: 2017-04-18 [REDACTED] – FLOURNOY  
Attachment # 03: 2017-06-17 [REDACTED] – LAY  
Attachment # 04: 2017-06-17 [REDACTED] – LAY  
Attachment # 05: 2021-02-24 [REDACTED] – DEPRIEST

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law – a statute, an administrative rule, or any rule of procedure.

Attachment # 06:	2021-04-24	[REDACTED]	[REDACTED] - ANTHONY GAMBLE JR
Attachment # 07:	2021-04-25	[REDACTED]	[REDACTED] - ANTHONY GAMBLE JR
Attachment # 08:	2021-08-20	[REDACTED]	[REDACTED] - Conley
Attachment # 09:	2021-11-10	[REDACTED]	CONLEY - [REDACTED]
Attachment # 10:	2022-02-15	[REDACTED]	[REDACTED] - Wells UOF
Attachment # 11:	2022-02-15	[REDACTED]	[REDACTED] - Wells
Attachment # 12:	2022-04-30	[REDACTED]	[REDACTED] - LYLES
Attachment # 13:	2022-04-30	[REDACTED]	[REDACTED] - LYLES
Attachment # 14:	2022-07-06	[REDACTED]	[REDACTED] - McMahon
Attachment # 15:	2022-07-21	[REDACTED]	[REDACTED] - ADKINS
Attachment # 16:	2023-01-13	[REDACTED]	[REDACTED] - JOHNSON
Attachment # 17:	2023-01-13	[REDACTED]	[REDACTED] - JOHNSON
Attachment # 18:	2023-08-02	[REDACTED]	[REDACTED] - V. MORRIS
Attachment # 19:	2024-03-22	[REDACTED]	ROBERTSON - [REDACTED]
Attachment # 20:	2024-04-21	[REDACTED]	COLQUITT - [REDACTED]
Attachment # 21:	2024-04-21	[REDACTED]	BATEMAN - [REDACTED]
Attachment # 22:	2024-04-30	[REDACTED]	[REDACTED] - COLQUITT - [REDACTED]
Attachment # 23:	2025-07-21	[REDACTED]	FLEMING - [REDACTED]



**DAVE YOST**  
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission  
Office 800-346-7682  
Fax 740-845-2675

## NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☐ Correction to Record ☐ Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email ((SF400@ohioattorneygeneral.gov), fax or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>		1. Name (Last) (First) (Middle)		2. Social Security Number	
3. Previous Name(s) or Alias (Last) (First) (Middle)					
4. Birth date (mm/dd/yyyy)		5. Officer's Individual Email Address		6. Phone Number	
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)					
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)		Clark State Police Academy			

<b>AGENCY INFORMATION</b>		9. Agency Name		Springfield Police Division	
10. Reporting Authority's Email Address		11. Agency Phone Number			
lgraf@springfieldohio.gov					
12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)		130 N Fountain Avenue		Springfield 45502 Clark	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date		14. Status Change Date	
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal					
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.					
16. Select New ORC					
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)		<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)		<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		<input type="checkbox"/> Village Auxiliary/Reserve (737.161)		<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)		<input type="checkbox"/> Township Constable (509.01)		<input type="checkbox"/> Other Chief - List ORC/Charter	
<input type="checkbox"/> Other - List ORC/Charter		<input type="checkbox"/> Deputy Sheriff (311.04)		<input type="checkbox"/> Sheriff (311.01)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority		18. Printed Name and Title	
		Lee E. Graf, Chief of Police	
20. Signature of Witness		21. Printed Name (First, Middle, Last)	
		Allison R. Elliott	

Officer Name (Last)

(First)

(Middle)

Social Security Number

**23. OATH OF OFFICE**

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, the Constitution and Laws of the political subdivision to which I am appointed and to the best of my ability perform the duties of this office.

Signature

Signature of Appointing Authority

Bryan Heck

Name of Appointing Authority (Typed or Printed Legibly)

City Manager

Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County):

Beavercreek Police Department (Greene)

25. From(mm/dd/yyyy):

To(mm/dd/yyyy):

26. Appointment Status (Check Appropriate Box)

☒ Full-Time    ☐ Part-Time    ☐ Auxiliary    ☐ Reserve    ☐ Special    ☐ Seasonal

27. Appointed By (Agency Name and County):

Beavercreek Police Department (Greene)

28. From(mm/dd/yyyy):

To(mm/dd/yyyy):

29. Appointment Status (Check Appropriate Box)

☒ Full-Time    ☐ Part-Time    ☐ Auxiliary    ☐ Reserve    ☐ Special    ☐ Seasonal

30. Appointed By (Agency Name and County):

Springfield Police Division (Clark)

31. From(mm/dd/yyyy):

To(mm/dd/yyyy):

32. Appointment Status (Check Appropriate Box)

☒ Full-Time    ☐ Part-Time    ☐ Auxiliary    ☐ Reserve    ☐ Special    ☐ Seasonal

33. Appointed By (Agency Name and County):

London Police Department (Madison)

34. From(mm/dd/yyyy):

To(mm/dd/yyyy):

35. Appointment Status (Check Appropriate Box)

☒ Full-Time    ☐ Part-Time    ☐ Auxiliary    ☐ Reserve    ☐ Special    ☐ Seasonal

36. Appointed By (Agency Name and County):

Degraff Police Department (Logan)

37. From(mm/dd/yyyy):

To(mm/dd/yyyy):

38. Appointment Status (Check Appropriate Box)

☐ Full-Time    ☐ Part-Time    ☒ Auxiliary    ☐ Reserve    ☐ Special    ☐ Seasonal

39. Appointed By (Agency Name and County):

40. From(mm/dd/yyyy):

To(mm/dd/yyyy):

41. Appointment Status (Check Appropriate Box)

☐ Full-Time    ☐ Part-Time    ☐ Auxiliary    ☐ Reserve    ☐ Special    ☐ Seasonal



# MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
Office 800-346-7682  
Fax 740-845-2675

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
4. Submit only page 1 for a Status Change. A status change occurs when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>		1. Name (Last) (First) (Middle)	2. Social Security Number
3. Alias (Last) (Middle)			
4. Birth date (mm/dd/yyyy)	5. Email Address		6. Phone Number
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)		Greene	
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)		Clark State Police Academy	

<b>AGENCY INFORMATION</b>		9. Agency Name Springfield Police Division	
10. Agency Email Address spd@ci.springfield.oh.us		11. Agency Phone Number	
12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)		130 North Fountain Avenue Springfield 45502 Clark	

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date	14. Status Change Date
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
16. Select New ORC			
<input checked="" type="checkbox"/> City/Municipality Full-Time/Part-Time (737.02) <input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City/Municipality Chief (737.02)			
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16) <input type="checkbox"/> Village Auxiliary/Reserve (737.161) <input type="checkbox"/> Village Chief (737.15)			
<input type="checkbox"/> Township Police Officer (505.49) <input type="checkbox"/> Township Constable (509.01) <input type="checkbox"/> Other Chief - List ORC/Charter			
<input type="checkbox"/> Other - List ORC/Charter <input type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311)			

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority Stephen P. Moody	18. Name and Title Stephen P. Moody, Chief of Police	19. Date	
<b>NOTARY</b>			
Sworn to and subscribed before me this day of 20 in the county of Clark, Ohio.			
Signature of Notary Connie J. Chappell		Affix Seal Here	
My commission expires		CONNIE J. CHAPPELL NOTARY PUBLIC, STATE OF OHIO MY COMMISSION EXPIRES FEB. 24, 2015	



Officer Name (Last)

(First)

(Middle)

Social Security Number

**20. OATH OF OFFICE**

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee

Signature of Appointing Authority

James A. Bodenmiller

Name of Appointing Authority (Typed or Printed Legibly)

City Manager

Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

21. Appointed By (Agency Name and County): LONDON POLICE DEPARTMENT (MADISON)	22. From(mm/dd/yyyy): [REDACTED]	To(mm/dd/yyyy): [REDACTED]
23. Appointment Status (Check Appropriate Box) <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
24. Appointed By (Agency Name and County): DEGRAFF POLICE DEPARTMENT (LOGAN)	25. From(mm/dd/yyyy): [REDACTED]	To(mm/dd/yyyy): [REDACTED]
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		



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P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## NOTICE OF PEACE OFFICER SEPARATION FROM SERVICE

Complete all blanks. Type or print legibly. Enter N/A if not applicable.  
Please email (SF400@ohioattorneygeneral.gov), fax, or mail this document within ten days of the separation.

<b>OFFICER INFORMATION</b>	1. Name (Last) (First) (Middle)		2. Social Security Number	
	3. Previous Name(s) or Alias (Last) (First) (Middle)			
	4. Birth date (mm/dd/yyyy)		5. Officer's Individual Email Address	
	6. Home Mailing Address (#/Street/P.O. Box) (City) (State) (Zip Code) (County Name)			

<b>AGENCY INFORMATION</b>	7. Agency Name Springfield Police Division	
	8. Law Enforcement Agency Administrator's Email Address smoody@springfieldohio.gov	9. Agency Phone Number
	10. Agency Mailing Address (#/Street/P.O. Box) (City) (State) (Zip Code) (County Name) 130 North Fountain Avenue Springfield OH 45502 Clark	

<b>SEPARATION INFORMATION</b>	11. Appointment Date (mm/dd/yyyy)	12. Separation Date (mm/dd/yyyy)
	13. Reason for Separation (check appropriate box)	
<input checked="" type="checkbox"/> Resignation <input type="checkbox"/> Death <input type="checkbox"/> Felony Conviction (please explain below)		
<input type="checkbox"/> Misdemeanor guilty plea with a surrender of peace officer certificate (please explain below) <input type="checkbox"/> Separation from service, retirement, or termination for any other reason		

<b>ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR</b>		
I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
14. Signature of Law Enforcement Agency Administrator <i>Stephen P. Moody</i>	15. Name and Title Stephen P. Moody, Chief of Police	16. Date



City of Beaver Creek  
1368 Research Park Drive  
Beaver Creek, Ohio 45432

(937) 427-5510 phone  
(937) 431-2346 fax

January 27, 2020

To Whom It May Concern:

This letter is to verify that [REDACTED] was a full time Police Officer at the City of Beaver Creek. His hire date was [REDACTED] and he left employment on [REDACTED] [REDACTED] for a position elsewhere, returned to the City on [REDACTED] and again left employment on [REDACTED]. At that time, accrued unused sick time equaled 385.21 hours (230.40 transferred from the City of Springfield and 154.81 accrued at the City of Beaver Creek).

If you have any questions, please feel free to contact me at [bissinger@beavercreekohio.gov](mailto:bissinger@beavercreekohio.gov) or 937-320-7387.

Sincerely,

Jill Bissinger, SPHR, SHRM-SCP  
Human Resources Manager





# CITY OF LONDON

*Joseph D. Mosier*

Administration Office  
20 S. Walnut Street, Suite 100  
London, Ohio 43140

*Safety Service Director*

October 23, 2020

Mr. [REDACTED]

Details of employment with the City of London, Ohio Police Division:

- Hired to patrolman position - [REDACTED]
- Appointed to position of dispatcher - [REDACTED]
- Reappointed to patrolman position - [REDACTED]
- Resigned employment from the City of London, Ohio - [REDACTED]

Regards,

Joseph D. Mosier, Safety Service Director  
City of London, Ohio

# The City of Springfield Ohio

## Personnel Department

August 22, 2017

Ms. Jill Bissinger  
Beavercreek Police Division  
Human Resources  
1368 Research Park Dr.  
Beavercreek, Oh 45432

Dear Ms. Bissinger:

As requested, I am submitting the following information on a former employee of the City of Springfield, Ohio.

Name: [REDACTED]

Last Position Held: [REDACTED]

Date of Hire: [REDACTED]

Date of Termination: [REDACTED]

Sick Leave Balance to Transfer: 230.40

If you need any further information, please do not hesitate to contact me at (937) 324-7320.

Sincerely,



Fonda Akers  
Personnel Analyst

## **SPRINGFIELD POLICE DIVISION INTER-OFFICE COMMUNICATION**

**From:** The Office of Lt. Ballentine

**To:** Chief Moody

**Date:** [REDACTED]

**Subj:** LETTER OF RESIGNATION

---

Sir,

Effective [REDACTED] I will be resigning from my position as a Police Officer with the City of Springfield. I'm leaving to pursue a position as a Police Officer with the City of Beavercreek.

During my time here at the Springfield Police Department I've made a lot of new friends and this has not been an easy decision to make. I can't thank the city officials and Chief Moody enough for giving me the opportunity to come work for city. I hope with the time that I have been here it was noticed that I did attempt to make a difference in the department and the city.

[REDACTED]

cc: Capt. Graf, Lt. Ballentine  
File



# SPRINGFIELD POLICE DIVISION

## Inter-Office Communication

To: Chief Moody  
CC: Capt. Hill, Lt. Meyer, Sgt. Bennett.

Sir / Ma'am,

I'm writing to show my interest in the open intelligence unit position. When trying to determine which department that I wanted to go to when being laid off at London, Springfield caught my eye due to the different opportunities within the department. Before leaving London I was being trained to become the Officer who would organize and run the alcohol stings in the city. During the Safe Streets operation that was run in Springfield with the Ohio State Patrol I rode with the Ohio Investigative Unit and assisted with alcohol stings at multiple businesses throughout the city. Doing these different assignments got me interested in wanting to be a part of the drug unit.

Through my law enforcement career I would like to consider myself as a go getter type of officer whos always talking with people trying to get information and make good arrests. Due to the major drug problems within the city I would like to be one of the officers who can make a difference and make the city a safer place to live for the citizens.

I am dedicated to this department and think that I would be able to help make a difference if placed in the open position in the intelligence unit. Thanks for your consideration.

Respectfully Submitted,

Cell: [REDACTED]

# City of London

Auditor Office  
102 South Main Street  
London, Ohio 43140

*Auditor*

August 26, 2013

Springfield Police Department  
Attention: Anita  
130 North Fountain Av.  
Springfield, OH 45502

Dear Sir/Madam,

We have been asked by [REDACTED] to transfer his sick time balance to your department. The balance he is owed is 234.571 hours. You will find enclosed his resignation date and request for the transfer of hours.

If you have any questions, please contact my office.

Sincerely,



Kathleen Hensel  
City Auditor

Cc: file



# MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



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August 8, 2013

Chief Stephen Moody  
Springfield Police Department  
130 North Fountain Avenue  
Springfield, OH 45502-1186

Re: Update Training Evaluation for [REDACTED]

Dear Chief Moody:

**This letter shall serve as notice that no update training is required.**

This determination is based solely upon the information reported to the Commission, and does not relieve this officer or the appointing authority of any obligation to comply with the training requirements of O.A.C. 109:2-1-12. This determination does not relieve this officer of the annual firearms re-qualification and Continuing Professional Training requirements.

Should you have any questions or concerns regarding this determination, please feel free to contact me at the number provided below.

Sincerely,

Jill Cury  
Certification Officer  
Professional Standards Section

cc: Officer

JC/jw





**Mental Health & Recovery Board**  
of Clark, Greene & Madison Counties

*Help for Today. Hope for Tomorrow.*



The Mental Health & Recovery Board of Clark, Greene and Madison Counties  
certifies that



has completed the following program

## **CRISIS INTERVENTION TEAM TRAINING**

40 Hours

August 27 - 31, 2012

Kent Youngman, CEO



## 2022 AWARD OF EXCELLENCE NOMINATION FORM

Event Date: December 8, 2022

11:30 a.m. – 1:30 p.m. at

VILLA MILANO BANQUET and CONFERENCE CENTER

1630 Schrock Road, Columbus, OH 43229



Name of Nominee: 

Nominee's Agency Name: SPRINGFIELD POLICE DIVISION

Name/Agency of Person Nominating: CHIEF LEE E. GRAF

Nominator's Contact Information: Phone: 937-324-7720

Nominator's Email: lgraf@springfieldohio.gov

Professional relationship to Nominee:

☒ Supervisor  
☐ Work colleague  
☐ Other (explain) \_\_\_\_\_

Award Category: LAW ENFORCEMENT / JUDGE / PROSECUTOR

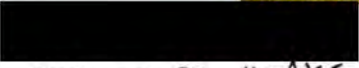

(Please circle the appropriate category)

YOUR REMARKS ARE IMPORTANT! Please describe the nominee's achievements, and reasons why you nominated this person in the box below. Please be as specific as possible in describing this person's achievements and how he/she has contributed in helping to stop impaired driving.

The selection committee will use this information to select the Award of Excellence recipients.

**REMARKS ARE REQUIRED – PLEASE DESCRIBE ACHIEVEMENTS, REASONS FOR NOMINATION**

Please use additional sheets of paper as needed

 IS A DEDICATED PUBLIC SERVANT WHO STRIVES TO MAKE OUR STREETS SAFER.   
HAS MADE THE MOST OVI ARRESTS IN THE SPRINGFIELD POLICE DIVISION OVER THE LAST 2 YEARS.



PLEASE RETURN BY email, fax or snail-mail **NOT LATER THAN November 11, 2022:**

EMAIL to: [Rachel.Babich@madd.org](mailto:Rachel.Babich@madd.org) or mail to MADD Ohio

102 W. Main Street, P.O. Box 935, New Albany, OH 43054

For any Questions: Please call Rachel Babich @ MADD

(614)885.6233.





November 11, 2022

Chief Lee Graf  
Springfield Police Division  
130 N. Fountain Avenue  
Springfield, OH 45502

Dear Chief Graf:

Congratulations! Based off of the information that you provided to us concerning the many outstanding results and achievements accomplished by [REDACTED], it is our privilege to announce that [REDACTED] has been selected among many nominees as a recipient of this year's MADD Award of Excellence. The Award of Excellence will be presented in category to selected officers, judges, prosecutors, and prominent citizens in Ohio who have made a significant impact in their respective communities to stop impaired driving.

Because the person you nominated was selected as a recipient of this prestigious award, you are also cordially invited to attend the Awards Luncheon as our guest. The Awards Luncheon Ceremony will be held at Villa Milano Banquet & Conference Center, 1630 Schrock Road, Columbus, OH 43229, on Thursday, December 8, 2022, from 11:30 a.m. to 1:30 p.m.

Please R.S.V.P. not later than **November 25, 2022** to let us know if you will be attending, by emailing the enclosed form to [Doug.scoles@madd.org](mailto:Doug.scoles@madd.org), or by mailing to:

**MADD Ohio**  
**102 W. Main Street, P.O. Box 935, New Albany, OH 43054**

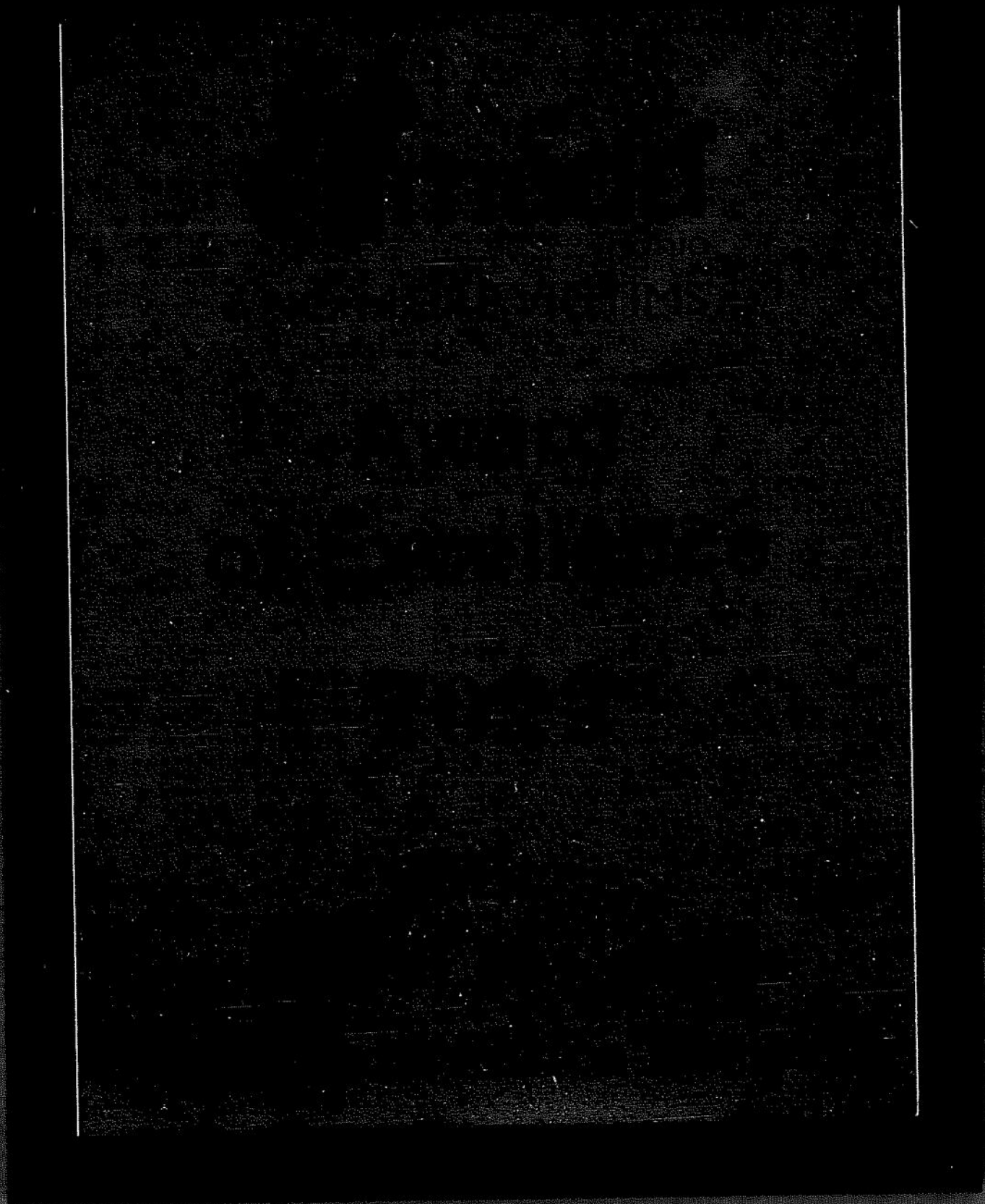
I want to welcome and encouraged you to invite any additional personal guests, spouses, department heads, co-workers or community leaders who would like to come and share in their congratulations to [REDACTED] at this prestigious event. We want to make this a big event – one that reflects the level of service and achievement that the award recipients have demonstrated in their service. (There is a cost of \$30 per person for all *additional* guests that is necessary to help us cover the cost of additional meals). There is no cost to [REDACTED] and you. Again, please R.S.V.P. not later than by November 25. We hope to see you at the event!

Sincerely,

Doug Scoles  
Executive Director  
MADD Ohio

Cc: Mayor Warren R. Copeland  
Cpt. Allison Elliott







# ***Cultivating Diversity, Equity, and Inclusion in the Workplace***

Certificate of Completion



*This Certificate is in recognition of the completion of the Clark State Workforce  
4 Hour Cultivating Diversity, Equity, and Inclusion in the Workplace Training Course.*

10/4/2022

A handwritten signature in black ink, appearing to read "Gerritt Smith".

---

**Gerritt Smith**  
*Director, Workforce and Business Solutions*



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

04/18/2017

### EVENT

DATE/TIME OF EVENT 04/17/2017 2356HRS	LOCATION OF OCCURRENCE: 826 KENTON ST
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) FLOURNOY, ROGER, L		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 826 KENTON ST		Phone #				
DOB 08/30/1978	SSN [REDACTED]	AGE 38	RACE B	SEX M	HEIGHT 5-08	WEIGHT 140	HAIR COLOR BLA	EYE COLOR BRO

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input checked="" type="checkbox"/> 2-REPORTED TO BE ARMED	<input checked="" type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input checked="" type="checkbox"/> 5-HISTORY OF VIOLENCE	<input type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input checked="" type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input checked="" type="checkbox"/> 13-ALCOHOL (under influence of)	<input type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
---	---	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input type="checkbox"/> 1-FOOT PURSUIT	<input type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input checked="" type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input checked="" type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input checked="" type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input type="checkbox"/> 5- CEW /LASER PAINTING	<input type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

DATE  
04/18/2017

SUPERVISOR  
Lt. Michael Kranz

DATE  
4/18/17





# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

04/18/2017

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

PARR, MATT OFFICER

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.





# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

06/17/2017

### EVENT

DATE/TIME OF EVENT 06/17/2017	LOCATION OF OCCURRENCE: S. CENTER ST. @ W. SOUTHERN AV.
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) LAY, SHAROD, L		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 3091 CASPER ST TROTWOOD, OH 45416		Phone # NONE				
DOB	SSN	AGE 35	RACE B	SEX M	HEIGHT 6-02	WEIGHT 198	HAIR COLOR BLA	EYE COLOR BRO

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input checked="" type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input checked="" type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input checked="" type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input checked="" type="checkbox"/> 13-ALCOHOL (under influence of)	<input type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input type="checkbox"/> 1-DEFEND SELF	<input type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
--	---	---	---	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input type="checkbox"/> 1-FOOT PURSUIT	<input checked="" type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input checked="" type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input checked="" type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input checked="" type="checkbox"/> 5- CEW /LASER PAINTING	<input checked="" type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

DATE  
06/17/2017

SUPERVISOR  
SGT J A MONTICO

DATE  
06-17-2017



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

06/17/2017

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

FLEMING, OFFICER

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On June 17, 2017 at 0111hrs Officer Fleming and I initiated a traffic stop on S. Center at W. Southern Av. on a red Chrysler 300 for failing to signal. When approaching the vehicle the driver provided an I.D. that was not him. When I questioned him about his date of birth he kept advising that it was on the I.D. He stated that he was slow and didn't know his date of birth. I then asked his name. He advised again that it was on his I.D. I then told him that he was going to be placed in handcuffs until officers could identify who he was. When grabbing onto his left arm he began pulling away while backing up. He then swung his arms down and got loose and began running south down S. Center St. Immediately after he got loose I pulled out my taser and attempted to deploy it. The battery must have been loose due to it had to cycle the startup. Once it cycled, it was deployed but did not make contact with Mr. Lay. Both officers continued the foot chase until he fell down in the road in front of the substation on W. Johnny Lytle where he was placed in custody without further incident. Once in custody he identified himself as Sharod Lay.



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE CEW REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

CEW SERIAL #

AIR CARTRIDGE EVENT 1 OF 1 RANGE: 20FT PROPERTY RECEIPT #- 6732

CARTRIDGE SERIAL #-

**C4101DX81**

NUMBER OF CYCLES-

**1**

PENETRATION

MISS ☒

CLOTHING ☐

SKIN ☐

CEW USE WAS EFFECTIVE?

YES ☐

NO ☒

DEPLOYMENT SUCCESSFUL?

YES ☒

NO ☐

AIR CARTRIDGE EVENT \_\_\_\_\_ OF \_\_\_\_\_ RANGE: \_\_\_\_\_ PROPERTY RECEIPT #- \_\_\_\_\_

CARTRIDGE SERIAL #-

NUMBER OF CYCLES-

PENETRATION

MISS ☐

CLOTHING ☐

SKIN ☐

CEW USE WAS EFFECTIVE?

YES ☐

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☐

NO ☐

DRIVE STUN EVENT \_\_\_\_\_ OF \_\_\_\_\_

NUMBER OF APPLICATIONS-

NUMBER OF CYCLES-

COUNTER PRESSURE USED

YES ☐

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☐

NO ☐

At Risk Person?

YES ☐

NO ☒

### IMPACT DIAGRAM

MARK PROBE HITS ON THE DIAGRAM WITH- **X**

MARK DRIVE STUN HITS ON THE DIAGRAM WITH- **#**

Deadly Force Authorized? YES ☐ NO ☒

Type of Clothing? **T-SHIRT, JEANS**

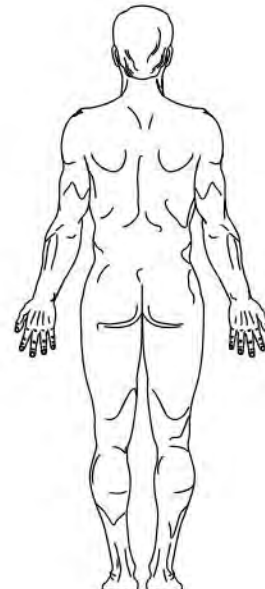
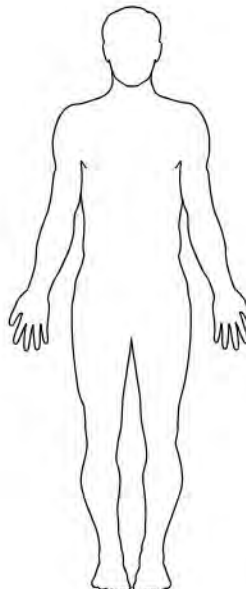
Terrain Type: **FLAT PAVEMENT**

Flat, hill, curb, grass, pavement, etc.

Location of Missed Probes? **UNKNOWN**

Mark on diagram with an X and describe anything struck

Type of Crime/Incident? **RESISTING ARREST**



Attention: Attach a copy of the CEW download report.

PROBE REMOVAL NONE ☒ SUBJECT ☐ OFFICER ☐ MEDIC ☐ HOSPITAL STAFF ☐ OTHER ☐

SUBJECT INJURY NONE ☒ MINOR ☐ SERIOUS ☐

SUBJECT UNDER THE INFLUENCE? YES ☒ NO ☐

IF YES, DESCRIBE- **ALCOHOL**

DEPLOYING OFFICER-

SUPERVISOR-

**SGT J A MONTICO**



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

02/24/2021

### EVENT

DATE/TIME OF EVENT 02/24/2021 0258HRS	LOCATION OF OCCURRENCE: 2 W. LEFFEL LN. SPRINGFIELD, OH 45506
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) DEPRIEST, ANTONIO, M		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 503 Harrison St. Springfield, OH 45505		Phone #				
DOB [REDACTED]	GITS ONLY	AGE 21	RACE W	SEX M	HEIGHT 5-09	WEIGHT 140	HAIR COLOR BLK	EYE COLOR BRO

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input checked="" type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input checked="" type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input checked="" type="checkbox"/> 3- ASSAULTED OFFICER	<input checked="" type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input checked="" type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input checked="" type="checkbox"/> 13-ALCOHOL (under influence of)	<input type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input checked="" type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
---	--	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input type="checkbox"/> 1-FOOT PURSUIT	<input checked="" type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input checked="" type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input checked="" type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input type="checkbox"/> 3- TAKEDOWNS	<input checked="" type="checkbox"/> 4- OC SPRAY	<input type="checkbox"/> 5- CEW /LASER PAINTING	<input type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

DATE  
02/24/2021

SUPERVISOR  
Sgt. Deric Nichols

DATE  
02/24/2021



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

02/24/2021

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

CLARK, JOSH

130 N. FOUNTAIN AVE.

(937)324-7685

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

KITCHEN, KRIS

130 N. FOUNTAIN AVE.

(937)324-7685

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

CHASE, THOMAS

130 N. FOUNTAIN AVE.

(937)324-7685

### NARRATIVE

The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.





# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE CEW REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

CEW SERIAL #

AIR CARTRIDGE EVENT 1 OF 2 RANGE: 10 PROPERTY RECEIPT #- 23578

CARTRIDGE SERIAL #-

**C6207EWTV**

NUMBER OF CYCLES-

**1**

PENETRATION

MISS ☒

CLOTHING ☐

SKIN ☐

CEW USE WAS EFFECTIVE?

YES ☐

NO ☒

DEPLOYMENT SUCCESSFUL?

YES ☐

NO ☒

AIR CARTRIDGE EVENT 2 OF 2 RANGE: 10 PROPERTY RECEIPT #- 23578

CARTRIDGE SERIAL #-

**C6207EWVC**

NUMBER OF CYCLES-

**1**

PENETRATION

MISS ☒

CLOTHING ☐

SKIN ☐

CEW USE WAS EFFECTIVE?

YES ☐

NO ☒

DEPLOYMENT SUCCESSFUL?

YES ☐

NO ☒

DRIVE STUN EVENT      OF     

NUMBER OF APPLICATIONS-

NUMBER OF CYCLES-

COUNTER PRESSURE USED

YES ☐

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☐

NO ☐

At Risk Person?

YES ☐

NO ☒

### IMPACT DIAGRAM

MARK PROBE HITS ON THE DIAGRAM WITH- **X**

MARK DRIVE STUN HITS ON THE DIAGRAM WITH- **#**

Deadly Force Authorized? YES ☒ NO ☐

Type of Clothing? CAMO SWEAT PANTS

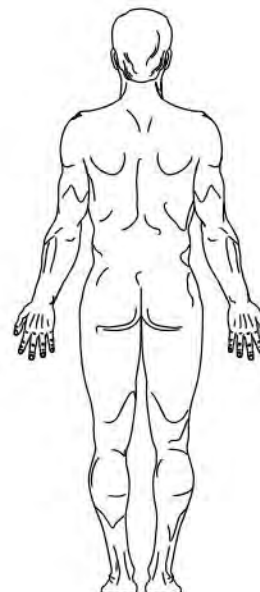
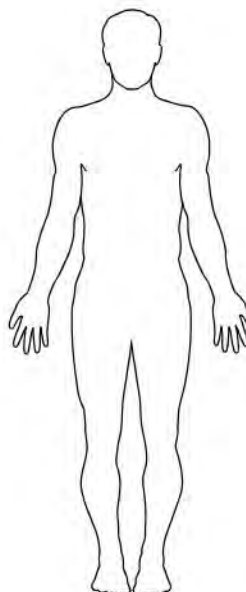
Terrain Type: Pavement

Flat, hill, curb, grass, pavement, etc.

Location of Missed Probes? Street

Mark on diagram with an X and describe anything struck

Type of Crime/Incident? Domestic, Fel. Assault



Attention: Attach a copy of the CEW download report.

PROBE REMOVAL NONE ☒ SUBJECT ☐ OFFICER ☐ MEDIC ☐ HOSPITAL STAFF ☐ OTHER ☐

SUBJECT INJURY NONE ☒ MINOR ☐ SERIOUS ☐

SUBJECT UNDER THE INFLUENCE? YES ☒ NO ☐

IF YES, DESCRIBE- Methamphetamine

DEPLOYING OFFICER-

SUPERVISOR-

**Sgt. Derek Smith**



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

04-24-2021

### EVENT

DATE/TIME OF EVENT 04-24-2021 @ 345	LOCATION OF OCCURRENCE: 820 South Wittenberg Ave
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input checked="" type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) Gamble, Anthony L. Jr.	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) At Large	Phone # NA					
DOB [REDACTED] DIGITS ONLY	AGE 24	RACE B	SEX M	HEIGHT 509	WEIGHT 152	HAIR COLOR Black	EYE COLOR Brown

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input checked="" type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input type="checkbox"/> NONE <input type="checkbox"/> EMS <input checked="" type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input checked="" type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input checked="" type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input checked="" type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input checked="" type="checkbox"/> 4-ASSAULTED CITIZEN
<input checked="" type="checkbox"/> 5-HISTORY OF VIOLENCE	<input checked="" type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input checked="" type="checkbox"/> 7-FAILURE TO COMPLY	<input checked="" type="checkbox"/> 8-WEAPON TYPE <b>KNIVES</b>
<input type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input checked="" type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input checked="" type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input checked="" type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
---	--	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input checked="" type="checkbox"/> 1-FOOT PURSUIT	<input type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input checked="" type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input checked="" type="checkbox"/> 5- CEW /LASER PAINTING	<input checked="" type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input checked="" type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER

DATE

04-24-2021

SUPERVISOR

Sergeant Derek Smith

DATE

04/24/21



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

04-24-2021

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

Fisher, Officer C.

130 N. Fountain Ave, Springfield, OH 45502

937-324-7685

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

Kitchen, Officer K.

130 N. Fountain Ave, Springfield, OH 45502

937-324-7685

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On April 24, 2021 at 0259hrs Officers Fisher and I were dispatched to 119 Dibert Ave. While enroute dispatch advised that Anthony Gamble Jr. was at this location and had an active warrant through Madison County. While on scene we were able to observe Mr. Gamble Jr. inside the residence arguing with his mother and what officers suspected was possibly a physical altercation due to banging coming from inside the house. When attempting to make entry the door was locked and another male at this location attempted to locate his key to let officers in. I was standing at a side door just in case he ran out. While standing at the door Mr. Gamble Jr. opened the upstairs window above my location and stuck two knives out the window. He stated he was going to shoot officers and advised he had a gun while holding his other hand inside the residence so officers couldn't see it. He then came downstairs and out the front door. While at the front door he was arguing and fighting with his mother, Tashia Stringfellow and Anthony Gamble Sr. He would push them back and swing the knives around towards them while advising he would kill them. Officers attempted to get family out of the way but they would not listen. Mr. Gamble Jr. and Sr. both then went into the front yard and were standing chest to chest. Mr. Gamble Jr. advised Sr. he would kill him and then swung at his face with the knife striking him in the chin / upper chest area. At that time I pulled out my firearm and pointed it at Mr. Gamble Jr. He then ended up running east into an adjoining back yard. Officers followed while he continued to advance at officers while making threats and telling officers the were going to have to kill him. He was then able to run south out of containment where a foot pursuit ensued. He was chased by several officers for several blocks. Officer Fisher and I were able to cut him off in van 38 on W. Liberty at S. Wittenberg Ave. He was advised to stop while I painted him with the laser from the taser. He then took off running north while holding the two knives and yelling at officers. I then deployed both taser cartridges in his direction and possibly missed all four. Officer Kitchen also deployed both his cartridges. On his second he made a good connection. Officers were then able to place him in custody without further incident. He had three probes in his back that I removed. Its unknown if any of the probes in his back were from my taser or not.

Mr. Gamble Jr. was charged with two counts of felony assault, two counts of DV, resisting arrest, obstructing official business, and escape (after he fled from SRMC/ see other use of force). Mr. Gamble Jr. was ultimately placed in jail.



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT:

07/22/2021

### EVENT

DATE/TIME OF EVENT 07/22/2021 0841hrs	LOCATION OF OCCURRENCE: 2418 E. MAIN ST SPRINGFIELD, OH 45503
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) <b>CONLEY, DUSTAN, DEAN</b>		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 910 S. LIMESTONE ST SPFLD, OH 45505		Phone #				
DOB	SSN	AGE 26	RACE W	SEX M	HEIGHT 5-09	WEIGHT 170	HAIR COLOR GRN	EYE COLOR BRO

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input checked="" type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input checked="" type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input type="checkbox"/> 1-DEFEND SELF	<input type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
--	---	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input checked="" type="checkbox"/> 1-FOOT PURSUIT	<input checked="" type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input checked="" type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input type="checkbox"/> 5- CEW /LASER PAINTING	<input type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER

DATE

07/22/2021

SUPERVISOR

Sgt. Deric Nichols

DATE

08/20/2021

**SPRINGFIELD POLICE DIVISION****STATEMENT OF FORCE  
NARRATIVE**130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT:

**07/22/2021****WITNESS #1**

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

**BASS, VERN****130 N. FOUNTAIN AVE. SPFLD, OH 45502****WITNESS #2**

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

**Water, Stevie****2418 E. Main St. Spfld, Oh 45503****WITNESS #3**

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

**NARRATIVE**

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On July 22, 2021 at 0832hrs Officer Bass and I were dispatched to 2418 E. Main St. on report of an overdose. Dispatch advised the male that was overdosing was Dustan Conley and he was not breathing. I responded emergency to the scene and was the first to arrive. Once on scene I located Mr. Conley in room 112 on the floor breathing but non-responsive. His girlfriend, Stevie Water, advised she had already given him three doses of Narcan. Medics then arrived on scene and Mr. Conley began to start regaining consciousness but was just looking around the room with a blank stare and was unable to answer any questions. Medics were able to sit him up but he was still going in and out of consciousness and began to slump over. Medics then grabbed his arm to help him up for which he was able to stand but then he laid down on the bed. He was then advised that he needed to go out into the squad to be taken to the hospital. At this point he started becoming upset and arguing with medics saying he was ok as his head would start to slump down and he would start to lose consciousness again. He was then advised again he needed to go out to the squad for which he sat up, got off the bed, and put his shoes on. Once getting outside he took off running through the parking lot heading south. Due to him going in and out of consciousness several times and him not being able to answer basic questions like his name or date of birth, I pursued him on foot to get him the medical help that he needed. I was able to catch him after about twenty feet where I wrapped my arms around him and used my body weight to take him to the ground. Once on the ground he kept trying to push himself up to get away from me. At this time Officer Bass was able to come over and put a cuff on one of his arms. I then began pushing the side of his head into the ground so I could grab his other arm and pull it out from underneath of him. While doing this he was still pulling away and attempting to get up. He was able to partially push himself up, so I wrapped my arms around him and pushed forward to knock his arms out from under him all while giving commands to place his hands behind his back and stop resisting. Several firefighters and medics then came over and assisted with pulling his other arm behind his back so Officer Bass could place the second cuff on his other hand. While attempting to gain control of Mr. Conley, dispatch advised he had several outstanding active warrants. Once in custody he was placed on the medic cot and given 250mg of Ketamine to calm him down due to he was kicking at medics and attempting to bite me. He was then transported to the hospital.



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

11/09/2021

### EVENT

DATE/TIME OF EVENT 11/09/2021 0945HRS	LOCATION OF OCCURRENCE: 1951 WILKES DR SPRINGFIELD, OHIO
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) <b>CONLEY, DUSTAN, D</b>		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 1951 WILKES DR APT G SPFLD, OH 45503		Phone #				
DOB	SSN	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
		26	W	M	509	160	BRO	GRN

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input checked="" type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input checked="" type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input type="checkbox"/> 1-DEFEND SELF	<input type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
--	---	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input checked="" type="checkbox"/> 1-FOOT PURSUIT	<input type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input checked="" type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input checked="" type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input checked="" type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input checked="" type="checkbox"/> 5- CEW /LASER PAINTING	<input type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER	DATE	SUPERVISOR	DATE
	11/09/2021	Sgt. Deric Nichols	11/10/2021



**SPRINGFIELD POLICE DIVISION****STATEMENT OF FORCE  
NARRATIVE**130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

**11/09/2021****WITNESS #1**

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

**MATT, COLLIN, P****130 N FOUNTAIN AVE****(937)324-7685****WITNESS #2**

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

**WITNESS #3**

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

**NARRATIVE**

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On November 9, 2021 at 0945hrs Officer Matt and I were leaving Ronez when Officer Matt noticed a green GMC Jimmy parked next to 1951 Wilkes Dr. Officers had been advised in roll call earlier in the day in reference to a green GMC Jimmy being reported stolen. Officer Matt pulled the cruiser in front of the vehicle so officers could investigate to see if this was the stolen GMC. When pulling in front of the vehicle the driver, Dustan Conley, had been laying down and popped up. He immediately got out of the vehicle along with his passenger. Officer Matt and I both exited our vehicle and gave commands for both occupants to stay in the car. They did not comply. Mr. Conley then took off running to the south. He was given several commands to stop. I was able to catch Mr. Conley after a short foot chase. When catching him I wrapped my arms around his body and tackled him to the ground. Once on the ground he continued to try to reach towards his waistband with both arms. I gave more commands for him to place his hands behind his back. He then began trying to push himself up with both arms. At this time I advised him if he did not place his hands behind his back he was going to be tased. He continued to try to get up while I would pull his arms out preventing him from standing. After being told several times to place his hands behind his back and not complying, I then removed my taser from the holster and placed it in the middle of his back while telling him again he was going to get tased. He pushed off the ground a few more times before placing his hands behind his back. When I would remove my hand to grab my handcuffs he would try to roll over. Due to this, I held Mr. Conley at taser point while we were on the ground to wait on another officer to assist. Shortly after Officer Matt was able to come over and assist with placing Mr. Conley in handcuffs.

Dustan Conley was arrested and placed in jail. He is charged with Receiving Stolen Property, Obstructing Official Business, and Resisting Arrest. He has a court time on 11/10/2021 at 1030hrs.



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

02/14/2022

### EVENT

DATE/TIME OF EVENT 02/14/2022 1440 hours	LOCATION OF OCCURRENCE: 1020 SUMMER ST
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) WELLS, DEREAL, LAMONT	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) AT LARGE	Phone # NONE						
DOB [REDACTED]	SSN [REDACTED]	AGE 38	RACE B	SEX M	HEIGHT 6-04	WEIGHT 250	HAIR COLOR BLA	EYE COLOR BRO

### INJURIES

OFFICER	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> BRUISES <input checked="" type="checkbox"/> ABRASIONS <input checked="" type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input checked="" type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
---	---	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input checked="" type="checkbox"/> 1-FOOT PURSUIT	<input type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input checked="" type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input checked="" type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input type="checkbox"/> 5- CEW /LASER PAINTING	<input checked="" type="checkbox"/> 6- CEW (attach CEW use report)
<input checked="" type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER

DATE

02/14/2022

SUPERVISOR

Sgt. Deric Nichols

DATE

02/15/2022



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT:

02/14/2022

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On February 14, 2022 I was dispatched to the area of 1166 Buckeye St. on report of Dereal Wells being in the area. Dispatch advised he had a warrant for Protection Order Violation and Domestic Violence (F4). While checking the area I first observed Mr. Wells on Elder St. at Buckeye St. I was on Selma and by the time I got turned around in my cruiser to go up after him he had already ran. After several minutes of looking for him I saw him in the area of Elder St. north of Summer St. I began chasing him and telling him to stop several times. He continued to run. I was able to catch up to him at one point and I grabbed onto the leather trench coat he was wearing. He was able to pull away by spinning around which broke my grip from his jacket. Due to his large size, active resistance, and having a felony Domestic Violence warrant I deployed my taser which did not connect. He continued to run away by running around a vehicle parked in an alley. When I rounded the back I fell down injuring my knee. While on the ground I deployed the second taser cartridge. After getting hit with the second taser cartridge he fell to the ground but immediately got back up and continued to run. I don't know if it went through his coat for a second or if he slipped on the ice as well. I continued to chase him on foot until I lost him in the back yard of 1020 Summer St. When back tracking through the area I lost him at, I located him hiding under a bush. I had him crawl out. While crawling out he was given orders to lay on his stomach for which he did not comply and tried to stand up. I then laid on his back with my knees to his side. I was using my body weight to attempt to make him go to the ground. While on his back he would not go to the ground while I was continuing to give verbal commands. He was actively trying to get me off his back to stand up to get away again. At that point I did two knee strikes to his right side area which were effective. While performing the knee strikes I grabbed onto his right arm and pulled it out from under him. He then fell onto his stomach while holding his arm under him. He had to be given several more commands to get his arm out from under him for which he finally did. I was then able to place him in custody with no further incident. He was placed in the Clark County Jail for his warrants of Protection Order Violation (M1) and Domestic Violence (F4). Photos were taken of the probes in Mr. Wells' jacket as well as my knee by Officer Crone.





# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

04/29/2022

### EVENT

DATE/TIME OF EVENT 04/28/2022 1258hrs	LOCATION OF OCCURRENCE: 2100 W. MAIN ST SPRINGFIELD OH 45506
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) LYLES, PHILLIP, V III	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 4265 ROBERTSON BLVD. INDIANAPOLIS, IN 46228	Phone # None						
DOB [REDACTED]	SSN [REDACTED]	AGE 25	RACE B	SEX M	HEIGHT 5-09	WEIGHT 150	HAIR COLOR BLA	EYE COLOR BRO

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input checked="" type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input checked="" type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input checked="" type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input checked="" type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
---	---	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input checked="" type="checkbox"/> 1-FOOT PURSUIT	<input type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input checked="" type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input checked="" type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input checked="" type="checkbox"/> 5- CEW /LASER PAINTING	<input checked="" type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

DATE  
04/29/2022

SUPERVISOR  
SGT. CASSIDY CANTRELL

DATE  
4/30/2022



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

04/29/2022

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On March 29, 2022 at 1258hrs I was on patrol in the area of 2207 W. Main St. (Relax Inn). I had driven into the parking lot on the east side of the building due to seeing a vehicle parked by Kevin Johnson's (Known drug dealer) room that I had not seen out there before. When driving behind the vehicle the driver, Phillip Lyles, exited the driver seat and walked towards Kevin Johnson's room and stood in the open doorway. I was able to read the plate and after I had turned around to go back by I put the plate into the computer. When checking it through LEADS it came back with a stolen hit and the hit matched the vehicle. I then turned back around to get behind the vehicle. As I was turning around Mr. Lyles began walking to the north through the parking lot. I then exited my vehicle and started walking towards him. I gave him several commands to stop and come to me for which he just stated he didn't do anything. I then got close enough to where I tried to grab onto him. Once grabbing for him he pulled away and took off running heading east. After a short foot pursuit he had run into the back yard of 2100 W. Main St. that was fenced in with a privacy fence. While in the back yard he tried to get over the fence in several different places but he was unable to. He then came back towards the front where I was standing blocking the only exit. As he was walking towards me I pulled out my taser and pointed it at him. He was told that he was under arrest and to get on the ground and place his hands behind his back. He continued to walk towards me while I gave verbal commands for him to stop. He was saying he didn't do anything. Once he got approximately ten feet from me and was continuing at me I deployed the taser at him. The taser made a good connection and Mr. Lyles fell to the ground. Once the five seconds was up Mr. Lyles was given verbal commands to place his hands behind his back for which he did. Handcuffs were placed on him and he was taken into custody without further incident.

The only injury Mr. Lyles sustained was the small holes from the taser probes. He was checked out by medics on scene after the probes were removed. Photos were taken of the probe location by Off. Lish.





# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE CEW REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

CEW SERIAL #

AIR CARTRIDGE EVENT 1 OF 1 RANGE: 10FT PROPERTY RECEIPT #- 26859

CARTRIDGE SERIAL #-

**C6207T0M1**

NUMBER OF CYCLES-

**1**

PENETRATION

MISS ☐

CLOTHING ☒

SKIN ☒

CEW USE WAS EFFECTIVE?

YES ☒

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☒

NO ☐

AIR CARTRIDGE EVENT \_\_\_\_\_ OF \_\_\_\_\_ RANGE: \_\_\_\_\_ PROPERTY RECEIPT #- \_\_\_\_\_

CARTRIDGE SERIAL #-

NUMBER OF CYCLES-

PENETRATION

MISS ☐

CLOTHING ☐

SKIN ☐

CEW USE WAS EFFECTIVE?

YES ☐

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☐

NO ☐

DRIVE STUN EVENT \_\_\_\_\_ OF \_\_\_\_\_

NUMBER OF APPLICATIONS-

NUMBER OF CYCLES-

COUNTER PRESSURE USED

YES ☐

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☐

NO ☐

At Risk Person? YES ☐

NO ☒

### IMPACT DIAGRAM

MARK PROBE HITS ON THE DIAGRAM WITH- **X**

MARK DRIVE STUN HITS ON THE DIAGRAM WITH- **#**

Deadly Force Authorized? YES ☐

NO ☒

Type of Clothing? T- SHIRT, SOFT JACKET

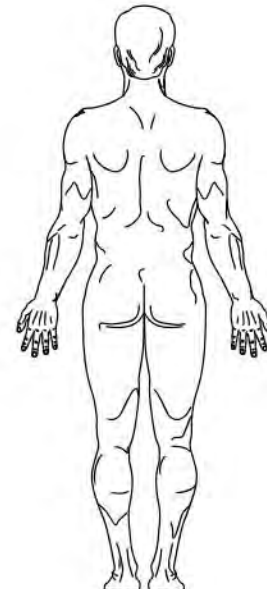
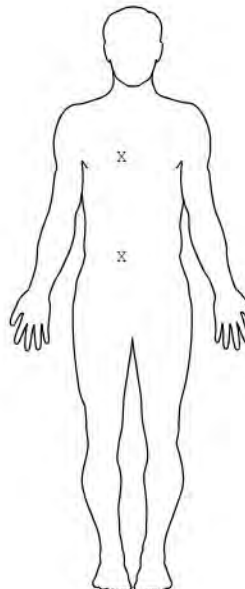
Terrain Type: PAVEMENT

Flat, hill, curb, grass, pavement, etc.

Location of Missed Probes? N/A

Mark on diagram with an X and describe anything struck

Type of Crime/Incident? STOLEN VEHICLE, FOOT PURSUIT



Attention: Attach a copy of the CEW download report.

PROBE REMOVAL NONE ☐ SUBJECT ☐ OFFICER ☒ MEDIC ☐ HOSPITAL STAFF ☐ OTHER ☐

SUBJECT INJURY NONE ☐ MINOR ☒ SERIOUS ☐

SUBJECT UNDER THE INFLUENCE? YES ☐ NO ☒ IF YES, DESCRIBE- \_\_\_\_\_

DEPLOYING OFFICER-

SUPERVISOR-

**Sgt. Cassidy Cantrell**





# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

7/6/22

### EVENT

DATE/TIME OF EVENT 07/06/22 0845	LOCATION OF OCCURRENCE: 121 S. Yellow Springs St
WEATHER CONDITIONS:	<input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) MCMAHON, TIMOTHY LEON	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 607 S LOWRY AV	Phone # NONE						
DOB [REDACTED]	ISSN [REDACTED]	AGE 42	RACE B	SEX M	HEIGHT 507	WEIGHT 130	HAIR COLOR BLK	EYE COLOR BRO

### INJURIES

OFFICER	<input type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input checked="" type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input type="checkbox"/> NONE <input type="checkbox"/> EMS <input checked="" type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input checked="" type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input checked="" type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input checked="" type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input type="checkbox"/> 1-DEFEND SELF	<input type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
--	---	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input type="checkbox"/> 1-FOOT PURSUIT	<input type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input checked="" type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input checked="" type="checkbox"/> 8-EFFECTING ARREST	<input checked="" type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input checked="" type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input type="checkbox"/> 5- CEW /LASER PAINTING	<input type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER

DATE

7/6/22

SUPERVISOR

Sgt. Cassidy Cantrell

DATE

7/6/22



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

7/6/22

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

Cantrell, Sgt. Cassidy

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

Rager, George

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On July 6, 2022 at 0838hrs I was dispatched to attempt to assist George Rager with recovering his stolen bicycle from a male. They were located to the rear of 121 S. Yellow Springs St. The suspect, Timothy McMahon, advised that he had given Mr. Rager his bike back and nothing else needed to happen. He was asked for his ID due to potentially having R.S.P. charges. When checking him through dispatch it was determined he had three outstanding warrants through Clark County for Criminal Trespassing. He was then informed he was under arrest for outstanding warrants while I grabbed onto his right arm. Once grabbing his arm he yelled he didn't have warrants and started pulling away. I was able to pull him back and wrap my arms around him while attempting to turn him around because he was facing me. He was given multiple commands to stop for which he stated "No." I pushed him into the side of Mr. Rager's vehicle in order to attempt to gain control but he was able to push away. I continued to have a hold of him and then pushed him into the side of cruiser 4. At this time his friends that were in the area were yelling and coming over. Once seeing Sergeant Cantrell's cruiser I leg swept Mr. McMahon and tackled him to the ground. Once on the ground I used my body weight to hold him down while he continued to try to push me off. He was given several commands to turn over for which he did after a short struggle. Once turned over he continued to try to push himself up. Once his friends told him to put his hands behind back he finally complied and was placed under arrest. He was charged with Obstructing Official Business and Resisting Arrest.

I sustained an injury to my right hand/ thumb and multiple scratches to my arms and hands during the struggle to get him into custody. The struggle and takedown was captured on Sgt. Cantrell's cruiser camera.



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

07/20/2022

### EVENT

DATE/TIME OF EVENT 07/20/2022 1239hrs	LOCATION OF OCCURRENCE: 1608 W. PLEASANT ST.
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) ADKINS, BRADLEY		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 1608 W. PLEASANT ST., SPRINGFIELD, OH 45506		Phone #				
DOB	SSN	AGE 41	RACE W	SEX M	HEIGHT 5-10	WEIGHT 150	HAIR COLOR BRO	EYE COLOR BRO

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input checked="" type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input checked="" type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input checked="" type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input checked="" type="checkbox"/> 2-DEFEND ANOTHER	<input type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input checked="" type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
---	--	--	--	--	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input type="checkbox"/> 1-FOOT PURSUIT	<input checked="" type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input checked="" type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input checked="" type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input type="checkbox"/> 5- CEW /LASER PAINTING	<input type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER

DATE

07/20/2022

SUPERVISOR

Sgt. Deric Nichols

DATE

07/21/2022



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

07/20/2022

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

LISH, OFFICER J.

130 N FOUNTAIN AVE. SPRINGFIELD, OH 45502

937-324-7685

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

MATT, OFFICER C.

130 N FOUNTAIN AVE. SPRINGFIELD, OH 45502

937-324-7685

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On July 20, 2022 at 1153hrs Officer Lish and I were dispatched to 1608 W. Pleasant St. on report of a male stating someone was possibly inside his house. When arriving on scene we spoke with Bradley Adkins. Mr. Adkins was explaining to officers how he has had people in the attic, crawl space, vents, and closet's of his residence. He recently unplugged his security system due to he thought it was being used watch him. He also had pulled the A/C vents out of the floor and stated people were shoving wires up through the floor to listen to him. Last night he stated he sat in the dark while putting blankets over the windows. He did this so he could see when people would shine lights up through the floor. He also advised his girlfriend, Amber Hudson, that he was going to kill himself. She was able to show me a text message that was from him around 0600hrs this morning stating this. He also advised he has been smoking crack and wanted to burn his house down. Medics were contacted as well as requesting another officer. Officer Matt and medics arrived on scene shortly after. When advising him he was going to the hospital he stated he was not. Officers attempted to keep him calm but he kept working himself up. I then grabbed onto his right arm while Officer Matt grabbed the left with Officer Lish. Mr. Adkins was grabbing for pool balls on the table while pulling away from and kicking officers. We continued to give him commands to stop for which he did not comply. I was able to use my right arm as a fulcrum by sticking between his body and his arm while grabbing his wrist with my left hand to pull his right arm behind him. At one point I almost lost grip due to he was sweaty and became slippery. I informed the other officers of this. Officer Lish then used his taser by drive stunning Mr. Adkins in the back. Once being tased he said "I'm done" and we were able to get the cuffs on him. He was then taken out to the medic where he continued to fight with officers. Medics had to dose him with Ketamine in the back of the squad prior to transport. Once at the hospital he was dosed again by medics before going inside. I filled out a pink slip and it was provided to hospital staff. Mr. Adkins was not injured during this interaction and neither were officers.



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

01/06/2023

### EVENT

DATE/TIME OF EVENT 01/06/2023 1017HRS	LOCATION OF OCCURRENCE: 100 MEDICAL CENTER DR SPRINGFIELD, OH 45504 (SRMC)
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) JOHNSON, JACOB, LEE	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 2047 S LIMESTONE ST SPFLED, OH 45505	Phone # [REDACTED]						
DOB [REDACTED]	ISSN [REDACTED]	AGE 37	RACE W	SEX M	HEIGHT 6-00	WEIGHT 180	HAIR COLOR BRO	EYE COLOR BLU

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input type="checkbox"/> NONE <input type="checkbox"/> EMS <input checked="" type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input checked="" type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input checked="" type="checkbox"/> 5-HISTORY OF VIOLENCE	<input type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input checked="" type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input checked="" type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input checked="" type="checkbox"/> 13-ALCOHOL (under influence of)	<input type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input checked="" type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
---	--	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input type="checkbox"/> 1-FOOT PURSUIT	<input checked="" type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input checked="" type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input checked="" type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input type="checkbox"/> 2- HANDS ON CONTROL	<input type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input checked="" type="checkbox"/> 5- CEW /LASER PAINTING	<input checked="" type="checkbox"/> 6- CEW (attach CEW use report)
<input checked="" type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER [REDACTED]	DATE 01/06/2023	SUPERVISOR Sgt. Derek Smith	DATE 01/13/2023
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# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

01/06/2023

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

MELVIN, OFFICER

130 N FOUNTAIN AV SPFLD, OH 45502

937-324-7685

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

CRONE, OFFICER

130 N FOUNTAIN AVE SPFLD, OH 45502

937-324-7685

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On January 6, 2023 at 1017hrs Officers Crone, Melvin, and I were at 100 Medical Center Dr (SRMC) standing by with a male we had in custody for Fel. Assault, Abduction, Fel. OVI, Resisting Arrest, Assault, and other misdemeanor charges. While at the hospital he was given sedation shots due to his erratic behavior. Dispatch had also previously advised officers he was a career criminal for Assault on an Officer. When going back to get a CT Scan his handcuffs had to be removed. Once the cuffs were removed and staff began assisting him over to the other bed it appeared as if he was faking being sedated and immediately started swinging at nursing staff and then jumped up off the bed. He then attempted to run out of the room but he was tackled to the ground by Officer Crone and hospital security. I gave him several commands to place his hands behind his back while he continued to try to get away from officers. As Officer Crone and hospital security struggled to get his arms I administered approximately five knee strikes to his left buttocks. The strikes were not effective. Officer Melvin then drive stunned Mr. Johnson which was also not effective. Due to him continuing to fight with Officers I then deployed my taser into his upper left back area from approximately one foot away. Due to two people on him attempting to place him in custody I had to be at a close range to avoid any officers getting hit. The initial probes were not effective due to being so close together so during the initial cycle I drive stunned him in the back of his upper left thigh. This was effective and he was placed under arrest shortly after without further incident. The taser probes and cartridge were submitted into evidence under property receipt #29886.



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE CEW REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

CEW SERIAL #

AIR CARTRIDGE EVENT 1 OF 1 RANGE: 1FT PROPERTY RECEIPT #- 29886

CARTRIDGE SERIAL #-

**C6207T3CW**

NUMBER OF CYCLES-

**1**

PENETRATION

MISS ☐

CLOTHING ☐

SKIN ☒

CEW USE WAS EFFECTIVE?

YES ☒

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☒

NO ☐

AIR CARTRIDGE EVENT      OF      RANGE:      PROPERTY RECEIPT #-     

CARTRIDGE SERIAL #-

NUMBER OF CYCLES-

PENETRATION

MISS ☐

CLOTHING ☐

SKIN ☐

CEW USE WAS EFFECTIVE?

YES ☐

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☐

NO ☐

DRIVE STUN EVENT 1 OF 1

NUMBER OF APPLICATIONS-

**1**

NUMBER OF CYCLES-

**1**

COUNTER PRESSURE USED

YES ☒

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☒

NO ☐

At Risk Person? YES ☐

NO ☒

### IMPACT DIAGRAM

MARK PROBE HITS ON THE DIAGRAM WITH- **X**

MARK DRIVE STUN HITS ON THE DIAGRAM WITH- **#**

Deadly Force Authorized? YES ☐ NO ☒

Type of Clothing? NO SHIRT, BLUE JEANS

Terrain Type: INSIDE HARD FLOOR

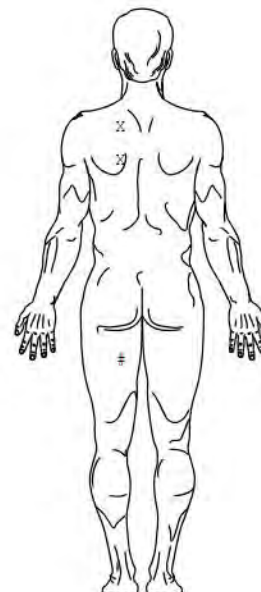
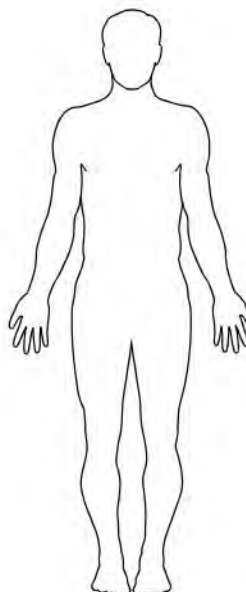
Flat, hill, curb, grass, pavement, etc.

Location of Missed Probes? N/A

Mark on diagram with an X and describe anything struck

Type of Crime/Incident? RESISTING, ABDUCTION, FEL. ASS.

Attention: Attach a copy of the CEW download report.



PROBE REMOVAL NONE ☐ SUBJECT ☐ OFFICER ☒ MEDIC ☐ HOSPITAL STAFF ☐ OTHER ☐

SUBJECT INJURY NONE ☒ MINOR ☐ SERIOUS ☐

SUBJECT UNDER THE INFLUENCE? YES ☒ NO ☐

IF YES, DESCRIBE- ALCOHOL

DEPLOYING OFFICER-

SUPERVISOR-

**Sgt. Derek Smith 1/13/23**





# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE CEW REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

CEW SERIAL #

AIR CARTRIDGE EVENT 1 OF 3 RANGE: 1FT PROPERTY RECEIPT #- 32767

CARTRIDGE SERIAL #-

**C6207RHOP**

NUMBER OF CYCLES-

**1**

PENETRATION

MISS ☐

CLOTHING ☐

SKIN ☒

CEW USE WAS EFFECTIVE?

YES ☐

NO ☒

DEPLOYMENT SUCCESSFUL?

YES ☒

NO ☐

AIR CARTRIDGE EVENT 2 OF 3 RANGE: 1FT PROPERTY RECEIPT #- 32767

CARTRIDGE SERIAL #-

**C6207EW35**

NUMBER OF CYCLES-

**1**

PENETRATION

MISS ☐

CLOTHING ☒

SKIN ☐

CEW USE WAS EFFECTIVE?

YES ☐

NO ☒

DEPLOYMENT SUCCESSFUL?

YES ☒

NO ☐

DRIVE STUN EVENT 3 OF 3

NUMBER OF APPLICATIONS-

**3**

NUMBER OF CYCLES-

**3**

COUNTER PRESSURE USED

YES ☒

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☒

NO ☐

At Risk Person? YES ☐

NO ☒

### IMPACT DIAGRAM

MARK PROBE HITS ON THE DIAGRAM WITH- **X**

MARK DRIVE STUN HITS ON THE DIAGRAM WITH- **#**

Deadly Force Authorized? YES ☐ NO ☒

Type of Clothing? NO SHIRT, SWEAT PANTS

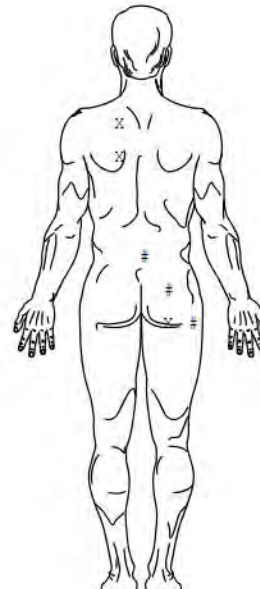
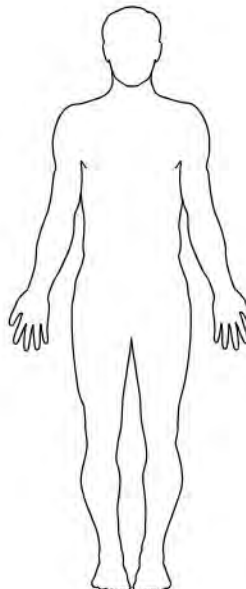
Terrain Type: FLAT GROUND ON GRASS

Flat, hill, curb, grass, pavement, etc.

Location of Missed Probes? UNKNOWN

Mark on diagram with an X and describe anything struck

Type of Crime/Incident? AGG. BURGLARY WITH FIREARM



Attention: Attach a copy of the CEW download report.

PROBE REMOVAL NONE ☐ SUBJECT ☐ OFFICER ☒ MEDIC ☐ HOSPITAL STAFF ☐ OTHER ☐

SUBJECT INJURY NONE ☐ MINOR ☒ SERIOUS ☐

SUBJECT UNDER THE INFLUENCE? YES ☐ NO ☒ IF YES, DESCRIBE-

DEPLOYING OFFICER-

SUPERVISOR-

**Sgt. B. Evans**



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

03/22/2024

### EVENT

DATE/TIME OF EVENT 03/22/2024 1115hrs	LOCATION OF OCCURRENCE: 722 SELMA RD
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) ROBERTSON, BRADLEY, J	ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 808 ELM ST SPFLD., OH 45505	Phone # [REDACTED]						
DOB [REDACTED]	SSN [REDACTED]	AGE 29	RACE W	SEX M	HEIGHT 5-08	WEIGHT 210	HAIR COLOR BRO	EYE COLOR BRO

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input checked="" type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input checked="" type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
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### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input type="checkbox"/> 1-FOOT PURSUIT	<input type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input type="checkbox"/> 8-EFFECTING ARREST	<input checked="" type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input type="checkbox"/> 2- HANDS ON CONTROL	<input type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input type="checkbox"/> 5- CEW /LASER PAINTING	<input type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input checked="" type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☐ I have reviewed this use of force report and it is complete.

REPORTING OFFICER

DATE

03/22/2024

SUPERVISOR

Lt. S. Larmee

DATE

03/22/2024



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

03/22/2024

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On March 22, 2024 at 1115hrs I initiated a traffic stop on a Oldsmobile Cutlass Sierra bearing the license plate HZF1804. The plate had been reported stolen through Springfield Police. The stop was made in the parking lot of 722 Selma Rd. as the vehicle was pulling into the back of the drive thru. When exiting my vehicle I observed the driver reaching towards his right waistband area. When seeing him reach I was unaware if he was attempting to get a firearm. I immediately pulled my firearm from my holster and pointed it at him will giving him commands not to move and to put his hands up. While doing this I continued to walk up to the vehicle while placing my gun back in the holster due to his compliance. He was then instructed to open the door for which he did. When getting him out, he continued to comply with my instructions for which he was placed in custody without further incident. Once in handcuffs he was placed in the back of the patrol vehicle. He was charged with Receiving Stolen Property for having the stolen license plate. This incident was captured on cruiser camera and body camera.



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

04/16/2024

### EVENT

DATE/TIME OF EVENT 04/16/2024 0824HRS	LOCATION OF OCCURRENCE: 1361 WOODWARD AV SPRINGFIELD, OH 45505
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input checked="" type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) COLQUITT, AKEEM, A		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 1361 WOODWARD AV SPFLD, OH 45505		Phone #				
DOB 06/16/1988	SSN [REDACTED]	AGE 35	RACE B	SEX M	HEIGHT 5-06	WEIGHT 155	HAIR COLOR BLK	EYE COLOR BRO

### INJURIES

OFFICER	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input checked="" type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> EMS <input checked="" type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input checked="" type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input checked="" type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input checked="" type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input checked="" type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
---	--	---	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input type="checkbox"/> 1-FOOT PURSUIT	<input checked="" type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input checked="" type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input checked="" type="checkbox"/> 5- CEW /LASER PAINTING	<input checked="" type="checkbox"/> 6- CEW (attach CEW use report)
<input checked="" type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER [REDACTED]	DATE 04/16/2024	SUPERVISOR Sgt. B. Evans	DATE 4/21/24
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# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

04/16/2024

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

HOLBROOK, OFFICER

130 N FOUNTAIN AV

937-324-7685

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

NANCE, NINA

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On April 16, 2024 at 0816hrs Officer Holbrook and I were dispatched to 1361 Woodward Ave. on report of an altercation. A male named Akeem Colquitt was at the scene and had outstanding warrants for Att. Abduction and Assault. After gathering information officers attempted to place him under arrest for the warrants. He was told by me that he was under arrest and to stand up and place his arms behind his back for which he did not. I grabbed onto his right arm while Officer Holbrook had his left arm. He tensed up and pulled his arms to his front while attempting to get away. He then pushed back with his feet, putting himself into the corner by a desk making it so officers could not get his hands behind his back. I was giving commands for him to stop for which he did not. Mr. Colquitt was able to get his left arm free and he struck me in the left eye causing a laceration. I then deployed my taser in the upper left side of his chest and attempted to complete the gap by pushing the end of the taser into his upper left thigh which was effective. Officers were not able to get him in custody still due to he was pushed into the corner on a desk. While I was pushing the taser into his leg he attempted to grab the taser from me. I then deployed the taser again in his stomach area which was not effective. Mr. Colquitt then was able to grab onto my leg and would not let go for which I struck him in the forehead with my fist. Officers were then able to hold him in the corner until Officer Massie arrived on scene to assist. Once he was on scene I was unable to put my taser back in the holster due to how I was holding onto Mr. Colquitt so I had Officer Massie hold it. Officer Holbrook and I attempted to get him onto the ground again but were unable due to he was fighting back. I then instructed Officer Massie to use the taser again which was not effective. Once other officers arrived we were able to pull him out of the corner. Once out of the corner his head was towards me. Officer Holbrook advised that Mr. Colquitt had picked up a dumbbell. Thinking he might use it as a weapon I did a knee strike to the top of his head. Officer Holbrook was able to then get it away from him. He was then taken to the ground for which I assisted with getting him onto his stomach so other officers could place him in handcuffs. Mr. Colquitt was charged with Assault, Obstructing Official Business, Resisting Arrest, and Criminal Damaging. He was treated on scene by medics. It did not appear he had any injuries other than the taser probes.



**SPRINGFIELD POLICE DIVISION**  
**STATEMENT OF FORCE**  
**REPORT**

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

04/12/2024

**EVENT**

DATE/TIME OF EVENT 04/12/2024 1250HRS	LOCATION OF OCCURRENCE: 315 S BURNETT RD
WEATHER CONDITIONS:	<input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input checked="" type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

**SUBJECT**

SUBJECT NAME (LAST, FIRST, MI) <b>BATEMAN, CHARLES, L</b>		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) <b>AT LARGE</b>		Phone #				
DOB 07/30/1972	SSN [REDACTED]	AGE 51	RACE B	SEX M	HEIGHT 509	WEIGHT 165	HAIR COLOR BLA	EYE COLOR BRO

**INJURIES**

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input checked="" type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input checked="" type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input checked="" type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

**PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)**

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input checked="" type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

**USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)**

<input type="checkbox"/> 1-DEFEND SELF	<input type="checkbox"/> 2-DEFEND ANOTHER	<input checked="" type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
--	---	---	--	---	---

**OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)**

<input checked="" type="checkbox"/> 1-FOOT PURSUIT	<input type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

**FORCE OPTIONS APPLIED (check all that apply.)**

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input checked="" type="checkbox"/> 2- HANDS ON CONTROL	<input checked="" type="checkbox"/> 3- TAKEDOWNS	<input type="checkbox"/> 4- OC SPRAY	<input type="checkbox"/> 5- CEW /LASER PAINTING	<input type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

**REVIEW BY IMMEDIATE SUPERVISOR**

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER

DATE

04/12/2024

SUPERVISOR

Sgt. B. Evans

DATE

4/21/24





# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

04/12/2024

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

MACKINTOSH, OFFCER

130 N FOUNTAIN AVE

937-324-7685

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On April 12, 2024 at 1250hrs Officer Mackintosh and I were dispatched to 315 S. Burnett Rd. in reference to a black male named "Nash" that was on the property and had been trespassed. When arriving on scene we spoke with a witness who advised the male had ran out the back of the building heading west. Officer Mackintosh and I began checking to the rear when Officer Mackintosh saw a male in the woodline to the rear of the property. He then said the male went down a driveway heading west on a bicycle.

I drove to that area and the male, later identified as Charles Bateman, was seen wearing a black jacket as described by the caller. The only difference in the clothing was his pants did not match. He had on gray sweat pants and the caller said blue jeans. The male looked back at us but also had his hoody pulled tight around his face. before cutting through cars to get onto Buxton to head south. We were able to go around and see the male riding his bike on the wrong side of the road. He then rode up on the sidewalk. Officers attempted to stop him by pulling up next to him and telling him to stop. He did not and asked why. He was told due to riding on the sidewalk. He then stopped, turned his bike around, and began riding the other direction. He was then told he was under arrest.

He then took off riding as fast as he could with turning down Virginia Ave. and into the back parking lot of Cole Manor while officers pursued with lights and sirens on. He then tried to turn back west and crashed his bike. He tried to get back up on his bike to keep going but I was able to grab onto his clothes and pull him back. He then got off his bike and tried to run but I tackled him to the ground. Once on the ground he was pulling his arms and grabbing onto my radio. I had to force his arm behind his back to get him in custody.

Mr. Bateman had minor abrasions on his back and right arm. Its unknown if thats from me tackling him or from him crashing his bike. Photos were taken of the injuries by Officer Mackintosh. Mr. Bateman was charged with Felony Obstructing, Resisting Arrest, Falsification, Tampering, Failure to Comply, traffic charges, and served his fifteen warrants. He was placed in jail.



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE CEW REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

CEW SERIAL #

AIR CARTRIDGE EVENT 1 OF 1 RANGE: 3ft PROPERTY RECEIPT #- 34223

CARTRIDGE SERIAL #-

**C620NXPVX**

NUMBER OF CYCLES-

**1**

PENETRATION

MISS ☐

CLOTHING ☐

SKIN ☒

CEW USE WAS EFFECTIVE?

YES ☒

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☒

NO ☐

AIR CARTRIDGE EVENT 1 OF 1 RANGE: 3FT PROPERTY RECEIPT #- 34223

CARTRIDGE SERIAL #-

**C620NXW30**

NUMBER OF CYCLES-

**1**

PENETRATION

MISS ☐

CLOTHING ☐

SKIN ☒

CEW USE WAS EFFECTIVE?

YES ☐

NO ☒

DEPLOYMENT SUCCESSFUL?

YES ☒

NO ☐

DRIVE STUN EVENT      OF     

NUMBER OF APPLICATIONS-

NUMBER OF CYCLES-

COUNTER PRESSURE USED

YES ☐

NO ☐

DEPLOYMENT SUCCESSFUL?

YES ☐

NO ☐

At Risk Person?

YES ☐

NO ☒

### IMPACT DIAGRAM

MARK PROBE HITS ON THE DIAGRAM WITH- **X**

MARK DRIVE STUN HITS ON THE DIAGRAM WITH- **#**

Deadly Force Authorized? YES ☐ NO ☒

Type of Clothing? NO SHIRT, JEANS

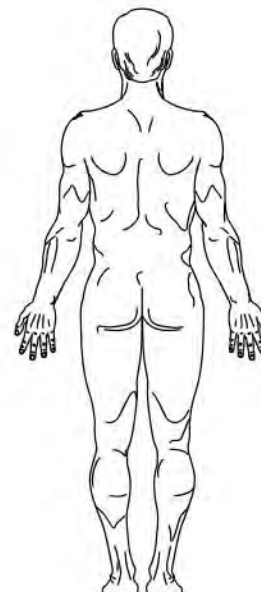
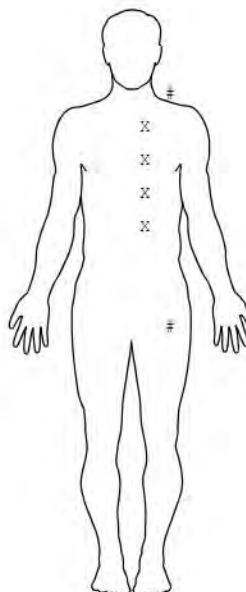
Terrain Type: CARPET

Flat, hill, curb, grass, pavement, etc.

Location of Missed Probes? NA

Mark on diagram with an X and describe anything struck

Type of Crime/Incident? FELONY WARRANT ARREST



Attention: Attach a copy of the CEW download report.

PROBE REMOVAL NONE ☐ SUBJECT ☐ OFFICER ☒ MEDIC ☐ HOSPITAL STAFF ☐ OTHER ☐

SUBJECT INJURY NONE ☒ MINOR ☐ SERIOUS ☐

SUBJECT UNDER THE INFLUENCE? YES ☒ NO ☐

IF YES, DESCRIBE- UNKNOWN DRUG

DEPLOYING OFFICER-

SUPERVISOR-

**Sgt, B. Evans**



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE REPORT

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

07/21/2025

### EVENT

DATE/TIME OF EVENT 07/21/2025 1218HRS	LOCATION OF OCCURRENCE: N. FOUNTAIN AVE / W NORTH ST
WEATHER CONDITIONS:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- INDOOR:	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)
LIGHTING CONDITIONS- OUTDOOR:	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> ARTIFICIAL <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> DARK <input type="checkbox"/> N/A <input type="checkbox"/> OTHER (SPECIFY)

### SUBJECT

SUBJECT NAME (LAST, FIRST, MI) FLEMING, JASEAN, LAVAL		ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) 1802 NORWOOD AVE SPRINGFIELD, OH 45506		Phone #				
DOB	SSN	AGE	RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
		25	B	M	6-01	158	BLA	BRO

### INJURIES

OFFICER	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
OFFICER TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRUISES <input type="checkbox"/> ABRASIONS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT TREATMENT	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> EMS <input type="checkbox"/> HOSPITAL- TREATED & RELEASED <input type="checkbox"/> HOSPITAL- ADMITTED <input type="checkbox"/> OTHER (SPECIFY)
SUBJECT WAS INJURED:	<input type="checkbox"/> PRIOR TO POLICE INVOLVEMENT <input type="checkbox"/> DURING ARREST <input type="checkbox"/> IN CUSTODY <input type="checkbox"/> OTHER (SPECIFY IN NARRATIVE)

### PERCEIVED SUBJECT LEVEL OF AGGRESSION (check all that apply.)

<input type="checkbox"/> 1-ACTUALLY/PERCEIVED ARMED	<input type="checkbox"/> 2-REPORTED TO BE ARMED	<input checked="" type="checkbox"/> 3- ASSAULTED OFFICER	<input type="checkbox"/> 4-ASSAULTED CITIZEN
<input type="checkbox"/> 5-HISTORY OF VIOLENCE	<input checked="" type="checkbox"/> 6-HIGH RISK INCIDENT/CUSTODY	<input type="checkbox"/> 7-FAILURE TO COMPLY	<input type="checkbox"/> 8-WEAPON TYPE
<input checked="" type="checkbox"/> 9-ENGAGED IN PASSIVE RESISTANCE	<input checked="" type="checkbox"/> 10-ENGAGED IN ACTIVE RESISTANCE	<input checked="" type="checkbox"/> 11-ENGAGED IN ACTIVE AGGRESSION	<input type="checkbox"/> 12-MENTAL ILLNESS
<input type="checkbox"/> 13-ALCOHOL (under influence of)	<input type="checkbox"/> 14-DRUGS (under Influence of)	<input type="checkbox"/> 15-NONE	<input type="checkbox"/> 16-OTHER (explain in narrative)

### USE OF FORCE/CONTROL NECESSARY TO (check all that apply.)

<input checked="" type="checkbox"/> 1-DEFEND SELF	<input checked="" type="checkbox"/> 2-DEFEND ANOTHER	<input type="checkbox"/> 3-MAKE ARREST	<input checked="" type="checkbox"/> 4-PREVENT ESCAPE	<input type="checkbox"/> 5-CIVIL RESTRAINT / NO ARREST MADE	<input type="checkbox"/> 6-OTHER (explain in narrative)
---	--	--	--	---	---

### OFFICER ACTIVITY IMMEDIATELY PRIOR TO FORCE RESPONSE (check all that apply.)

<input type="checkbox"/> 1-FOOT PURSUIT	<input type="checkbox"/> 2-SUBJECT ESCORT	<input type="checkbox"/> 3-PERSON SEARCH (cuffed)	<input type="checkbox"/> 4-PERSON SEARCH (not cuffed)	<input type="checkbox"/> 5-HANDCUFFING
<input type="checkbox"/> 6-TRANSPORTATION IN VEHICLE	<input checked="" type="checkbox"/> 7-INTERVIEW/INTERROGATION (INCLUDING TERRY STOPS)	<input type="checkbox"/> 8-EFFECTING ARREST	<input type="checkbox"/> 9-OTHER (explain in narrative)	

### FORCE OPTIONS APPLIED (check all that apply.)

<input checked="" type="checkbox"/> 1- GIVING COMMANDS	<input type="checkbox"/> 2- HANDS ON CONTROL	<input type="checkbox"/> 3- TAKEDOWNS	<input checked="" type="checkbox"/> 4- OC SPRAY	<input type="checkbox"/> 5- CEW /LASER PAINTING	<input type="checkbox"/> 6- CEW (attach CEW use report)
<input type="checkbox"/> 7- STRIKES, PUNCHES, OR KICKS	<input type="checkbox"/> 8- BATON STRIKES	<input type="checkbox"/> 9- FIREARM-DISPLAY	<input type="checkbox"/> 10- FIREARM-FIRED	<input type="checkbox"/> 11- CANINE	<input type="checkbox"/> 12- OTHER (explain in narrative)

### REVIEW BY IMMEDIATE SUPERVISOR

Email copies to Chief, Captain, Lieutenant, and Professional Standards. Print and sign 1 copy and forward to Professional Standards

☒ I have reviewed this use of force report and it is complete.

REPORTING OFFICER

DATE

07/21/2025

SUPERVISOR

Sgt. Derek Smith

DATE

7/21/25



# SPRINGFIELD POLICE DIVISION

## STATEMENT OF FORCE NARRATIVE

130 NORTH FOUNTAIN AVENUE  
SPRINGFIELD, OHIO 45502

CASE NO.

DATE OF REPORT.

07/21/2025

### WITNESS #1

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

OFFICER B. RAY

130 N FOUNTAIN AVE

### WITNESS #2

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

OFFICER K. KITCHEN

130 N FOUNTAIN AVE

### WITNESS #3

SUBJECT NAME (LAST, FIRST, MI)

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

PHONE

OFFICER D. MACKINTOSH

130 N FOUNTAIN AVE

### NARRATIVE

**The narrative should reflect the incident as a chronological account of the events that resulted in and followed the use of force. Include the subject's statements/threats. In addition, document the duration that the subject received the Conducted Electrical Weapon deployment. The names of any witnesses not listed above must be included in the narrative. This includes the names of all officers at the scene or involved in the event. If additional space is required to list all of the details, include that information on the Narrative Continuation page and include it with this form.**

On July 21, 2025 1218hrs I pulled up to assist Officers Kitchen and Ray as they were placing Jasean Fleming in custody on N. Fountain at W. North. They were placing him in custody for a Burglary warrant and dispatch advised he had rammed his girlfriends vehicle with his vehicle. When getting on scene things appeared to be calm and the officers were walking him to the rear of the van. As I came around the side of the van Mr. Fleming is familiar with me and wanted to speak with me. I told him he had to get into the van as the officers were requesting. He was told several more times to get in the van before he became combative and tried to push through officers. Officers Ray and Kitchen then attempted to get him into the van for which he walked up the bumper and was pushing back. They were able to get him in but he pushed back and was able to get his limbs blocking the door. Officers Belcher and Mackintosh then arrived on scene to assist. When continuing to give commands and attempt to get him in the back he started kicking officers. I then pulled out my pepper spray can and informed him he was going to get sprayed while showing him the can in attempt to get him to stop. He then continued to kick officers for which I then sprayed him on his forehead area for a short burst. Officers were then able to get him in the van and close the door without further incident.

Officers then checked on each other to make sure there were no injuries. He was complaining that he couldn't breathe so I opened up the back door. I then told officers on scene that we needed to get moving to get him to the jail to be decontaminated. Officers then loaded up and drove straight to the jail where he was taken into the shower room to clear out his eyes.