



RIVERSIDE COUNTY SHERIFF'S DEPARTMENT

USE OF FORCE FORM

CASE NUMBER: W1191550050		BOOKING NUMBER:		STATION / FACILITY: RSO / Lake Elsinore		DATE: 6/5/19		TIME: 2200	
DEPUTY: Schmidt		ID: 4863	OTHER PERSONNEL INVOLVED: Deputy Stokes						
ON SCENE SUPERVISOR: Sgt. Reese		ID:	NATURE OF THE INCIDENT: 415 Noise		LOCATION OF CALL OR INCIDENT: [REDACTED] Wildomar, CA 92595				
SUBJECT'S NAME: Last, First, MI Ciccarelli II, Kenneth. M				DATE OF BIRTH: [REDACTED] /72	AGE: 46	SEX: M	HEIGHT: 508	WEIGHT: 168	RACE: W
PRIMARY REASON FOR USING FORCE: <input type="checkbox"/> Effect an Arrest <input checked="" type="checkbox"/> Overcome Resistance <input type="checkbox"/> Prevent Escape <input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Others									
SUBJECT APPEARED TO BE: <input type="checkbox"/> UTI Alcohol <input checked="" type="checkbox"/> UTI Alcohol & Drugs <input checked="" type="checkbox"/> Mentally Unstable <input type="checkbox"/> Undetected <input type="checkbox"/> UTI Drugs <input type="checkbox"/> Excited Delirium <input type="checkbox"/> Impaired / Unknown Cause									
LEVEL(S) OF RESISTANCE ENCOUNTERED: <input type="checkbox"/> Passive / Non-Compliant <input checked="" type="checkbox"/> Active Resistance <input checked="" type="checkbox"/> Assaultive <input type="checkbox"/> Life-Threatening / GBI									
FORCE OPTION(S) USED TO OVERCOME RESISTANCE AND/OR GAIN COMPLIANCE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> VERBAL COMMANDS – WARNINGS (Verbal / Non-Verbal) / TACCOM / DE-ESCALATION TECHNIQUES <input type="checkbox"/> NON-DEADLY FORCE – MINIMUM RISK OF INJURY <input type="checkbox"/> Pressure Point(s) (Type: _____) <input type="checkbox"/> Joint Lock(s) (Type: _____) <input type="checkbox"/> Takedown(s) (Type: _____) <input type="checkbox"/> Control Hold(s) (Type: _____) <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> INTERMEDIATE FORCE – SIGNIFICANT RISK OF INJURY <input type="checkbox"/> OC Agent <input type="checkbox"/> CS Agent <input type="checkbox"/> Baton (Approximate Number of Contacts: _____) <input checked="" type="checkbox"/> Personal Body Weapons (Specify body part used) Body Part: <u>Right Hand</u> (Approximate Number of Contacts: <u>3</u>) <input type="checkbox"/> Stingball <input type="checkbox"/> Carotid Restraint (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Post Model <input type="checkbox"/> Chancery (Approximate Duration: _____) <input type="checkbox"/> Other: _____ <input type="checkbox"/> INTERMEDIATE FORCE – SIGNIFICANT RISK OF INJURY <input type="checkbox"/> Taser <input type="checkbox"/> Probes <input type="checkbox"/> Drive Stun <input type="checkbox"/> Pepperball Launcher (Projectile Type: _____) <input type="checkbox"/> 37mm Launcher (Projectile Type: _____) <input type="checkbox"/> 40mm Launcher (Projectile Type: _____) <input type="checkbox"/> 12 Gauge Non Deadly Shotgun (Projectile Type: _____) <input type="checkbox"/> Stun Shield <input type="checkbox"/> Band It <input type="checkbox"/> Other: _____ <input type="checkbox"/> DEADLY FORCE Type: _____									
WAS INITIAL USE OF FORCE EFFECTIVE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DEPUTY(S) INJURED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SUBJECT INJURED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TARGET DISTANCE:	
INJURY TYPE: Facial Injuries		EXTENT OF TREATMENT: <input type="checkbox"/> None <input checked="" type="checkbox"/> Treated at Hospital <input type="checkbox"/> Treated at Scene <input type="checkbox"/> Hospitalized		TREATED BY: RUHS		DATE: 06-04-2019		TIME:	
OTHER FORCE USED / COMMENTS / EQUIPMENT PERFORMANCE See Memo									
SERGEANT: <u>SGT. REESE #2484</u>					DATE: <u>07/09/19</u>				
CORRECTIONS USE ONLY: ATTACHMENTS: <input type="checkbox"/> Photos <input type="checkbox"/> Photos CD <input type="checkbox"/> DVR <input type="checkbox"/> Form 533w <input type="checkbox"/> Other: _____									
LIEUTENANT: <u>[Signature]</u>					DATE: <u>7/9/19</u>				
COMMANDER/DESIGNEE: <u>[Signature]</u>					DATE: <u>7-9-19</u>				

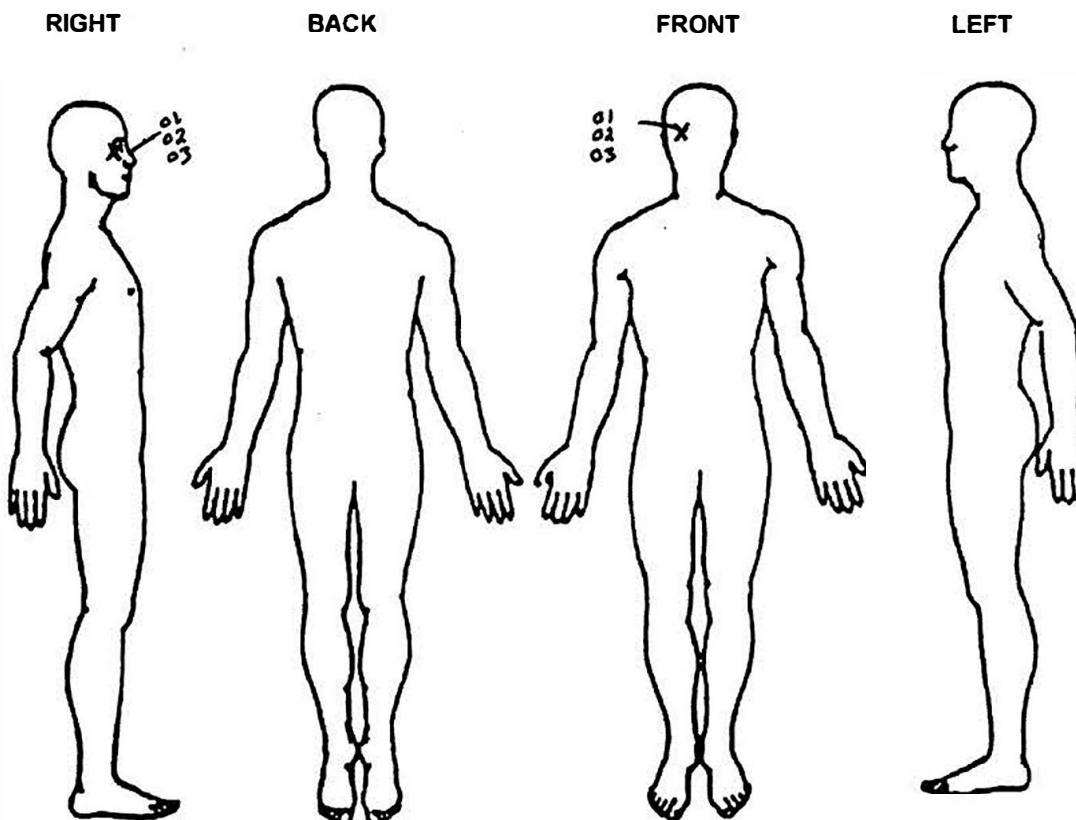


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Application Areas:

Place a small number (starting with the number "1") on the diagram below, designating the approximate area the force option made contact with the subject body. In the space below the diagram, please specify what force option was utilized (i.e., where Taser probes hit subject, where subject was Drive Stunned, where the subject was struck with Baton(s), PepperBall(s), Impact Munitions, etc.) When specifying, reference the number located on the subject diagram.



- 01 - Right hand strike to face
- 02 - Right hand strike to face
- 03 - Right hand strike to face



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USE OF FORCE FORM
CORRECTIONS CONTINUATION SHEET

(As involved, describe the events leading to the use of force, the use of force itself in detail, other staff using force and subsequent actions)

INCIDENT DETAILS:

See Attached report