

Town of Cicero Police Department

MEMORANDUM

TO: FILE

FROM: CHIEF ROTUNNO

DATE: DECEMBER 21, 2020

SUBJECT: DR# 555128 – Use of Force Review

On 12-21-2020, I conducted a Use of Force review (Internal Affairs Investigation) for DR# 20-555128 involving defendant [REDACTED] and Cicero Police Department Officers John Cottrell and Mike Serafin.

On 12-17-2020 at about 0620am, Cicero Police were investigating a motor vehicle crash on State Rt 31 near South Bay Road where the defendant [REDACTED] operated his motor vehicle in the wrong lane of traffic and entered the accident site narrowly missing people that were working the accident scene. [REDACTED] then continued to fail to obey police commands to stop and subsequently fled the area and into the Circle K convenience store that was close by.

Upon entering the store [REDACTED] secured the front two glass doors in an effort to keep police out. Officer Cottrell was able to pull the doors open at which time he attempted to take [REDACTED] into custody but [REDACTED] refused all police commands and proceeded to fight with police - resisting arrest. Officer Mike Serafin also arrived at the store and attempted to assist in taking [REDACTED] into custody but [REDACTED] continued to refuse police commands. Officer Serafin then deployed his department laser in Drive Stun mode 4 times in an effort to take [REDACTED] into custody. All attempts failed to gain [REDACTED] compliance.

At this time Officer Serafin and Officer Cottrell had to use both soft and hard hand control techniques to gain control of [REDACTED]. [REDACTED] was subsequently placed into handcuffs and transported to the Cicero Police Dept. for processing for DWI Drugs, Resisting Arrest Reckless Driving, Reckless Endangerment and various VTL charges

After review, all police reports, statements and store video the IA is closed as justified as all CPD policies and procedures were followed.

Steve Rotunno
//////SIGNED////
Chief of Police

Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-555128	
4. Incident Date 12/17/2020		5. Incident Time 06:39		6. Incident Address [REDACTED]	
7. Type of Incident STOP		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions N/A- Indoors	
10. Subject Name (Last, First, MI) [REDACTED]		11. Sex M	12. Age 31	13. Ht. 602	14. Wt. 165
				15. Race White	6A. Incident Location Indoor
				9. Lighting Conditions Good Artificial Light	

16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input checked="" type="checkbox"/> Flight on-Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input checked="" type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other:	

17. Subject Management/Control Necessary To (Check all that apply)

<input type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose:	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s)

19. Multiple Combatants (If yes, how many?)
 Yes No Total:

20. Verbal Direction Given (Commands of Direction or of Arrest)
 Yes No

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	
Empty Hand Control- Hard	N/A	N/A	No
OC Spray			
Impact Weapon			
TASER (CEW)	No	No	No
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

21-A. X-26 Advanced TASER

TASER Model: [REDACTED] X1300AK75

Number of Air Cartridge(s) Fired: none

#1 Air Cartridge Serial #

#2 Air Cartridge Serial #

Air Cartridge Type

Number of Cycles Applied: 4

Threat of Force

Deployment was a Dart Probe Contact

Deployment was a Drive Stun Contact: Yes

Distance between the two probes (inches)

Probes penetrated the subject's skin

Probes removed while on scene

Subject wore heavy or loose clothing

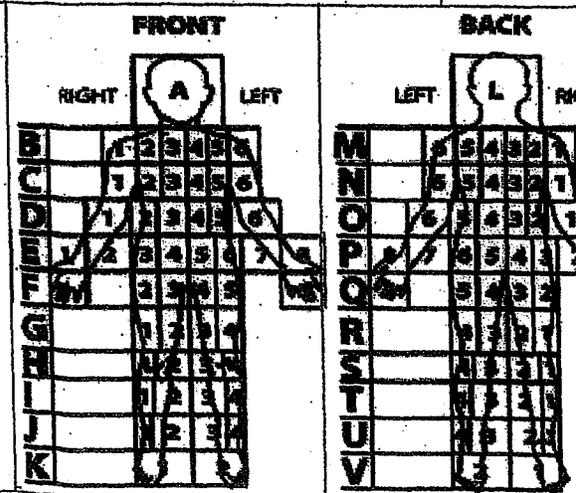
21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	2A	2L
1 Soft Empty Hand		
2 Hard Empty Hand	SP6	SP5
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded

22. Officer
Michael Serafin

23. ID #
640



Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled

30. Primary Service Member (Last, First, MI) Cottrill, John	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>None</td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input type="checkbox"/>	None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Swelling/ Contusion(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input checked="" type="radio"/> Yes <input type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
Member	Injury	Subject																																											
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33-B. Time Elapsed Prior to Start of Decontamination																																													
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Member	No																																												
Subject	No																																												
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input checked="" type="checkbox"/> Other																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

Subject sustained swelling and pain to his left wrist refused medical

14. Officer Michael Serafin	Sex	Age	Ht.	Wt.	ID #	Date	Time
	M	45	509	160	640	12/18/20	0900
15. Sergeant					ID #	Date	Time
16. Lieutenant					ID #	Date	Time
17. Chief/Asst. Chief					ID #	Date	Time
					240	12-18-20	1300

Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-555128	
4. Incident Date 12/17/2020	5. Incident Time 06:20	6. Incident Address [REDACTED]		6A. Incident Location Indoor	
7. Type of Incident STOP		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions N/A- Indoors	9. Lighting Conditions Good Artificial Light
10. Subject Name (Last, First, MI) [REDACTED]			11. Sex M	12. Age 31	13. Ht. 6'2"
			14. Wt. 165	15. Race White	

16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input checked="" type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		<input type="checkbox"/> Fired at Member or Another with a Firearm
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another		
<input checked="" type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm		

17. Subject Management/Control Necessary To (Check all that apply)

<input type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
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<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s) _____

19. Multiple Combatants (If yes, how many?)
 Yes No Total: _____

20. Verbal Direction Given (Commands of Direction or of Arrest)
 Yes No

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray	No		
Impact Weapon	No		
TASER (CEW)	No		
Less Lethal Munitions	No		
Deadly Physical Force	No		
SWAT Activation	No		
SERT Activation	No		
K-9	No		

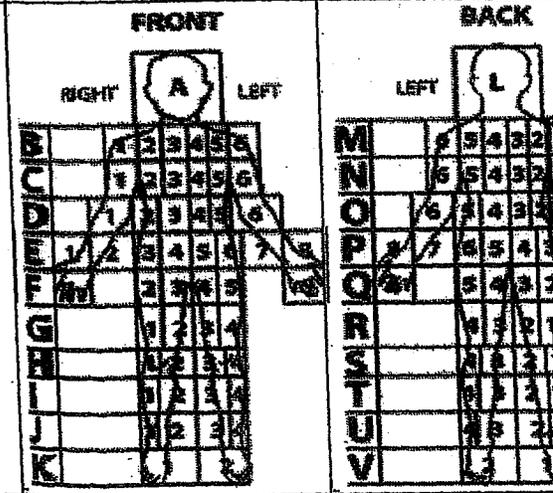
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	1m4	In4	1o1	1p2	IL
1 Soft Empty Hand					
2 Hard Empty Hand					
3 OC Spray					
4 Impact Weapon					
5 TASER (drive stun)					
6 TASER (probes)					
7 Less Lethal Munitions					
8 Firearm					
9 K9					
10 Other					

Subject was Forcefully Grounded



22. Officer
J. Cottrell

23. ID #
665

Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled

30. Primary Service Member (Last, First, MI) _____ **30-A. SERT** _____

31. Injuries (Must check at least one box for Member and Subject)

Member	Injury	Subject
<input type="checkbox"/>	None	<input type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination

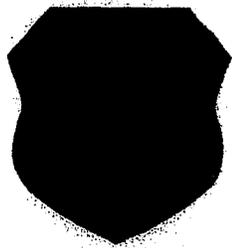
34. Hospitalized		Yes/No	Location
Member		No	
Subject		No	

35. Photos/ Video
 Photos Available Yes No
 Video Available Yes No
 TASER Cam Car Cam Fixed Position SERT Other store cctv

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

14. Officer J.J. Cottrell	Sex	Age	Ht.	Wt.	ID #	Date	Time
	M	49	6'2"	275	665	12/17/2020	0900
15. Sergeant					ID #	Date	Time
16. Lieutenant					ID #	Date	Time
17. Chief/Asst. Chief					ID #	Date	Time
					2502	12-16-20	1716



Town of Cicero Police Department

See
to
intel file
10/20

MEMORANDUM

TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 4/1/20

SUBJECT: DR 20-211621

On 4/1/20 I complete a Use of Force review for DR 20-211621 involving Sgt James Snell and subject [REDACTED]. On 3/28/20 at 1615 hours Sgt Snell responded to [REDACTED] regarding a Domestic complaint between [REDACTED] and his Mother [REDACTED]. Upon arrival Sgt Snell encountered [REDACTED] who was on the front porch with a tire iron. [REDACTED] was stating that he want to die and have police shoot him. He previously damaged property at the home prior to Sgt Snell's arrival. Sgt Snell and also Officer Flansburg attempted to talk to [REDACTED] regarding putting the tire iron down but [REDACTED] was not complying. [REDACTED] then starting yelling at two individuals who were walking by the house, he then starting running at them while still holding the tire iron. Sgt Snell deployed his taser striking [REDACTED] causing him to stop and fall to the ground, he was then handcuffed without further incident. Use of Force was within Department Policy and was necessary to prevent [REDACTED] from causing injury to the individuals that he starting running after and possibly to Officers.

**MINNESOTA POLICE DEPARTMENT
Subject Management Report**

24. Subject Control Distance 6 to 10 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit-Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Flansburg, Eric	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Member</th> <th style="width:70%;">Injury</th> <th style="width:15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input checked="" type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input checked="" type="radio"/> Yes <input type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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Subject	Yes		CPEP																																										
35. Photos/ Video																																													
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Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No																																													
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

Refer to follow up report for narrative of incident.

44. Officer Sgt James Snell	Sex M	Age 43	Ht. 602	Wt. 210	ID # 680	Date 03/27/2020	Time 1831
45. Sergeant SGT JOHN BALDWIN					ID # 0620	Date 4-1-20	Time 0704
46. Lieutenant					ID #	Date	Time
47. Chief/Asst. Chief					ID #	Date	Time

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-211621			
Incident Type DOMV	Person Type VI	Victim Type Individual				
Last Name Vecchiarelli	First Nathaniel	Middle J	Suffix	DOB 06/26/2002	Business Name	

On 03/27/2020 at approximately 1614hrs while working Unit 3210 I was dispatched to [REDACTED] for a domestic. Per the notes of the call a 40's female was arguing with her teenage son and items were being thrown outside.

Upon my arrival, I observed broken items in the grass and driveway of the residence. I met with [REDACTED] who was outside. She stated that she was having an argument with her son [REDACTED] and he was out of control. She went on to say that they have been arguing all day but that it got heated when she wouldn't let him drive the car to work.

While I was talking to [REDACTED] came outside carrying a tire iron. I told him to put it down multiple times and he refused to do so saying "you will have to shoot me to do that." [REDACTED] was extremely anxious pacing back and forth in the elevated flower bed. He was yelling profanities at [REDACTED] and me. I attempted to calm him down without success. Due to his aggressive nature, the fact he had a tire iron in his hand, and his statements of the police having to shoot him I told the dispatched to have units expedite and to have an ambulance respond and stage at Wynmoor and Torchwood. I also told [REDACTED] to go inside the house and lock the door.

At approximately 1624hrs Officer Flansburg arrived on the scene. Due to the fact that I was unable to de-escalate the situation I turned communication over to Officer Flansburg. While Officer Flansburg was speaking to [REDACTED] continued to be verbally devaluing to patrol and demanding that we shoot him or just leave. Officer Flansburg told [REDACTED] several times to drop the tire iron. At this time there were neighbors outside of their house looking at [REDACTED] from their yards. [REDACTED] started swearing at them encouraging them to fight with him. Officer Flansburg, [REDACTED] (who arrived at 1635hrs), and I had [REDACTED] surrounded with his back towards his residence. At approximately 1629hrs 2 juvenile males were walking in front of [REDACTED] and looked at [REDACTED] as he was yelling. [REDACTED] started to swear at the kids and told the kids he would beat them up. One of the kids started talking back to [REDACTED] then ran from his house and into the road with the tire iron in his hand. I told [REDACTED] to stop however he continued. I removed my taser from the holster. As [REDACTED] was approaching the kids I feared that he would hit them with the tire iron causing serious physical injury. I deployed my taser towards [REDACTED] with both probes striking [REDACTED] in the left side of his back (1 five-second cycle). This caused neuromuscular incapacitation and [REDACTED] fell to the ground. I told [REDACTED] to put his hands behind his back and originally, he refused however upon me forcing his hands, he complied. Officer Flansburg placed the handcuffs on [REDACTED]. I removed the taser probes from [REDACTED] back and both were fully intact. Officer Flansburg placed him in his vehicle. NAVAC Ambulance arrived on the scene and treated [REDACTED] for the taser puncture marks.

The taser cartridge, probes, wires, and 2 afids were secured into Cicero Evidence.

End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page 2
12. PRINT NAME James Snell	13. ID# 0680	14. SIGNATURE Electronically Signed	15. SUPERVISOR NAME (PRINT) Sgt John Baldini	16. ID# APPROVED DATE 0620 03/31/2020
			17. APPROVED BY SIGNATURE Approved Electronically	of 5

CNYLEADS Involved Persons 1-3 Supplement

DR # 20-211621

1. Person Type VI	2. Victim Type Individual	3. Last [REDACTED]	First [REDACTED]	Middle [REDACTED]	4. Suffix	5. Business Name												
6. Alias/Nickname/Maiden Name							7. Race W	8. Ethnicity N	9. Sex M	10. DOB [REDACTED]	11. Age 17	12. Hgt 5' 10"	13. Wgt 160	14. Hair BRO	15. Eye			
16. Address Num [REDACTED]		Prefix		Street Name [REDACTED]			Street Type [REDACTED]		Suffix		Bldg.		APT#		17. City Cicero		18. State NY	
19. Zip [REDACTED]		20. Resident Status (Clery only)			21. Home Phone [REDACTED]			22. Cell Phone () -			23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos			
25. Describe:											26. Skin		27. Eyewear		28. Employer			
29. Work Phone () -			30. Occupation			31. Address Num [REDACTED]		Prefix		Street Name			Street Type		Suffix			
Bldg.		Suite#		32. City			33. State		34. Zip		35. Apparent Condition		36. Handicapped		37. Nature of Ill / Inj		38. Med. Treatment	
39. Subject description, actions, etc																		
1																		
1. Person Type PG	2. Victim Type	3. Last [REDACTED]	First [REDACTED]	Middle [REDACTED]	4. Suffix	5. Business Name												
6. Alias/Nickname/Maiden Name							7. Race W	8. Ethnicity N	9. Sex F	10. DOB [REDACTED]	11. Age 47	12. Height 5' 11"	13. Weight	14. Hair	15. Eye			
16. Address Num [REDACTED]		Prefix		Street Name [REDACTED]			Street Type		Suffix		Bldg.		APT#		17. City Cicero		18. State NY	
19. Zip [REDACTED]		20. Resident Status (Clery only)			21. Home Phone [REDACTED]			22. Cell Phone () -			23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos			
25. Describe:											26. Skin		27. Eyewear		28. Employer			
29. Work Phone () -			30. Occupation			31. Address Num [REDACTED]		Prefix		Street Name			Street Type		Suffix			
Bldg.		Suite#		32. City			33. State		34. Zip		35. Apparent Condition		36. Handicapped		37. Nature of Ill / Inj		38. Med. Treatment	
39. Subject description, actions, etc																		
2																		
1. Person Type OI	2. Victim Type	3. Last Town of Cicero	First	Middle	4. Suffix	5. Business Name												
6. Alias/Nickname/Maiden Name							7. Race	8. Ethnicity	9. Sex	10. DOB //	11. Age	12. Hgt 5' 11"	13. Wgt	14. Hair	15. Eye			
16. Address Num		Prefix		Street Name			Street Type		Suffix		Bldg.		APT#		17. City		18. State	
19. Zip		20. Resident Status (Clery only)			21. Home Phone () -			22. Cell Phone () -			23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos			
25. Describe:											26. Skin		27. Eyewear		28. Employer			
29. Work Phone (315) 699-3677			30. Occupation Police Dept			31. Address Num 6200		Prefix		Street Name State Route 31			Street Type		Suffix			
Bldg.		Suite#		32. City Cicero			33. State NY		34. Zip 13039		35. Apparent Condition		36. Handicapped		37. Nature of Ill/Inj		38. Med Treatment	
39. Subject description, actions, etc																		
3																		
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL. AFFIRMED UNDER PENALTY OF PERJURY										Administrative Use Only								
12. PRINT NAME James Snell				13. ID# 0680		14. SIGNATURE Electronically Signed				15. SUPERVISOR NAME (PRINT) Sgt John Baldini				16. ID# APPROVED DATE 0620 03/31/2020		17. APPROVED BY SIGNATURE Approved Electronically		Page 3
of 5																		

CNYLEADS Property Supplement 1-13

DR# 20-211621

Total \$ 25.00

P r o p e r t y	1. OWNER Person 3	2. STATUS 01	3. DESC. CODE 49	4. QUANTITY 1	5. MEASURE	6. ITEM taser cartridge with probes, wires, affids						
	7. MAKE Taser	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER C4107R2K6			11. GUN TYPE	12. GUN CALIBER	13. VALUE 25		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p e r t y	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM						
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER			11. GUN TYPE	12. GUN CALIBER	13. VALUE		

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSP. AFFIRMED UNDER PENALTY OF PERJURY
 PRINT NAME: James Snell ID#: 0680 SIGNATURE: Electronically Signed

Administrative Use Only
 SUPERVISOR NAME (PRINT): Sgt John Baldini ID#: 0620 APPROVED DATE: 03/31/2020 APPROVED BY SIGNATURE: Approved Electronically Page 5 of 5

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Verbal and Physical

Prior History

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider

Has Suspect ever:

Threatened to kill you or your children? Yes No

Strangled or "choked" you? Yes No

Beaten you while you were pregnant? Yes No

Is suspect capable of killing you or children? Yes No

Is suspect violently and constantly jealous of you? Yes No

Has the physical violence increased in frequency or severity over the past 6 months? Yes No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? Yes No if NO, Why:

Was Victim Rights Notice given to the Victim? Yes No if NO, Why:

Policy

INCIDENT	Weapon 1 A 12	Weapon 2 B 77	Weapon 3 C 77	Incident Location Type D 01	Larceny Type E 77	Bias Crime F 77	Burglary Force G 77	Burglary Entry H 77	Domestic Relationship I 04
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Property	1. Owner	2. Status	3. Desc. Code	4. Quantity	5. Measure	6. Item
	7. Make	8. Drug Type	9. Model	10. Serial Number	11. Gun Type	12. Gun Caliber

Vehicle	1. Code	2. Plate #	3. State	4. Expiration //	5. Reg. Type	6. Imp. Plate	7. VIN/HULL #	8. # Occ.	
	9. Year	10. Make	11. Model	12. Style	13. Color	14. Vehicle Value	15. Damage Est.	16. Weapon in Veh	17. NCIC Ck
	18. Vehicle Description / Damage								
	19. Towed	20. Owner Notif	21. Hold	22. Reason	23. Tolly Tow Company	24. Truck # / Tow Operator			

Narrative:

On 03/27/2020 1613 hours while working unit 3201C I was dispatched to 8448 Bayridge Rd in Cicero regarding a Verbal Domestic Complaint.

Upon my arrival I noted a white male who I know to be [redacted] standing on the retaining wall outside the residence with a long metal object in his hand. He was asked several times to put the object down and he refused. I attempted to talk with him to calm him down however he continued to act in a manic state yelling and screaming at anyone he could see. He told me that he wants SWAT to come and shoot him. He stated he did not wanna be in this world anymore. A few males walked by the house and he engaged them in an abusive manor and when they responded back in an abusive manor [redacted] became agitated and charged at them still having the metal object in his hand. Before he was able to use the metal object Sgt Snell was able to deploy his taser and we were able to take [redacted] into custody. During my conversation with [redacted] he advised he was upset because his mother [redacted] would not let him use the car.

I then spoke with [redacted] who stated [redacted] became upset when she told him he could not use the car. She stated during his fit of anger he hit the metal object against the front exterior door and caused minor damages. She did not desire prosecution and signed a Declaration To Proceed Form which has been placed into the case file. She was provided a Domestic Rights Notice and a copy was placed into the case file.

I then had NAVAC Ambulance evaluate and treat [redacted]. He was provided bandages for the the Taser probe marks and contusions on his left elbow and knee. He refused further medical treatment and I transported him to St Joseph's Emergency Room to be processed into CPEP per Hospital Policy. [redacted] remained with [redacted] through the entire incident.

End report

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.6 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

PRINT NAME
Eric Flansburg

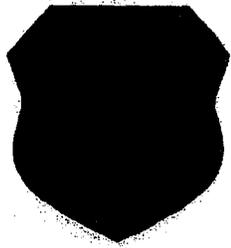
ID# SIGNATURE
0690 Electronically Signed

Administrative Use Only

SUPERVISOR NAME (PRINT)
Sgt John Baldini

ID# APPROVED DATE APPROVED BY SIGNATURE
0620 03/31/2020 Approved Electronically

Page 2
of 2



Town of Cicero Police Department

Sent to
11/21/20
11-22

MEMORANDUM

TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 9/9/20

SUBJECT: DR 20-425120

On 9/9/20 I conducted a use of force review regarding [REDACTED] and Sgt James Snell. On 9/7/20 at 1942 hours Sgt Snell responded to 84 Coolidge Rd regarding a fight involving 15 or more people. Upon arrival Sgt Snell observed [REDACTED] run up to and grab an identified female. Sgt Snell attempted to escort [REDACTED] away from the crowd but she pulled away from him. Sgt Snell placed [REDACTED] on the ground with both hands/arms behind her back. [REDACTED] then came running towards Sgt Snell which is when Sgt Snell pointed his taser at [REDACTED] and gave him verbal commands to stop running and get on the ground. [REDACTED] complied with Sgt Snell's Verbal commands and was handcuffed by another arriving unit. Both [REDACTED] and [REDACTED] were then turned over to the [REDACTED] Use of Force was within Department Policy.

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-272152		
Incident Type FGHT	Person Type VI	Victim Type Society			
Last Name	First	Middle	Suffix	DOB //	Business Name NYS

On 09/07/2020 at approximately 1942hrs while working Unit 3210 I was dispatched to [REDACTED] for a fight. Per the notes of the call there were approximately 15 people some intoxicated shooting fireworks at each other. Also, Unit 4101C who was already on scene was requesting more patrol units.

Upon my arrival, at approximately 1943hrs, I observed in excess of 15 people yelling and screaming in the street. [REDACTED] were taking a male into custody. While trying to get the crowd dispersed, I saw a white female, later identified as [REDACTED] run up to another female, not identified, and grab her. I ran over to [REDACTED], grabbed her right arm, and pulled her away from the crowd. [REDACTED] was yelling and attempted to pull away and I escorted her to the ground and placed both of her hands behind her back. After I did that a black male, later identified as [REDACTED] came running up to me yelling. Due to the fact that there were multiple people that outnumbered patrol, and that [REDACTED] ran up to me with an aggressive posture I feared for my safety. As I kneeled on [REDACTED] arms behind her back, to contain her, I removed my Taser from its holster. I activated the safety and pointed the laser at [REDACTED] chest and gave him commands to lay down. He complied immediately yelling profanities at me. [REDACTED] was taken into custody by another officer at the scene.

Both [REDACTED] and [REDACTED] were turned over to [REDACTED]

End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 290.45 NYSP. AFFIRMED UNDER PENALTY OF PERJURY

12. PRINT NAME
James Snell

13. ID# 14. SIGNATURE
0680 Electronically Signed

Administrative Use Only

15. SUPERVISOR NAME (PRINT)
Sgt S Amyot

16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE
0660 09/08/2020 Approved Electronically

Page 2
of 3

CNYLEADS Involved Persons 1-3 Supplement

OR# 20-272152

1. Person Type VI	2. Victim Type Society	3. Last	First	Middle	4. Suffix	5. Business Name NYS					
6. Alias/Nicknames/ Maiden Name			7. Race	8. Ethnicity	9. Sex	10. DOB 11	11. Age	12. Hgt 1 11	13. Wgt	14. Hair	15. Eye
16. Address Num	Prefix	Street Name		Street Type	Suffix	Bldg	APT#	17. City		18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone () -	22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos	
25. Describe						26. Skin	27. Eyewear	28. Employer			
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name		Street Type	Suffix		
Bldg	Suite#	32. City		33. State	34. Zip	35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment	
39. Subject description, actions, etc											

1. Person Type OI	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nicknames/ Maiden Name			7. Race W	8. Ethnicity N	9. Sex F	10. DOB	11. Age 23	12. Hgt 5' 03"	13. Weight 180	14. Hair	15. Eye
16. Address Num	Prefix	Street Name		Street Type	Suffix	Bldg	APT# 2	17. City North Syracuse		18. State NY	
19. Zip	20. Resident Status (Clery only)		21. Home Phone	22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos	
25. Describe						26. Skin	27. Eyewear	28. Employer			
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name		Street Type	Suffix		
Bldg	Suite#	32. City		33. State	34. Zip	35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment	
39. Subject description, actions, etc											

1. Person Type OI	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nicknames/ Maiden Name			7. Race B	8. Ethnicity N	9. Sex M	10. DOB	11. Age 29	12. Hgt 6' 04"	13. Weight 200	14. Hair	15. Eye
16. Address Num	Prefix	Street Name		Street Type	Suffix	Bldg	APT# 2	17. City North Syracuse		18. State NY	
19. Zip	20. Resident Status (Clery only)		21. Home Phone	22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos	
25. Describe						26. Skin	27. Eyewear	28. Employer			
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name		Street Type	Suffix		
Bldg	Suite#	32. City		33. State	34. Zip	35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment	
39. Subject description, actions, etc											

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 20.40 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

12. PRINT NAME
James Snell

13. ID#
0680

14. SIGNATURE
Electronically Signed

Administrative Use Only

15. SUPERVISOR NAME (PRINT)
Sgt S Amyot

16. ID# APPROVED DATE
0660 09/08/2020

17. APPROVED BY SIGNATURE
Approved Electronically

Page 3 of 3

SHERIFF POLICE DEPARTMENT Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-425120																																																																			
4. Incident Date 09/07/2020		5. Incident Time 19:42		6. Incident Address [REDACTED]																																																																			
7. Type of Incident FGHT		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Cloudy																																																																			
10. Subject Name (Last, First, MI) [REDACTED]		11. Sex F	12. Age 23	13. Ht. 504	14. Wt. 185																																																																		
				15. Race White	9. Lighting Conditions Daylight																																																																		
16. Applicable Subject Conditions (Check all that apply)																																																																							
<input checked="" type="checkbox"/> Psychological Intimidation		<input type="checkbox"/> Actually Armed		<input type="checkbox"/> Flight on Foot																																																																			
<input checked="" type="checkbox"/> Verbal Non-Compliance		<input type="checkbox"/> Reported to be Armed		<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____																																																																			
<input checked="" type="checkbox"/> Passive Resistance		<input type="checkbox"/> History of Violence		<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____																																																																			
<input checked="" type="checkbox"/> Defensive Resistance		<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		<input type="checkbox"/> Fired at Member or Another with a Firearm																																																																			
<input checked="" type="checkbox"/> Active Aggression		<input type="checkbox"/> Threat of Suicide		<input type="checkbox"/> Other: _____																																																																			
<input type="checkbox"/> Agg. Active Aggression		<input checked="" type="checkbox"/> Physical Threat/Attack on Member or Another																																																																					
<input type="checkbox"/> Excited Delirium		<input type="checkbox"/> Threatened Member or Another with a Firearm																																																																					
17. Subject Management/Control Necessary To (Check all that apply)																																																																							
<input checked="" type="checkbox"/> Defend Self		<input checked="" type="checkbox"/> Prevent Commission of Offense		<input checked="" type="checkbox"/> Restrain for Subject's Safety																																																																			
<input type="checkbox"/> Defend Another		<input type="checkbox"/> Prevent Escape		<input type="checkbox"/> Assist Other Agency																																																																			
<input type="checkbox"/> Effect Arrest		<input type="checkbox"/> Prevent Suicide		<input type="checkbox"/> Accomplish Official Purpose: _____																																																																			
<input checked="" type="checkbox"/> Prevent Violent Misdemeanor		<input type="checkbox"/> Prevent Violent Felony		<input type="checkbox"/> Other: _____																																																																			
18. Location of Subject's Weapon(s)		19. Multiple Combatants (If yes, how many?) <input checked="" type="radio"/> Yes <input type="radio"/> No Total: 15		20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No																																																																			
21. Type of Force Used				21-A. X-26 Advanced TASER																																																																			
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22. Officer Sgt James Snell		23. ID # 680																																																																					

SHERIFF POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance <input checked="" type="radio"/> Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Used Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Snell, James, J	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>None</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Swelling/ Contusion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Abrasion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Laceration(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bone Fracture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Concussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Loss of Consciousness</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Gun Shot</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fatal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>TASER Probe Puncture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>Drive Stun Superficial</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>Apparent Prior Injury</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method Active
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33-B. Time Elapsed Prior to Start of Decontamination																																													
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35. Photos/ Video Photos Available: <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
OT				() -		
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				() -		
				() -		

43. Additional Comments

44. Officer Sgt James Snell	Sex M	Age 43	Ht. 602	Wt. 206	ID # 680	Date 09/07/2020	Time 2305
45. Sergeant <i>Sgt. Snell</i>	ID # 0660		Date 09-08-2020		Time 0014		
46. Lieutenant	ID #		Date		Time		
47. Chief/Asst. Chief	ID #		Date		Time		

Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-425120																																																																			
4. Incident Date 09/07/2020		5. Incident Time 19:42		6. Incident Address																																																																			
7. Type of Incident FGHT		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Cloudy																																																																			
10. Subject Name (Last, First, MI)		11. Sex M	12. Age 28	13. Ht. 604	14. Wt. 225																																																																		
					15. Race Black																																																																		
16. Applicable Subject Conditions (Check all that apply)																																																																							
<input checked="" type="checkbox"/> Psychological Intimidation		<input type="checkbox"/> Actually Armed		<input type="checkbox"/> Flight on Foot																																																																			
<input checked="" type="checkbox"/> Verbal Non-Compliance		<input type="checkbox"/> Reported to be Armed		<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:																																																																			
<input checked="" type="checkbox"/> Passive Resistance		<input type="checkbox"/> History of Violence		<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:																																																																			
<input checked="" type="checkbox"/> Defensive Resistance		<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced																																																																					
<input checked="" type="checkbox"/> Active Aggression		<input type="checkbox"/> Threat of Suicide																																																																					
<input type="checkbox"/> Agg. Active Aggression		<input checked="" type="checkbox"/> Physical Threat/Attack on Member or Another		<input type="checkbox"/> Fired at Member or Another with a Firearm																																																																			
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17. Subject Management/Control Necessary To (Check all that apply)																																																																							
<input checked="" type="checkbox"/> Defend Self		<input checked="" type="checkbox"/> Prevent Commission of Offense		<input checked="" type="checkbox"/> Restrain for Subject's Safety																																																																			
<input type="checkbox"/> Defend Another		<input type="checkbox"/> Prevent Escape		<input type="checkbox"/> Assist Other Agency																																																																			
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<input type="checkbox"/> Subject was Forcefully Grounded																																																																							
22. Officer Sgt James Snell		23. ID # 680																																																																					

**CICERO POLICE DEPARTMENT
Subject Management Report**

24. Subject Control Distance 4 to 6 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use: Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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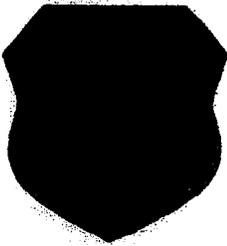
30. Primary Service Member (Last, First, MI) Snell, James, J	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Member</th> <th style="width:65%;">Injury</th> <th style="width:20%;">Subject</th> </tr> </thead> <tbody> <tr> <td align="center"><input checked="" type="checkbox"/></td> <td align="center">None</td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Swelling/ Contusion(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Abrasion(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Laceration(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Bone Fracture(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Concussion</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Loss of Consciousness</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Gun Shot</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Fatal</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center">N/A</td> <td>TASER Probe Puncture(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center">N/A</td> <td>Drive Stun Superficial</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center">N/A</td> <td>Apparent Prior Injury</td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method Active
Member	Injury	Subject																																											
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>																																											
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33-B. Time Elapsed Prior to Start of Decontamination																																													
34. Hospitalized																																													
	Yes/No	Location																																											
Member	No																																												
Subject	No																																												
35. Photos/ Video																																													
Photos Available: <input type="radio"/> Yes <input checked="" type="radio"/> No																																													
Video Available: <input type="radio"/> Yes <input checked="" type="radio"/> No																																													
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
OT				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Sgt James Snell	Sex M	Age 43	Ht. 602	Wt. 206	ID # 680	Date 09/07/2020	Time 2305
45. Sergeant	ID # 0660		Date 09-08-2020		Time 2020		
46. Lieutenant	ID #		Date		Time		
47. Chief/Asst. Chief	ID #		Date		Time		



Town of Cicero Police Department

MEMORANDUM

TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 9/9/20

SUBJECT: DR 20-425069

On 9/9/20 I conducted a use of force review regarding [REDACTED] and Sgt James Snell. On 9/7/20 Sgt Snell was dispatched to the parking lot of [REDACTED] regarding a suicidal person. Further investigation showed that [REDACTED] did not make any statements to harm himself but appeared highly intoxicated and had a leg injury. NVACC Ambulance determined that [REDACTED] leg injury was severe enough that if he did not go to the hospital it would be harmful to himself. [REDACTED] refused to leave the vehicle that he was a passenger in and would not get onto the stretcher. Sgt Snell attempted to use Taser compliance which was unsuccessful. Taser was holstered and Sgt Snell along with [REDACTED] held onto [REDACTED] as the paramedics administered a sedative to [REDACTED]. Once administered the sedative took effect and [REDACTED] was removed from the vehicle and into the ambulance without further incident. Use of Force was within Department Policy.

CNYLEADS Incident Report Form 3.8 (Rev. 2/07)

Printed by AMYOT0660 on 09/08/20 at 00:45:15

Agency Name Cicero Police Department						ORI: NY0335100	Location Code 3451	Beat	1. DR Number 20-425069			
2. Inc. Address Num 8003	Prefix	Street Name Brewerton	Street Type RD	Suffix	Bldg.	APT#	3. City Cicero	4. State NY	5. Zip 13039			
6. Incident Type INTX		7. Premise Name Well Now Urgent Care			8. Alarm#	9. Occurred Date/ Time 09/07/2020 18:00		10. To Date/ Time 09/07/2020 18:51				
11. Disp. Address Num 8003	Prefix	Street Name Brewerton	Street Type RD	Suffix	Bldg.	APT#	12. City Cicero	13. Dispatched Date/ Time 09/07/2020 18:53				
INCIDENT	Weapon 1 A 77	Weapon 2 B 77	Weapon 3 C 77	Incident Location Type D 48	Larceny Type E 77	Bias Crime F 77	Burglary Force G 77	Burglary Entry H 77	Significant Event (Clery only)			
1. Person Type CO	2. Victim Type	3. Last [REDACTED]		First [REDACTED]	Middle [REDACTED]	4. Suffix		5. Business Name				
6. Alias/Nickname/Maiden Name			7. Race W	8. Ethnicity N	9. Sex F	10. DOB [REDACTED]	11. Age 68	12. Hgt "	13. Wgt	14. Hair	16. Eye	
16. Address:Num [REDACTED]	Prefix	Street Name [REDACTED]		Street Type	Suffix	Bldg.	APT#	17. City Central Square		18. State NY		
19. Zip 13036	20. Resident Status (Clery only)		21. Home Phone [REDACTED]		22. Cell Phone () -		23. Soc. Sec. #	23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos		
25. Describe:						26. Skin	27. Eyewear	28. Employer				
29. Work Phone () -		30. Occupation		31. Address Num Prefix		Street Name		Street Type		Suffix		
Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill / Inj	38. Med. Treatment	
39. Subject description, actions, etc												
1. Person Type VI	2. Victim Type Individual	3. Last [REDACTED]		First [REDACTED]	Middle [REDACTED]	4. Suffix		5. Business Name				
6. Alias/Nickname/Maiden Name			7. Race W	8. Ethnicity N	9. Sex M	10. DOB [REDACTED]	11. Age 61	12. Height "	13. Weight	14. Hair	15. Eye	
16. Address:Num [REDACTED]	Prefix	Street Name [REDACTED]		Street Type	Suffix	Bldg.	APT#	17. City Central Square		18. State NY		
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Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill / Inj	38. Med Treatment	
39. Subject description, actions, etc												
1. Owner	2. Status	3. Desc. Code	4. Quantity	5. Measure	6. Item							
7. Make		8. Drug Type	9. Model		10. Serial Number		11. Gun Type		12. Gun Caliber	13. Value \$		
1. Code 04	2. Plate # [REDACTED]	3. State NY	4. Expiration 12/09/2021	5. Reg. Type PC	6. Imp. Plate N	7. VIN/HULL # [REDACTED]			8. # Occ. 1			
9. Year [REDACTED]	10. Make [REDACTED]		11. Model [REDACTED]		12. Style [REDACTED]	13. Color [REDACTED]	14. Vehicle Value	15. Damage Est.	16. Weapon In Veh	17. NCIC Ck Neg		
18. Vehicle Description / Damage												
19. Towed N	20. Owner Notif	21. Hold		22. Reason		23. To/By Tow Company			24. Truck #/ Tow Operator			
1. CASE STATUS: Closed		2. CLOSED BY: Other (see narrative)			DISPOSITION: (Clery only)			3. NYSPIN MSG:	4. DATE //	5. TIME :	Records Use Only	
6. NOTIFIED UNIT:			7. PERSON NOTIFIED:			8. NOTIFIED DATE TIME: //		9. CASE RESPONSIBILITY/TOT:		Lab Submission Request N		
False Statement made herein are punishable as a Class A Misdemeanor pursuant to 270.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY						Administrative Use Only			Page 2			
10. PRINTNAME James Snell						11. ID# 12. SIGNATURE 0680 Electronically Signed			13. SUPERVISOR NAME (PRINT) Sgt S Amyot		14. ID# APPROVED DATE 15. APPROVED BY SIGNATURE 0660 09/07/2020 Approved Electronically	

CNYLEADS Narrative Supplement 1

AGENCY Cicero Police Department				DR # 20-425069	
Person Type CO	Last Name Rosia	First Deborah	Middle L	Suffix	Business Name

On 09/07/2020, at approximately 1853hrs, while working unit 3210, I was dispatched to the Well Now Urgent Care located at 8003 Brewerton Rd for a Suicide compliant. Per the notes of the call, the suicidal person was sitting in a gray Saturn in the Parking Lot.

Upon my arrival, I observed a gray Saturn Ion bearing NY registration [REDACTED] parked in the Parking Lot. The front passenger side door was open, and a female, later identified as [REDACTED] was standing outside speaking with a male who was sitting in the front passenger seat of the vehicle. [REDACTED] said that the male's name was [REDACTED]. She advised me that [REDACTED] is her roommate, and they live in Central Square. Yesterday while at home, [REDACTED], who is a recovering alcoholic, started drinking heavily. He then left the residence and walked to the village of Phoenix. This morning [REDACTED] called [REDACTED] to pick him up, which she did. Later in the day, they went to the Walmart in Central Square. While there, [REDACTED] took a big bottle of alcohol and started drinking it very fast. He paid for the bottle of liquor and then left the Walmart on foot. [REDACTED] could not find him, so she drove home. At around 1800hrs, [REDACTED] called [REDACTED] to come to pick him up again. He was at the Central Square Walmart in the parking lot. When [REDACTED] arrived, she saw that [REDACTED] was heavily intoxicated and was limping really bad. [REDACTED] took [REDACTED] to the [REDACTED] on Brewerton Rd to get something to eat. While there, [REDACTED] noticed that [REDACTED] was confused, and she as concerned that [REDACTED] foot was broken. [REDACTED] never threatened to harm himself at any point.

NAVAC ambulance arrived a few seconds after I did and determined that due to [REDACTED] injury to his foot and his intoxicated incoherent state, he needs to go to the hospital as he is a danger to himself if he does not. I spoke to [REDACTED], who was conscious but confused, slurring his words. He refused to get on the stretcher of the ambulance. At approximately 1915hrs, [REDACTED] continued to refuse to go to the hospital and then rotated his feet back into the passenger side of the vehicle. [REDACTED]. They grabbed onto [REDACTED] right arm and attempted to pull him out of the car. I went to the driver's side front door of the vehicle and told [REDACTED] to stop resisting. He refused to exit the car and was yelling. Fearing that [REDACTED] resistance would increase, I removed my Taser from the holster and told [REDACTED] to exit the vehicle, or he would get tased (I did not activate the safety). [REDACTED] told me to tase him and that he was not going to exit the vehicle. I reholstered my Taser and then grabbed [REDACTED] left hand and placed it in a wristlock. Since [REDACTED] level of resistance was only that of defensive and that we had him contained to the vehicle, I held his left arm and both [REDACTED] held his right arm and awaited the NAVAC paramedic to sedate [REDACTED]. At approximately 1919 hours, [REDACTED] was issued a sedative and started to relax his arms; however, he would not get out of the vehicle. We then pulled [REDACTED] from the vehicle, and he was placed on the NAVAC stretcher and in their restraints. [REDACTED] then calmed down and went to sleep, where he was then transported to Crouse hospital without incident.

End of report.

Printed by AMYOT0660 on 09/08/20 at 00:45:15

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page 4
PRINT NAME James Snell	ID# 0680	SIGNATURE Electronically Signed	SUPERVISOR NAME (PRINT) Sgt S Amyot	ID# APPROVED DATE APPROVED BY SIGNATURE 0660 09/07/2020 Approved Electronically

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -	2. IR# -	3. DR# 20-425069
4. Incident Date 09/07/2020	5. Incident Time 18:51	6. Incident Address [REDACTED]
6A. Incident Location		

7. Type of Incident INTX	7A. Type of Incident- Custody Dept. Only	8. Weather Conditions Cloudy	9. Lighting Conditions Daylight
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10. Subject Name (Last, First, MI) [REDACTED]	11. Sex M	12. Age 68	13. Ht. 602	14. Wt. 250	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input checked="" type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other: _____	

17. Subject Management/Control Necessary To (Check all that apply)

<input type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input checked="" type="checkbox"/> Accomplish Official Purpose: _____	Place subject in custody for medical treatment
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s)	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	---	--

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)	Yes	No	
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

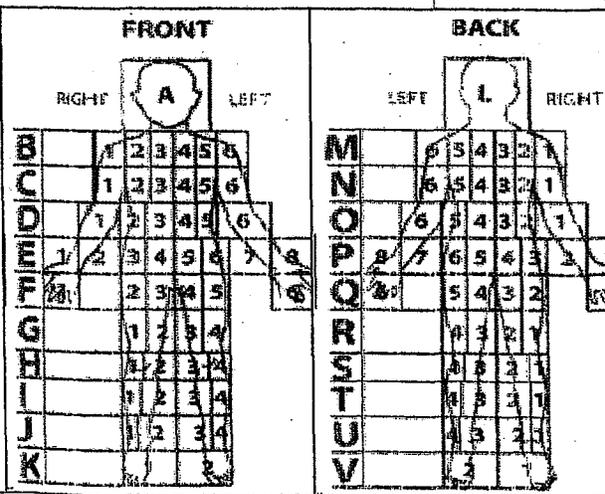
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IB8	
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer Sgt James Snell	23. ID # 680
--------------------------------	-----------------

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance <input checked="" type="checkbox"/> Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Used Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Snell, James, J	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)		
Member	Injury Type	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input checked="" type="radio"/> Yes <input type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method Active
---	--	---

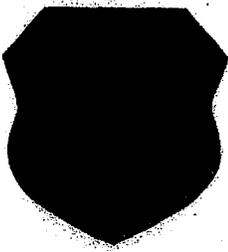
33-B. Time Elapsed Prior to Start of Decontamination		
34. Hospitalized	Yes/No	Location
Member	No	
Subject	Yes	Crouse Hospital

35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other	
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36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
OT				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Sgt James Snell	Sex M	Age 43	Ht. 602	Wt. 206	ID # 680	Date 09/07/2020	Time 2305
45. Sergeant SGT. <i>[Signature]</i>	ID # 0660	Date 09-07-2020	Time 2313				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				



Town of Cicero Police
Department

MEMORANDUM

*TAKE
DIR*

TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 3/20/20

SUBJECT: DR 20-192892

On 3/20/20 I conducted a use of force review involving Sgt James Snell, Officer Sean Wallace and individual [REDACTED]. On 03/10/20 at 2043 hours Officers were dispatched to [REDACTED] regarding [REDACTED] who was reported by his mother [REDACTED] to be suicidal by means of ingesting pills. [REDACTED] ran out of the house to a nearby shed and was on the roof. Sgt Snell encountered [REDACTED] who then jumped off the roof and started running. [REDACTED] stopped running when Sgt Snell stated he would tase him, but as Sgt Snell approached, [REDACTED] tried to push him away. Sgt Snell took [REDACTED] to the ground where he and Office Wallace had the forcibly place [REDACTED] hands/arms behind his back so he could be handcuffed. Use of Force was consistent with department policy and was necessary due to [REDACTED] actions.

CNYLEADS Supplemental Report Cover Page

Agency Name
Cicero Police Department

ORI NY0335100	Location Code 3451	Incident Complaint Number 20-192892
Incident Type DOMV	Occurred Date/ Time 03/10/2020 19:00	Follow-up / Supplemental Date / Time 03/13/2020 20:40
Incident Address: Number 8581	Prefix <input type="text"/>	Street Name Tartan
		Street Type EXT
		Suffix N
Related DR Number <input type="text"/>		

- | Select Page(s) to use & go to page | Select Page(s) |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> NARRATIVE PAGE 1 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 3 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 4 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 5 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 6 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 1-3 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 4-6 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 7-9 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 10-12 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 13-15 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 16-18 | <input type="checkbox"/> |
| <input type="checkbox"/> VEHICLE PAGE | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 1 | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> OFFENSE PAGE | <input type="checkbox"/> |

1. CASE STATUS: Closed	2. CLOSED BY: Other (see narrative)	DISPOSITION: (Clery only)	3. NYSPI MSG:	4. DATE //	5. TIME :	Records Use Only
6. NOTIFIED UNIT:	7. PERSON NOTIFIED:	8. NOTIFIED DATE TIME: // :	9. CASE RESPONSIBILITY/OT:		Lab Submission Request N	
<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> 10. PRINT NAME Sean Wallace			<small>Administrative Use Only</small> 11. ID# 0720 12. SIGNATURE Electronically Signed			13. SUPERVISOR NAME (PRINT) Sgt John Baldini
			14. ID# 0620	APPROVED DATE 03/16/2020	15. APPROVED BY SIGNATURE Approved Electronically	Page 1 of 2

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-192892			
Incident Type DOMV	Person Type VI	Victim Type Individual				
Last Name Kimpland	First Dante	Middle	Suffix	DOB 01/08/2005	Business Name	

On 03/10/2020 at 2043 hours, while working post 3202C, I was dispatched to [REDACTED] regarding a missing suicidal person complaint.

Upon my arrival, I spoke with the victim, [REDACTED] mother [REDACTED] [REDACTED] stated [REDACTED] made suicidal statements yesterday and today attempted to ingest pills, before leaving the house an hour and a half before my arrival. [REDACTED] also indicated [REDACTED] was given in-school suspension for making inappropriate comments. In return, she took his cellphone away and told him he could not have friends over.

Upon Sgt. Snell's arrival, I left the residence and began checking the area for [REDACTED], which yielded negative results. Sgt. Snell then requested me back at the residence, at which time we began to check the interior. During the check, I heard someone from upstairs yell that [REDACTED] had just run out the back of the residence.

I proceeded to the backyard where I and other units were unable to locate [REDACTED]. I began to check the surrounding area in my patrol vehicle, during which I heard [REDACTED] say he saw [REDACTED] running down Palisades towards Tartan Drive. I then observed [REDACTED] run into the back yard of [REDACTED], where he climbed on top of a shed. Upon speaking with [REDACTED] you could tell he was extremely emotional; he was also swearing and yelling at the police to leave him alone.

After a few minutes, [REDACTED] jumped off the shed towards Sgt. Snell at which time I ran around the fence and saw that Sgt. Snell had [REDACTED] on the ground in the prone position. [REDACTED] was ignoring verbal commands to place his hands behind his back and we had to force his arms behind him and into handcuffs. [REDACTED] was then moved to a seated position until he calmed down and was secured in the rear of my patrol vehicle.

[REDACTED] was then transported back to his residence, where he was eventually turned over to EMS personnel from the Brewerton Fire Department.

Subject management form completed.

End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSP. AFFIRMED UNDER PENALTY OF PERJURY

12. PRINT NAME
Sean Wallace

13. ID# 14. SIGNATURE
0720 Electronically Signed

Administrative Use Only

15. SUPERVISOR NAME (PRINT)
Sgt John Baldini

16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE
0620 03/16/2020 Approved Electronically

Page 2
of 2

CNYLEADS Supplemental Report Cover Page

Agency Name
Cicero Police Department

ORI NY0335100	Location Code 3451	Incident Complaint Number 20-192892		
Incident Type DOMV	Occured Date/ Time 03/10/2020 19:00		Follow-up / Supplemental Date / Time 03/10/2020 20:43	
Incident Address: Number 8581	Prefix 	Street Name Tartan	Street Type DR	Suffix N

Related DR Number

-

- | Select Page(s) to use & go to page | Select Page(s) |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> NARRATIVE PAGE 1 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 3 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 4 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 5 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 6 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> INVOLVED PERSONS 1-3 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 4-6 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 7-9 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 10-12 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 13-15 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 16-18 | <input type="checkbox"/> |
| <input type="checkbox"/> VEHICLE PAGE | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 1 | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> OFFENSE PAGE | <input type="checkbox"/> |

1. CASE STATUS: Closed	2. CLOSED BY: Other (see narrative)	DISPOSITION: (Clerk only)	3. NYSFIN MSG:	4. DATE: //	5. TIME: :	Records Use Only
6. NOTIFIED UNIT:	7. PERSON NOTIFIED:	8. NOTIFIED DATE TIME: //	9. CASE RESPONSIBILITY/TOT:		Lab Submission Request N	
<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> 10. PRINT NAME James Snell		<small>Administrative Use Only</small> 11. ID# 0680 12. SIGNATURE Electronically Signed		13. SUPERVISOR NAME (PRINT) Sgt S Amyot		Page 1 of 3
		14. ID# 0660 APPROVED DATE 03/11/2020		15. APPROVED BY SIGNATURE Approved Electronically		

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-192892		
Incident Type DOMV	Person Type VI	Victim Type Individual			
Last Name Kimpland	First Dante	Middle	Suffix	DOB 01/08/2005	Business Name

On 03/10/2020 at approximately 2043 hrs. while working Unit 3210I was dispatched to [REDACTED] for an endangered missing person. Upon my arrival, Officer Flansburg was speaking to [REDACTED] the mother of the missing person. Per [REDACTED] her son, [REDACTED] made suicidal statements yesterday and today attempted to ingest multiple pills and left the residence. [REDACTED] said that she had been looking for [REDACTED] in the neighborhood for over and an hour. [REDACTED]

At approximately 2055 hrs. [REDACTED] arrived and started an exterior search with his partner shortly after gaining a piece of [REDACTED] clothing from his bedroom.

I called Unit 3202C back to the residence so we could search the interior of the residence. At approximately 2101 hrs. 3202C arrived at the residence and we began to search the house starting with the basement. At approximately 2104 hrs. [REDACTED] grandmother went into her bedroom and saw [REDACTED] hiding under a pile of her clothes. [REDACTED] then jumped out the 2nd story window into the back yard, jumped the fence, and took off into the neighborhood.

At approximately 2114 hrs. [REDACTED] saw [REDACTED] running on Palisades Drive and then into a back yard. [REDACTED] then climbed onto the roof of a shed in the backyard of [REDACTED] [REDACTED] was swearing and yelling at the police to leave him alone. After approximately 2 minutes, [REDACTED] jumped off the roof and started running through the yard towards a fence. Due to the fact that [REDACTED] threatened suicide, possibly ingested pills, and his erratic behavior, I told [REDACTED] to stop or I was going to tase him. [REDACTED] said "no, no, no" and turned around facing me. As I approached [REDACTED] he had his arms out and tried to push me away from him. I grabbed [REDACTED] around the upper body and took him to the ground. [REDACTED] arms were underneath him and he refused to put them behind his back. A few seconds later Officer Wallace arrived, and we forced [REDACTED] arms behind his back and he was placed into handcuffs. [REDACTED] was placed in Officer Wallace's patrol car and an ambulance was requested to the scene to evaluate/transport [REDACTED] to the hospital.

At no time did I remove my department issued taser from its holster.

End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 264.5 NYSPL AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page	2
12. PRINT NAME James Snell	13. ID# 0680	14. SIGNATURE Electronically Signed	15. SUPERVISOR NAME (PRINT) Sgt S Amyot	16. ID# APPROVED DATE 0660 03/11/2020	17. APPROVED BY SIGNATURE Approved Electronically

CNYLEADS Involved Persons 1-3 Supplement

DR # 20-192892

1. Person Type VI	2. Victim Type Individual	3. Last [REDACTED]	First [REDACTED]	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name			7. Race B	8. Ethnicity N	9. Sex M	10. DOB [REDACTED]	11. Age [REDACTED]	12. Hgt 5' 10"	13. Wgt 175	14. Hair BLK	15. Eye BRO
16. Address Num [REDACTED]	Prefix	Street Name [REDACTED]		Street Type [REDACTED]	Suffix N	Bldg.	APT#	17. City Cicero		18. State NY	
19. Zip 13039	20. Resident Status (Clery only)		21. Home Phone [REDACTED]		22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos
25. Describe:						26. Skin	27. Eyewear		28. Employer		
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name			Street Type	Suffix	
Bldg.	Suffix#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment
39. Subject description, actions, etc											

1. Person Type PG	2. Victim Type	3. Last [REDACTED]	First [REDACTED]	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name			7. Race B	8. Ethnicity N	9. Sex F	10. DOB //	11. Age	12. Hgt 5' 11"	13. Weight	14. Hair	15. Eye
16. Address Num [REDACTED]	Prefix	Street Name [REDACTED]		Street Type [REDACTED]	Suffix [REDACTED]	Bldg.	APT#	17. City Cicero		18. State NY	
19. Zip 13039	20. Resident Status (Clery only)		21. Home Phone [REDACTED]		22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos
25. Describe:						26. Skin	27. Eyewear		28. Employer		
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name			Street Type	Suffix	
Bldg.	Suffix#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment
39. Subject description, actions, etc											

1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name			7. Race	8. Ethnicity	9. Sex	10. DOB //	11. Age	12. Hgt 5' 11"	13. Wgt	14. Hair	15. Eye
16. Address Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City		18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos
25. Describe:						26. Skin	27. Eyewear		28. Employer		
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name			Street Type	Suffix	
Bldg.	Suffix#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment
39. Subject description, actions, etc											

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NY S.P.L. AFFIRMED UNDER PENALTY OF PERJURY

12. PRINT NAME
James Suell

13. ID#
0680

14. SIGNATURE
Electronically Signed

Administrative Use Only

15. SUPERVISOR NAME (PRINT)
Sgt S Amyot

Page 3 of 3

16. ID# APPROVED DATE
0660 03/11/2020

17. APPROVED BY SIGNATURE
Approved Electronically

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Snell, James, J	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input type="checkbox"/> No	33-A. Decontamination Method
Member	Injury	Subject																																											
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>																																											
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N/A	Apparent Prior Injury	<input type="checkbox"/>																																											
33-B. Time Elapsed Prior to Start of Decontamination																																													
34. Hospitalized																																													
		Yes/No	Location																																										
Member	No																																												
Subject	No																																												
35. Photos/ Video																																													
Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No																																													
Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No																																													
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other _____																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Sgt James Snell	Sex M	Age 43	Ht. 602	Wt. 200	ID # 680	Date 03/10/2020	Time 2242
45. Sergeant <i>Sgt. Snell</i>					ID # 0660	Date 03/12/2020	Time 0017
46. Lieutenant					ID #	Date	Time
47. Chief/Asst. Chief					ID #	Date	Time

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			CR # 20-192892			
Incident Type DOMV	Person Type VI	Victim Type Individual				
Last Name Kimpland	First Dante	Middle	Suffix	DOB 01/08/2005	Business Name	

On 03/10/2020 at approximately 2043 hrs. while working Unit 3210 I was dispatched to [REDACTED] for an endangered missing person. Upon my arrival, Officer Flansburg was speaking to [REDACTED] the mother of the missing person. Per [REDACTED] her son, Dante Kimpland, made suicidal statements yesterday and today attempted to ingest multiple pills and left the residence. [REDACTED] said that she had been looking for [REDACTED] in the neighborhood for over and an hour. [REDACTED]

At approximately 2055 hrs. [REDACTED] arrived and started an exterior search with his partner shortly after gaining a piece of [REDACTED] clothing from his bedroom.

I called Unit 3202C back to the residence so we could search the interior of the residence. At approximately 2101 hrs. 3202C arrived at the residence and we began to search the house starting with the basement. At approximately 2104 hrs. [REDACTED] grandmother went into her bedroom and saw [REDACTED] hiding under a pile of her clothes. [REDACTED] then jumped out the 2nd story window into the back yard, jumped the fence, and took off into the neighborhood.

At approximately 2114 hrs. [REDACTED] saw [REDACTED] running on Palisades Drive and then into a back yard. [REDACTED] then climbed onto the roof of a shed in the backyard of [REDACTED] [REDACTED] was swearing and yelling at the police to leave him alone. After approximately 2 minutes [REDACTED] jumped off the roof and started running through the yard towards a fence. Due to the fact that [REDACTED] threatened suicide, possibly ingested pills, and his erratic behavior, I told [REDACTED] to stop or I was going to tase him. [REDACTED] said "no, no, no" and turned around facing me. As I approached [REDACTED] he had his arms out and tried to push me away from him. I grabbed [REDACTED] around the upper body and took him to the ground. [REDACTED] arms were underneath him and he refused to put them behind his back. A few seconds later Officer Wallace arrived, and we forced [REDACTED] arms behind his back and he was placed into handcuffs. [REDACTED] was placed in Officer Wallace's patrol car and an ambulance was requested to the scene to evaluate/transport [REDACTED] to the hospital.

At no time did I remove my department issued taser from its holster.

End of report.

<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> 12. PRINT NAME James Snell		<small>Administrative Use Only</small> 13. ID# 14. SIGNATURE 0680 Electronically Signed		15. SUPERVISOR NAME (PRINT) Sgt S Amyot		16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE 0660 03/11/2020 Approved Electronically		Page 2 of 3
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CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-192892		
4. Incident Date 03/10/2020		5. Incident Time 21:16	6. Incident Address Cicero, NY 13039			6A. Incident Location Outdoor
7. Type of Incident SUIC		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Clear Sky/Dark		9. Lighting Conditions Poor Artificial Light

10. Subject Name (Last, First, MI) [REDACTED]				11. Sex M	12. Age [REDACTED]	13. Ht. 6'00"	14. Wt. 150	15. Race Black
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16. Applicable Subject Conditions (Check all that apply)

<input checked="" type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input checked="" type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input type="checkbox"/> Defensive Resistance	<input type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input checked="" type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other: _____	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input checked="" type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose: _____	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s)		19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:		20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No	
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21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

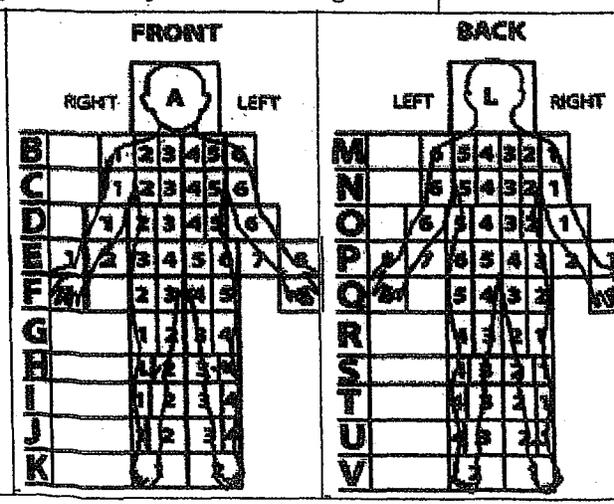
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	101	
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer S. Wallace <i>[Signature]</i>		23. ID # 720	
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CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Wallace, Sean P	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)

Member	Injury Type	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination

34. Hospitalized		Yes/No	Location
Member	<input type="checkbox"/>	No	
Subject	<input type="checkbox"/>	No	

35. Photos/ Video

Photos Available Yes No

Video Available Yes No

TASER Cam Car Cam Fixed Position SERT Other _____

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City /State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer S. Wallace <i>[Signature]</i>	Sex M	Age 26	Ht. 5'05"	Wt. 155	ID # 720	Date 03/10/2020	Time 2204
45. Sergeant <i>SGT. [Signature]</i>	ID # 0660	Date 03-11-2020	Time 2350				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-192892			
Incident Type DOMV	Person Type VI	Victim Type Individual				
Last Name Kimpland	First Dante	Middle	Suffix	DOB 01/08/2005	Business Name	

On 03/10/2020 at 2043 hours, while working post 3202C, I was dispatched to [REDACTED] regarding a missing suicidal person complaint.

Upon my arrival, I spoke with the victim, [REDACTED], mother [REDACTED] [REDACTED] stated [REDACTED] made suicidal statements yesterday and today attempted to ingest pills, before leaving the house an hour and a half before my arrival. [REDACTED] also indicated [REDACTED] was given in-school suspension for making inappropriate comments. In return, she took his cellphone away and told him he could not have friends over.

Upon Sgt. Snell's arrival, I left the residence and began checking the area for [REDACTED] which yielded negative results. Sgt. Snell then requested me back at the residence, at which time we began to check the interior. During the check, I heard someone from upstairs yell that [REDACTED] had just run out the back of the residence.

I proceeded to the backyard where I and other units were unable to locate [REDACTED] I began to check the surrounding area in my patrol vehicle, during which I heard [REDACTED] say he saw [REDACTED] running down Palisades towards Tartan Drive. I then observed [REDACTED] run into the back yard of [REDACTED] where he climbed on top of a shed. Upon speaking with [REDACTED] you could tell he was extremely emotional; he was also swearing and yelling at the police to leave him alone.

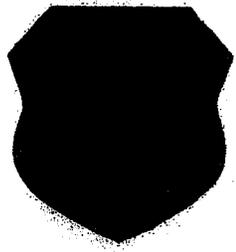
After a few minutes, [REDACTED] jumped off the shed towards Sgt. Snell at which time I ran around the fence and saw that Sgt. Snell had [REDACTED] on the ground in the prone position. [REDACTED] was ignoring verbal commands to place his hands behind his back and we had to force his arms behind him and into handcuffs. [REDACTED] was then moved to a seated position until he calmed down and was secured in the rear of my patrol vehicle.

[REDACTED] was then transported back to his residence, where he was eventually turned over to EMS personnel from the Brewerton Fire Department.

Subject management form completed.

End of report.

<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> 12. PRINT NAME Sean Wallace		13. ID# 0720		14. SIGNATURE Electronically Signed		Administrative Use Only 15. SUPERVISOR NAME (PRINT) Sgt John Baldini		16. ID# APPROVED DATE 0620 03/16/2020		17. APPROVED BY SIGNATURE Approved Electronically		Page 2
											of 2	



Town of Cicero Police Department

Taser
ADVISE

MEMORANDUM

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 15/05/19
SUBJECT: DR 19-533134

On 12/05/19 I conducted a Use of Force review for DR 19-533134 involving [REDACTED] and Officer Thomas Leo.

On 11/12/19 at 0632 hours Officer Leo investigated a status check of a male that was laying in front of a disabled vehicle. Officer Leo located subject [REDACTED] walking in the area away from the disabled vehicle and observed he had wet pants which indicated he was the individual laying on the ground in front of the vehicle. Officer Leo approached [REDACTED] who stated " I don't answer questions". Officer Leo detected indicators that [REDACTED] was intoxicated and explained that he was being detained and attempted to have [REDACTED] sit in his patrol vehicle. [REDACTED] pulled away and stated "you can't do that ". Officer Leo placed [REDACTED] up against the patrol vehicle and was giving verbal commands including ~~threat to use the taser for~~ [REDACTED] to comply and if he didn't he would be taken to the ground. [REDACTED] did not comply and was taken to the ground and successfully handcuffed by Officer Leo. Also no second Officer was on scene during the incident. Officer Leo actions were necessary and authorized in holding this individual who was later identified by a witness as the driver and was arrested for the appropriate charges.

Voluntary Affidavit

State of New York
County of Onondaga

DR# 19-533134

Town of Cicero

I, [REDACTED], being duly sworn, deposes and says that I am 54 years of age with a date of birth of 03/11/1965. I reside at [REDACTED] and my phone number is [REDACTED].

I am voluntarily giving this affidavit to M Serafin from the Town of Cicero Police Department. I am giving this statement on 11/12/2019 at 07:20. I am giving this at Pinegrove Road.

I would just like to state that I am a North Syracuse School District Bus Driver and was transported students this morning when I saw a small red compact sedan that was off the roadway and in someones lawn at the corner of Pinegrove Road West and Hogan Drive. The vehicle had its back up lights on and appeared to be trying to reverse out of the yard. The driver was sitting on his front drivers seat with the door open and his legs were sticking out. The driver was wearing tan pants. I then continued my route and when I drove back through, I observed a white male wearing a black shirt tan pants with blond hair standing at the bottom of the lawn near a hill. The male kept falling and was staggering back towards his car. He appeared to be intoxicated to me because he appeared to be having difficulty standing and walking. While I was in my bus, I opened the door and asked him if he was okay? The driver mumbled and continued to try to walk up the yard towards his car. I then radioed dispatch to advise them of the situation and they called 911.

Later on, I asked to go back to the scene and speak with the police. When I arrived, Officer Leo from the Cicero Police Department, had a male subject who they believed was driving the red compact sedan. When I looked at the male subject that was in the Cicero Police car, it was the same male that I saw earlier trying to get into the red sedan.

MLB

I have read this page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

[REDACTED]

[Signature]
Witness

Subject Management Report

1. ICN -		2. IR# -		3. DR# 19-533134	
4. Incident Date 11/12/2019	5. Incident Time 06:32	6. Incident Address ████████████████████		6A. Incident Location Outdoor	
7. Type of Incident PDAA		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Snow/Sleet	9. Lighting Conditions Daylight

10. Subject Name (Last, First, MI) ██████████			11. Sex M	12. Age 53	13. Ht. 5'11	14. Wt. 195	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input checked="" type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other:	

17. Subject Management/Control Necessary To (Check all that apply)

<input type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose:	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s)	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
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21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	No
Empty Hand Control- Hard	N/A	N/A	
OC Spray	No	No	
Impact Weapon	No	No	
TASER (CEW)	Yes	No	
Less Lethal Munitions	No	No	
Deadly Physical Force	No	No	
SWAT Activation	No	No	
SERT Activation	No	No	
K-9	No	No	

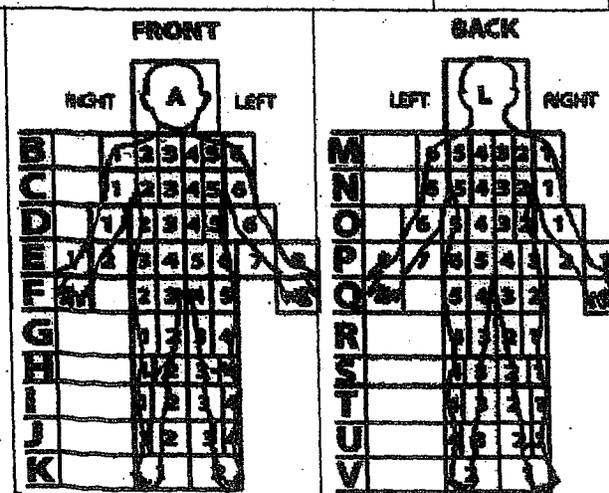
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	Count
1 Soft Empty Hand	IE1
2 Hard Empty Hand	IP2
3 OC Spray	IM6
4 Impact Weapon	IM5
5 TASER (drive stun)	
6 TASER (probes)	
7 Less Lethal Munitions	
8 Firearm	
9 K9	
10 Other	

Subject was Forcefully Grounded



22. Officer	23. ID #
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**CICERO POLICE DEPARTMENT
Subject Management Report**

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
---	--	---

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Leo Thomas J.	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)

Member	Injury	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination

34. Hospitalized	Yes/No	Location
Member	No	
Subject	No	

35. Photos/ Video
 Photos Available Yes No
 Video Available Yes No
 TASER Cam Car Cam Fixed Position SERT Other _____

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
	██████████	████████████████████	██████████	██████████	53	M
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Leo, Thomas J.	Sex	Age	Ht.	Wt.	ID #	Date	Time
	M	46	5'08	225	650	11/12/2019	0645
45. Sergeant Sgt James Srev	ID #	Date	Time				
	0680	11/15/19	1413				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

Cicero Police Department
DWI Supporting Deposition

DR# 19-533134

Additional Comments:

The following is a complete narrative account from the time that I first observed the vehicle until the release of the defendant; however, it is not intended to repeat those observations and actions detailed elsewhere in this deposition. (Any unusual circumstances will be included):

On November 12, 2019 at approximately 0632hrs while working unit 3201b I responded to the area of W Pine Grove Rd and Hogan Dr for a Status Check of a male and a vehicle. I was advised by 911 that the complainant, [REDACTED] saw a Red vehicle off the road and in a front lawn with a white male laying next to it. I was then advised it appeared the male was attempting to leave.

While arriving in the area I located a white male wearing Tan pants and a Black shirt walking on W Pine Grove Rd towards Brewerton Rd, the males pants appeared to be wet. The male was staggering in the road carrying a plastic bag. I stopped and exited my patrol vehicle to inquire if the vehicle in the lawn, approximately .25 miles East of where I located the male was his vehicle. I asked the male, later identified as [REDACTED] if it was his vehicle in the lawn, to which he replied "I don't answer questions". I then asked his name and if he had any identification on him, to which he replied "I don't have Id". While speaking with [REDACTED] I could smell the strong odor of an alcoholic beverage emitting from his breath. He was swaying and staggering in the road. I believed [REDACTED] to be the driver of the vehicle I was responding to, so I asked him to sit in my marked patrol car and we would go to his vehicle. [REDACTED] stated "I'm not driving". I again advised him I was placing him in my vehicle as I grabbed his right wrist. [REDACTED] pulled away and staggered into the road and stated "you can't do that". I grabbed on to him and pushed him up against the rear of my patrol vehicle and advised him I was detaining him. He attempted to pull away and continued to resist my verbal commands to place his hands behind his back, or I would Tase him. He tensed up his upper body and refused to release his hands. In a raised voice I continued to command [REDACTED] to stop resisting, to the point a (wi) [REDACTED] was outside came over to me and asked if I needed help. I thank him and advised him I was ok for now but to stand by. I kept giving verbal commands to [REDACTED] and informed him if he did not stop I would be forced to take him to the ground. [REDACTED] continued to resist so I forcefully took him to the ground. Once there after a few minutes I was able to place [REDACTED] in custody. I thanked [REDACTED] for offering to assist and advised if I need anything from him I would contact him.

Once in custody I transported [REDACTED] to W Pine Grove Rd and Hogan Dr, [REDACTED]. Prior to arriving [REDACTED] stated "I served to miss a car and ended up in a lawn". I asked how much he had been drinking and he said "a few". Upon arrival I asked if the Red (NY registration [REDACTED]) car was his and he stated it was. The NY registration showed registered to [REDACTED] of [REDACTED] Syracuse Ny 13219.

[REDACTED] arrived with me at [REDACTED]. I asked [REDACTED] if he was willing to perform a series of field sobriety test. [REDACTED] stated he would. I had him exit the my patrol vehicle and took his handcuffs off. We walked to the rear of my vehicle, [REDACTED] was swaying and staggering as he walked. Once at the rear I asked him if he knew the alphabet, and he started to say it. I told him to stop, and start with the letter D and end with W. He started with D and spelled his last name- [REDACTED]. He stopped and attempted it (3) more times each time spelling his last name. I then attempted to have [REDACTED] perform the following field sobriety tests; One Leg Stand, and Walk and Turn, while explaining the One Leg Stand. [REDACTED] stated "lets just get this over with I'm not doing any test". I asked him if he would take an Alco-Sensor test to which he stated he would. I then administered an Alco-Sensor test which he failed.

[REDACTED] was placed in custody at 0707 for DWI and transported to the Cicero Police Department.

At 0808, 0815, 0851 [REDACTED] was administered the Datamaster DMT Test which yielded a Invalid Sample. At 0913hrs [REDACTED] was again administered the Datamaster DMT Test which yielded result of .28%BAC. He was issued (6) Utt's to appear in the Town of Cicero Court on the 28th day of January 2020 at 1400hrs. He was fingerprinted and photographed. His vehicle was towed from the accident scene due to his intoxication level, and him not knowing where he was.

Continued on next page

Charges Continued from Cover Page

Name	Section	Name	Section

Cicero Police Department
DWI Supporting Deposition

DR# 19-533134

Additional Comments:

Prior to transporting [redacted] to the Cicero Police Department the complainant [redacted] returned to the scene. I asked her if the white male in the rear of my patrol vehicle was the same one she saw sitting in the Red car, and she said it was. Officer Serafin secured a statement from [redacted]

[redacted] stated while driving school bus she saw a smaller Red car in a front lawn. It appeared to her as if the vehicle was attempting to leave as the back up lights were on, the driver was sitting in the drivers seat with the door open and his legs were sticking out. She could tell the driver was wearing Tan pants. A short time later [redacted] saw the vehicle still sitting in the front yard, there was a white male wearing a black shirt and tan pants with blond hair standing at the bottom of the lawn near a hill. The male kept falling and was staggering back towards his car. [redacted] stated the male appeared to be intoxicated as he had difficulty standing and walking. She stopped her bus and asked the driver if he was ok. The driver "mumbled and continued to try and walk up the yard towards his car". She then radioed her dispatch to advise them of the situation and they called 911.

After issuing [redacted]s Utt's I transported him to his residence.

End of report.

Charges Continued from Cover Page

Name	Section	Name	Section

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -		2. IR# -		3. DR# 19-533134	
4. Incident Date 11/12/2019	5. Incident Time 06:32	6. Incident Address [REDACTED]		6A. Incident Location Outdoor	
7. Type of Incident PDAA		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Snow/Sleet	9. Lighting Conditions Daylight

10. Subject Name (Last, First, MI) [REDACTED]			11. Sex M	12. Age 53	13. Ht. 5'11	14. Wt. 195	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input checked="" type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other:	

17. Subject Management/Control Necessary To (Check all that apply)

<input type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose:	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s)	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	---	--

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	No
Empty Hand Control- Hard	N/A	N/A	
OC Spray	No	No	
Impact Weapon	No	No	
TASER (CEW)	Yes	No	
Less Lethal Munitions	No	No	
Deadly Physical Force	No	No	
SWAT Activation	No	No	
SERT Activation	No	No	
K-9	No	No	

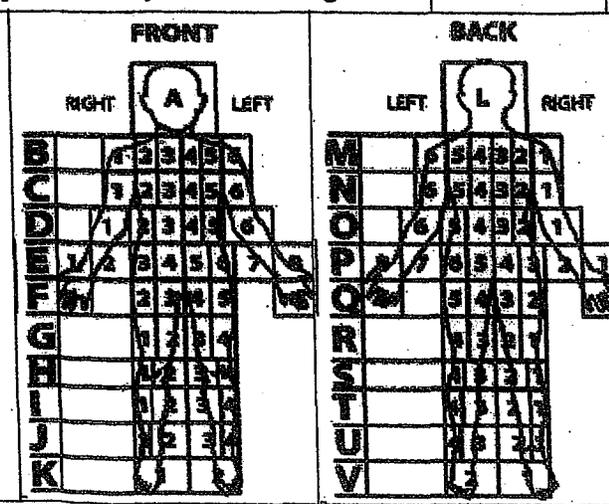
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IE1	
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer	23. ID #
-------------	----------

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
---	--	--

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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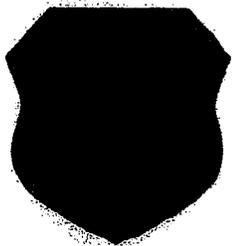
30. Primary Service Member (Last, First, MI) Leo Thomas J.	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method 33-B. Time Elapsed Prior to Start of Decontamination <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">34. Hospitalized</th> <th>Yes/No</th> <th>Location</th> </tr> <tr> <td>Member</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Subject</td> <td>No</td> <td></td> <td></td> </tr> </table>	34. Hospitalized		Yes/No	Location	Member	No			Subject	No		
Member	Injury	Subject																																																							
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34. Hospitalized		Yes/No	Location																																																						
Member	No																																																								
Subject	No																																																								
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other																																																									

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -	53	M
				() -		
				() -		

43. Additional Comments

44. Officer Leo, Thomas J.	Sex M	Age 46	Ht. 5'08	Wt. 225	ID # 650	Date 11/12/2019	Time 0645
45. Sergeant Sgt James Srev	ID # 6680		Date 11/15/19		Time 1413		
46. Lieutenant	ID #		Date		Time		
47. Chief/Asst. Chief	ID #		Date		Time		



Town of Cicero Police Department

sent to
12/20/20
10-

MEMORANDUM

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 01/04/20
SUBJECT: DR 20-104540

On January 4, 2020, I conducted a Use of Force Review under DR 20-104540 involving suspect [REDACTED].

On January 3, 2020 at 1835 hours Officer Gray and Sgt Snell responded to [REDACTED] regarding a physical domestic complaint. Upon arrival they spoke with victim [REDACTED] who was involved in a physical altercation with his son [REDACTED] and desired to file a complaint against his son which developed probable cause for arrest of [REDACTED]. [REDACTED] also appeared intoxicated and Officers received information that he was carrying a knife.

Officer Gray and Sgt Snell located [REDACTED] in his bedroom inside the residence and upon speaking with him he disregarded Officer Gray's verbal commands and at one point stood up, started to approach Officer Gray still disregarding verbal commands to turn around. At that time Sgt Snell applied Taser compliance by pointing his Taser at [REDACTED] and turning it on to allow the red dot to be placed on target. Sgt Snell then issued verbal commands which [REDACTED] did comply with and Officer Gray was able to take [REDACTED] into custody without incident.

The display of use of force in this incident was consistent with Department Policy and in this incident may have discouraged the suspect to become physical resistive with the Officers.

**Agency Name
Cicero Police Department**

ORI NY0335100	Location Code 3451	Incident Complaint Number 20-104540		
Incident Type DOMP	Occurred Date/ Time 01/03/2020 18:30	Follow-up / Supplemental Date / Time 01/03/2020 18:35		
Incident Address: Number 7887	Prefix 	Street Name Pegler	Street Type BLVD	Suffix

Related DR Number

-

Select Page(s) to use & go to page

Select Page(s)

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> NARRATIVE PAGE 1 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 3 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 4 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 5 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 6 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> INVOLVED PERSONS 1-3 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 4-6 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 7-9 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 10-12 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 13-15 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 16-18 | <input type="checkbox"/> |
| <input type="checkbox"/> VEHICLE PAGE | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 1 | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> OFFENSE PAGE | <input type="checkbox"/> |

1. CASE STATUS: Closed	2. CLOSED BY: Arrest	DISPOSITION: (Clery only)	3. NYSPIN MSG:	4. DATE //	5. TIME :	Records Use On
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9. NOTIFIED UNIT:	7. PERSON NOTIFIED:	8. NOTIFIED DATE TIME: //	9. CASE RESPONSIBILITY/TOT:	Lab Submission Request N
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<p><small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small></p> <p>10. PRINT NAME James Snell</p> <p>11. ID# 12. SIGNATURE 0680 Electronically Signed</p>	<p align="center"><small>Administrative Use Only</small></p> <p>13. SUPERVISOR NAME (PRINT) Sgt John Baldini</p>	<p align="right">Page 1 of 3</p> <p>14. ID# APPROVED DATE 15. APPROVED BY SIGNATURE 0620 01/04/2020 Approved Electronically</p>
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CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-104540		
Incident Type DOMP	Person Type VI	Victim Type Individual			
Last Name Cramer	First David	Middle E	Suffix	DOB 01/23/1963	Business Name

On 01/03/2020 at approximately 1835hrs while working Unit 3210 I was dispatched to [REDACTED] for a Physical Domestic Compliant.

Upon my arrival, I observed the victim, [REDACTED], in the street in front of the residence. [REDACTED] advised me that he told a white male known as [REDACTED] to leave the house because [REDACTED] was intoxicated and laying in front of the house. The male left the house walking on Pelger Blvd. This made [REDACTED] son, [REDACTED] upset. As [REDACTED] was outside of the closed screen door of the residence [REDACTED] threatened to kill [REDACTED] and charged at him. [REDACTED] said that he punched him one time through the screen door as he was scared of [REDACTED] [REDACTED] then punched and kicked the screen door breaking it. [REDACTED] walked away from the residence and [REDACTED] chased after him continuing to yell and threaten him. [REDACTED] added that [REDACTED] always has a knife on him and did so during the argument but there was no threat to use it.

I was unable to find [REDACTED]

Upon Officer Gray's arrival, both he and I went inside to speak with [REDACTED] who was in his bedroom. When we walked into his open bedroom door we could see that [REDACTED] sitting on his bed bleeding from the nose. [REDACTED] immediately told us to leave his room. While speaking to [REDACTED] he slurred his words and there was an odor of alcoholic beverage when he spoke which led me to believe that he was intoxicated. Officer Gray advised [REDACTED] that we needed to talk to him about the incident and [REDACTED] continued to tell us to leave. [REDACTED] stood up and approached Officer Gray and I. Officer Gray ordered [REDACTED] to turn around multiple times and he refused to comply. Due to the fact that we were in a confined space, [REDACTED] intoxicated state and the possibility that he had a weapon, I feared that [REDACTED] was going to physically resist patrol. I pointed my taser as [REDACTED] chest and activated the safety, thus turning on the laser. I advised [REDACTED] that if he did not turn around, I was "tase" him. [REDACTED] then turned around and placed his hands behind his back. Officer Gray placed [REDACTED] into handcuffs without incident or struggle. [REDACTED] had a knife secured in a pouch on his belt. I removed the said knife and place it on his dresser.

End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page
12. PRINT NAME James Snell	13. ID# 0680	14. SIGNATURE Electronically Signed	15. SUPERVISOR NAME (PRINT) Sgt John Baldini	16. ID# APPROVED DATE 0620 01/04/2020
			17. APPROVED BY SIGNATURE Approved Electronically	

SHERIFF POLICE DEPARTMENT I
Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-104540	
4. Incident Date 01/03/2020	5. Incident Time 18:35	6. Incident Address [REDACTED]		6A. Incident Location Indoor	
7. Type of Incident DOMP		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Cloudy	9. Lighting Conditions Good Artificial Light
10. Subject Name (Last, First, MI) [REDACTED]			11. Sex M	12. Age 35	13. Ht. 506
			14. Wt. 135	15. Race White	
16. Applicable Subject Conditions (Check all that apply)					
<input checked="" type="checkbox"/> Psychological Intimidation	<input checked="" type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____		
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input checked="" type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____		
<input type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence				
<input type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced				
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide				
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another		<input type="checkbox"/> Fired at Member or Another with a Firearm		
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm		<input type="checkbox"/> Other: _____		

17. Subject Management/Control Necessary To (Check all that apply)					
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction		
<input checked="" type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage		
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose: _____			
<input checked="" type="checkbox"/> Prevent Violent Misdemeanor	<input checked="" type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____			

18. Location of Subject's Weapon(s) Within Grabbable Area		19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:		20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No	
---	--	---	--	--	--

21. Type of Force Used				21-A. X-26 Advanced TASER			
Type of Force Used		Threat of Force	Was Threat Effective?	TASER Serial #			
Empty Hand Control- Soft		N/A	N/A	Number of Air Cartridge(s) Fired			
Empty Hand Control- Hard		N/A	N/A	#1 Air Cartridge Serial #			
OC Spray				#2 Air Cartridge Serial #			
Impact Weapon				Air Cartridge Type			
TASER (CEW)		Yes	Yes	Number of Cycles Applied			
Less Lethal Munitions				Threat of Force			
Deadly Physical Force				Deployment was a Dart Probe Contact			
SWAT Activation				Deployment was a Drive Stun Contact			
SERT Activation				Distance between the two probes (inches)			
K-9				Probes penetrated the subject's skin			
				Probes removed while on scene			
				Subject wore heavy or loose clothing			

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)				FRONT		BACK	
Force Description				RIGHT		LEFT	
1 Soft Empty Hand				A	L		
2 Hard Empty Hand				B	C	D	E
3 OC Spray				1	2	3	4
4 Impact Weapon				5	6	7	8
5 TASER (drive stun)				9	10	11	12
6 TASER (probes)				13	14	15	16
7 Less Lethal Munitions				17	18	19	20
8 Firearm				21	22	23	24
9 K9				25	26	27	28
10 Other				29	30	31	32
				<input type="checkbox"/> Subject was Forcefully Grounded			

22. Officer Sgt. James Snell		23. ID # 680	
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CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance 4 to 6 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Gray, James	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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N/A	Drive Stun Superficial	<input type="checkbox"/>																																											
<input type="checkbox"/>		<input type="checkbox"/>																																											
N/A	Apparent Prior Injury	<input type="checkbox"/>																																											

33-B. Time Elapsed Prior to Start of Decontamination		
34. Hospitalized	Yes/No	Location
Member	No	
Subject		

35. Photos/ Video	
Photos Available	<input type="radio"/> Yes <input checked="" type="radio"/> No
Video Available	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input checked="" type="checkbox"/> Other booking	

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() - 0		
				() - 0		
				() - 0		
				() - 0		

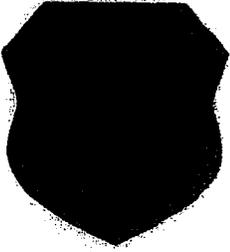
43. Additional Comments
 The safety of taser was activated and the laser was pointed at the defendant's chest.

44. Officer Sgt James Snell	Sex M	Age 42	Ht. 602	Wt. 205	ID # 680	Date 01032020	Time 2107
45. Sergeant SGT JOHN BALDISSA					ID # 0620	Date 01-04-20	Time 0600
46. Lieutenant					ID #	Date	Time
47. Chief/Asst. Chief					ID #	Date	Time

Town of Cicero Police Department

SUPT
HAMD

MEMORANDUM



TO: Chief Rotunno
FROM: Sgt Amyot
DATE: 07/17/21
SUBJECT: DR 21-378174

On 07/17/21 I conducted a Use of Force review involving [REDACTED] and Ofc. Sean Wallace. On 07/08/21 Ofc. Wallace responded to a point of information regarding a black S.U.V. that had gone in a ditch and was last observed on Route 31. As Ofc. Wallace arrived in the area of Route 31/ South BayRd. he observed a black S.U.V. stopped on South Bay and Route 31 sidewalk near the Circle K. Ofc. Wallace exited his patrol vehicle with his emergency light activated. He observed said vehicle had heavy front end damage and as he approached said vehicle it began driving south down the sidewalk and then turned into Circle K. Ofc. Wallace got back into his patrol vehicle with emergency lights and siren activated and got behind the vehicle. The vehicle stopped and Ofc. Wallace gave several verbal commands to the driver to exit the vehicle which they failed to do.

Ofc. Wallace approached the driver's side window and observed a white female later identified as [REDACTED]. He gave her several verbal commands to exit the vehicle which she failed to do. He opened the door to the vehicle and again gave verbal commands to exit the vehicle which [REDACTED] again did not comply. Ofc. Wallace then grabbed her left arm and attempted to guide her out of the vehicle. [REDACTED] tensed up and held onto the steering wheel. At this point Ofc. Wallace feared that she may crash her vehicle and hurt herself or others if she was able to drive at which time Ofc. Wallace used an armbar technique to remove her from the vehicle and grounded her. She was then secured into handcuffs and stood up without further incident.

During Ofc. Wallace's investigation and interaction with [REDACTED] he found she was operating said vehicle in violation of 1192 (DWI) and was charged accordingly for that and other offences related to it.

Ofc. Wallace used minimal force to remove [REDACTED] from the vehicle, thus eliminating further accidents or injury to herself or other people. Use of Force was within Department Policy and necessary.

Cicero Police Department
DWI Supporting Deposition

DR# 21-378174

Additional Comments:

On 07/08/2021 at 0117 hours, while working post 3202A, I was dispatched to the area of Route 31/Button Road regarding a point of information complaint. Dispatch notes indicated a black S.U.V. had gone into a ditch and was last seen traveling east on Route 31.

I proceeded west on Route 31 from Ferguson Road, and as I approached Route 31/ South Bay Road, I observed a black Kia S.U.V. bearing NY [REDACTED] stopped on the South Bay Road and Route 31 sidewalk that runs parallel to Circle K located at [REDACTED]. I also noted that the vehicle had heavy front-end drivers side damage, and the front driver's side wheel was canted in and locked up. As I approached the vehicle, it began driving south down the sidewalk and then turned left into Circle K's southwest entrance/exit.

At this point, I had gotten back into my patrol vehicle, which already had my emergency lights activated from when I had stopped in the northbound lane of traffic on South Bay Road. I got behind the vehicle with my lights and sirens activated, at which time it stopped. I yelled for the driver to exit the vehicle numerous times, which she failed to comply with. I then approached the driver's side window that was down and observed a white female in the driver's seat who was later identified as [REDACTED]. I gave numerous verbal commands for [REDACTED] exit the vehicle, which she failed to comply with. As I was at [REDACTED] window, I could smell the strong odor of an alcoholic beverage emitting from her breath and noticed her eyes were watery and bloodshot. After numerous verbal commands to exit the vehicle were unsuccessful, I had to put my hands inside the vehicle and unlock it manually. When I opened the door, I again gave verbal commands to exit the vehicle, but she did not comply. I then grabbed [REDACTED] left arm and attempted to guide her out, at which time she tensed her body and held on to the steering wheel with her right hand. At this point, I had exhausted all verbal options and feared that [REDACTED] would crash her vehicle and hurt herself or others if she got the opportunity to drive. I then used an armbar technique to forcibly remove her from the vehicle and ground her where she was secured into handcuffs without further incident.

After being secured into handcuffs and stood up, [REDACTED] stated, "I Had four White Claws" when asked by Sgt. Leo. [REDACTED] was also belligerent and stated she was not being arrested and indicated she was a medical provider. I also noted that [REDACTED] had difficulty standing on her own and needed support from myself and Sgt. Leo, when walking and standing

I then asked [REDACTED] to submit to a series of field sobriety tests, which she refused to perform. At 0126 hours, [REDACTED] was placed into custody for common law Driving While Intoxicated. At 0129 hours, I read [REDACTED] her D.W.I. warning, which she consistently talked over me as I read it to her.

I then transported [REDACTED] to the Town of Cicero Police Department for processing. At 0149 hours, I again read [REDACTED] her D.W.I. warning, which she initially stated "No." Shortly after this, [REDACTED] agreed to take the breath test, at which time I conducted the datamaster test, which resulted in a .14% B.A.C.

[REDACTED] was then issued the appropriate U.T.T.'s and paperwork, which are returnable to the Town of Cicero Court on 09/28/2021 at 1400 hours in front of [REDACTED].

Officer Schanbacher then gave [REDACTED] a courtesy transport to her residence at [REDACTED].

Subject management form completed.

MV-104A Completed.

It should be noted that I did not have my body camera activated during the initial interaction with [REDACTED] due to the rapidly evolving nature of the call. Sgt. Leo was notified regarding this.

End of report.

Charges Continued from Cover Page

Name	Section	Name	Section

Subject Management Report

1. ICN -		2. IR# -		3. DR# 21-378174	
4. Incident Date 07/08/2021	5. Incident Time 01:19	6. Incident Address Cicero, NY 13039			6A. Incident Location Outdoor
7. Type of Incident DWI		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Rain	9. Lighting Conditions Poor Artificial Light

10. Subject Name (Last, First, MI) [REDACTED]				11. Sex F	12. Age 42	13. Ht. 5'03"	14. Wt. 158	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input checked="" type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other:	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose:	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s)		19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:		20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No	
-------------------------------------	--	---	--	--	--

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

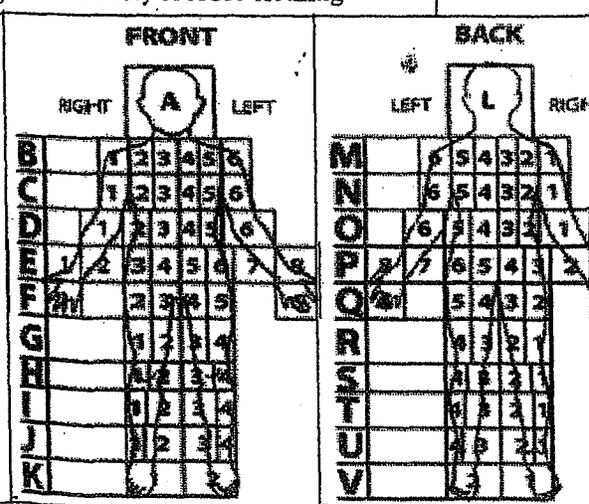
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	1E7	
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer S. Wallace		23. ID # 720	
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**CHERRYVILLE POLICE DEPARTMENT
Subject Management Report**

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
--	---	--

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Wallace, Sean	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">Member</th> <th style="width:70%;"></th> <th style="width:15%;">Subject</th> </tr> </thead> <tbody> <tr> <td align="center"><input checked="" type="checkbox"/></td> <td align="center">None</td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Swelling/ Contusion(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Abrasion(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Laceration(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Bone Fracture(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Concussion</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Loss of Consciousness</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Gun Shot</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td>Fatal</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center">N/A</td> <td>TASER Probe Puncture(s)</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center">N/A</td> <td>Drive Stun Superficial</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center">N/A</td> <td>Apparent Prior Injury</td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>	Member		Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method 33-B. Time Elapsed Prior to Start of Decontamination 34. Hospitalized <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:20%;">Yes/No</th> <th style="width:65%;">Location</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td align="center">No</td> <td></td> </tr> <tr> <td>Subject</td> <td align="center">No</td> <td></td> </tr> </tbody> </table>		Yes/No	Location	Member	No		Subject	No	
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Member	No																																																					
Subject	No																																																					
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other _____																																																						

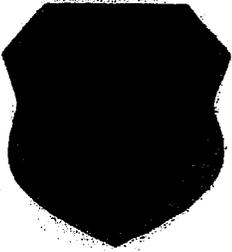
36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State/ Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer S. Wallace	Sex M	Age 27	Ht. 5'05"	Wt. 155	ID # 720	Date 07/08/2021	Time 0354
45. Sergeant					ID # 0660	Date 07-17-2021	Time 0940
46. Lieutenant					ID #	Date	Time
47. Chief/Asst. Chief					ID # 2400	Date 7-14-21	Time 0800

Town of Cicero Police Department

MEMORANDUM



TO: Chief Rotunno

FROM: Sgt Amyot

DATE: 07/01/21

SUBJECT: DR 20-555128

On 06/30/21 I conducted a Use of Force review involving [REDACTED] and Ofc. Dan Leneker. On 06/27/21 Ofc. Leneker assisted Ofc. Cottrell with a suspicious vehicle/warrant arrest. Ofc. Cottrell came upon a suspicious vehicle in William Beach 7033 Lakeshore Rd. He located [REDACTED] asleep in the vehicle. Knowing [REDACTED] to have a warrant he asked [REDACTED] to exit the vehicle which [REDACTED] refused. Ofc. Cottrell knew that [REDACTED] had a past history of resisting arrest and with him refusing to exit the vehicle he requested an additional unit to respond.

Ofc. Leneker responded and observed Ofc. Cottrell giving verbal commands to [REDACTED] to exit the vehicle. Ofc. Leneker also gave verbal commands which were not followed. Ofc. Leneker then removed [REDACTED] from the vehicle by grabbing a hold of his wrist. [REDACTED] continued to refuse to comply with orders to put his hands behind his back at which time Ofc. Leneker brought him to the ground where he was handcuffed. [REDACTED] was then transported to the Justice Center for said warrant.

Ofc. Leneker used minimal force to secure [REDACTED] into custody. Use of Force was within Department Policy and was necessary to take [REDACTED] into custody for said warrant.

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-555128			
Incident Type WARR	Person Type VI	Victim Type Government				
Last Name	First	Middle	Suffix	DOB //	Business Name Cicero Police	

On 06-27-2021 while working unit 3202B I was dispatched to assist Officer Cottrell at 7033 Lakeshore Road, Williams Beach.

This unit was informed by Officer Cottrell over the radio that the subject he was with after investigating a suspicious vehicle at the park had a warrant. He requested assistance due to his experience with the person who was later to be identified as [REDACTED]

This unit arrived and rushed over to Officer Cottrell who was giving verbal commands to [REDACTED] I also gave verbal commands to [REDACTED] to exit the vehicle but he refused. I then removed [REDACTED] from the vehicle. He still was not complying with verbal orders to put his hands behind his back and was brought to the ground where he was handcuffed.

A subject management form completed and submitted.

Body camera footage available.

End of narrative.

Printed by AMYOT0660 on 06/30/21 at 09:51:31

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

12. PRINT NAME
Daniel Leneker

13. ID# 14. SIGNATURE
0675 Electronically Signed

Administrative Use Only

15. SUPERVISOR NAME (PRINT)
Sgt S Amyot

16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE
0660 06/30/2021 Approved Electronically

Page 2
of 2

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-555128			
Incident Type WARR	Person Type VI	Victim Type Society				
Last Name	First	Middle	Suffix	DOB //	Business Name Society	

While working Unit 3201B on 06/27/2021 I completed a warrant arrest on [REDACTED] D.O.B. 04/10/1989.

[REDACTED] was located as I was conducting a property check of Williams Beach located at 7033 Lakeshore Rd. [REDACTED] was sleeping in the driver's seat of his vehicle, a 2007 Volkswagon color yellow bearing FL registration [REDACTED] [REDACTED] was advised to exit his vehicle and he refused. I requested an additional unit to respond and was assisted by Unit 3202B, Officer D. Leneker.

On Officer D. Leneker's arrival [REDACTED] was again verbally asked to exit his vehicle and refused. Officer Leneker grabbed ahold of [REDACTED] wrist and pulled him from the car and he was brought to the ground. [REDACTED] then complied and placed his hands behind his back and was taken into custody without further incident. [REDACTED] did have a small abrasion on his left knee from the gravel surface.

[REDACTED] was processed and transported to the Justice Center on the Bench Warrant.

Subject management report completed by Officer D. Leneker and is attached to the case paperwork.

[REDACTED] mother, was contacted and she advised that she would retrieve the car (as she is the registered owner) from the parking lot and requested that the keys and [REDACTED] phone be left in the glovebox.

Printed by AMYOT0660 on 06/30/21 at 08:35:51

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 160.50 NYSP. AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page	2
12. PRINT NAME John Cottrill	13. ID# 0665	14. SIGNATURE Electronically Signed	15. SUPERVISOR NAME (PRINT) Sgt S Amyot	16. ID# APPROVED DATE 0660 06/28/2021	17. APPROVED BY SIGNATURE Approved Electronically

Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-555128	
4. Incident Date 06/27/2021	5. Incident Time 10:38	6. Incident Address [REDACTED]			6A. Incident Location Outdoor
7. Type of Incident WARR		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Cloudy	9. Lighting Conditions Daylight

10. Subject Name (Last, First, MI) [REDACTED]				11. Sex M	12. Age 32	13. Ht. 602	14. Wt. 165	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input checked="" type="checkbox"/> History of Violence		
<input type="checkbox"/> Defensive Resistance	<input type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other:	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose:	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s)	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
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21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	No
OC Spray	No		
Impact Weapon	No		
TASER (CEW)	No		
Less Lethal Munitions	No		
Deadly Physical Force	No		
SWAT Activation	No		
SERT Activation	No		
K-9	No		

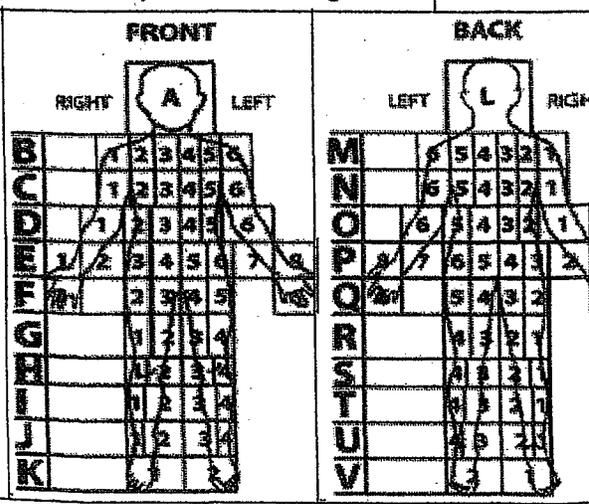
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IEI	ID1
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer D. Leneker	23. ID # 675
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CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Lenecker, Daniel L	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)

Member	Injury Type	Subject
<input checked="" type="checkbox"/>	None	<input type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination

34. Hospitalized		
	Yes/No	Location
Member	No	
Subject	No	

35. Photos/ Video

Photos Available Yes No

Video Available Yes No

TASER Cam Car Cam Fixed Position SERT Other Body Camera

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

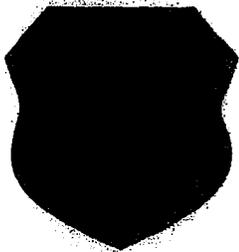
Assisted Officer Cottrell in the arrest of denfendant.

44. Officer D. Lenecker	Sex	M	Age	44	Ht.	511	Wt.	180	ID #	675	Date	06272021	Time	1149
45. Sergeant Sgt. [Signature]	ID #	0600	Date	06-30-2021	Time	0909								
46. Lieutenant	ID #		Date		Time									
47. Chief/Asst. Chief [Signature]	ID #	2500	Date	7-1-21	Time	0900								

Town of Cicero Police Department

SOFT COPY

MEMORANDUM



TO: Chief Rotunno

FROM: Sgt Leo

DATE: 04/24/21

SUBJECT: DR 21-311663

On 05/27/2021 I conducted a Use of Force review involving [REDACTED] Ofc. Kyle Harrington, and Ofc Flansburg. On 05/27/2021 Ofc. Harrington responded to a Domestic with a Weapon (knife) complaint at [REDACTED] [REDACTED] had previously had a knife and threatened his father, [REDACTED] however no longer had it in his possession. Upon Ofc. Harrington's arrival he met with the complainant, [REDACTED] who stated that his son had demanded money in order to buy "wraps to smoke weed." When [REDACTED] told his son no, [REDACTED] retrieved a knife from the butcher block in the kitchen and held it in front of him in an apparent attempt to try and intimidate his father into giving him money.

While Ofc Harrington was outside speaking with [REDACTED] went outside and attempted to flee the area. Fearing that the son may be a potential harm to himself or others, Ofc Harrington attempted to stop him from leaving the area with direct verbal commands. [REDACTED] resisted the commands and attempted to flee the area; he was subsequently escorted to the ground in order to prevent his escape.

[REDACTED] signed a Declination to Proceed, claiming that he did not want his son to face criminal charges. [REDACTED] was transported to CPEP by Officer Flansburg as he was a threat to other people to check on his mental health.

Use of Force was within Department Policy and was necessary under the circumstances.

Incident	Reported Date / Time	05/25/2021 20:52	Occurred Date/ Time	05/25/2021 20:48	<input type="checkbox"/> Officer-Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-In				
	Occur Addr #	Prefix	Occurrence Street Name	Street Type	Suffix	Bldg	Apt#	City	State

Name - Last	First	Middle	s/N	Maiden Name	DOB	Age	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
Address #	Prefix	Street Name	Street Type	Suffix	Bldg #	Apt #	Victim Phone Number:	Language:

City	State	Zip	<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unk
How can we safely contact you? (e.g. Name, Phone, Email) Phone			<input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Other Identifier:

Name - Last	First	Middle	Alias/Nickname/Maiden Name	DOB	Age	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		
Address #	Prefix	Street Name	Street Type	Suffix	Bldg #	Apt #	Suspect Phone Number	Language:

City	State	Zip	<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unk
Do suspect and victim live together? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			SUSPECT / P2 present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Was Suspect Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:			Possible drug or alcohol use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect supervised? <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Probation <input type="checkbox"/> Status Unknown
---	--	--	---	---

Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate/Dating <input type="checkbox"/> Parent of Victim (P1) <input checked="" type="checkbox"/> Child of Victim <input type="checkbox"/> Relative <input type="checkbox"/> Other				Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--	--

Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:				
--	--	--	--	--

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? "My son threatened me with a knife"				
---	--	--	--	--

Did suspect make victim fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes describe: stated that his son was intoxicated and "don't what he might do in that state"			Weapons Used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe: 8" knife	
--	--	--	--	--

Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:			Suspect Threats? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Threat: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Su <input checked="" type="checkbox"/> Other Describe: brandished knife against dad	
--	--	--	---	--

Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defeca		
---	--	---	--	--

In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Visible Marks? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
---	--	---	--	--

What did the SUSPECT say (Before and After Arrest): not arrested, father declined prosecution				
--	--	--	--	--

710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
---	--	--	--	--

Child/Witness (1) Name (Last, First, M. I.) Last: First: M.I.: DOB: Addr # Prefix Street Name Type Suffix City State Zip Phone // () -				
---	--	--	--	--

Child/Witness (2) Name (Last, First, M. I.) // () -				
---	--	--	--	--

Briefly describe the circumstances of this incident: see attached narrative				
--	--	--	--	--

DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay	
---	--	---	--	---	--

Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:	Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		
---	--	--	---	--	--

Offense Committed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: father declined prosecution				Records
--	---	--	--	--	---------

Law	Art/Sec	Sub	Cat.	Class	Degree	Attempt	Desc	Count	Law	Art/Sec	Sub	Cat.	Class	Degree	Attempt	Desc
PL	12014	01	A	M	2	N	Menacing	01	PL	2650	02	A	M	4	N	Crim Poss of a Weapon

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY

PRINT NAME	ID#	SIGNATURE	Administrative Use Only	APPROVED DATE	APPROVED BY SIGNATURE
Kyle Harrington	0770	Electronically Signed	Sgt Thomas J Leo	0650 05/27/2021	Approved Electronically

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

This is the first domestic incident between father and son

Prior His

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider

Has Suspect ever:

Threatened to kill you or your children? Yes No
Strangled or "choked" you? Yes No
Beaten you while you were pregnant? Yes No

Is suspect capable of killing you or children? Yes
Is suspect violently and constantly jealous of you? Yes
Has the physical violence increased in frequency or severity over the past 6 months? Yes

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? Yes No if NO, Why:

per policy

Was Victim Rights Notice given to the Victim? Yes No if NO, Why:

declined

Table with columns: INCIDENT, Weapon 1, Weapon 2, Weapon 3, Incident Location Type, Larceny Type, Bias Crime, Burglary Force, Burglary Entry, Domestic Relationship. Includes sections for Property and Vehicle details.

Narrative:

Synopsis: Son menaced father with a knife, father refused prosecution.

Narrative: On Tuesday, 5/25/2021 while working 3202C I was dispatched to [redacted] in the town of Cicero for a report of a Domestic with Weapon. Dispatch notes indicated that the son had brandished a knife against his father but that the knife had since been returned to the butcher block. I arrived to the location and met with the complainant, [redacted] who stated that his son had demanded money in order to buy "wraps and smoke weed." When [redacted] told his son no, [redacted] retrieved a knife from the butcher block in the kitchen and held it in front of him in an apparent attempt to try and intimidate his father into giving him money. [redacted] reiterated a similar story but could not explain his motives for using a knife against his father.

While I was outside speaking with [redacted] came outside and attempted to flee the area. Fearing that the son may be a potential harm to himself or others, I attempted to stop him from leaving the area. [redacted] resisted my commands and attempted to flee the area; he was subsequently escorted to the ground in order to prevent his escape. Subject Management Form completed.

[redacted] signed a Declination to Proceed, claiming that he did not want his son to face criminal charges. [redacted] was transported to CPEP by Officer Flansburg as he was a threat to other people to check on his mental health.

Recommended Action: No further Police action required.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY

PRINT NAME Kyle Harrington

ID# 0770 SIGNATURE Electronically Signed

Administrative Use Only

SUPERVISOR NAME (PRINT) Sgt Thomas J Leo

ID# APPROVED DATE APPROVED BY SIGNATURE 0650 05/27/2021 Approved Electronically

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
---	--	--

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
---------------------------------	---------------------------------	---

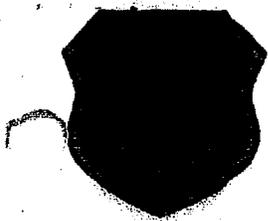
30. Primary Service Member (Last, First, MI) Harrington, Kyle A	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>None</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input type="checkbox"/> No	33-A. Decontamination Method
Member	Injury	Subject																																											
<input type="checkbox"/>	None	<input checked="" type="checkbox"/>																																											
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>																																											
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<input type="checkbox"/>		<input type="checkbox"/>																																											
N/A	Apparent Prior Injury	<input type="checkbox"/>																																											
33-B. Time Elapsed Prior to Start of Decontamination																																													
34. Hospitalized <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes/No</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>No</td> <td></td> </tr> <tr> <td>Subject</td> <td>Yes</td> <td>CPEP</td> </tr> </tbody> </table>					Yes/No	Location	Member	No		Subject	Yes	CPEP																																	
	Yes/No	Location																																											
Member	No																																												
Subject	Yes	CPEP																																											
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other																																													

Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments
 Subject had menaced his father with a knife moments prior and claimed he was leaving to go to a friend's house. Subject refused to follow orders and stay put when told he was not leaving. To prevent subject leaving and potentially causing harm to others or himself force was used.

44. Officer Harrington	Sex	M	Age	29	Ht.	6'01"	Wt.	185	ID #	770	Date	5-24-2021	Time	2157
45. Sergeant <i>[Signature]</i>	ID #	0650	Date	052721	Time	0328								
46. Lieutenant <i>[Signature]</i>	ID #		Date		Time									
Chief/Asst. Chief <i>[Signature]</i>	ID #	2400	Date	5-27-21	Time	0800								



Town of Cicero Police Department

6200 State Route 31, Cicero, NY 13039

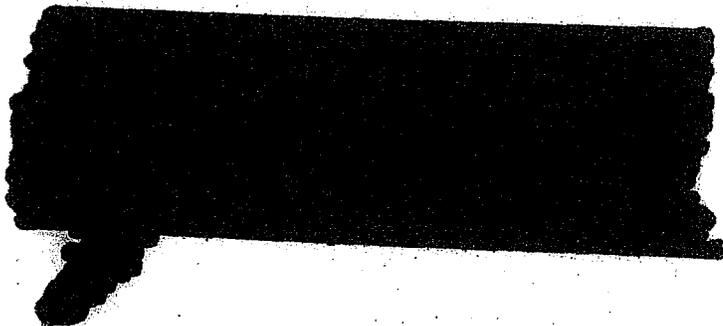
Phone: 315-699-3677 www.ciceropd.us Fax: 315-699-8128

D.R.# 21-311663

DECLINATION TO PROCEED

I, , have been asked to give a written Affidavit/
Complaint Information by Officer Harrington of the Town of Cicero Police
Police Department in regards to the facts surrounding an incident that occurred on
24th day of May 2021, 2057 hrs. located at 
in the Town of Cicero, New York.

I understand my rights, as explained by Officer Harrington and hereby
decline to provide said Affidavit/Compliant Information of my own free will. I further decline to
have anyone arrested in regards to the above matter.

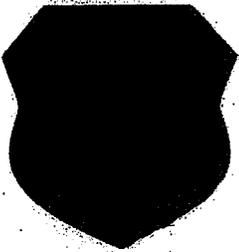



Witness Signature

**YOU MAY CHANGE YOUR MIND AND PROCEED WITH AN
ARREST IN ACCORDANCE WITH CRIMINAL PROCEDURES
GUIDELINES.**

Town of Cicero Police Department

MEMORANDUM



TO: Chief Rotunno
FROM: Sgt Amyot
DATE: 04/24/21
SUBJECT: DR 21-251961

On 04/24/21 I conducted a Use of Force review involving [REDACTED] Ofc. Ashley Smith, and Ofc. Kyle Harrington. On 04/14/21 Ofc. Smith and Ofc. Harrington along with [REDACTED] [REDACTED] responded to a suicide complaint at [REDACTED] [REDACTED] had previously had a knife threatening suicide, however no longer had it in his possession. Upon Ofc. Harrington's arrival, [REDACTED] was already arrived and advised that upon his arrival [REDACTED] had a cell phone cord charger wrapped around his neck and was bleeding from the nose. [REDACTED] was also non-compliant and not answering any questions. Ofc. Harrington went outside to speak with [REDACTED] relative [REDACTED] at the direction of [REDACTED]

Ofc. Smith arrived soon after and went inside the residence. When NAVAC asked [REDACTED] stand up and told him that he was being transported, [REDACTED] grabbed a cord and wrapped it around his neck stating he wanted to die. When EMS members attempted to lift him onto his feet he began swinging his arms around with a closed fist appearing to be attempting to punch Ofc. Smith, Dep. [REDACTED]. They were able to control of his arms and [REDACTED] placed him into handcuffs. At this time Ofc. Harrington had responded back inside the residence. [REDACTED] was screaming, yelling, and refusing to stand up to go to the hospital. He then began spitting blood and mucus all over and thrashing his head around. He stiffened his body up and had to be picked up to place on the stretcher. He began thrashing around again spitting blood in the direction of Ofc. Smith and [REDACTED] he was also kicking his feet around. EMS administered a sedation which did not appear to work and the Fire Department

staff strapped his legs to the rails of the stretcher. [REDACTED] was transported by NAVAC and Ofc. Harrington rode in the ambulance.

While in the ambulance [REDACTED] continued to spit blood around the ambulance at which time Ofc. Harrington using a soft hand technique to keep [REDACTED] face pointed in a direction that he could not spit on anyone. Ofc. Harrington also used a Mandibular angle pressure point when [REDACTED] refused to lay down and stop spitting. NAVAC administered a second dose of sedation which calmed [REDACTED] down. [REDACTED] was then turned over to Upstate University Hospital pediatrics unit without further incident.

Ofc. Smith and Ofc. Harrington used minimal force to secure [REDACTED] into the ambulance and attempt to keep him from harming any emergency personnel on scene. Without the minimal force used by both Ofc. Smith and Ofc. Harrington, [REDACTED] could have also caused further harm to himself as his actions were causing injury to himself. Use of Force was within Department Policy and was necessary under the circumstances.

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -		2. IR# -		3. DR# 21-251961	
4. Incident Date 04/14/2021	5. Incident Time 16:54	6. Incident Address [REDACTED]			6A. Incident Location Indoor
7. Type of Incident SUIC		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Clear Sky/Sunny	9. Lighting Conditions Daylight

10. Subject Name (Last, First, MI) [REDACTED]				11. Sex M	12. Age [REDACTED]	13. Ht. 62	14. Wt. 160	15. Race Black
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input checked="" type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input type="checkbox"/> Alcohol and/or Drug Influenced		
<input checked="" type="checkbox"/> Active Aggression	<input checked="" type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input checked="" type="checkbox"/> Other: Reported to have a knife	

17. Subject Management/Control Necessary To (Check all that apply)

<input type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input checked="" type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose:	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s)		19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:		20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No	
-------------------------------------	--	---	--	--	--

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

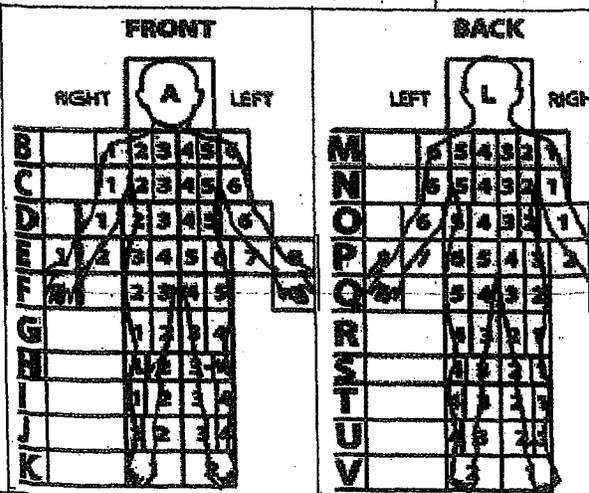
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description		IE7	
1	Soft Empty Hand	IE8	
2	Hard Empty Hand	IN3	
3	OC Spray	IM2	
4	Impact Weapon		
5	TASER (drive stun)		
6	TASER (probes)		
7	Less Lethal Munitions		
8	Firearm		
9	K9		
10	Other		

Subject was Forcefully Grounded



22. Officer A. Smith		23. ID # 700	
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CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
--	---	---

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Smith, Ashley H	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 60%;">Injury</th> <th style="width: 25%;">Subject</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>None</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Blood Exposure</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blood Exposure	<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input checked="" type="radio"/> Yes <input type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input type="checkbox"/> No	33-A. Decontamination Method 33-B. Time Elapsed Prior to Start of Decontamination
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36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State/ Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		

43. Additional Comments

Medical attention and hospitalization was only due to the subject being suicidal, not due to the use of force by Police.

44. Officer A. Smith	Sex F	Age 33	Ht. 5'4	Wt. 140	ID # 700	Date 04/14/2021	Time 1654
45. Sergeant	<i>[Signature]</i>				ID # 0650	Date 04/15/21	Time 2254
46. Lieutenant					ID #	Date	Time
47. Chief/Asst. Chief	<i>[Signature]</i>				ID # 2500	Date 4-27-21	Time 1330

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 21-251961		
Incident Type SUIC	Person Type VI	Victim Type Individual			
Last Name [REDACTED]	First [REDACTED]	Middle [REDACTED]	Suffix [REDACTED]	DOB [REDACTED]	Business Name [REDACTED]

Synopsis: Male posted what appeared to be a suicidal post on social media and was found with a phone cord around his neck but conscious and breathing.

Narrative: On April 14th 2021 at about 1654 hours while working unit 3202C I was dispatched to [REDACTED] for a suicidal party complaint.

Upon arrival Officer Harrington and [REDACTED] were already on scene. Officer Harrington was interviewing someone that was outside and I entered the residence where [REDACTED] was in the kitchen interviewing a male later identified as VI [REDACTED] and female later identified as Grandmother [REDACTED]. I viewed [REDACTED] to have a bloody nose, his eyes closed, and a red mark on the right side of his neck; refusing to answer any questions. [REDACTED] asked [REDACTED] multiple times what he had ingested and how he got the bloody nose with negative results. Cicero FD and NAVAC Ambulance arrived on scene. [REDACTED] was asked by NAVAC personnel to stand up as they were going to be transporting him to the hospital for an evaluation. [REDACTED] grabbed a cord that was on the ground and wrapped it around his neck and kept saying he wanted to die, let him die, let him see God. When staff members attempted to lift him up onto his feet [REDACTED] began swinging his arms around with his fists closed appearing to try and punch myself, [REDACTED] and [REDACTED]. We all got [REDACTED] arms down to his sides and eventually behind his back where [REDACTED] handcuffed him for his safety and ours at the same time Officer Harrington came into the residence to assist. [REDACTED] was screaming, yelling, verbally refusing to go to the hospital and refusing to stand up. His nose started bleeding again and I grabbed a shirt to wipe his face at which time he started spitting blood and mucus at us while thrashing his head around. We sat him there for a few moments and when he calmed down we got him to his feet; at first he would not stand up and kept keeping his legs bent underneath himself but eventually put his legs down. He stiffened his entire body up locking it up and would not move. Myself, Officer Harrington, [REDACTED] Cicero FD and EMS Staff picked him up and placed him onto the stretcher. [REDACTED] then began to thrash around, spit blood into our faces, arms, and legs, kicked his feet/legs at us, lifted his head up to thrash around and was refusing all commands. He kept yelling he wanted to die and to let him see God once again. EMS staff administered sedation but that did not work; FD staff got his legs strapped to the rails and his body seat buckled onto the stretcher and we moved him out to the ambulance. While in the ambulance [REDACTED] was still thrashing around, spitting blood at us all and refusing to listen to any command given. When he calmed down a bit we agreed to switch the handcuffs from behind his back to the sides of the stretcher which we did without issue. He then became irate again and was sedated once more by EMS staff and kept handcuffed to the stretcher. [REDACTED] was transported via NAVAC Ambulance 11423ET to Upstate Hospital for an evaluation. Upon arrival to the hospital [REDACTED] appeared to be sleeping, he was turned over to hospital staff without issue.

Recommended Action: No further action required.

Printed by AMYOT0660 on 04/25/21 at 08:08:21

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

12. PRINTNAME
Ashley Smith

13. ID# 14. SIGNATURE
0700 Electronically Signed

Administrative Use Only

15. SUPERVISOR NAME (PRINT)
Sgt Thomas J Leo

16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE
0650 04/15/2021 Approved Electronically

Subject Management Report

1. ICN -		2. IR# -		3. DR# 21-251961	
4. Incident Date 04/14/2021		5. Incident Time 16:54		6. Incident Address [REDACTED]	
7. Type of Incident SUIC		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Cloudy	
				9. Lighting Conditions Daylight	

10. Subject Name (Last, First, MI) [REDACTED]				11. Sex M	12. Age [REDACTED]	13. Ht. 6'2"	14. Wt. 160	15. Race Unknown
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____
<input type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____
<input type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input checked="" type="checkbox"/> Active Aggression	<input checked="" type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other: _____	

17. Subject Management/Control Necessary To (Check all that apply)

<input type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input checked="" type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose: _____	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s) Within Grabbable Area	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
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21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

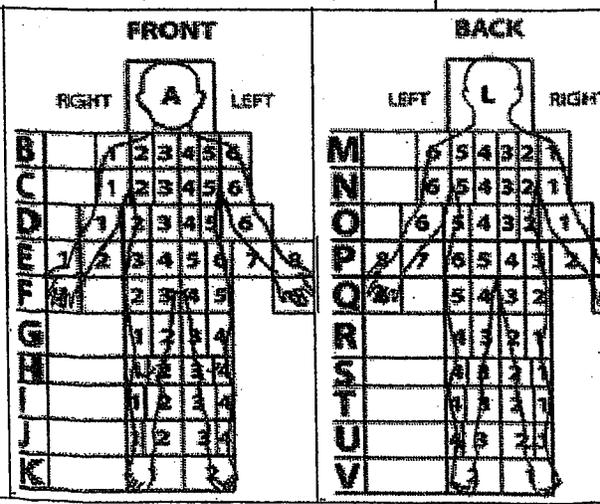
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IA	IC2
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer K Harrington <i>K Harrington</i>	23. ID # 770
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CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Harrington, Kyle	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 65%;">Injury</th> <th style="width: 20%;">Subject</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>None</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Swelling/ Contusion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Abrasion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Laceration(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bone Fracture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Concussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Loss of Consciousness</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Gun Shot</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fatal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>TASER Probe Puncture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>Drive Stun Superficial</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>Apparent Prior Injury</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input checked="" type="radio"/> Yes <input type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method 33-B. Time Elapsed Prior to Start of Decontamination 34. Hospitalized <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes/No</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>No</td> <td></td> </tr> <tr> <td>Subject</td> <td>Yes</td> <td>Upstate University Hospital</td> </tr> </tbody> </table>		Yes/No	Location	Member	No		Subject	Yes	Upstate University Hospital
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	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
				() -		
				() -		M

43. Additional Comments

Only force used was open-hand control techniques and mandibular angle pressure point to gain compliance from subject. Medical attention and hospitalization was only for the subject being suicidal and not due to use of force by Police.

44. Officer K Harrington	Sex M	Age 28	Ht. 6'1	Wt. 185	ID # 770	Date 4/14/21	Time 1654
45. Sergeant <i>[Signature]</i>	ID # 0650		Date 04/14/21		Time 2328		
46. Lieutenant <i>[Signature]</i>	ID #		Date		Time		
47. Chief/Asst. Chief <i>[Signature]</i>	ID # 2400		Date 4-27-21		Time 1330		

CNYLEADS Narrative Supplement 1

AGENCY
Cicero Police Department

DR #
21-251961

Person Type: VI Last Name: [REDACTED] First: [REDACTED] Middle: [REDACTED] Suffix: Business Name:

Synopsis: [REDACTED] year old male attempted to commit suicide, fought with responders, transported to hospital.

Narrative: On Wednesday, 4/14/2021 at approximately 1654 hours I was dispatched to [REDACTED] in Cicero NY 13039 for a report of an attempted suicide. I responded to the given address and did observe [REDACTED] already on scene and inside the house. I entered the house through the garage and through a man-door into the living and did observe [REDACTED] in the kitchen giving attention to the victim, [REDACTED] who was being held up in a chair by his grandmother, [REDACTED]. [REDACTED] informed me that the victim had a cell phone charger cord wrapped around his neck when he arrived which was now laying on the floor and he had a bloody nose at this time. [REDACTED] then informed me that he was ok inside the house and asked me to go outside and get a statement from the complainant, [REDACTED].

I spoke to [REDACTED] outside in the driveway of the house where he explained to me that he had returned to the house at approximately 1630 hours and entered the house via the back, exterior, door to the kitchen. This is where he found the victim sitting in a chair at the table. At this time [REDACTED] observed [REDACTED] holding a knife to his chest just below his neck and was not verbally responsive to [REDACTED] questions. [REDACTED] stated that he was able to wrestle the knife away from [REDACTED] and he placed it in the kitchen sink. It should be noted that [REDACTED] did not wound himself in anyway with the knife. [REDACTED] stated this is when [REDACTED] wrapped the cell phone charger around his neck and [REDACTED] called 911. [REDACTED] continued to state that [REDACTED] had posted a "selfie" to his story on Snapchat of himself with a knife and the caption "Goodbye" but did not know when that was posted as well as images of him apparently taking shots of alcohol "around 11 or 12" earlier today. At 1709 hours an unidentified firefighter with Cicero FD (CFD) exited the house and explained that "he's fighting" inside the house. At this time I entered the house to assist with gaining control of [REDACTED].

I did observe [REDACTED] on the floor being handcuff by [REDACTED] and Officer Smith and he was demanding to be released from the handcuffs and stated "I just want to die." [REDACTED] was transferred to a stretcher in the living room where he continued to be resistant and verbally aggressive. At this time [REDACTED] bloody nose started to bleed more heavily. At 1715 [REDACTED] was warned against spitting blood at anyone present but instead at 1716 hours he spit a large amount of blood in the direction of Officer Smith and [REDACTED]. At this time [REDACTED] head and upper body was secured in a direction where he was unable to spit on anyone else by [REDACTED]. Officer Smith and [REDACTED] both received a large amount of [REDACTED] blood on their uniforms and their persons. [REDACTED] was secured to the stretcher at this time with soft restraints and given sedation by NAVAC Paramedics. At 1730 hours [REDACTED] was transferred to NAVAC Ambulance 11423ET where he continued to be verbally aggressive and assaultive towards anyone present, I was designated to ride in the ambulance to assist paramedics while en route to the hospital. [REDACTED] continued to spit his blood around the ambulance where I utilized soft hand techniques to keep his face pointed in a direction where he could not spit on anyone present. I utilized a Mandibular Angle Pressure Point on [REDACTED] in order to gain compliance when [REDACTED] refused all direction to lay down and cease spitting. [REDACTED] was given a second dose of sedation by NAVAC Paramedics in the ambulance while en route to the hospital. After this, he became relaxed and ceased spitting.

At 1803 hours we arrived at Upstate University Hospital and [REDACTED] was admitted into the Pediatrics Unit with no further incident.

I captured the entire incident from the time of my arrival on video via body camera.

Recommended Action: No further action required.

Printed by AMYOT0660 on 04/25/21 at 08:07:48

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

Administrative Use Only

Page A

PRINT NAME
Kyle Harrington

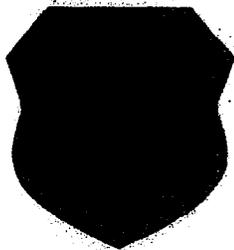
ID# SIGNATURE
0770 Electronically Signed

SUPERVISOR NAME (PRINT)
Sgt Thomas J Leo

ID# APPROVED DATE APPROVED BY SIGNATURE
0650 04/19/2021 Approved Electronically

Town of Cicero Police Department

MEMORANDUM



TO: Chief Rotunno

FROM: Sgt Amyot

DATE: 04/13/21

SUBJECT: DR 21-234045

On 04/06/21 I conducted a Use of Force review involving [REDACTED] and Ofc. Sean Wallace. On 04/03/21 Ofc. Wallace was assisting Ofc. Schanbacher on a domestic arrest of [REDACTED] involving a violation of an order of protection. During such time both Ofc. Wallace and Schanbacher responded to [REDACTED] to effect the arrest. Upon arrival Ofc. Schanbacher knocked on the front door numerous times before [REDACTED] cracked it open and slammed it shut on him. [REDACTED] then again cracked the door open and according to Ofc. Wallace, before exiting [REDACTED] stated "hold on, let's have some fun". [REDACTED] then came outside at which time Ofc. Wallace could tell he was intoxicated. Both Ofc. Schanbacher and Wallace explained to [REDACTED] he violated an order of protection which he began to dispute with them.

[REDACTED] was then advised he was under arrest and Ofc. Wallace went to take control of his right wrist to place him in custody. As he grabbed his wrist [REDACTED] tensed his arm, pulled it towards his [REDACTED] chest, and turned back to his front door. Ofc. Wallace fearing [REDACTED] was going to flee or fight, pulled his right arm straight and grounded [REDACTED]. He was then placed in handcuffs without further incident.

Ofc. Wallace used minimal force to secure [REDACTED] into custody and prevent him from fleeing or further resistance and potential injury to officers or himself. Use of Force was within Department Policy and was necessary under the circumstances.

Subject Management Report

1. ICN -		2. IR# -		3. DR# 21-234045	
4. Incident Date 04/03/2021		5. Incident Time 02:40		6. Incident Address [REDACTED]	
7. Type of Incident DOMV		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Clear Sky/Dark	
10. Subject Name (Last, First, MI) [REDACTED]		11. Sex M	12. Age 41	13. Ht. 5'06"	15. Race White
16. Applicable Subject Conditions (Check all that apply)					
<input checked="" type="checkbox"/> Psychological Intimidation		<input type="checkbox"/> Actually Armed		<input type="checkbox"/> Flight on Foot	
<input checked="" type="checkbox"/> Verbal Non-Compliance		<input type="checkbox"/> Reported to be Armed		<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____	
<input checked="" type="checkbox"/> Passive Resistance		<input type="checkbox"/> History of Violence		<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____	
<input checked="" type="checkbox"/> Defensive Resistance		<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Active Aggression		<input type="checkbox"/> Threat of Suicide		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Agg. Active Aggression		<input type="checkbox"/> Physical Threat/Attack on Member or Another			
<input type="checkbox"/> Excited Delirium		<input type="checkbox"/> Threatened Member or Another with a Firearm			
17. Subject Management/Control Necessary To (Check all that apply)					
<input checked="" type="checkbox"/> Defend Self		<input type="checkbox"/> Prevent Commission of Offense		<input checked="" type="checkbox"/> Restrain for Subject's Safety	
<input checked="" type="checkbox"/> Defend Another		<input checked="" type="checkbox"/> Prevent Escape		<input type="checkbox"/> Assist Other Agency	
<input checked="" type="checkbox"/> Effect Arrest		<input type="checkbox"/> Prevent Suicide		<input type="checkbox"/> Accomplish Official Purpose: _____	
<input type="checkbox"/> Prevent Violent Misdemeanor		<input type="checkbox"/> Prevent Violent Felony		<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s)		19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:		20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No	
-------------------------------------	--	---	--	--	--

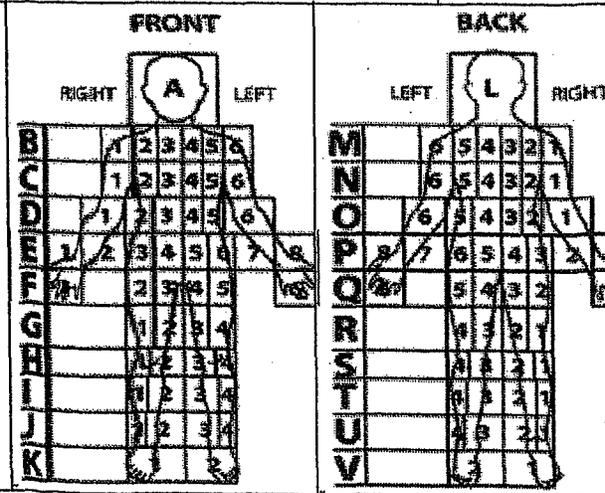
21. Type of Force Used			
Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

21-A. X-26 Advanced TASER	
TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description		1E1	
1	Soft Empty Hand		
2	Hard Empty Hand		
3	OC Spray		
4	Impact Weapon		
5	TASER (drive stun)		
6	TASER (probes)		
7	Less Lethal Munitions		
8	Firearm		
9	K9		
10	Other		

Subject was Forcefully Grounded



22. Officer S. Wallace <i>[Signature]</i>		23. ID # 720
--	--	-----------------

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
---	--	--

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
---------------------------------	---------------------------------	---

30. Primary Service Member (Last, First, MI) Schanbacher, Cole	30-A. SERT
--	-------------------

31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method 33-B. Time Elapsed Prior to Start of Decontamination
Member	Injury	Subject																																											
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>																																											
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>																																											
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>																																											
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<input type="checkbox"/>		<input type="checkbox"/>																																											
N/A	Apparent Prior Injury	<input type="checkbox"/>																																											
34. Hospitalized <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes/No</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>No</td> <td></td> </tr> <tr> <td>Subject</td> <td>No</td> <td></td> </tr> </tbody> </table>					Yes/No	Location	Member	No		Subject	No																																		
	Yes/No	Location																																											
Member	No																																												
Subject	No																																												
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other _____																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer S. Wallace	Sex	Age	Ht.	Wt.	ID #	Date	Time
M	27	5'5	155	720	04/03/2021	0500	
45. Sergeant SGT.	ID #	Date	Time				
0660	04-06-2021	0828					
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

Agency Name Cicero Police Department.	A	New York State Domestic Incident Report	ORI: NY0335100	Incident # 21-234045	Related DR Number -	Incident Type DOMV	Location Code 3451
---	----------	--	--------------------------	--------------------------------	------------------------	------------------------------	------------------------------

Incident	Reported Date / Time 04/03/2021 00:31	Occurred Date/ Time 04/03/2021 02:23	<input type="radio"/> Officer-Initiated <input checked="" type="radio"/> Radio Run <input type="radio"/> Walk-In						
	Occur Addr #	Prefix	Occurrence Street Name	Street Type	Suffix	Bldg.	APT#	City	State

VICTIM (P1)	Name - Last	First	Middle	Alias/Nickname/Maiden Name			DOB	Age:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
	Address #	Prefix	Street Name	Street Type	Suffix	Bldg#	Apt #	Victim Phone Number:	Language: English
	City	State	Zip	<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			<input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Other Identifier:		

SUSPECT (P2)	Name - Last	First	Middle	Alias/Nickname/Maiden Name			DOB	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
	Address #	Prefix	Street Name	Street Type	Suffix	Bldg#	Apt #	Suspect Phone Number	Language: English
	City	State	Zip	<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			<input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Other Identifier:		

Do suspect and victim live together? <input type="radio"/> Yes <input checked="" type="radio"/> No		SUSPECT / P2 present? <input type="radio"/> Yes <input checked="" type="radio"/> No	Was Suspect Injured? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes describe:		Possible drug or alcohol use? <input checked="" type="radio"/> Yes <input type="radio"/> No	Suspect supervised? <input type="checkbox"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/> Probation <input type="checkbox"/> Status Unknown	<input type="checkbox"/> Parole
Suspect (P2) Relationship to Victim (P1) <input type="radio"/> Married <input checked="" type="radio"/> Intimate Partner/Dating <input type="radio"/> Formerly Married <input type="radio"/> Former Intimate/Dating		<input type="radio"/> Parent of Victim (P1) <input type="radio"/> Child of Victim <input type="radio"/> Relative <input type="radio"/> Other		Do the suspect and victim have a child in common? <input type="radio"/> Yes <input checked="" type="radio"/> No					

Victim Interview	Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? He won't leave me alone.
	Did suspect make victim fearful? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes describe:

SUSPECT	Weapons Used? <input type="radio"/> Yes <input checked="" type="radio"/> No Gun: <input type="radio"/> Yes <input checked="" type="radio"/> No If yes describe:	Suspect Threats? <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide
	Access to Guns? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes describe:	Other Describe:

Witnesses	Injured? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes describe:	Strangulation? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation
	In Pain? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes describe:	<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing
	Visible Marks? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, describe:	

Inc. Narrative	What did the SUSPECT say (Before and After Arrest): I didn't even say anything to her.
	710.30 completed? <input checked="" type="radio"/> Yes <input type="radio"/> No

Evid	Child/Witness (1) Name (Last, First, M. I.) Last: First: M.I.: DOB: Addr # Prefix Street Name Type Suffix City State Zip Phone #
	Child/Witness (2) Name (Last, First, M. I.) // () -

Offense	Briefly describe the circumstances of this incident: as a full stay away order against contacted her phone many times over the past couple days.									
	DIR Repository checked? <input checked="" type="radio"/> Yes <input type="radio"/> No	Order of Protection Registry checked? <input checked="" type="radio"/> Yes <input type="radio"/> No	Order of Protection in effect? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away							
	Evidence Present? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Other:	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos	Destruction of Property? <input type="radio"/> Yes <input checked="" type="radio"/> No (If yes describe:						

Offense	Offense Committed? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was suspect arrested? <input checked="" type="radio"/> Yes <input type="radio"/> No	If no, explain:							Records Use Only
	Offense 1 Law Art/Sec Sub Cat. Class Degree Attempt Desc Count	Offense 2 Law Art/Sec Sub Cat. Class Degree Attempt Desc Count								

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY				Administrative Use Only			
PRINT NAME Cole Schanbacher				ID# SIGNATURE 0755 Electronically Signed			
				SUPERVISOR NAME (PRINT) Sgt S Amyot			
				ID# APPROVED DATE APPROVED BY SIGNATURE Page 1 0660 04/05/2021 Approved Electronically of 3			

Printed by KLEIST0550 on 08/04/21 at 11:10:31

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

All Verbal.

Prior History

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider

Has Suspect ever:

Threatened to kill you or your children? Yes No
Strangled or "choked" you? Yes No
Beaten you while you were pregnant? Yes No

Is suspect capable of killing you or children? Yes No
Is suspect violently and constantly jealous of you? Yes No
Has the physical violence increased in frequency or severity over the past 6 months? Yes No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? Yes No if NO, Why.

Was Victim Rights Notice given to the Victim? Yes No if NO, Why.

Per policy.

Table with columns for Incident, Weapon 1-3, Incident Location Type, Larceny Type, Bias Crime, Burglary Force, Burglary Entry, Domestic Relationship, and sections for Property and Vehicle details.

Narrative:

On 04/03/2021 at around 0031 hours while working unit 3201A, I was dispatched to [redacted] regarding a verbal domestic. Upon arrival I met and interviewed (VI) [redacted] who stated that tonight at around 0030 hours, her ex-boyfriend (SU) [redacted] called her phone numerous times and was messaging her on Facebook Messenger. [redacted] advised me that she has a full stay away order of protection against [redacted] which was issued on 02/08/2021 by Onondaga County Family Court. [redacted] explained she had been ignoring his calls all night but her stepson [redacted] answered the phone by accident when she wasn't near him. [redacted] was told by [redacted] that when he was on the phone with [redacted] made comments to him calling him a "fucking piece of shit", "you have a fake mom", "she doesn't mean anything to you", and many other heinous remarks. [redacted] stated [redacted] hung up on [redacted] due to being upset and immediately told her about the exchange. [redacted] stated that she then called 911 to report the incident. A secure written statement was obtained from [redacted] regarding the incident. [redacted] was able to save all the messages and phone calls from [redacted] that night. I reviewed the Facebook messages and was able to verify that the account the messages were sent from was [redacted]. There were so many messages sent to [redacted] from [redacted] it would have been impossible to document each for this report. Therefore, I had [redacted] take screen shots of a few days' worth of messages [redacted] sent and she transferred those messages to my work e-mail address.

Continued on next page

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY
PRINT NAME Cole Schanbacher ID# 0755 SIGNATURE Electronically Signed

Administrative Use Only
SUPERVISOR NAME (PRINT) Sgt S Amyot ID# 0660 APPROVED DATE 04/05/2021 APPROVED BY SIGNATURE Approved Electronically Page 2 of 3

Printed by AMYOT0660 on 04/13/21 at 09:06:35

CNYLEADS Narrative Page 1

Agency Name

Cicero Police Department

DR #

21-234045

Last Name

First

Middle

After observing all the phone calls and messages on [REDACTED] phone from [REDACTED] I determined that Officer Wallace and I had enough to arrest [REDACTED] Officer Wallace and I then went to [REDACTED] house located at [REDACTED] at a round 0300 hours. I knocked on the door multiple times before [REDACTED] opened it slightly and then slammed it shut. [REDACTED] then slightly opened the door again and stated "Hold on, let's have some fun." [REDACTED] exited the door asking why we were there and Officer Wallace and I advised him that he had violated the Order of Protection that [REDACTED] had against him. [REDACTED] started to argue with us and was extremely agitated. Officer Wallace then told [REDACTED] that he was under arrest and took control of his wrists. [REDACTED] then tensed his arm and attempted to get free and possibly flee from us. Officer Wallace forcibly grounded him and I placed him in handcuffs without further incident.

I then transported [REDACTED] back to the Cicero Police Department where he was processed for Criminal Contempt in the Second Degree. Due to [REDACTED] agitated behavior at times, a fingerprint order form was issued. [REDACTED] was then transported to the Justice Center where he was then lodged and will be arraigned at CAC Court.

Printed by AMYOT0660 on 04/13/21 at 09:06:35

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

PRINT NAME Cole Schanbacher

ID# 0755 SIGNATURE Electronically Signed

Administrative Use Only

SUPERVISOR NAME (PRINT) Sgt S Amyot

ID# 0660 APPROVED DATE 04/05/2021 APPROVED BY SIGNATURE Approved Electronically

Page 3

of 3

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 21-234045			
Incident Type DOMV	Person Type VI	Victim Type Individual				
Last Name Russell	First Sheena	Middle M	Suffix	DOB 10/01/1985	Business Name	

This is a supplement to a verbal domestic investigation that Officer C. Schanbacher conducted on 04/03/2021 at [REDACTED]

On 04/03/2021 at 0050 hours, while working post 3202A, I responded to the above address to assist Officer Schanbacher. After Officer Schanbacher obtained a statement from the victim [REDACTED] we responded to [REDACTED] to arrest [REDACTED] for violating a duly served order of protection issued by Onondaga County Family Court.

Upon our arrival, Officer Schanbacher knocked on the front door numerous times before [REDACTED] cracked it open and slammed it shut on him. [REDACTED] then again cracked the door open and before exiting, stated, "Hold on, let's have some fun." When [REDACTED] came outside, I could immediately tell he was intoxicated by his slurred speech and the strong odor of an alcoholic beverage emitting from his breath. Both Officer Schanbacher and I explained why we were at his residence and advised him that he violated the order of protection. [REDACTED] then began to dispute the incident with us, and I could tell he was agitated with our presence.

I then told [REDACTED] that he was under arrest and went to take control of his right wrist to place him into handcuffs. As I grabbed his wrist, he immediately tensed his arm, pulling it up towards his chest, and turned back towards his front door. At this point, fearing that [REDACTED] was going to flee or fight, I pulled his right arm straight towards myself and forcibly grounded him, where he was placed into handcuffs without further incident. [REDACTED] was then secured in the rear of Officer Schanbacher's patrol vehicle.

Sgt. Amyot was then notified regarding this incident.

Subject management form completed.

End of report.

Printed by AMYOT0660 on 04/13/21 at 08:45:01

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY

12. PRINT NAME
Sean Wallace

13. ID#
0720

14. SIGNATURE
Electronically Signed

Administrative Use Only

15. SUPERVISOR NAME (PRINT)
Sgt S Amyot

16. ID# APPROVED DATE
0660 04/06/2021

17. APPROVED BY SIGNATURE
Approved Electronically

Town of Cicero Police
Department

MEMORANDUM

OPER

TO: FILE

FROM: CHIEF ROTUNNO

DATE: DECEMBER 21, 2020

SUBJECT: DR# 559955- Use of Force Review

On 12-21-2020, I conducted a Use of Force review (Internal Affairs Investigation) for DR# 20-559955 involving defendant [REDACTED] and Cicero Police Department Officers Ashley Smith and Sean Wallace

On 12-20-2020 at about 1814hrs, Cicero Police assisted by [REDACTED] were investigating a motor vehicle crash at [REDACTED] in the [REDACTED] Parking Lot.

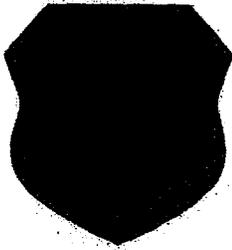
During the investigation [REDACTED] arrived on scene who was identified as one of the involved driver's wife. [REDACTED] appeared extremely excited and yelling at the other parties involved in the accident along with other actions that appeared to indicate that [REDACTED] was in some sort of mental illness crisis. After several attempts to calm [REDACTED] and her continue refusal of police commands, [REDACTED] became more and more aggressive and after striking Officer Smith she was taken into custody. [REDACTED] was charged with Harassment 2nd, Discorded Conduct, Resisting Arrest and Obstructing Governmental Administration.

After reviewing all police reports, statements the IA is closed as justified as all CPD policies and procedures were followed.

Steve Rotunno
//////SIGNED////
Chief of Police

Town of Cicero Police Department

MEMORANDUM



TO: Chief Rotunno

FROM: Sgt Amyot

DATE: 01/01/21

SUBJECT: DR 20-559955

On 01/01/21 I conducted a Use of Force review involving [REDACTED] Officer Sean Wallace and Officer Ashley Smith. On 12/20/20 both Officer Wallace and Officer Smith responded to [REDACTED] regarding a property damage motor vehicle accident. While conducting the investigation [REDACTED] arrived on scene. It was found that she was the wife of one of the drivers [REDACTED]. While on scene she was uncooperative and confrontational with both Police and the individuals of the other vehicle involved in the accident. Ofc. Smith allowed [REDACTED] to take pictures of the other vehicle involved during which time [REDACTED] started again yelling at the other individuals. Ofc. Smith escorted [REDACTED] back to her vehicle. While Ofc. Smith was speaking with [REDACTED] [REDACTED] attempted to open her car passenger door striking Ofc. Smith in the chest and chin. Ofc. Smith pushed the door closed and leaned down to tell [REDACTED] to stay in the vehicle at which time [REDACTED] using her right fist punched Ofc. Smith in the left side of the face/eye and grabbed her vest.

Ofc. Smith advised [REDACTED] she was under arrest, along with [REDACTED] and Ofc. Wallace she was able to get her out of the vehicle as [REDACTED] continued to resist. She was forcibly grounded and then attempted to push up and fight to keep her hands under her body as to avoid being placed in custody. Ofc. Smith was able to handcuff [REDACTED]. NAVAC ambulance responded to evaluate her but [REDACTED] refused medical treatment and denied having any injuries. Ofc. Smith with Ofc. Wallace following then transported [REDACTED] to CPEP.

While being transported [REDACTED] began spitting all over the cage, glass, door and seats of the patrol vehicle. Due to this a spit hood was placed on [REDACTED]. Once at CPEP she would not cooperate with the screening questions staff had for her and she continued to play with her handcuffs which appeared as if she was trying to remove them. She also was thrashing back and forth purposely and striking her head on the wall while in CPEP. She was attempted to be placed in a wheelchair but kicked it and went "dead weight" which caused officers and staff to physically move her into the elevator at CPEP. Ofc. Smith and Wallace assisted CPEP staff as [REDACTED] continued to thrash around and resist until medication which the Hospital administered calmed her down.

Officer Smith and Ofc. Wallace used minimal force to secure [REDACTED] into custody and transport her to CPEP. Use of Force was within Department Policy and was necessary under the circumstances.

Subject Management Report

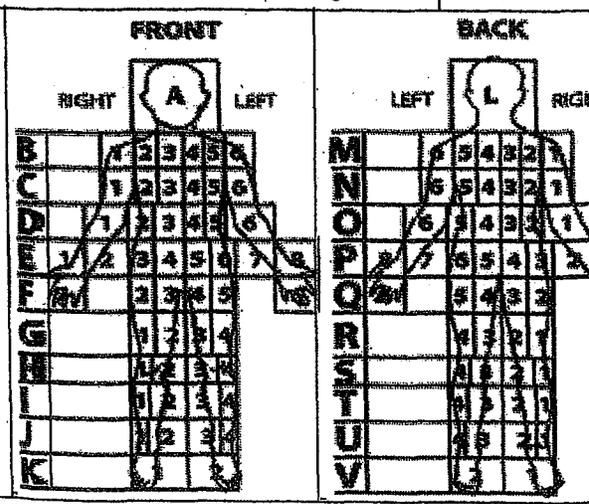
1. ICN -		2. IR# -		3. DR# 20-559955	
4. Incident Date 12/20/2020		5. Incident Time 18:45	6. Incident Address [REDACTED]		6A. Incident Location Outdoor
7. Type of Incident HARR		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Snow/Sleet	9. Lighting Conditions Poor Artificial Light
10. Subject Name (Last, First, MI) [REDACTED]				11. Sex F	12. Age 28
				13. Ht. 5'01"	14. Wt. 180
				15. Race White	
16. Applicable Subject Conditions (Check all that apply)					
<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:		
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:		
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence				
<input checked="" type="checkbox"/> Defensive Resistance	<input type="checkbox"/> Alcohol and/or Drug Influenced				
<input checked="" type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide				
<input type="checkbox"/> Agg. Active Aggression	<input checked="" type="checkbox"/> Physical Threat/Attack on Member or Another		<input type="checkbox"/> Fired at Member or Another with a Firearm		
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm		<input type="checkbox"/> Other:		
17. Subject Management/Control Necessary To (Check all that apply)					
<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction		
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage		
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input checked="" type="checkbox"/> Accomplish Official Purpose:	Transport To CPEP		
<input checked="" type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:			

18. Location of Subject's Weapon(s) In-Hand		19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:		20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No	
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21. Type of Force Used			
Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

21-A. X-26 Advanced TASER	
TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Force Description</th> </tr> </thead> <tbody> <tr><td>1</td><td>Soft Empty Hand</td></tr> <tr><td>2</td><td>Hard Empty Hand</td></tr> <tr><td>3</td><td>OC Spray</td></tr> <tr><td>4</td><td>Impact Weapon</td></tr> <tr><td>5</td><td>TASER (drive stun)</td></tr> <tr><td>6</td><td>TASER (probes)</td></tr> <tr><td>7</td><td>Less Lethal Munitions</td></tr> <tr><td>8</td><td>Firearm</td></tr> <tr><td>9</td><td>K9</td></tr> <tr><td>10</td><td>Other</td></tr> </tbody> </table>		Force Description	1	Soft Empty Hand	2	Hard Empty Hand	3	OC Spray	4	Impact Weapon	5	TASER (drive stun)	6	TASER (probes)	7	Less Lethal Munitions	8	Firearm	9	K9	10	Other	<table style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">IP2</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">IP7</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </table> <p><input checked="" type="checkbox"/> Subject was Forcefully Grounded</p>	IP2		IP7							
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9	K9																																
10	Other																																
IP2																																	
IP7																																	



Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Smith, Ashley H	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>None</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Abrasion(s)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Abrasion(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		

43. Additional Comments

Subject was brought to CPEP not for injuries sustained during use of force. Subject slammed her head on the CPEP wall, had a small lump on her forehead and stated she did not know where it came from. Photos of this were secured

44. Officer A. Smith	Sex	Age	Ht.	Wt.	ID #	Date	Time
	F	33	5'4	140	700	12/20/20	2133
45. Sergeant	ID #	Date	Time				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-559955		
4. Incident Date 12/20/2020		5. Incident Time 18:45	6. Incident Address [REDACTED]			6A. Incident Location Outdoor
7. Type of Incident HARR		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Snow/Sleet		9. Lighting Conditions Poor Artificial Light

10. Subject Name (Last, First, MI) [REDACTED]				11. Sex F	12. Age 28	13. Ht. 5'01"	14. Wt. 180	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input type="checkbox"/> Alcohol and/or Drug Influenced		
<input checked="" type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
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17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input checked="" type="checkbox"/> Accomplish Official Purpose:	Transport To CPEP
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18. Location of Subject's Weapon(s) In-Hand	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
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21. Type of Force Used				21-A. X-26 Advanced TASER			
Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?	TASER Serial #			
Empty Hand Control - Soft	N/A	N/A		Number of Air Cartridge(s) Fired			
Empty Hand Control - Hard	N/A	N/A		#1 Air Cartridge Serial #			
OC Spray				#2 Air Cartridge Serial #			
Impact Weapon				Air Cartridge Type			
TASER (CEW)				Number of Cycles Applied			
Less Lethal Munitions				Threat of Force			
Deadly Physical Force				Deployment was a Dart Probe Contact			
SWAT Activation				Deployment was a Drive Stun Contact			
SERT Activation				Distance between the two probes (inches)			
K-9				Probes penetrated the subject's skin			
				Probes removed while on scene			
				Subject wore heavy or loose clothing			

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IP2	IP7	IP3	IP4
1 Soft Empty Hand				
2 Hard Empty Hand				
3 OC Spray				
4 Impact Weapon				
5 TASER (drive stun)				
6 TASER (probes)				
7 Less Lethal Munitions				
8 Firearm				
9 K9				
10 Other				

Subject was Forcefully Grounded

22. Officer
S. Wallace

[Signature]

23. ID #
720

FRONT

BACK

POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Smith, Ashley H	30-A. SERT
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36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		

43. Additional Comments

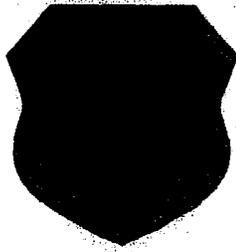
Subject was brought to CPEP not for injuries sustained during use of force. Subject slammed her head on the CPEP wall, had a small lump on her forehead and stated she did not know where it came from. Photos of this were secured

44. Officer S. Wallace	Sex	Age	Ht.	Wt.	ID #	Date	Time
	F	33	5'05"	155	720	12/20/20	2137
45. Sergeant	ID #	Date	Time				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

Town of Cicero Police Department

Open

MEMORANDUM



TO: Chief Rotunno

FROM: Sgt Amyot

DATE: 12/03/20

SUBJECT: DR 20-532877

On 12/03/20 I conducted a Use of Force review involving [REDACTED] Officer Sean Wallace and Sergeant James Snell. On 11/29/20 both Officer Wallace and Sgt. Snell responded to [REDACTED] regarding [REDACTED] being unconscious, not breathing, and prearrival instructions were being giving to the caller. Both were also advised the caller had administrated narcain to [REDACTED]. Officer Wallace proceeded to the upstairs where [REDACTED] was now conscious and breathing and he admitted he had used heroin. Also on scene was empty beer and hard seltzer cans and when [REDACTED] stood up he appeared intoxicated and slightly lethargic. [REDACTED] was escorted downstairs, at which time he was advised by a NAVAC paramedic since he had gone into cardiac arrest, the narcain would likely wear off posing a significant risk to his health. He was advised by EMS he needed to be transported to the hospital during which time he became increasingly agitated by speaking over them and he would not listen to what EMS was telling him. At this time Sgt. Snell advised [REDACTED] that he needed to go to the hospital due injecting himself with a poison known to kill people. [REDACTED] stated he didn't care and began walking towards EMS at which time Sgt. Snell told him he was being placed in custody under Mental Hygiene Law 9.41. [REDACTED] was asked to put his hands behind his back which he refused and as Sgt. Snell and Ofc. Wallace attempted to gain control of his hands he began holding his hands against his body and resist. He continued to resist at which time they placed [REDACTED] onto a couch to try and further gain control of him. They struggled with [REDACTED] for approximately 2 minutes before being able to place him in handcuffs.

Prior to securing him in handcuffs he bit the inner thigh of Ofc. Wallace as he was also being verbally abusive to them. Ofc. Wallace and Sgt. Snell gave several commands to put his hands behind his back and to stop resisting during the altercation. Once in custody [REDACTED] was sedated by EMS however he was still resistive. He refused to walk outside so both Ofc. Wallace and Sgt. Snell had to escort him to the stretcher outside.

Once on the stretcher [REDACTED] continued to resist, as Sgt. Snell was attempting to control his head, [REDACTED] bit Sgt. Snell's hand and kicked him in the chest. Sgt. Snell pushed [REDACTED] head back, striking him in the left side of the head once. [REDACTED] had a small abrasion to the left side of his face as well as minor swelling. [REDACTED] then stopped kicking however continued to spit and be belligerent as he was transported to the hospital.

Supporting Depositions were obtained from the 4 NAVAC members on scene during the incident.

Officer Wallace and Sgt. Snell used minimal force to secure [REDACTED] into custody and keep him from injuring anyone on scene any further. Use of Force was within Department Policy and was necessary under the circumstances.

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-532877	
4. Incident Date 11/29/2020		5. Incident Time 21:03		6. Incident Address [REDACTED]	
7. Type of Incident OVRD		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions N/A- Indoors	
10. Subject name (Last, First, MI) [REDACTED]		11. Sex M		12. Age 45	
		13. Ht. 600		14. Wt. 175	
		15. Race White		6A. Incident Location Indoor	
				9. Lighting Conditions Poor Artificial Light	

16. Applicable Subject Conditions (Check all that apply)

<input checked="" type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input checked="" type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input checked="" type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input checked="" type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other:	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input checked="" type="checkbox"/> Prevent Suicide	<input checked="" type="checkbox"/> Accomplish Official Purpose:	Take into custody for MHL 2209
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s)

19. Multiple Combatants (If yes, how many?)
 Yes No Total:

20. Verbal Direction Given (Commands of Direction or of Arrest)
 Yes No

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	No
Empty Hand Control- Hard	N/A	N/A	Yes
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

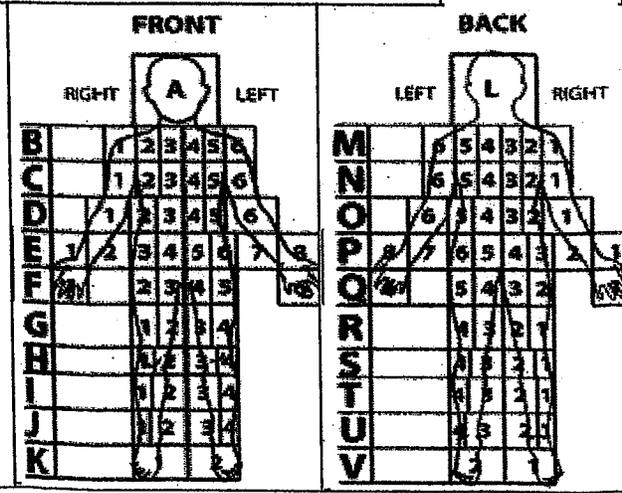
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	1A	
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer
Sgt James Snell

23. ID #
680

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Wallace, Sean	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input checked="" type="radio"/> Yes <input type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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<input type="checkbox"/>		<input type="checkbox"/>																																											
N/A	Apparent Prior Injury	<input type="checkbox"/>																																											

33-B. Time Elapsed Prior to Start of Decontamination		
34. Hospitalized	Yes/No	Location
Member	No	
Subject	Yes	St Josephs

35. Photos/ Video	
Photos Available	<input checked="" type="radio"/> Yes <input type="radio"/> No
Video Available	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other	

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Sgt James Snell	Sex M	Age 43	Ht. 602	Wt. 198	ID # 680	Date 11/29/2020	Time 2233
45. Sergeant <i>SGT. Snell</i>	ID # 0660		Date 12-02-2020		Time 2339		
46. Lieutenant	ID #		Date		Time		
47. Chief/Asst. Chief <i>JA</i>	ID # 7500		Date 12-7-20		Time 1515		

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-532877			
Incident Type OVRD	Person Type VI	Victim Type Government				
Last Name	First	Middle	Suffix	DOB //	Business Name NYS	

On 11/30/2020 at approximately 2104hrs, while working Unit 3210, I was dispatched to [REDACTED] for an Overdose. Per the notes of the call, the male victim identified as, [REDACTED] was unconscious, not breathing, and the 911 operator was starting prearrival instructions with the caller. The caller had given [REDACTED] NARCAN that was not working

Upon my arrival, Officer Wallace and Navac Ambulance staff were escorting [REDACTED] downstairs. NAVAC [REDACTED] started to tell [REDACTED] that he needed to go to the hospital and before [REDACTED] could finish his reasoning why [REDACTED] refused. [REDACTED] advised [REDACTED] that due to the fact that he went into cardiac arrest, the NARAC will likely wear off, and would be in trouble again. [REDACTED] was getting increasingly agitated at EMS and Police presence. His voice was getting louder, and it appeared that he was still under the influence of a drug or alcohol due to his unsteady gait and increasingly agitated demeanor. I advised [REDACTED] that he knowingly injected himself with a dangerous poison known to kill people that he needed to go to the hospital. [REDACTED] said that he didn't care. [REDACTED] started to walk towards EMS (I was standing at the entry door with EMS between [REDACTED] and me). I advised [REDACTED] that he was under arrest and being placed in custody for Mental Hygiene Law 9.41 as he was a threat to himself. I told [REDACTED] to put his hands behind his back. Officer Wallace and I approached [REDACTED] and attempted to grab his hands and place them behind his back. [REDACTED] pulled his hands from us, placing them to the front of his body and holding them there. I told him to quit resisting multiple times. [REDACTED] kept trying to turn his body towards officer Wallace and me. Due to [REDACTED] drug intoxication, his unpredictable affect, and resistive behavior he was grounded onto a couch. Officer Wallace and I struggled with [REDACTED] for approximately 2 minutes attempting to force [REDACTED] hands behind his back. Using pressure point control [REDACTED] hands were forced behind his back and placed into handcuffs. While struggling with [REDACTED] he was swearing at us, spitting at us, and calling us "Faggot." Officer Wallace and I then dragged [REDACTED] outside to the stretcher as he refused to walk. When we placed [REDACTED] on the stretcher, I was trying to control his head, and he bit my left hand and kicked me in the chest. As I pulled my gloved hand from [REDACTED] mouth, I swung to push his head back, striking him in the left side of the head one time. [REDACTED] then stopped kicking at the other responders and me. He was then loaded into the back of the Ambulance, where he continued to spit and be belligerent. He was subsequently transported to St Joseph's Hospital for an evaluation.

Officer Wallace and I responded to St Joseph's Hospital. Officer Wallace issued Minota appearance tickets for Harassment in the Second Degree ([REDACTED] biting and kicking me as well as biting Officer Wallace) and Resisting Arrest. Refer to Officer Wallace's report for further information. [REDACTED] had a small abrasion to the left side of his face as well as minor swelling. I secured photographs on [REDACTED] and placed them into Cicero Evidence.

Sgt Baldini took a statement from NAVAC [REDACTED] and Officer Cottrell took a statement from [REDACTED] which were included in this case file. Officer Schanbacher took a statement from [REDACTED] and I took a statement from [REDACTED]. They were also placed in the case file.

End of report.

<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> 12. PRINT NAME James Snell	13. ID# 0680	14. SIGNATURE Electronically Signed	Administrative Use Only		Page 2
			15. SUPERVISOR NAME (PRINT) Sgt S Amyot	16. ID# APPROVED DATE 0660 12/01/2020	17. APPROVED BY SIGNATURE Approved Electronically

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force* <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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30. Primary Service Member (Last, First, MI) Wallace, Sean P	30-A. SERT
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34. Hospitalized <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Yes/No</th> <th style="width: 70%;">Location</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>No</td> <td></td> </tr> <tr> <td>Subject</td> <td>Yes</td> <td>St. Josephs</td> </tr> </tbody> </table>					Yes/No	Location	Member	No		Subject	Yes	St. Josephs																																	
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36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

35. Photographs secured of subjects facial injuries

44. Officer S. Wallace	Sex	Age	Ht.	Wt.	ID #	Date	Time
	M	26	5'05"	155	720	11/29/2020	2230
45. Sergeant 	ID #	Date	Time				
	0600	12/02/2020	2346				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief 	ID #	Date	Time				
	2500	12-7-20	1515				

CNYLEADS Narrative Supplement 2

<small>AGENCY</small> Cicero Police Department				<small>DR #</small> 20-532877	
<small>Person Type</small> VI	<small>Last Name</small> Wallace	<small>First</small> Sean	<small>Middle</small>	<small>Suffix</small>	<small>Business Name</small>
<p>██████████ was then placed in the rear of the ambulance and transported to St. Josephs hospital. Sgt. Snell and I responded to the hospital where he was issued appearance tickets for harassment 2nd and resisting arrest.</p> <p>For further information regarding this case, refer to all reports and paperwork under this DR#.</p> <p>Subject management form completed.</p> <p>End of report</p>					
<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small>			<small>Administrative Use Only</small>		
<small>PRINT NAME</small> Sean Wallace		<small>ID# SIGNATURE</small> 0720 Electronically Signed	<small>SUPERVISOR NAME (PRINT)</small> Sgt S Amyot		<small>ID# APPROVED DATE APPROVED BY SIGNATURE</small> 0660 12/02/2020 Approved Electronically

Voluntary Affidavit

State of New York
County of Onondaga
Town of Cicero

DR# 20-532877

I, [redacted], being duly sworn, deposes and says that I am 26 years of age with a date of birth [redacted] and [redacted]. I reside at [redacted] and my phone number is [redacted].

I am voluntarily giving this affidavit to Sgt James Snell from the Town of Cicero Police Department. I am giving this statement on 11/30/2020 at 18:00. I am giving this at 6200 State Route 31

Upon my arrival the patient was upstairs talking to Cicero PD Officer Wallace after receiving Naloxone, by his wife, to reverse his heroin overdose. Patient was very agitated and did not want to be evaluated by EMS. Patient walked down the stairs into living room. Upon talking to me the patient became extremely verbally combative and appeared under the influence of some sort of drug with extremely dilated pupils. I told the patient that you were just dead you received naran that saved your life it only lasts 20 minutes and that he could go back into an overdose. Patient informed that he could die from this OD. Patient took an aggressive stance towards me. Cicero PD Sergeant Snell informed patient that he needed to be transported per 941 mental health law telling patient he knowingly put a deadly drug into his body in an attempt to harm self. PD Sergeant Snell informed him he could be transported by PD or EMS. Patient became extremely aggressive fighting PD by pulling his arms away from them. PD attempted numerous times to convince patient to stop resisting arrest with no success with patient thrashing around fighting. I then left the residence and retrieved my narcotic box. Upon arrival back into residence I saw the patient was detained by officers. The patient was yelling profanities and attempted to bite and kick the officers. I administered Ketmaine IM to attempt to calm the patient down. Patient continued to yell profanities trying to fight officers calling them "faggots" "fuckers" and "douche bags." The medication was slow to take effect. The patient refused to go outside to the stretcher so he was carried in the standing position to stretcher via PD still fighting. After being placed on the stretcher I observed the patient attempting to kick and bite officers. He also kicked Sergeant Snell in the face. The patient was attempting to kick [redacted] and Officer Wallace who then grabbed his legs and held him down strapping his legs to the stretcher. Once in ambulance patient still yelling profanities "fuck you I will kill all of you faggots." The patient began spitting at EMS/PD throughout back of ambulance. He was then transported to St Joseph's Hospital.

I have read this 1 page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

[redacted signature]
Deponent

[handwritten signature]
Witness

Voluntary Affidavit

State of New York
County of Onondaga

DR# 20-532877

Town of Cicero

I, [redacted], being duly sworn, deposes and says that I am 46 years of age with a date of birth [redacted] and [redacted]. I reside at [redacted] and my phone number is [redacted].

I am voluntarily giving this affidavit to Officer Schanbacher from the Town of Cicero Police Department. I am giving this statement on 11/30/2020 at 05:11 . I am giving this at 6200 Route 11

On 11/29/2020 at 2104 hours, I was dispatched to 7700 Thompson Road. I arrived and went upstairs. The patient was walking at the top of the steps. The patient came down the stairs into the living room. My partner asked him some basic questions and also recommended he goes to the hospital due to being administered Narcan. The patient did not care and was adamant about staying. At that point, Sgt. Snell gave the patient a couple options. Either go with us or go with Sgt. Snell due to him being 941. After he was given the choices, he started to get loud and verbal, cussing, swearing. Sgt. Snell, after multiple attempts to get the patient to cooperate, proceeded to go hands on. Officer Wallace and Sgt. Snell brought the patient down on the couch, the patient was fighting and resisting the whole time. The wife of the patient came around the backside of Officer Wallace when he was wrestling with him. Officer Wallace pushed her back and gave the command for her to stay back. After 30 seconds, they were unable to get him into custody so I stepped in and held the patients legs down. The patient was still kicking and trying to bite. Once they got him cuffed, they sat him up and proceeded to provoke the officers by calling them faggots, take off their badges, and "I'll kick your ass." That's when my partner came in and administered medicine to the patient to calm him down. The officers got him up; he was being resistant still. He was being resistant to getting on the stretcher to which we had to forcefully put him on it. The patient then bit down on Sgt. Snell's hand. Sgt. Snell pushed the patients head to stop the patient from biting him. At this point, we continued to use the shoulder straps to subdue the patient. Then we moved him to the ambulance. While inside the ambulance, the patient spit on on the staff working on him.

End of statement.

I have read this 1 page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

[redacted signature]

Deponent

[signature] CS

Witness

Voluntary Affidavit

State of New York
County of Onondaga
Town of Cicero

DR# 20-532877

I, [redacted], being duly sworn, deposes and says that I am 58 years of age with a date of birth of [redacted] and [redacted]. I reside at [redacted] and my phone number is [redacted].

I am voluntarily giving this affidavit to Sgt John Baldini from the Town of Cicero Police Department. I am giving this statement on 11/29/2020 at 22:25. I am giving this at 6200 RT 31.

On 11/29/20 at 2104 hours I was working NAVAC 6 as an EMT for NAVAC Ambulance and was dispatched to [redacted] regarding an overdose call. Upon arrival I then entered the house at this time the other NAVAC crew NAVAC 1, [redacted] and [redacted] stated that they were coming down the stairs. The NAVAC crew along with Officer Sean Wallace and patient [redacted] all walked down the stairs. [redacted] then explained to [redacted] that he should go to the hospital as there could be a possibility that [redacted] due to his drug consumption, could relapse and even could die. [redacted] was adamant on not going to the hospital which is when Sgt James Snell told him that if he did not go to the hospital he would be arrested. [redacted] then became upset and made an aggressive movement towards us at which time Sgt Snell and Officer Wallace had to physically take custody of [redacted] and place him handcuffs. After a short struggle the Officers were successful in handcuffing [redacted]. At this time [redacted] went into the Ambulance and obtained a sedative which was administered to [redacted]. [redacted] was then moved outside to the stretcher where he continued to be physically resistant. [redacted] then moved his head toward Sgt Snell and bit him in the arm. Navac 1 then transported [redacted] to St Joesph's Hospital while I followed.

I have read this [redacted] page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

[Redacted signature]

565 [Signature]
Witness

Voluntary Affidavit

State of New York
County of Onondaga
Town of Cicero

DR# 20-532877

I, [REDACTED], being duly sworn, deposes and says that I am 43 years of age with a date of birth of [REDACTED] and [REDACTED]. I reside at [REDACTED] and my phone number is (315)413-9101.

I am voluntarily giving this affidavit to J.J. Cottrell from the Town of Cicero Police Department. I am giving this statement on 11/29/2020 at 22:26. I am giving this at Cicero PD.

I responded to an overdose of a male at [REDACTED] at approximately 21:10 on today's date. On arrival police on scene had already administered Narcan to the male/patient. The Patient was awake and talking with police upstairs. Police asked the patient to come downstairs and speak with EMS and the patient complied. EMS spoke with the patient about being evaluated and the patient refused. [REDACTED] told the patient that he needed to go to the hospital because Narcan has a short lifespan and he could overdose again depending on how much and of what he took. The patient refused and started to become agitated. The Police informed the patient that he really needs to go to the hospital and the patient again refused and became more agitated. Police instructed the patient he would be detained to be evaluated, the patient immediately refused and started to become verbally aggressive. Police stated this is now a 941 issue and placed the patient under arrest. The patient began to resist the police and fight back. The Police Officers wrestled with the patient on the couch until they were able to restrain him. The patient was verbally abusive and attempted to fight police. After the patient was restrained, [REDACTED] administered 250mg of Ketamine to sedate the patient. The patient was moved outside to the stretcher where he continued to verbally abuse EMS and police. While the patient was being secured to the stretcher, I brought extra equipment to the ambulance and prepared it for transport.

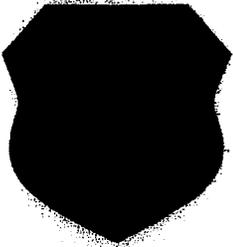
The two Police Officers on the scene were Sergeant J. Snell and Officer S. Wallace of the Town of Cicero Police Department. The patient was identified to me as [REDACTED].

I have read this [REDACTED] page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

[REDACTED]

[REDACTED]

Witness



Town of Cicero Police Department

MEMORANDUM

open

TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 9/21/20

SUBJECT: DR 20-440589

On 9/21/20 I conducted a Use of Force review involving [REDACTED] and Sgt Snell. On 9/19/20 at 1618 hours Sgt Snell responded to [REDACTED] regarding an intoxicated subject. Upon arrival the subject was located in the [REDACTED] and had knocked over a display prior to police arrival. Due to that incident the manager of the [REDACTED] wanted the subject removed. Sgt Snell located the subject later identified as [REDACTED] inside the [REDACTED] and when he told [REDACTED] he had to leave [REDACTED] just looked at Sgt Snell. While attempting to remove [REDACTED] he turned toward Sgt Snell and took what was described as a fighting position at which time [REDACTED] was taken to the ground and handcuffed without further incident. Use of Force was within Department Policy and was needed due to [REDACTED] actions.

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Smith, Ashley, H	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)	32. Medical Attention	33. Subject OC/ Chemical Agent Decontamination	33-A. Decontamination Method																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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33-B. Time Elapsed Prior to Start of Decontamination																																													
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		Yes/No	Location																																										
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Video Available <input type="radio"/> Yes <input type="radio"/> No																																													
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other _____																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

Refere to follow up incident report.

44. Officer Sgt James Snell	Sex M	Age 43	Ht. 602	Wt. 205	ID # 680	Date 09/19/2020	Time 1742
45. Sergeant	SA.		ID #	Date		Time	
46. Lieutenant			ID #	Date		Time	
47. Chief/Asst. Chief			ID #	Date		Time	

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-440589		
Incident Type INTX	Person Type VI	Victim Type Society			
Last Name	First	Middle	Suffix	DOB //	Business Name Society

On 09/19/2020 at approximately 1618hrs while working Unit 3210 I was dispatched the [REDACTED] located at 7999 Route 31 for an intoxicated person. Per the notes of the call that a white male was carrying a bottle of whiskey scaring customers. Upon my arrival bystanders stated that the male went behind the plaza.

I was then directed into the [REDACTED] by the store manager, [REDACTED]. He advised me that "he" was in "his store" and wanted him removed. I then saw a white male staggering next to a display that was on the ground, he apparently knocked over. I told the male to exit the store. He just stared at me and didn't move. Due to his intoxicated state and that fact that he was scaring customers at another store and that there were customers at the [REDACTED] grabbed the male's right arm and started to escort him out. The male told me not to touch him. The male was trying to turn towards me. I told the male to put his hands behind his back. The male lifted his right arm over his head consistent with a person who is about to punch. I took the male to the ground and placed both of his hands behind his back. Officer Smith placed the male in handcuffs. Throughout the encounter with the male he was yelling obscenities. He refused to stand up after being placed in handcuffs. The male was then lifted into the back of Officer Smith's vehicle.

End of report.

Falsely Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYS PL AFFIRMED UNDER PENALTY OF PERJURY

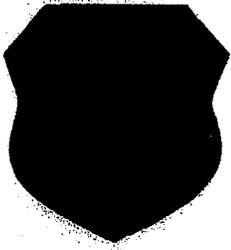
12. PRINT NAME
James Snell

13. ID# 14. SIGNATURE
0680 Electronically Signed

Administrative Use Only
15. SUPERVISOR NAME (PRINT)
Sgt S Amyot

16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE
0660 09/20/2020 Approved Electronically

Page 2
of 3



Town of Cicero Police Department

MEMORANDUM

FLA 18
HAY

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 9/17/20
SUBJECT: DR 20-436573

On 9/17/20 I conducted a Use of Force review involving [REDACTED] and Officer Wallace. On 9/16/20 at 1540 hours Officer Wallace was dispatched to [REDACTED] the [REDACTED] Store regarding [REDACTED] who was upset at store employees because of social distancing and mask requirements while being inside the store. Prior to Officer Wallace's arrival [REDACTED] threaten to kill store employees, was screaming and yelling inside the store and approached a store employee with his fists in the air. [REDACTED] was told to leave the store by employees and that the Police were called which [REDACTED] did. When outside the employees had locked the door with the customers inside because they were scared of [REDACTED]. When Officer Wallace encountered [REDACTED] he was verbally abusive, took off his shirt and flexed both arms all while stating to Officer Wallace that he did not care, can do what he wants and that Officer Wallace was heading down the wrong path. [REDACTED] then attempted to walk away and kept walking despite Officer Wallace's verbal commands to stop and that he was under arrest. When Officer Wallace then gave verbal commands for [REDACTED] to sit down which he complied with, but then when Officer Wallace attempt to take control of [REDACTED] left arm he attempted to stand up stating he would not be handcuffed. [REDACTED] then started resisting while on his hands and knees, Officer Wallace was able to get [REDACTED] onto the ground and then handcuffed. [REDACTED] assisted. Use of force was within Department Policy and was necessary in making the arrest due to [REDACTED] actions.

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -	2. IR# -	3. DR# 20-436573
4. Incident Date 09/16/2020	5. Incident Time 15:54	6. Incident Address [REDACTED]
		6A. Incident Location Outdoor

7. Type of Incident HARR	7A. Type of Incident- Custody Dept. Only	8. Weather Conditions Clear Sky/Sunny	9. Lighting Conditions Daylight
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10. Subject Name (Last, First, MI) [REDACTED]	11. Sex M	12. Age 53	13. Ht. 6'01"	14. Wt. 190	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input checked="" type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input checked="" type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other:	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose:	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s)	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
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21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	
Empty Hand Control- Hard	N/A	N/A	Yes
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

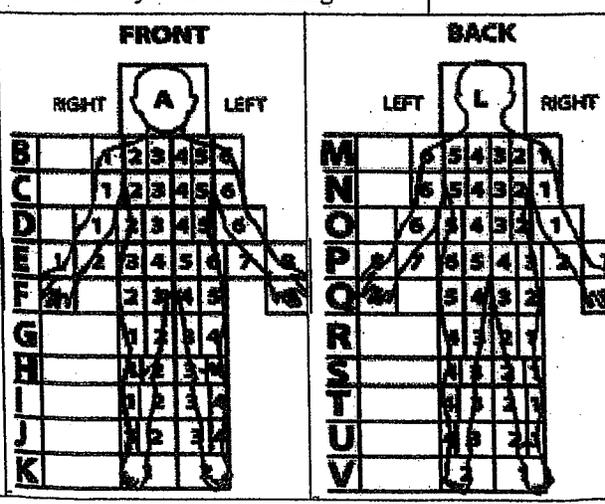
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	205	
1 Soft Empty Hand		
2 Hard Empty Hand	1E8	
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer S. Wallace <i>[Signature]</i>	23. ID # 720
--	-----------------

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Wallace, Sean P	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 65%;">Injury</th> <th style="width: 20%;">Subject</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>None</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Swelling/ Contusion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Abrasion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Laceration(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bone Fracture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Concussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Loss of Consciousness</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Gun Shot</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fatal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>TASER Probe Puncture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drive Stun Superficial</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Apparent Prior Injury</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	<input type="checkbox"/>	TASER Probe Puncture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input type="checkbox"/> No	33-A. Decontamination Method 33-B. Time Elapsed Prior to Start of Decontamination
Member	Injury	Subject																																								
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<input type="checkbox"/>	Apparent Prior Injury	<input type="checkbox"/>																																								
34. Hospitalized <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes/No</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>No</td> <td></td> </tr> <tr> <td>Subject</td> <td>No</td> <td></td> </tr> </tbody> </table>					Yes/No	Location	Member	No		Subject	No																															
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Member	No																																									
Subject	No																																									
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other																																										

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

35. Civilian Recorded Video Entered Into Evidence

44. Officer S. Wallace	Sex	Age	Ht.	Wt.	ID #	Date	Time
	M	26	5'05"	155	720	09/16/2020	1935
45. Sergeant <i>SO. Sean P. Wallace</i>	ID #	Date	Time				
	0600	09-17-2020	0031				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

CNYLEADS Report Cover Page

Agency Name

Cicero Police Department

Incident Complaint Number

20-436573

Related DR Number

-

Incident Type

HARR

Officer Name

Sean Wallace

Printed by KLEIST0550 on 08/05/21 at 09:11:32

Select Page(s) to
use & go to page

Select
Page(s)

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> INCIDENT PAGE | |
| <input checked="" type="checkbox"/> INVOLVED PERSONS 3-5 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 6-8 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 9-11 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 12-14 | <input type="checkbox"/> |
| <input type="checkbox"/> VEHICLE PAGE | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 1 | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> MISSING PERSON PAGE | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OFFENSE PAGE | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> NARRATIVE PAGE 1 | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> NARRATIVE PAGE 2 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 3 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 4 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 5 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 6 | <input type="checkbox"/> |

CNYLEADS Incident Report Form 3.6 (Rev. 2017)

Agency Name Cicero Police Department										ORI: NY0335100		Location Code 3451		Beat 3202		1. DR Number 20-436573								
2. Inc. Address Num Prefix Street Name				Street Type		Suffix		Bldg.		APT#		3. City		4. State		5. Zip								
8. Incident Type HARR				7. Premise Name				8. Alarm#		9. Occurred Date/ Time 09/16/2020 15:39			10. To Date/ Time 09/16/2020 15:57											
11. Disp. Address Num Prefix Street Name				Street Type		Suffix		Bldg.		APT#		12. City		13. Dispatched Date/ Time 09/16/2020 15:40										
INCIDENT	Weapon 1 A 77		Weapon 2 B 77		Weapon 3 C 77		Incident Location Type D 43		Larceny Type E 77		Bias Crime F 77		Burglary Force G 77		Burglary Entry H 77		Significant Event (Clery only) I							
1. Person Type CO	2. Victim Type		3. Last			First			Middle			4. Suffix		5. Business Name										
6. Alias/Nickname/Maiden Name							7. Race		8. Ethnicity		9. Sex		10. DOB //		11. Age		12. Hgt "		13. Wgt		14. Hair		15. Eye	
16. Address: Num Prefix Street Name Unknown			Street Type		Suffix		Bldg.		APT#		17. City				18. State									
19. Zip		20. Resident Status (Clery only)			21. Home Phone () -			22. Cell Phone () -			23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos									
25. Describe:										26. Skin		27. Eyewear		28. Employer										
29. Work Phone () -		30. Occupation			31. Address Num Prefix Street Name		Street Type		Suffix															
Bldg.		Suite#		32. City		33. State		34. Zip		35. Apparent Condition			36. Handcapped		37. Nature of Ill / Inj		38. Med. Treatment							
39. Subject description, actions, etc Reported Incident																								
1. Person Type AR	2. Victim Type		3. Last			First			Middle			4. Suffix		5. Business Name										
6. Alias/Nickname/Maiden Name							7. Race W		8. Ethnicity N		9. Sex M		10. DOB [REDACTED]		11. Age 53		12. Height "		13. Weight		14. Hair		15. Eye	
16. Address: Num Prefix Street Name [REDACTED]			Street Type		Suffix		Bldg.		APT#		17. City [REDACTED]				18. State									
19. Zip 13120		20. Resident Status (Clery only)			21. Home Phone () -			22. Cell Phone [REDACTED]			23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos									
25. Describe:										26. Skin		27. Eyewear		28. Employer										
29. Work Phone () -		30. Occupation			31. Address Num Prefix Street Name		Street Type		Suffix															
Bldg.		Suite#		32. City		33. State		34. Zip		35. Apparent Condition			36. Handcapped		37. Nature of Ill / Inj		38. Med. Treatment							
39. Subject description, actions, etc Arrested On Several Charges																								
1. Owner Unknown		2. Status 06		3. Desc. Code 16		4. Quantity 01		5. Measure		6. Item CD Containing Video Footage Of UOF and Arrest														
7. Make				8. Drug Type		9. Model				10. Serial Number				11. Gun Type		12. Gun Caliber		13. Value \$ 1						
1. Code	2. Plate #		3. State		4. Expiration //		5. Reg. Type		6. Imp. Plate		7. VIN/HULL #						8. # Occ.							
9. Year		10. Make			11. Model			12. Style		13. Color		14. Vehicle Value		15. Damage Est.		16. Weapon In Veh		17. NCIC Ck						
18. Vehicle Description / Damage																								
19. Towed		20. Owner Notif		21. Hold		22. Reason				23. To/By Tow Company				24. Truck # / Tow Operator										
1. CASE STATUS: Closed				2. CLOSED BY: Arrest				DISPOSITION: (Clery only)				3. NYS PIN MSG:		4. DATE //		5. TIME :		Records Use Only						
6. NOTIFIED UNIT:				7. PERSON NOTIFIED:				8. NOTIFIED DATE TIME: //				9. CASE RESPONSIBILITY/TOT: N				Lab Submission Request								
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY										Administrative Use Only														
10. PRINT NAME Sean Wallace										11. ID# 0720				12. SIGNATURE Electronically Signed				13. SUPERVISOR NAME (PRINT) Sgt S Amyot						
										14. JD# APPROVED DATE 0660 09/16/2020				15. APPROVED BY SIGNATURE Approved Electronically										

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CNYLEADS Involved Persons 3-5 Supplement

DR # 20-436573

Printed by KLEIST0550 on 08/05/21 at 09:11:32

1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name		7. Race	8. Ethnicity	9. Sex	10. DOB //	11. Age	12. Hgt ' "	13. Wgt	14. Hair	15. Eye	
16. Address: Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City		18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone () -	22. Cell Phone () -		23. Soc. Sec. # - -		23A. Student ID # (Clery only)	24. Scars/Marks/Tattoos		
25. Describe:						26. Skin	27. Eyewear	28. Employer			
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name		Street Type	Suffix		
Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment
39. Subject description, actions, etc											

1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name		7. Race	8. Ethnicity	9. Sex	10. DOB //	11. Age	12. Hgt ' "	13. Wgt	14. Hair	15. Eye	
16. Address: Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City		18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone () -	22. Cell Phone () -		23. Soc. Sec. # - -		23A. Student ID # (Clery only)	24. Scars/Marks/Tattoos		
25. Describe:						26. Skin	27. Eyewear	28. Employer			
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name		Street Type	Suffix		
Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment
39. Subject description, actions, etc											

1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name		7. Race	8. Ethnicity	9. Sex	10. DOB //	11. Age	12. Hgt ' "	13. Wgt	14. Hair	15. Eye	
16. Address: Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City		18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone () -	22. Cell Phone () -		23. Soc. Sec. # - -		23A. Student ID # (Clery only)	24. Scars/Marks/Tattoos		
25. Describe:						26. Skin	27. Eyewear	28. Employer			
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name		Street Type	Suffix		
Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment
39. Subject description, actions, etc											

<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small>						Page 3					
PRINT NAME		ID#	SIGNATURE		SUPERVISOR NAME (PRINT)		ID#	APPROVED DATE	APPROVED BY SIGNATURE		of
Sean Wallace		0720	Electronically Signed		Sgt S Amyot		0660	09/16/2020	Approved Electronically		6

CNYLEADS Narrative Supplement 1

<small>AGENCY</small> Cicero Police Department				<small>DR #</small> 20-436573	
<small>Person Type</small> CO	<small>Last Name</small> Mahar	<small>First</small> Hunter	<small>Middle</small>	<small>Suffix</small>	<small>Business Name</small>
<p>On 09/16/2020 at 1540 hours, while working post 3201C, I was dispatched to [REDACTED] located at [REDACTED] regarding a harassment in progress. While enroute, dispatch advised a white male inside the store was verbal and threatening employees because he was upset over the store's social distancing and mask rules. It was last reported to me that the male was outside waiting for Police near a Nissan.</p> <p>Upon my arrival, I observed a white male sitting in the grass between Route 31 and the [REDACTED] parking lot. The male, later identified as [REDACTED] was wearing a gray button-up shirt that was open, exposing his bare chest and had blue jeans on. Upon making contact with [REDACTED] he explained that he was angry at [REDACTED] employees after they told him to wear his mask. [REDACTED] also said to me that he threatened to kill, strike, and fight several employees and customers during this time. I tried explaining to [REDACTED] that [REDACTED] has the right to refuse service to anyone, especially if they are not following policy. At this point, [REDACTED] started to become increasingly agitated and started raising his voice at me.</p> <p>[REDACTED] then started flipping off and yelling at several [REDACTED] Employees that were outside, telling them to "fuck off" and also called them "cunts" several times. I told [REDACTED] to stop because I felt he was escalating the situation and causing a significant scene. [REDACTED] said that he did not care and could do whatever he wanted. He then ripped his shirt off, flexed both arms at me, and proceeded to tell me that this is what a real man looks like. He then said to me that I was heading down the wrong path and that he would take me down, which I interpreted as him threatening to attack me.</p> <p>[REDACTED] then attempted to walk away from me towards the shoulder east on Route 31, at which time I followed him, ordered him back, and told him to sit down. As he walked back to the grassy area, [REDACTED] continued yelling profanities at me, causing a scene. I did this because [REDACTED] had already threatened to kill and assault several people, and I believed he posed a significant risk to everyone around. Once seated, I immediately told [REDACTED] to get on his stomach and place his hands behind his back because he was under arrest (Disorderly Conduct/ Harassment). [REDACTED] ignored my verbal commands and began challenging me. I then took control of [REDACTED] left arm to place him into handcuffs, at which time he tried standing up and started telling me that I was not going to be able to handcuff him. At this point, [REDACTED] was on his hands and knees actively resisting, at which time I delivered two strikes with my right knee to gain compliance. [REDACTED] fell to his stomach and had to have his arms forcibly pulled behind his back to be placed into handcuffs. During this time, I was assisted by off duty [REDACTED] and two present civilians. It should be noted that when [REDACTED] helped me, he loudly and clearly identified himself as a [REDACTED]</p> <p>Shortly after being handcuffed, [REDACTED] was momentarily moved to the recovery position and escorted over to my patrol vehicle. I conducted a visual assessment of him and did not observe any injuries on him. I then conducted a search incident to arrest of his person and secured him in the rear of my patrol vehicle. I also asked [REDACTED] if he was injured, which he said he was not.</p> <p>Officer Smith then arrived on the scene and began taking statements, direct complaints, and securing evidence from witnesses and victims. I then transported [REDACTED] to the Cicero Police Department where he was processed for disorderly conduct, harassment 2nd (4 Counts), and resisting arrest. I then transported [REDACTED] to CPEP, where he was turned over to hospital staff without incident. It should be noted that while at CPEP [REDACTED] began complaining that I cracked his ribs during this incident. The charge nurse said she would address this and escorted me out of the room because she realized [REDACTED] was becoming agitated with my presence again.</p> <p>For further information regarding this incident refer to all reports and paperwork under this DR#.</p>					
<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> <small>PRINT NAME</small> Sean Wallace <small>ID#</small> 0720 <small>SIGNATURE</small> Electronically Signed			<small>Administrative Use Only</small> <small>SUPERVISOR NAME (PRINT)</small> Sgt S Amyot <small>ID#</small> 0660 <small>APPROVED DATE</small> 09/16/2020 <small>APPROVED BY SIGNATURE</small> Approved Electronically		

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CNYLEADS Narrative Supplement 2

<small>AGENCY</small> Cicero Police Department				<small>DR #</small> 20-436573	
<small>Person Type</small> CO	<small>Last Name</small> Mahar	<small>First</small> Hunter	<small>Middle</small>	<small>Suffix</small>	<small>Business Name</small>
<p>Lt. Meyers was notified by Officer Smith.</p> <p>End of report.</p>					
<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> <small>PRINT NAME</small> <small>ID#</small> <small>SIGNATURE</small> Sean Wallace 0720 Electronically Signed			<small>Administrative Use Only</small> <small>SUPERVISOR NAME (PRINT)</small> <small>ID#</small> <small>APPROVED DATE</small> <small>APPROVED BY SIGNATURE</small> Sgt S Amyot 0660 09/16/2020 Approved Electronically		

Printed by KLEIST0550 on 08/05/21 at 09:11:32

Voluntary Affidavit

State of New York
County of Onondaga

DR# 20-436573

Town of Cicero

Handwritten initials

I, [redacted], being duly sworn, deposes and says that I am 64 years of age with a date of birth [redacted] at [redacted]. I reside at [redacted] my phone number is [redacted].

Handwritten initials

I am voluntarily giving this affidavit to Ofc A. Smith from the Town of Cicero Police Department. I am giving this statement on 9/16/2020 at 16:46. I am giving this at [redacted].

I wish to state that on September 16th 2020 at about 3:35 p.m. while I was shopping at the [redacted] located at [redacted] an older white male customer who was also shopping started yelling. I came up front and saw him yelling at the cashiers of the store and the customer near the check out desk. The cashier told him to stop using that type of language at which time he told her he was going to kill her and that he could kill everyone in the store. I walked over to the side near the entrance and the male was still going off on everyone. The employees told him to leave and he walked around the registers with his fist in the air walking directly towards another cashier and when it looked like he was going to go after her to hit her I took my shopping cart and put it in front of him and in between him and the cashier so he couldn't get close to her. Another person yelled for him to leave and that the Police were called at which time he left the store. The male was outside and he threw what looked like money on the ground. The employees came around and locked the door to the store to keep everyone inside and safe. A Police Officer with the Town of Cicero Police, later identified as Officer Wallace arrived on scene. I saw the male still yelling at the Officer and then they began to wrestle around on the ground. Some people came over to help the Officer and the male kept fighting. He finally got him under arrest and put him in the back of the Police vehicle. The male did not threaten me directly he mainly threatened the cashiers and employees and the customers close by. I do not wish to add anything to this statement.

[redacted signature area]

I have read this page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

[redacted signature area]

Handwritten signature

Voluntary Affidavit

State of New York
County of Onondaga

DR# 20-436573

Town of Cicero

I, [REDACTED], being duly sworn, deposes and says that I am 49 years of age with a date of birth of [REDACTED] and [REDACTED] reside at [REDACTED] my phone number is [REDACTED]

I am voluntarily giving this affidavit to Ofc A. Smith from the Town of Cicero Police Department

I am giving this statement on 9/16/2020 at 16:08 . I am giving this at [REDACTED]

I wish to state that I am [REDACTED] with the [REDACTED] On September 16th 2020 at about 3:54p.m. I was driving on Route 31 heading west bound near the [REDACTED] I observed a Police Officer with the Town of Cicero Police Dept, later identified as Shawn Wallace talking to an older looking, 6'2 white male weighing about 190lbs who was throwing his hands and arms in the air. I knew something wasn't right because the male was being extremely aggressive towards the Officer and I knew it wasn't going going. I pulled over at [REDACTED] and by the time I ran over to the [REDACTED] Officer Wallace was wrestling around with the male attempting to place him in custody. The male was on all fours fighting back against the Officer. I ran over and grabbed his right wrist and drew his arm behind his back and helped lower him to the ground. I then applied an elevated arm bar to his right arm and then held him in that position until Officer Wallace was able to apply his handcuffs and place him under arrest. Once secured the male was then raised to his feet, I assisted in maintaining control of the male while Officer Wallace conducted a pat search and placed him in the back of his Patrol Car without further incident. I do not wish to add anything to this statement.

I have read this [REDACTED] page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

Voluntary Affidavit

State of New York
County of Onondaga
Town of Cicero

DR# 20-436573

I, [redacted], being duly sworn, deposes and says that I am 16 years of age with a date of birth of [redacted] and [redacted]. I reside at [redacted] my phone number is [redacted]

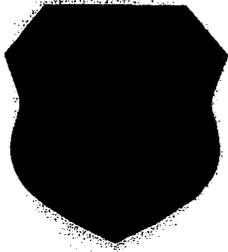
J/K I am voluntarily giving this affidavit to Ofc A. Smith from the Town of Cicero Police Department
I am giving this statement on 9/16/2020 at 16:31 . I am giving this at [redacted]

J/K I am giving this statement to Officer Smith with the Town of Cicero Police Dept with permission from my mother [redacted] I wish to state that on September 16th 2020 at about 3:45p.m. while I was at the [redacted] I witnessed an older white male without a shirt on screaming random things. The people at the [redacted] told me that the guy was threatening them and throwing items around the store so they told him to leave. An Officer with the Town of Cicero Police Department, later identified as Officer Wallace arrived and started talking to the older white male. The male was acting crazy, yelling at everyone near the store, I couldn't catch what he was yelling at the Officer about but it was complete nonsense. I got out my phone and started recording them both. The male pushed Officer Wallace and then Officer Wallace told the male he was under arrest and went to arrest him but the male started fighting him. He kept telling him he was under arrest and they were wrestling on the ground and finally he got him in handcuffs and under arrest. I do not wish to add anything to this statement.

[Large redacted signature area]

I have read this [redacted] page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

[redacted signature] *Jain Kaur*



Town of Cicero Police Department

MEMORANDUM

huff

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 9/17/20
SUBJECT: DR 20-429211

On 9/17/20 I conducted a Use of Force review involving [REDACTED] Officer Sean Wallace and Officer Ashley Smith. On 9/10/20 both Officer Wallace and Smith responded to [REDACTED] regarding [REDACTED] having a seizure. While [REDACTED] was in the ambulance he became upset, ripped the medical equipment out of his arm and then exited the ambulance and went back inside. While inside paramedics determined that [REDACTED] needed to go to the hospital, Officer Wallace and Smith both tried to convince [REDACTED] to go back out to the ambulance but he refused. Officers stated [REDACTED] still appeared to be confused due to the seizure and he was handcuffed at which time [REDACTED] locked his leg with Officer Smith's leg pinning it against a wall. Verbal commands were given to [REDACTED] but were not effective at the time. Officer Wallace used minimal force to free Officer Smith's leg. Use of Force was within Department Policy and was necessary under the circumstances. [REDACTED] does have a history of being aggressive during his seizures.

Cicero Police Department

INCIDENT
 PERSON 1
 PERSON 2
 PERSON 3
 PERSON 4
 PROP
 VEH
 SIGN
 OFF

REPORT TYPE Non-Criminal Incident Report		ORI: NY0335100	BEAT 3201	DR# 20-429211	LOCATION CODE 3451	Incident Location Type 01
DATE/TIME START 09/10/2020 20:14		DATE/TIME END 09/10/2020 21:05				
INC. ADDRESS NUMBER [REDACTED]		PREFIX [REDACTED]	STREET NAME [REDACTED]		STREET TYPE [REDACTED]	SUFFIX [REDACTED]
APT [REDACTED]		CITY [REDACTED]		STATE [REDACTED]		ZIP [REDACTED]
INCIDENT TYPE AMBU		DESCRIBE Combative Male After Seizure				
PERSON TYPE VI		LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI [REDACTED]
DOB [REDACTED]		AGE 63	RACE W	ETHNIC N	SEX M	
HGT [REDACTED]	WGT [REDACTED]	HAIR [REDACTED]	EYE [REDACTED]	ALIAS [REDACTED]		PHONE () - [REDACTED]
CELL PHONE (315) 263-4952		SUID [REDACTED]				
STREET NUMBER [REDACTED]		PREFIX [REDACTED]	STREET NAME [REDACTED]		STREET TYPE [REDACTED]	SUFFIX [REDACTED]
APT [REDACTED]		CITY [REDACTED]		STATE [REDACTED]		ZIP [REDACTED]
PERSON TYPE CO		LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI [REDACTED]
DOB [REDACTED]		AGE 47	RACE W	ETHNIC N	SEX F	
HGT [REDACTED]	WGT [REDACTED]	HAIR [REDACTED]	EYE [REDACTED]	ALIAS [REDACTED]		PHONE () - [REDACTED]
CELL PHONE [REDACTED]		SUID [REDACTED]				
STREET NUMBER [REDACTED]		PREFIX [REDACTED]	STREET NAME [REDACTED]		STREET TYPE [REDACTED]	SUFFIX [REDACTED]
APT [REDACTED]		CITY [REDACTED]		STATE [REDACTED]		ZIP [REDACTED]
PERSON TYPE [REDACTED]		LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI [REDACTED]
DOB [REDACTED]		AGE [REDACTED]	RACE [REDACTED]	ETHNIC [REDACTED]	SEX [REDACTED]	
HGT [REDACTED]	WGT [REDACTED]	HAIR [REDACTED]	EYE [REDACTED]	ALIAS [REDACTED]		PHONE () - [REDACTED]
CELL PHONE [REDACTED]		SUID [REDACTED]				
STREET NUMBER [REDACTED]		PREFIX [REDACTED]	STREET NAME [REDACTED]		STREET TYPE [REDACTED]	SUFFIX [REDACTED]
APT [REDACTED]		CITY [REDACTED]		STATE [REDACTED]		ZIP [REDACTED]
PERSON TYPE [REDACTED]		LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI [REDACTED]
DOB [REDACTED]		AGE [REDACTED]	RACE [REDACTED]	ETHNIC [REDACTED]	SEX [REDACTED]	
HGT [REDACTED]	WGT [REDACTED]	HAIR [REDACTED]	EYE [REDACTED]	ALIAS [REDACTED]		PHONE () - [REDACTED]
CELL PHONE [REDACTED]		SUID [REDACTED]				
STREET NUMBER [REDACTED]		PREFIX [REDACTED]	STREET NAME [REDACTED]		STREET TYPE [REDACTED]	SUFFIX [REDACTED]
APT [REDACTED]		CITY [REDACTED]		STATE [REDACTED]		ZIP [REDACTED]
OWNER		STATUS	DESC. CODE	QUANTITY	MEASURE	ITEM
MAKE		MODEL		SERIAL NUMBER		GUN TYPE
GUN CALIBER		VALUE		\$		
PLATE #	STATE	YEAR	MAKE	MODEL	STYLE	COLOR
EXTERIOR		WINDOWS				
NARRATIVE: On 09/10/2020 at 2014 hours, while working post 3201C, I was dispatched to [REDACTED] regarding a male who was having a seizure. When I arrived, I saw the victim [REDACTED] in the house's living room/kitchen area. [REDACTED] was being treated by medical personnel and was semi-conscious. [REDACTED] was ultimately placed on a stretcher and wheeled outside by NAVAC without incident. A Cicero Fire Department member then told me that [REDACTED] was combative with Ambulance personnel outside and was ripping medical equipment off. I went outside and observed [REDACTED] pulling medical equipment off his person; he was also telling [REDACTED] that he was not going to the hospital. [REDACTED] then walked inside the house and into a small bathroom where Officer Smith, his fiancée [REDACTED] and Ambulance personnel tried convincing him to be evaluated at the hospital. [REDACTED] said that given the fact [REDACTED] had a seizure and he was not alert and oriented, he needed to go to the hospital. [REDACTED] even asked [REDACTED] if he alert and oriented questions, which he could not answer. [REDACTED] then told me [REDACTED] did not have a choice, and he needed to go to the hospital. I told [REDACTED] this, and he said several times he was not going. [REDACTED] also attempted to walk past me, and when I said he was not going to push past me, he defensively bladed his body and became increasingly agitated. [REDACTED] then attempted to push past Officer Smith and myself, at which time I took control of his left arm and moved him up against a wall. [REDACTED] hands were then forced behind his back, and I placed him into handcuffs. While in handcuffs, [REDACTED] threw his shoulders toward us to strike Officer Smith and I. [REDACTED] also locked Officer Smith's legs against the wall to the point she could not move them. Officer Smith gave [REDACTED] several verbal commands to release her legs, which he ignored. I then delivered one knee strike to [REDACTED] right thigh, at which time he released Officer Smith's legs. [REDACTED] was then sedated and transported to Upstate without further incident.						
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL		Administrative Use Only		APPROVED BY SIGNATURE		RECORDS ONLY
PRINT NAME		ID#	SIGNATURE		SUPERVISOR NAME (PRINT)	
Sean Wallace		0720	Electronically Signed		Sgt James Snell	0680
				Approved Electronically		

Printed by AMYOT0660 on 09/17/20 at 03:24:35

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
---	--	--

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
---------------------------------	---------------------------------	---

30. Primary Service Member (Last, First, MI) Wallace, Sean P	30-A. SERT
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				() -		
				() -		
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				() -		

43. Additional Comments
 Subject Hospitalized for seizure that was not related to this use of force.

44. Officer S. Wallace	Sex M	Age 26	Ht. 5'5"	Wt. 155	ID # 720	Date 09/10/2020	Time 2126
45. Sergeant <i>SGT. Sean G...</i>	ID # 0660	Date 09-15-2020	Time 2324				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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43. Additional Comments

Subject Hospitalized for seizure that was not related to this use of force.

44. Officer A. Smith	Sex F	Age 33	Ht. 5'4	Wt. 135	ID # 700	Date 09/10/2020	Time 2126
45. Sergeant SGT. [Signature]	ID # [Signature]	Date 09-15-2020	Time 2319				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-429211		
Incident Type AMBU	Person Type VI	Victim Type Individual			
Last Name [REDACTED]	First [REDACTED]	Middle [REDACTED]	Suffix [REDACTED]	DOB [REDACTED]	Business Name [REDACTED]

Synopsis: male having a seizure who became combative.

Narrative: On 09/10/2020 at 2014 hours, while working unit 3202C I was dispatched to [REDACTED] for a seizure complaint.

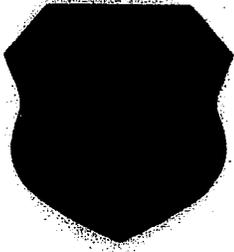
Upon arrival I observed a white male, later identified as [REDACTED] in the house's living room/kitchen area laying on his stomach and being treated by Cicero FD staff. NAVAC Ambulance arrived on scene and took over care. Due to [REDACTED] being semi-conscious and having a seizure history they placed him on the stretcher and wheeled him outside to be put into the ambulance for transport. A few moments later Cicero Fire Dept came back inside and told myself and Officer Wallace that [REDACTED] has become combative; ripping off his medical equipment and attempting to get off of the stretcher. When we got outside I observed [REDACTED] taking off the seat belts and getting up off the stretcher saying he was not going to the hospital. [REDACTED] quickly walked into his garage with the neck brace and medical equipment still on and went inside the house into the small bathroom. I followed behind him along with his family member [REDACTED] who had been on scene this entire time. At this time myself and [REDACTED] tried to speak to [REDACTED] but all he would do it look at us as if he was not understanding what we were saying with his eye glossed over and his brow furrowed as if he was very confused. Navac Ambulance personnel began asking [REDACTED] questions to see if [REDACTED] was alert and oriented at which time [REDACTED] could not answer the questions. Due to this and his past seizure history [REDACTED] stated [REDACTED] would need to be transported by them to the hospital as he could not consent to a medical refusal in his current state. When we told [REDACTED] this he again refused to go and attempted to push past me making physical contact with me pushing me out of the way. Officer Wallace stepped in and told him he was not going anywhere and he needed to go to the hospital at which time [REDACTED] became very agitated and again tried to push past us both. Myself and Officer Wallace took control of [REDACTED] left and right arm and moved him up against the wall; his arms were forced behind his back at which time Officer Wallace and I placed him in handcuffs for our safety and his. While he was in handcuffs [REDACTED] threw his upper body/shoulder back towards me in attempt to strike me; while I was off balance he then took his right leg and locked it around my right leg refusing to let me go. I ordered him to release my leg immediately as it was now pressed against his body and the wall but he refused. I gave him multiple orders to release my leg and when he wouldn't Officer Wallace gave him one knee strike to his right thigh and he released my leg. NAVAC Ambulance personnel administered sedation medication to [REDACTED] and after about 5 minutes [REDACTED] began to calm down. He was placed safely on the stretcher, the handcuffs were taken off and he was transported to Upstate Hospital without further issue.

Recommended Action: No further action needed.

Printed by AMYOT0660 on 09/17/20 at 03:27:53

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY
 12. PRINT NAME **Ashley Smith** 13. ID# **0700** 14. SIGNATURE **Electronically Signed**

Administrative Use Only
 15. SUPERVISOR NAME (PRINT) **Sgt S Amyot** 16. ID# **0660** APPROVED DATE **09/17/2020** 17. APPROVED BY SIGNATURE **Approved Electronically**



Town of Cicero Police Department

MEMORANDUM

5081

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 09/15/20
SUBJECT: DR 20-429278

On 9/15/20 I conducted a use of force review involving [REDACTED] Officer Ashley Smith and Officer Sean Wallace. On 9/10/20 both Officers attempted to place [REDACTED] into custody for Driving While Intoxicated. [REDACTED] would not comply and kept forcing her hands in front of her while Officer Smith and Wallace attempted to place her hands and arms behind her back for the purpose of being handcuffed. [REDACTED] was also screaming at the time that they could not arrest her. Both Officers were able to bring [REDACTED] arms/hands behind her back and successfully handcuff her without further incident. Use of force necessary to affect arrest and was within department guidelines.

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -	2. IR# -	3. DR# 20-429278
4. Incident Date 09/10/2020	5. Incident Time 21:38	6. Incident Address [REDACTED]
		6A. Incident Location Outdoor

7. Type of Incident DWI	7A. Type of Incident- Custody Dept. Only	8. Weather Conditions Clear Sky/Dark	9. Lighting Conditions Dark
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10. Subject Name (Last, First, MI) [REDACTED]	11. Sex F	12. Age 34	13. Ht. 5'09	14. Wt. 110	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____
<input type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other: _____	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose: _____	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s)	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
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21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

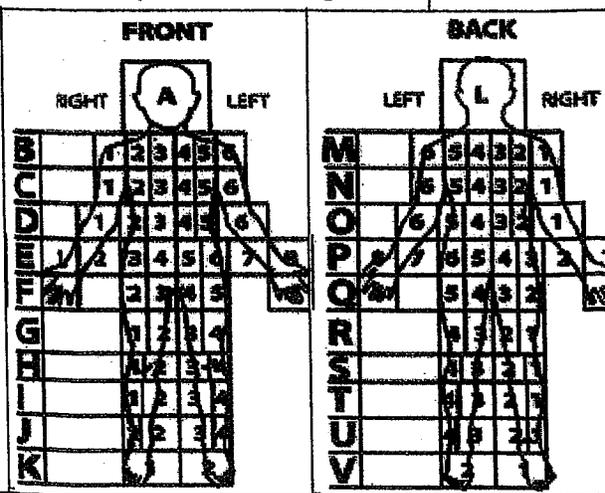
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IN1	
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer A. Smith	23. ID # 700
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CICERO POLICE DEPARTMENT Subject Management Report

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<input type="checkbox"/>	Fatal	<input type="checkbox"/>																																											
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>																																											
N/A	Drive Stun Superficial	<input type="checkbox"/>																																											
<input type="checkbox"/>		<input type="checkbox"/>																																											
N/A	Apparent Prior Injury	<input type="checkbox"/>																																											
34. Hospitalized <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Yes/No</th> <th style="width: 70%;">Location</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Member</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td style="text-align: center;">Subject</td> <td style="text-align: center;">No</td> <td></td> </tr> </tbody> </table>					Yes/No	Location	Member	No		Subject	No																																		
	Yes/No	Location																																											
Member	No																																												
Subject	No																																												
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> CarCam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer A. Smith	Sex F	Age 33	Ht. 5'4	Wt. 135	ID # 700	Date 09/10/2020	Time 0120
45. Sergeant SGT. <i>[Signature]</i>	ID # 0660	Date 09-14-2020	Time 0025				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

Cicero Police Department **DWI Supporting Deposition**

DR# 20-429278

☒ Additional Comments:

On September 10th 2020 at about 2118 hours while working unit 3202C I was dispatched to [REDACTED] for a suspicious vehicle complaint. The vehicle in question was stopped in the roadway, the vehicle was running with its lights on NY REG [REDACTED].

Upon arrival I saw NY REG [REDACTED] a white Nissan Altima 4DSD stopped in the middle of the driving lane on Lakeshore Road; the vehicle was running, had its lights on and there was a white female driver in the driver seat passed out at the wheel. I pounded on the driver side window, the windshield, the passenger side window all the while yelling for the female to wake up with negative results. I viewed the driver, a white blonde female, with her chin on her chest, and her pants soiled as it appeared she had urinated herself. I called for another unit and EMS for an evaluation; went back to my Patrol vehicle and obtained my lock out kit. I attempted to gain entry to the vehicle all the while yelling and knocking loudly on the vehicle passenger side window. At this point the resident of the house I was in front of came to the front window, a neighbor across the street came outside into his drive way.

The female finally awoke, waved her hand at me and put the vehicle in drive with my lockout kit still in the door. I told her to stop, put the vehicle in park and unlock the door for me. She put the vehicle in park but could not figure out how to unlock the door. I told her to turn the vehicle off and unlock the door at which time she turned the vehicle off but still could not unlock the door. I told her to open her car door to get the vehicle to unlock at which time she found the unlock button and unlocked the door. I opened the car door and leaned in to see if she was ok when I could immediately smell a very strong odor of alcoholic beverage coming from her car and coming from her breath. I asked her who she was and where she was going at which time she stated "I'm going to the hotel, its right here." I asked her what hotel she was going to and all she kept saying was "Its right here, I'm going to the hotel."

During this time while she was talking to me I could smell a very strong odor of an alcoholic beverage on her breath, her speech to be slurred, her eyes to be bloodshot and watery, and her clothes and hair to be mussed as I confirmed she did urinate herself. Due to those indicators I asked [REDACTED] if she had consumed any alcoholic beverages at which time she stated "I'm drunk because I'm going through a divorce, I'm going through a hard time haven't you been through some?" She then went on to tell me that her soon to be ex husband is a cop, that he killed someone, was "a piece of shit who is hammered drunk right not too," and stated "I drove here for you guys." I asked her what her name was and she identified herself as [REDACTED] which I confirmed with her NYS Drivers license and with NYSPIN. I asked [REDACTED] for her husbands cell phone number at which time she gave me the number [REDACTED]. I attempted to contact this number when an older sounding female answered the phone and stated I had the wrong number. I attempted to gain access to [REDACTED] cell phone asking for her code but she did not know the code. I handed her the phone and she kept typing in number but none would work. I saw that she had an iphone with face recognition and had her try to unlock it with her face but she couldn't hold her head up long enough to do it. I held her head up and put the phone in front of her face but it would not work. I asked her again for her husbands number at which time she gave me the same number listed above. She then threw her cell phone onto the floor of her vehicle and told me "No, don't call him, I'm done."

Due to the above listed indicators I asked [REDACTED] to perform a series of field sobriety tests at which time she voluntarily agreed to do so. As I was explaining the tests [REDACTED] swayed as she stood, and kept leaning against her car for balance and support. I began the HGN Test at which time she conducted one pass but was unable to follow the stimulus with just her eyes and kept moving her head as well. She then became very angry/upset and terminated the test and refused to do anything further. While explaining to [REDACTED] that she was being placed under arrest for Driving While Intoxicated she stated "No I'm not, you're not arresting me! I am a Cops wife. You can't arrest a Cops wife are you kidding me right now! You are seriously going to give me a DWI you are a piece of shit, I hope you die." Officer Wallace and I told her to turn around and put her hands behind her back at which time she stated "No," pushed and slapped our hands and arms away from her and kept pulling her arms away from us. We told her to stop resisting arrest at which time she attempted to place her arms in front of her to keep us from placing the handcuffs on her. She kept yelling loudly "I am a Cops Wife you can't arrest me! Stop I'm a Cops wife!" We told her to stop resisting again and gained control of her arms/wrists and placed her in custody without further issue.

At 2144 hours [REDACTED] was arrested for DWI. She was transported via Patrol Vehicle to Cicero Police Department for processing. Vehicle was towed away from the scene by [REDACTED]

Charges Continued from Cover Page

Name	Section	Name	Section

Cicero Police Department DWI Supporting Deposition

DR# 20-429278

Additional Comments:

During the transport [redacted] was stomping on the ground and kicking the back of the cage in the vehicle. She was screaming profanities; she called me a "cunt," a "horrible person," that she hopes I die, that she is going to get the [redacted] Department to come after me and my department, that she could not believe I was arresting a Cop's wife, she demanded that I left her go immediately, that she cannot wait to tell everyone how horrible I am and my department is. When we arrived at the station [redacted] began screaming and kicking the vehicle door and cage. Sgt Amyot came over to the car and told her to stop yelling and kicking the vehicle at which time she demanded for him to let her out of the vehicle and to let her go.

[redacted] was read her DWI and Miranda Warnings three times, 2144 hours, 2223 hours, and 2236 hours at which time she refused all three times.

During processing she continued to say the same things as she did during transport. She was so belligerent and got herself so upset that she stated she was having an anxiety attack. EMS was dispatched to the Station instead of the original location where she was checked out and refused any further care.

[redacted] was issued UTT's for DWI, PBT Refusal, and Parking on a highway. She was released to her husband [redacted] who came to the station to pick her up. Case closed.

Charges Continued from Cover Page

Name	Section	Name	Section
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -	2. IR# -	3. DR# 20-429278
4. Incident Date 09/10/2020	5. Incident Time 21:38	6. Incident Address [REDACTED]
		6A. Incident Location Outdoor

7. Type of Incident DWI	7A. Type of Incident- Custody Dept. Only	8. Weather Conditions Clear Sky/Dark	9. Lighting Conditions Dark
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10. Subject Name (Last, First, MI) [REDACTED]	11. Sex F	12. Age 34	13. Ht. 5'09	14. Wt. 110	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____
<input type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other: _____	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose: _____	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s)	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total: _____	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
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21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

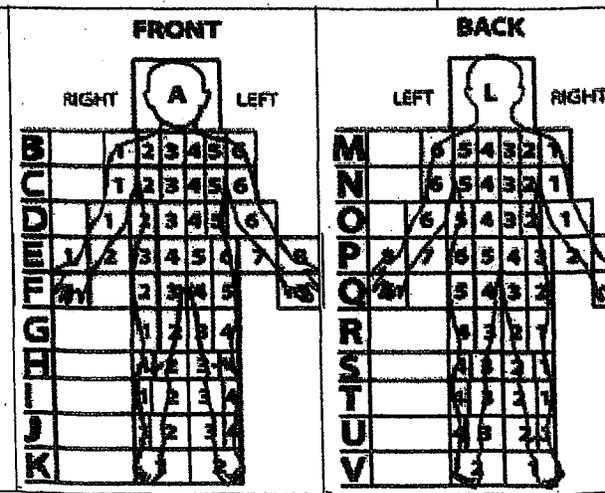
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IN6	
1 Soft Empty Hand	<input type="checkbox"/>	<input type="checkbox"/>
2 Hard Empty Hand	<input type="checkbox"/>	<input type="checkbox"/>
3 OC Spray	<input type="checkbox"/>	<input type="checkbox"/>
4 Impact Weapon	<input type="checkbox"/>	<input type="checkbox"/>
5 TASER (drive stun)	<input type="checkbox"/>	<input type="checkbox"/>
6 TASER (probes)	<input type="checkbox"/>	<input type="checkbox"/>
7 Less Lethal Munitions	<input type="checkbox"/>	<input type="checkbox"/>
8 Firearm	<input type="checkbox"/>	<input type="checkbox"/>
9 K9	<input type="checkbox"/>	<input type="checkbox"/>
10 Other	<input type="checkbox"/>	<input type="checkbox"/>

Subject was Forcefully Grounded



22. Officer S. Wallace	23. ID # 720
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CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Smith, Ashley H	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)

Member	Injury Type	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination

34. Hospitalized		Yes/No	Location
Member		No	
Subject		No	

35. Photos/ Video
 Photos Available Yes No
 Video Available Yes No
 TASER Cam Car Cam Fixed Position SERT Other

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer S. Wallace	Sex M	Age 27	Ht. 5'5	Wt. 155	ID # 720	Date 09/10/2020	Time 0120
45. Sergeant <i>Sci. S. Wallace</i>	ID # 0660	Date 09-14-2020	Time 2220				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DRAFT COPY				DR # 20-429278
Incident Type DWI	Person Type VI	Victim Type Society					
Last Name		First	Middle	Suffix	DOB //	Business Name New York State	

This is a supplement to a DWI investigation that Officer Smith Conducted on 09/10/2020 at [REDACTED]

On 09/10/2020 at 2129 hours, while working post 3201C, Officer Smith requested my assistance to her location for what was reported as a suspicious vehicle. Upon my arrival, I observed a white Nissan Sedan bearing N.Y [REDACTED] stopped in the eastbound lane. When I first saw the car, it was not running, and the lights were off. As I approached the vehicle's passenger side, I observed a white female in the driver seat; she was the sole occupant. The female seemed very lethargic and had a blank look on her face as if she had just woken up. She was ultimately identified as [REDACTED] (AR). At this point, I realized that the female had urinated herself as well. Officer Smith then told me that the female was intoxicated, and a few seconds later, [REDACTED] started the vehicle like she was going to drive away. At this time, Officer Smith gave [REDACTED] several verbal commands to shut the car off and exit, which she ignored several times. I could tell [REDACTED] was agitated with us being there because she started talking back to us, escalating the situation. I then went over to the driver's side of the vehicle, opened the door, and told [REDACTED] to exit the car; I had to tell her this a few times before she complied. While this was going on, [REDACTED] said she was a cop's wife and could not believe we were doing this.

After exiting the vehicle, I observed that [REDACTED] walked with a very unsteady gait and used the vehicle for support. [REDACTED] then stumbled around the back of the vehicle, over to the passenger side, and almost fell into Officer Smith. [REDACTED] was then escorted to the rear of the vehicle, which was a safe, flat, and level surface. At this time, I observed [REDACTED] eyes to be watery bloodshot, her complexion to be flushed, slurred speech, and could smell the strong odor of an alcoholic beverage emitting from her breath. Officer Smith and I tried asking [REDACTED] how many drinks she had, which she refused to answer. During the proceeding conversation, [REDACTED] said, "I drove here for you guys," "I can not believe you guys are fucking doing this I am the wife of a city Cop," "Are you really giving me a DWI," "My husband is a hero," and "you guys are bad cops."

Officer Smith tried to administer the horizontal gaze nystagmus test, but [REDACTED] would not listen to her instructions and ultimately refused to complete all field sobriety tests. During this time, [REDACTED] was vocally yelling at us, causing a scene reiterating that she was a city cop's wife. [REDACTED] was then ordered to turn around and place her hands behind her back and that she was under arrest. [REDACTED] ignored several more commands to turn around and put her hands behind her back. I then grabbed ahold of [REDACTED] left arm, and Officer Smith grabbed ahold of her right arm and forcibly turned her around. [REDACTED] attempted to turn around and pull her arms away while being handcuffed and demanded we call her husband. [REDACTED] was given several more verbal commands to place her hands behind her back and was eventually put into handcuffs without further incident.

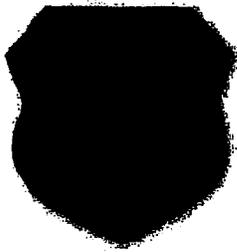
I then placed [REDACTED] in the rear of Officer Smith's patrol car, where she started screaming at us to let her go and that she could get a ride. Officer Smith then transported [REDACTED] to the Cicero Police Department for processing. I conducted an inventory of [REDACTED] vehicle, and it was towed off the scene by [REDACTED]

Sgt. Amyot notified via telephone.

Refer to all reports and paperwork under this DR# for further information. A subject management form was completed.

End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page
12. PRINT NAME Sean Wallace	13. ID# 0720	14. SIGNATURE Electronically Signed	15. SUPERVISOR NAME (PRINT)	16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE //



Town of Cicero Police Department

MEMORANDUM

50

TO: FILE

FROM: CHIEF ROTUNNO

DATE: JULY 11, 2020

SUBJECT: DR# 293671 – Use of Force Review

On June 11, 2020, I conducted a Use of Force review (Internal Affairs Investigation) for DR# 20-293671 involving defendant [REDACTED] and Cicero Police Department Sergeant James Snell

On 6-3-2020 at about 21:45hrs, Cicero Police were dispatched to [REDACTED] on a dispute call for service.

Upon arrival officers, observed a female later identified as [REDACTED] who appeared to be in a very anxious state of mind and was yelling at police upon their arrival. During the investigation a male identified as [REDACTED] exited his apartment at which time [REDACTED] ran over to the male and began to yell at him and point her finger into his face. Sergeant James Snell went over to the two of them and stepped between the two and asked [REDACTED] to step away at which time she stated No Fuck you and took a step towards Sergeant Snell. [REDACTED] was about 16" from Sergeant Snell at which time he asked her to step back again and she again refused to. Fearing that [REDACTED] may strike [REDACTED] or him and her continued anxious state of mine Sergeant Snell gave her a light push to make some distance between her, Sergeant Snell and [REDACTED]. At this time [REDACTED] intentionally pushed Sergeant Snell with two hands in the center of the chest; at this time Sergeant Snell advised her that she was under arrest and forced her to the ground in order to place her into handcuffs. [REDACTED] refused to cooperate by intentionally refusing all police commands, pulling her arms away and trying to place her arms under her chest. Sergeant Snell was subsequently able to pull her hands behind her back and secure her into handcuffs at which time she was placed into the rear of a marked patrol vehicle. [REDACTED] requested an ambulance at which time Sergeant Snell called for [REDACTED] ambulance who responded and transported her to St. Joseph's hospital where she was issued appearance tickets for Harassment 2nd degree and resisting arrest.

Statement secured from [REDACTED] as to the actions of [REDACTED]

After review, all police reports, statements the IA is closed as justified as all CPD policies and procedures were followed.

Steve Rotunno
//////SIGNED////
Chief of Police

CNYLEADS Narrative Supplement 1

AGENCY Cicero Police Department		DR # 20-293671			
Person Type VI	Last Name Snell	First James	Middle J	Suffix	Business Name

On 06/03/2020 at approximately 2127hrs while working Unit 3210 I was dispatched to [REDACTED] for a Dispute. Per the notes of the call the caller, [REDACTED], had a dispute with his landlord, [REDACTED]

Upon my arrival, I observed a white female, later identified as [REDACTED], walking up the driveway yelling to me. When she got within a few feet I could see that she had a bulky bandage on her neck that was falling off and that her voice was hoarse. [REDACTED] was very anxious. She advised me that her tenant's friend, [REDACTED] has been harassing her and that I needed to remove him from her tenant's apartment. She also advised me that she called for a tow truck to tow [REDACTED] truck from the road in front of her yard. I advised [REDACTED] that the road in front of her grass was not private property. I also advised her that I could not remove [REDACTED] from the apartment if he is a wanted guest of the tenant. [REDACTED] got increasingly mad at me and started swearing. I told her that I would no longer talk with her if she continued to swear at me. I then started to walk to my vehicle. [REDACTED] then yelled something to me that I could not make out. I turned around and asked her what she said. When I turned around I observed a white male, later identified as [REDACTED], exiting an apartment door. [REDACTED] then ran over to him, put his finger in his face and started yelling at him. I went over to [REDACTED] and [REDACTED] and told [REDACTED] to back away from [REDACTED].

I got in between [REDACTED] and [REDACTED] and told [REDACTED] to back up. She refused to do so. I told her that if she did not then she would be arrested. She said "fuck you" and took a step closer to me. [REDACTED] was now within 16 inches of me. I told her to back up or she would be arrested. [REDACTED] refused to do so. Due to [REDACTED] anxious status towards patrol and [REDACTED] I feared that she would strike him or I. I pushed [REDACTED] back with my left hand to her right shoulder. [REDACTED] then pushed me with both hands in the center of my chest. I told [REDACTED] that she was under arrest. I forcefully grounded [REDACTED] and she refused to place her hands behind her back pulling them away from me. I told her multiple times to place her hands behind her back and she continued to pull her hands away and put them under her body. I was finally able to force [REDACTED] hands behind her back and place them in handcuffs. [REDACTED] was then secured into the rear of my patrol vehicle.

[REDACTED] complained of neck, knee, and elbow pain. [REDACTED] had a bulky dressing on her neck from a previous surgery that was in the same position as when I first had contact with her. She had an abrasion on her right knee and right elbow. I photographed [REDACTED] injury complaints and secure the photo disk into Cicero Evidence. She requested an ambulance respond to the scene. One was called immediately and responded.

Officer Smith secured a statement from [REDACTED] which was placed into the case file.

[REDACTED] was transported to St Joseph's Hospital by [REDACTED] Ambulance. I followed the ambulance to the hospital and issued [REDACTED] appearance tickets for Resisting Arrest and Harassment in the Second Degree along with a fingerprint form and 710.30 notice.

End of report.

Printed by AMYOT0660 on 06/04/20 at 23:54:41

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only			Page 5
PRINT NAME James Snell	ID# 0680	SIGNATURE Electronically Signed	SUPERVISOR NAME (PRINT) Sgt S Amyot	ID# APPROVED DATE APPROVED BY SIGNATURE 0660 06/04/2020 Approved Electronically	of 5

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance 4 to 6 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Snell, James, J	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input checked="" type="radio"/> Yes <input type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
Member	Injury	Subject																																											
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N/A	TASER Probe Puncture(s)	<input type="checkbox"/>																																											
N/A	Drive Stun Superficial	<input type="checkbox"/>																																											
<input type="checkbox"/>		<input type="checkbox"/>																																											
N/A	Apparent Prior Injury	<input type="checkbox"/>																																											

33-B. Time Elapsed Prior to Start of Decontamination		
34. Hospitalized	Yes/No	Location
Member	No	
Subject	Yes	St. Joseph's Hospital

35. Photos/ Video	
Photos Available	<input checked="" type="radio"/> Yes <input type="radio"/> No
Video Available	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other	

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Sgt James Snell	Sex M	Age 43	Ht. 602	Wt. 205	ID # 680	Date 06/04/2020	Time 1530
45. Sergeant <i>Sgt. Snell</i>	ID # 0660	Date 06-05-2020	Time 2301				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

Voluntary Affidavit

State of New York
County of Onondaga

DR# 20-293671

Town of Cicero

I, [REDACTED], being duly sworn, deposes and says that I am 33 years of age with a date of birth of [REDACTED] and [REDACTED]. I reside at [REDACTED] and my phone number is [REDACTED].

I am voluntarily giving this affidavit to Ofc A. Smith from the Town of Cicero Police Department.

I am giving this statement on 6/03/2020 at 21:46. I am giving this at [REDACTED].

I wish to state that on June 3rd 2020 at about 9:11p.m. I called 911 to file a complaint against the landlord [REDACTED] after she had gotten in my face earlier telling me to get my truck off of the road. I live at [REDACTED] with my girlfriend. I had just got home I got my groceries out of my truck and I apologized to [REDACTED] as she was yelling at me. I went to go walk into the apartment when she yelled at me telling me to wipe my "smug smile off me face." When I went to walk into the apartment with my stuff she continued to follow after me yelling at me and got right up behind me so I quickly went inside and shut the door in her face. I did not say anything back to her I just said goodbye and kept it neutral. When Sgt Snell with Cicero Police showed up at about 9:33p.m I was waiting for the Cops to arrive and saw him outside. He got out of the Patrol car and [REDACTED] came running down the driveway. I heard her start yelling at the Sgt, I couldn't hear everything she was saying but once I heard her start talking about me I came out of the apartment and came walking up to the both of them. When I came walking up Sgt Snell kept telling [REDACTED] to "Stop, do not touch me, back up, I'm here on a different complaint, you need to back up." She kept yelling at the Sgt and getting in his face yelling "He needs to leave, he doesn't live here, get him out of here," referring to me. I have been living here for over a year and we pay rent and her actions were not ok. When I saw her swing and hit the Sgt with a right hook she just kept coming at him in his face and pushing him. He was cordial he grabbed her and had to bring her down to the ground because she would not stop fighting. He cuffed her up and put her in his car. That Sgt [REDACTED] assaulted should have never been touched; he kept telling her to back up and relax, he did everything by the book and she just would not calm down. I do not wish to add anything to this statement.

[REDACTED]

I have read this [] page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

[REDACTED]

[Signature]

Town of Cicero Police
Department

MEMORANDUM

*Displace
w/ paper*

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 05/12/20
SUBJECT: DR 20-251633

On 05/12/20 I completed a use of force review involving Officers Sean Wallace and Lily Hohmann. On 05/02/12 Officers Wallace and Hohmann were responding to a possible abduction and located the vehicle involved which passed them at a high rate of speed. When the vehicle stopped it was occupied by a male driver and female passenger. The male exited the vehicle with his hands up and the female passenger was verbally noncompliant. Both Officers had their service weapons drawn at the low ready position due to the nature of the incident. Driver was taken into custody immediately without incident. Passenger was taken into custody shortly after without incident and was calmed by officers. Driver was identified as [REDACTED] passenger as [REDACTED] Use of force was necessary in this incident due to the reported nature of the call and Officer safety. The incident after being investigated was a verbal domestic between [REDACTED] and [REDACTED]

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance 10 to 15 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
--	--	--

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
---------------------------------	---------------------------------	---

30. Primary Service Member (Last, First, MI) Hohmann, Lily, N	30-A. SERT
---	-------------------

31. Injuries (Must check at least one box for Member and Subject)		
Member	Injury Type	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination		
34. Hospitalized	Yes/No	Location
Member	No	
Subject	No	

35. Photos/ Video	
Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No	Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other _____	

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Hohmann <i>Hohmann</i>	Sex F	Age 21	Ht. 5'4	Wt. 140	ID # 745	Date 05/02/2020	Time 20:32
45. Sergeant <i>Sgt James Swell</i>	ID # 0600	Date 05/10/20	Time 2100				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance 10 to 15 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Hohmann, Lily, N	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 60%;">Injury</th> <th style="width: 25%;">Subject</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">None</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Swelling/ Contusion(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Abrasion(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Laceration(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Bone Fracture(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Concussion</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Loss of Consciousness</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Gun Shot</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Fatal</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">TASER Probe Puncture(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">Drive Stun Superficial</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">Apparent Prior Injury</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
Member	Injury	Subject																																											
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36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
	[REDACTED]	[REDACTED]		() -		
				() -		
				() -		

43. Additional Comments

44. Officer Hohmann, Lily, N	Sex F	Age 21	Ht. 5'4	Wt. 140	ID # 745	Date 05/02/2020	Time 20:32
45. Sergeant Sgt + James Snelk	ID # 8080	Date 05/02/20	Time 2100				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance 10 to 15 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
---	--	---

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Hohmann, Lily N	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)	32. Medical Attention	33. Subject OC/ Chemical Agent Decontamination	33-A. Decontamination Method
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Member	Injury	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention
 Member Yes No
 Subject Yes No

33. Subject OC/ Chemical Agent Decontamination
 Yes No

33-B. Time Elapsed Prior to Start of Decontamination

34. Hospitalized		Yes/No	Location
Member		No	
Subject		No	

35. Photos/ Video
 Photos Available Yes No
 Video Available Yes No
 TASER Cam Car Cam Fixed Position SERT Other

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
OT				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer S. Wallace	Sex M	Age 26	Ht. 5'05	Wt. 155	ID # 720	Date 05/03/2020	Time 2227
45. Sergeant Sgt James Sull	ID # 0680	Date 05/03/20	Time 2248				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

Agency Name Cicero Police Department	B	New York State Domestic Incident Report	ORI: NY0335100	Incident # 20-251633	Related DR Number -	Incident Type DOMP	Location Code 3451
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
Did not ask.

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider

Has Suspect ever: Threatened to kill you or your children? <input type="radio"/> Yes <input checked="" type="radio"/> No Strangled or "choked" you? <input type="radio"/> Yes <input checked="" type="radio"/> No Beaten you while you were pregnant? <input type="radio"/> Yes <input checked="" type="radio"/> No	Is suspect capable of killing you or children? <input type="radio"/> Yes <input checked="" type="radio"/> No Is suspect violently and constantly jealous of you? <input type="radio"/> Yes <input checked="" type="radio"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="radio"/> Yes <input checked="" type="radio"/> No
--	---

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No
 If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DR given to the Victim at the scene? <input type="radio"/> Yes <input checked="" type="radio"/> No if NO, Why: Not completed on scene.	Was Victim Rights Notice given to the Victim? <input type="radio"/> Yes <input checked="" type="radio"/> No if NO, Why: Did not accept.
--	---

INCIDENT	Weapon 1	Weapon 2	Weapon 3	Incident Location Type	Larceny/Type	Bias Crime	Burglary/Force	Burglary Entry	Domestic Relationship
A	77	B 77	C 77	D 47	E 77	F 77	G 77	H 77	I 06

1. Owner	2. Status	3. Desc. Code	4. Quantity	5. Measure	6. Item
7. Make	8. Drug Type	9. Model	10. Serial Number		11. Gun Type
		12. Gun Caliber	13. Value \$		

1. Code	2. Plate #	3. State	4. Expiration	5. Reg. Type	6. Imp. Plate	7. VIN/HULL #	8. # Occ.
03		NY	01/30/2021	TK	N		02

9. Year	10. Make	11. Model	12. Style	13. Color	14. Vehicle Value	15. Damage Est.	16. Weapon in Veh	17. NCIC Ck
2007	CHEVROLET	SILVERADO	PK	RED			N	Neg

18. Vehicle Description / Damage VEHICLE OBSERVED DURING TRAFFIC STOP							
19. Towed	20. Owner Notif	21. Hold	22. Reason	23. Tally Tow Company	24. Truck # / Tow Operator		
N							

Narrative:

On 05/02/2020 at 20:29 hours, while working unit 3202C, I responded to an abduction in progress where a female was reportedly bear-hugged and dragged into the vehicle at the intersection of Route 31 and Grange Road. The vehicle was described as a red truck with no tail lights.

While driving Westbound on Route 31, with my lights and sirens on, I observed a red truck traveling Eastbound at a high rate of speed. I then conducted a U-turn and got behind the vehicle. I then conducted a traffic stop on the red truck just east of CNS high school. The vehicle then pulled over to the right-hand shoulder of the road, and I exited the vehicle. At the same time, Sergeant Snell stopped his patrol vehicle in front of the truck as he came Westbound. At this time, the male driver got out of his vehicle and was yelling with his hands in the air. Officer Wallace and I walked towards the truck at the same time with our firearms drawn and at the low ready, giving verbal commands to turn around and face the other way. Due to the nature of the call, with it being a violent felony, I feared that the suspect would be armed and therefore decided to draw my firearm. Sergeant Snell was the closest Officer to the male suspect, so we let him take primary on giving verbal commands to him. Sergeant Snell ultimately took the male into custody without incident.

Moments later, a female exited the passenger side of the truck and started screaming and telling everyone to stop. I instructed the female to stop yelling and turn away from us. The female proceeded to yell and wave her arms around, not listening to our verbal commands. I noticed the female had a cell phone in her hands, and so I instructed her to drop the phone and turn around again. Officer Wallace then moved in once she turned around and placed her hands behind her back while I maintained his cover on the female. Once her hands were behind her back, I holstered my firearm and handcuffed the female. The female attempted multiple times to pull away from me while yelling, which is when I forcefully brought her to a kneeling position. Once she complied, I noticed the female was struggling to breathe, due to the stress of the situation. I helped her calm down, at which time I determined her not to be a threat, but just scared of the situation, causing her overreaction to Police presence. I then removed the handcuffs and asked her to explain the situation and tell me what happened.

She stated her name was [redacted] and the male driving the truck was her boyfriend, [redacted]. [redacted] said the two of them had gotten into a fight at his house, so [redacted] decided to drive her home. She stated the verbal fight continued during the drive home, so when they got to the intersection of Route 31 and Grange Road, she got out of the truck in anger. She stated [redacted] told her to get back into the truck because they were in the roadway, and when she didn't, he got out, grabbed her, and put her back in the truck. She stated the verbal argument then continued while they were inside the vehicle as they passed Route 31 and Brewerton Road. She stated he never hurt her, and that she understood how it looked bad from other driver's perspectives.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL. AFFIRMED UNDER PENALTY OF PERJURY. PRINT NAME: Lily Hohmann ID# 0745 SIGNATURE: Electronically Signed	Administrative Use Only SUPERVISOR NAME (PRINT): Sgt James Snell I# 0680 APPROVED DATE: 05/09/2020 APPROVED BY SIGNATURE: Approved Electronically
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CNYLEADS Narrative Page 1

Agency Name Cicero Police Department	DR # 20-251633
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Last Name [REDACTED]	First [REDACTED]	Middle [REDACTED]
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I suggested that we drive [REDACTED] home in light of everything that occurred, but she refused, insisting she wanted to be driven home by [REDACTED] so she could talk to him about everything. Once Officer Wallace finished speaking to [REDACTED] we determined that it was safe for [REDACTED] to go home with [REDACTED].

Upon speaking to [REDACTED] he assured me that he would bring her home safe, and not let an incident like this occur again.

Subject Management completed.

End of report.

<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL. AFFIRMED UNDER PENALTY OF PERJURY.</small>	<small>Administrative Use Only</small>			Page	3
	PRINT NAME Lily Hohmann	ID# 0745	SIGNATURE Electronically Signed	SUPERVISOR NAME (PRINT) Sgt James Snell	ID# APPROVED DATE APPROVED BY SIGNATURE 0680 05/09/2020 Approved Electronically

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-251633		
Incident Type DOMP	Person Type VI	Victim Type Individual			
Last Name [REDACTED]	First [REDACTED]	Middle [REDACTED]	Suffix [REDACTED]	DOB [REDACTED]	Business Name [REDACTED]

On 05/02/2020 at 2029 hours, while working post 3202C, I was dispatched to the 5900blk of Route 31 for a reported abduction that occurred at Route 31/Grange Road. Per dispatch notes, it was reported that a female was bear-hugged and thrown into a red pick-up truck with a broken taillight that was traveling east on Route 31.

As Officer Hohmann and I were traveling west on Route 31 in the area of New Country Drive, I observed the above truck pass us at a high rate of speed. Officer Hohmann and I turned around on the vehicle and conducted a high-risk stop just east of CNS High School. As the truck stopped, the driver later identified as [REDACTED] exited with his hands in the air. Moments later, a white female, later identified as [REDACTED] exited from the front passenger seat and began screaming at us to stop and that it was her fault. I gave [REDACTED] verbal commands to stop yelling, turn around, and come to me, which she passively and partially complied with as she yelled expletives at us. At the same time Sgt. Snell arrived and took [REDACTED] into custody without incident at the front of his truck. During this time, I had my duty weapon removed from the holster and at the low ready because of the violent felony reported, and I feared that the potential for violence was present.

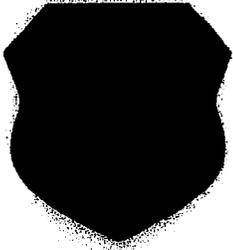
I ultimately holstered my firearm and took control of [REDACTED] arms while Officer Hohmann covered me. Officer Hohmann then secured [REDACTED] into handcuffs. After this, I went over to Sgt. Snell and spoke with [REDACTED] who indicated he got into an argument with [REDACTED] during which time she exited the vehicle at Route 31 and Grange Road. [REDACTED] stated that he eventually put her in the truck because he did not think it was safe for her to be walking on Route 31 at night. [REDACTED] further stated he understood how it looked and why Police took the actions they did.

For further information regarding this incident, refer to the domestic incident report completed by Officer Hohmann.

Subject management form completed.

End of report.

<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> 12. PRINT NAME Sean Wallace		13. ID# 14. SIGNATURE 0720 Electronically Signed		<small>Administrative Use Only</small> 15. SUPERVISOR NAME (PRINT) Sgt James Snell		16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE 0680 05/05/2020 Approved Electronically		Page 2 of 2
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Town of Cicero Police Department

SENT TO
INTELLIGENCE
10-22

MEMORANDUM ✓

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 05/12/20
SUBJECT: 20-261377

On 05/12/20 I conducted a use of force review involving Officer James Kazmirski that occurred on 5/11/20. On that date Officer Kazmirski investigated an occupied suspicious vehicle where the occupant, [REDACTED] was observed reaching behind his seat as Officer Kazmirski approached. When asked what he was reaching for [REDACTED] started reaching back again and at this time Officer Kazmirski observed a handgun on the rear driver floor. Officer Kazmirski then ~~draw his service weapon and ordered~~ [REDACTED] out of the vehicle. [REDACTED] complied with all orders and it was later discover the gun was a BB gun. Use of force in this incident necessary for Officer and suspect safety and that there was a fire arm inside the grabble area of the occupant.

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN - _____ 2. IR# - _____ 3. DR# 20-261377

4. Incident Date 05/11/2020 5. Incident Time 00:41 6. Incident Address [REDACTED] 6A. Incident Location Outdoor

7. Type of Incident SUSV 7A. Type of Incident: Custody Dept. Only 8. Weather Conditions Cloudy 9. Lighting Conditions Poor Artificial Light

10. Subject Name (Last, First, MI) [REDACTED] 11. Sex M 12. Age 18 13. Ht. 510 14. Wt. 200 15. Race White

16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input checked="" type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		<input type="checkbox"/> Fired at Member or Another with a Firearm
<input type="checkbox"/> Defensive Resistance	<input type="checkbox"/> Alcohol and/or Drug Influenced		<input type="checkbox"/> Other:
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another		
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm		

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input checked="" type="checkbox"/> Accomplish Official Purpose:	Removes subject from area of weapon
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s) Within Grabbable Area 19. Multiple Combatants (If yes, how many?) Yes No Total: _____ 20. Verbal Direction Given (Commands of Direction or of Arrest) Yes No

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force	Yes	Yes	
SWAT Activation			
SERT Activation			
K-9			

21-A. X-26 Advanced TASER

TASER Serial # _____

Number of Air Cartridge(s) Fired _____

#1 Air Cartridge Serial # _____

#2 Air Cartridge Serial # _____

Air Cartridge Type _____

Number of Cycles Applied _____

Threat of Force _____

Deployment was a Dart Probe Contact

Deployment was a Drive Stun Contact

Distance between the two probes (inches) _____

Probes penetrated the subject's skin

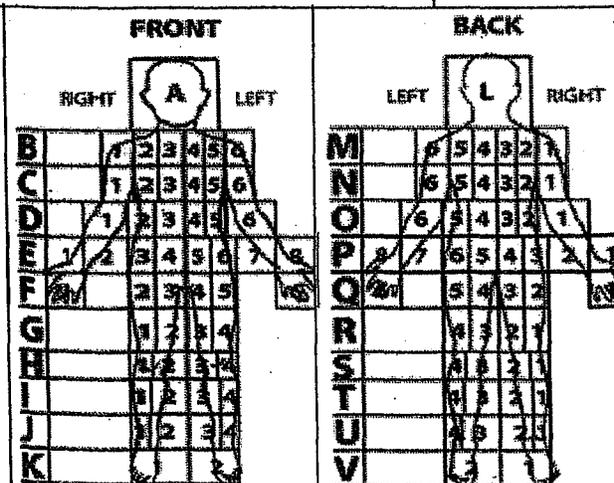
Probes removed while on scene

Subject wore heavy or loose clothing

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	8BA	
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer J. Kazmirski 23. ID # 705

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance 4 to 6 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Kazmirski, James W	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)	32. Medical Attention	33. Subject OC/ Chemical Agent Decontamination	33-A. Decontamination Method
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Member	Injury	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination

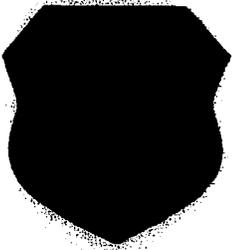
34. Hospitalized		
	Yes/No	Location
Member	No	
Subject	No	

35. Photos/ Video
 Photos Available Yes No
 Video Available Yes No
 TASER Cam Car Cam Fixed Position SERT Other _____

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer J. Kazmirski	Sex M	Age 40	Ht. 509	Wt. 175	ID# 705	Date 5/11/2020	Time 0130
45. Sergeant <i>Sgt. James W. Kazmirski</i>				ID# 0660	Date 05-11-2020	Time 2317	
46. Lieutenant				ID#	Date	Time	
47. Chief/Asst. Chief				ID#	Date	Time	



Town of Cicero Police Department

MEMORANDUM

TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 3/20/20

SUBJECT: DR 20-201667

50 F 1

On 03/20/20 I conducted a use of force review involving Officer James Kazmirski and individual [REDACTED]. On 03/18/20 at 0141 hours Officer Kazmirski was dispatched to [REDACTED] where he encountered [REDACTED] who was highly intoxicated, belligerent and was banging his head off the side of the house. [REDACTED] was handcuffed at that time without incident, upon arrival of [REDACTED] Ambulance they requested that [REDACTED] be handcuffed in the front so they could provide care. During switching the handcuffs [REDACTED] started to tense up his arms to make it difficult to get the handcuffs back on. Officer Kazmirski then took [REDACTED] to the ground at which time the handcuffs were successfully applied. The ambulance then administered a sedative and [REDACTED] was transported to the hospital. Use of force was used within the guidelines of the Department Policies and was necessary due to [REDACTED] actions.

Cicero Police Department

I N C I D E N T	REPORT TYPE Non-Criminal Incident Report	ORI NY0335100	BEAT 3201	DR# 20-201667	LOCATION CODE 3451	Incident Location Type 01				
	DATE/TIME START 03/18/2020 01:41	DATE/TIME END 03/18/2020 03:30								
P E R S O N	INC. ADDRESS NUMBER [REDACTED]	PREFIX [REDACTED]	STREET NAME [REDACTED]	STREET TYPE [REDACTED]	SUFFIX [REDACTED]	APT [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	
	INCIDENT TYPE DIST	DESCRIBE Intox male refused to leave								
1	PERSON TYPE CO	LAST NAME [REDACTED]	FIRST NAME [REDACTED]	MI [REDACTED]	DOB [REDACTED]	AGE 22	RACE W	ETHNIC N	SEX F	
	HGT [REDACTED]	WGT [REDACTED]	HAIR [REDACTED]	EYE [REDACTED]	ALIAS [REDACTED]	PHONE () - [REDACTED]	CELL PHONE [REDACTED]	SUD [REDACTED]		
P E R S O N	STREET NUMBER [REDACTED]	PREFIX [REDACTED]	STREET NAME [REDACTED]	STREET TYPE [REDACTED]	SUFFIX [REDACTED]	APT [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	
	PERSON TYPE OI	LAST NAME [REDACTED]	FIRST NAME [REDACTED]	MI [REDACTED]	DOB [REDACTED]	AGE 50	RACE W	ETHNIC N	SEX M	
2	HGT [REDACTED]	WGT [REDACTED]	HAIR [REDACTED]	EYE [REDACTED]	ALIAS [REDACTED]	PHONE () - [REDACTED]	CELL PHONE () - [REDACTED]	SUD [REDACTED]		
	STREET NUMBER [REDACTED]	PREFIX [REDACTED]	STREET NAME [REDACTED]	STREET TYPE [REDACTED]	SUFFIX [REDACTED]	APT [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	
P E R S O N	PERSON TYPE	LAST NAME	FIRST NAME	MI	DOB //	AGE	RACE	ETHNIC	SEX	
	HGT [REDACTED]	WGT [REDACTED]	HAIR [REDACTED]	EYE [REDACTED]	ALIAS [REDACTED]	PHONE () - [REDACTED]	CELL PHONE () - [REDACTED]	SUD [REDACTED]		
3	STREET NUMBER [REDACTED]	PREFIX [REDACTED]	STREET NAME [REDACTED]	STREET TYPE [REDACTED]	SUFFIX [REDACTED]	APT [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	
	PERSON TYPE	LAST NAME	FIRST NAME	MI	DOB //	AGE	RACE	ETHNIC	SEX	
P E R S O N	HGT [REDACTED]	WGT [REDACTED]	HAIR [REDACTED]	EYE [REDACTED]	ALIAS [REDACTED]	PHONE () - [REDACTED]	CELL PHONE () - [REDACTED]	SUD [REDACTED]		
	STREET NUMBER [REDACTED]	PREFIX [REDACTED]	STREET NAME [REDACTED]	STREET TYPE [REDACTED]	SUFFIX [REDACTED]	APT [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	
P R O P	OWNER	STATUS	DESC. CODE	QUANTITY	MEASURE	ITEM				
	MAKE	MODEL	SERIAL NUMBER	GUN TYPE	GUN CALIBER	VALUE \$				
V E H	PLATE #	STATE	YEAR	MAKE	MODEL	STYLE	COLOR	EXTERIOR	WINDOWS	
	<p>NARRATIVE: On 3/18/2020 at about 0141 hours while working post 3201A, I was dispatched to [REDACTED] for a disturbance. Upon arrival, I observed the offending party, [REDACTED] standing outside the house in his boxer shorts and a T-shirt. Numerous attempts were made to try and talk to [REDACTED] but he refused to talk, only stating "fuck you," and "I'll kill you." He appeared to be highly intoxicated, repeatedly clenched his fists and ground his teeth. He began punching the outside wall of the house and banging his head off of it, so he was placed in handcuffs without incident. After requesting EMS, upon their arrival, [REDACTED] requested we place the handcuffs in the front of him. Upon removing the handcuffs from him, he began to pull away and tense up, making it difficult to get the handcuffs back on him. I forcefully grounded [REDACTED] at which time he was placed in handcuffs in the front of his person. [REDACTED] then administered a sedative, and [REDACTED] was placed on the stretcher without an issue. He was handcuffed to each rail of the stretcher and transported to St Joe's hospital for treatment. I followed [REDACTED] Ambulance, and upon arrival, [REDACTED] was sedated, unhandcuffed, and turned over to nursing staff. Upon interviewing [REDACTED], she stated [REDACTED] was highly intoxicated and was possibly on acid. He became violent in their house and began throwing things around, so [REDACTED] told [REDACTED] he had to leave. She stated he arrived at their house in the condition he was in, wearing a T-shirt and boxer shorts. A subject management report was completed upon the conclusion of the complaint for forcefully grounding him. End of report.</p>									
S I G N O F F	False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL PRINT NAME: James Kazmirski ID#: 0705 SIGNATURE: Electronically Signed					Administrative Use Only SUPERVISOR NAME (PRINT): Sgt James Snell ID#: 0680		APPROVED BY SIGNATURE Approved Electronically		RECORDS ONLY

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -	2. IR# -	3. DR# 20-201667
4. Incident Date 03/18/2020	5. Incident Time 01:41	6. Incident Address [REDACTED]
		6A. Incident Location Outdoor

7. Type of Incident DIST	7A. Type of Incident- Custody Dept. Only	8. Weather Conditions Clear Sky/Dark	9. Lighting Conditions Poor Artificial Light
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10. Subject Name (Last, First, MI) [REDACTED]	11. Sex M	12. Age 50	13. Ht. 601	14. Wt. 230	15. Race White
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16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____
<input type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input checked="" type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input checked="" type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other: _____	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose: _____	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s)	19. Multiple Combatants (If yes, how many?) <input type="radio"/> Yes <input checked="" type="radio"/> No Total:	20. Verbal Direction Given (Commands of Direction or of Arrest) <input checked="" type="radio"/> Yes <input type="radio"/> No
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21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

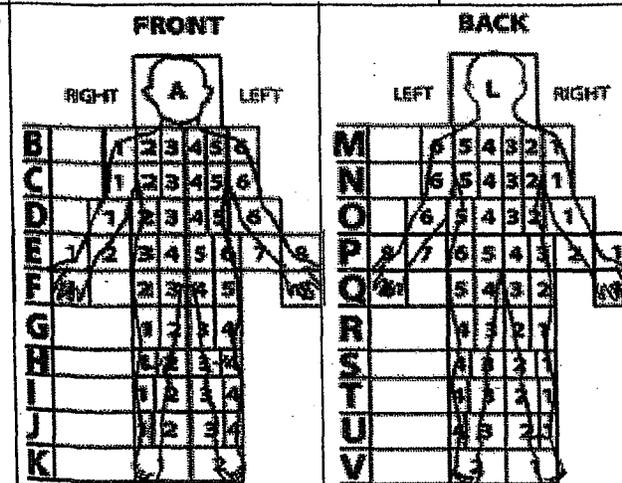
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IA	
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer J. Kazmirski	23. ID # 705
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CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Kazmirski, James W	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)

Member	Injury Type	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input checked="" type="radio"/> Yes <input type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination

34. Hospitalized		
	Yes/No	Location
Member	No	
Subject	Yes	St Joe's Hospital

35. Photos/ Video

Photos Available Yes No

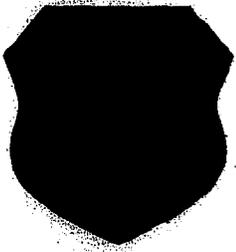
Video Available Yes No

TASER Cam Car Cam Fixed Position SERT Other _____

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer J. Kazmirski	Sex M	Age 40	Ht. 509	Wt. 165	ID # 705	Date 3/18/20	Time 0330
45. Sergeant <i>Sgt James Swell</i>	ID # <i>0680</i>	Date <i>03/18/20</i>	Time <i>2134</i>				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				



Town of Cicero Police
Department

MEMORANDUM

40 FT

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 03/16/20
SUBJECT: DR 20-190566

On 03/16/20 I conducted a use of force review which involved Sgt James Snell, Officer Sean Wallace and suspect [REDACTED]. On 03/09/20 at 1514 hours Sgt Snell located suspect and vehicle that was possibly involved in a hit and run accident in the driveway of [REDACTED]. Sgt Snell approached [REDACTED] who was at the rear of the vehicle attempting to take the license plate off the vehicle using a wrench. Sgt Snell gave verbal commands for [REDACTED] to drop the wrench and also stated to [REDACTED] his reason for being there. [REDACTED] did not only ignore those commands but responded with leave me alone, you have no right to be here, get away from me. Sgt Snell then went to take [REDACTED] into custody at which time [REDACTED] did not comply and was attempting to get out of Sgt Snell's hold. At this time officer Wallace arrived where he observed [REDACTED] actions and took [REDACTED] to the ground where both he and Sgt Snell had to force [REDACTED] arms behind his back. [REDACTED] was then handcuffed and it was later learned that [REDACTED] prior to that incident had punch a victim in the face who was a witness to a robbery incident that [REDACTED] was involved in earlier in the day. Use of force was consistent with Department Policy and was necessary to take [REDACTED] into custody.

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-190566		
Incident Type ROBB	Person Type VI	Victim Type Government			
Last Name	First	Middle	Suffix	DOB //	Business Name Town of Cicero

On 09/09/2020 at approximately 1514hrs while working Unit 3210 I was dispatched to [REDACTED] for a possible Hit and Run Collision. While en route to the scene the dispatcher advised units that the suspect vehicle, a white box truck, was followed to [REDACTED]. I responded to the [REDACTED] address.

Upon my arrival, I observed a white box truck bearing NY registration [REDACTED] parked in the driveway. I observed a white male kneeling behind the truck attempting to remove the license plate. The male had a large wrench in his right hand. I advised the male multiple times to drop the wrench and to stand up. The male told me to get away from him as I had no right to be talking to him. I advised him that he was a suspect in a hit and run motor vehicle collision. He again told me to get away from him. I told him a second time to drop the wrench and he refused to do so. Due to his noncompliance to my orders and the fact that he had a wrench in his right hand I grabbed both of his arms from behind and told him to place his hands behind his back. The male again refused. I told the male that he was under arrest and to stop resisting. Officer Wallace arrived on scene and we both grounded the male and forced his arms behind his back as he attempted to pull them away from us. The male was verbally abusive towards patrol while at the [REDACTED] address. The male was identified as [REDACTED].

Information was soon developed that this case was a follow up to an earlier robbery that had occurred at the Cicero Highway and the vehicle that [REDACTED] was operating was utilized in said robbery. [REDACTED] was placed in the back of my patrol vehicle. The front seat passenger [REDACTED] advised me that the vehicle belonged to her ex-husband, [REDACTED] was letting [REDACTED] utilize it to move some of her belongings as they are going through a divorce. [REDACTED] went on to say that she let [REDACTED] borrow the vehicle earlier in the day. Refer to [REDACTED] statement for further information. I attempted to contact [REDACTED] by phone but there was no answer.

[REDACTED] signed a consent to search the vehicle. [REDACTED] was called to transport the vehicle to the Cicero PD for processing. At approximately 1645hrs [REDACTED] towing arrived on scene and they drove the suspect vehicle to the Cicero PD with me following (left [REDACTED] at 1648hrs and arrived at the Cicero PD at 1654hrs).

Investigator Freeman and I conducted a search of the vehicle including the front and rear box area. Refer to the Inventory report and Investigator Freeman's report for further information. The keys to the vehicle were secured into Cicero Property.

End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL. AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page	2
12. PRINT NAME James Snell	13. ID# 0680	14. SIGNATURE Electronically Signed	15. SUPERVISOR NAME (PRINT) Sgt James Meyers	16. ID# APPROVED DATE 0670 03/10/2020	17. APPROVED BY SIGNATURE Approved Electronically

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-190566			
Incident Type ROBB	Person Type VI	Victim Type Individual				
Last Name [REDACTED]	First [REDACTED]	Middle	Suffix	DOB //	Business Name	

On 03/09/2020 at 1514 hours, while working post 3202C, I was dispatched to [REDACTED] for a possible hit and run collision. While en route dispatch advised the suspect vehicle, a white box truck, was followed to [REDACTED], at which time I proceeded to that location.

Upon my arrival to the [REDACTED] location, I observed a white box truck parked in the driveway of the residence. At the same time, I observed Sgt. Snell actively struggling with a white male behind the truck later identified as [REDACTED] (AR). Sgt. Snell and I then forcibly grounded [REDACTED] and had to pull his arms behind his back to secure him into handcuffs. During that time, [REDACTED] actively tensed his arms, ignored verbal commands, and pulled his arms away from us. I then secured a female, later identified as [REDACTED] who was standing outside the open passenger door of the vehicle for officer safety purposes.

After being secured into handcuffs and conducting a search incident to arrest of [REDACTED] it revealed a white crystalline substance in a small glass vile with a pink top, located in his right cargo pocket. The search also revealed another white crystalline-like substance contained in a small clear plastic container and glass smoking pipe, commonly used for smoking meth or MDMA in his left cargo pocket.

[REDACTED] indicated that the one crystalline substance in his left pocket was molly (MDMA), and the other substance in glass vile was a horse joint medication that was legally purchased at [REDACTED]. Both Substances were ultimately secured at the Cicero Police Department and are going to be sent to the lab for identification. If they are identified as a controlled substance, [REDACTED] will be arrested for them at that time.

It should be noted that the substance in the clear plastic container field tested positive for Methamphetamine/MDMA using a Methamphetamine/MDMA reagent test kit.

Shortly after taking [REDACTED] into custody, Sgt. Snell informed me that this incident was a follow up to a Robbery that occurred at the [REDACTED] earlier in the day. I then transported [REDACTED] to the Cicero Police Department, where he was processed for Robbery 3rd, O.G.A. 2nd, Resisting Arrest, Petit Larceny, and Harassment 2nd. [REDACTED] was then transported to CAC for arraignment, where he was released on his own recognizance.

I then gave [REDACTED] a courtesy transport to the Fastrac in Cicero per his request.

Subject management form completed.

End of report.

<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL. AFFIRMED UNDER PENALTY OF PERJURY.</small>		<small>Administrative Use Only</small>		<small>Page</small> 2
<small>12. PRINT NAME</small> Sean Wallace	<small>13. ID#</small> 0720	<small>14. SIGNATURE</small> Electronically Signed	<small>15. SUPERVISOR NAME (PRINT)</small> Sgt James Meyers	<small>16. ID#</small> 0670
		<small>17. APPROVED DATE</small> 03/10/2020		<small>17. APPROVED BY SIGNATURE</small> Approved Electronically
				<small>of</small> 5

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
------------------------------	---	---

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
--------------------------	--------------------------	--

30. Primary Service Member (Last, First, MI) Wallace, Sean P	30-A. SERT
---	------------

31. Injuries (Must check at least one box for Member and Subject)

Member	Injury	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
--	---	------------------------------

33-B. Time Elapsed Prior to Start of Decontamination

34. Hospitalized		Yes/No	Location
Member		No	
Subject		No	

35. Photos/ Video

Photos Available Yes No

Video Available Yes No

TASER Cam Car Cam Fixed Position SERT Other _____

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer S. Wallace	Sex M	Age 26	Ht. 5'05"	Wt. 155	ID # 720	Date 03/09/2020	Time 2225
45. Sergeant Sgt James Snell	ID # 0050	Date 03/09/2020	Time 2257				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
---	--	--

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
---------------------------------	---------------------------------	---

30. Primary Service Member (Last, First, MI) Snell, James, J	30-A. SERT
--	-------------------

31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
Member	Injury	Subject																																											
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	Yes/No	Location																																											
Member	No																																												
Subject	No																																												
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other _____																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

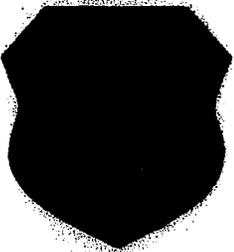
43. Additional Comments

44. Officer Sgt James Snell	Sex M	Age 43	Ht. 602	Wt. 200	ID # 680	Date 03/09/2020	Time 2250
45. Sergeant 	ID # 0670	Date 3/10/20	Time 10:34				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

Town of Cicero Police Department

MEMORANDUM

3071



TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 03/08/20

SUBJECT: 20-184529

On 03/04/20 at 1709 hours Officer Wallace responded to [REDACTED] for a juvenile female who was attempting to kill herself over snapchat. The Juvenile was located at the above apartment also being her residence along with her mother [REDACTED] was verbally communicating with Officer Wallace and Deputy Andrews that she felt her daughter did not need to go anywhere. The Officer explained the situation to [REDACTED] several times but it came to the point when [REDACTED] physically shielded her daughter with her own body and while doing so placed a phone call and stated something to the fact of get here quick the police are forcing my daughter to the hospital. Officer Wallace then choose at that time to place [REDACTED] into custody which required both officers placing her onto the ground and having to bring her hands/ arms behind her back to be handcuffed. Minimal force was used and [REDACTED] was charged accordingly then later apologized for her actions. It was later found that the call was to the child's father who did show up shortly after the phone call. He was cooperative and went to CPEP with his daughter. Use of force in this situation was consistent with department policy and was necessary in this situation to accomplish getting care for the juvenile and to protect the Officers from another potential threat that may have been coming to the apartment after [REDACTED] placed the phone call.

CNYLEADS Report Cover Page

Agency Name
Cicero Police Department

Incident Complaint Number
20-184529

Related DR Number
-

Incident Type
SUIC

Officer Name
Sean Wallace

Select Page(s) to
use & go to page

Select
Page(s)

- | | |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> INCIDENT PAGE | |
| <input checked="" type="checkbox"/> INVOLVED PERSONS 3-5 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 6-8 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 9-11 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 12-14 | <input type="checkbox"/> |
| <input type="checkbox"/> VEHICLE PAGE | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 1 | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> MISSING PERSON PAGE | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OFFENSE PAGE | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> NARRATIVE PAGE 1 | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> NARRATIVE PAGE 2 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 3 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 4 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 5 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 6 | <input type="checkbox"/> |

CNYLEADS Incident Report Form 3.6 (Rev. 2/07)

Agency Name Cicero Police Department										DIRT NY0335100		Location Code 3451		Beat		1. DR Number 20-184529								
2. Inc. Address Num		Prefix		Street Name			Street Type		Suffix		Bldg.		APT#		3. City		4. State		5. Zip					
6. Incident Type SUIC		7. Premise Name					8. Alarm#		9. Occurred Date/Time 03/04/2020 17:06			10. To Date/Time 03/04/2020 17:55												
11. Disp. Address Num		Prefix		Street Name			Street Type		Suffix		Bldg.		APT#		12. City		13. Dispatched Date/Time 03/04/2020 17:09							
INCIDENT		Weapon 1 A 77		Weapon 2 B 77		Weapon 3 C 77		Incident Location Type D 02		Larceny Type E 77		Bias Crime F 77		Burglary Force G 77		Burglary Entry H 77		Significant Event (Clery only) I						
1. Person Type VI		2. Victim Type Society		3. Last			First		Middle		4. Suffix		5. Business Name NYS											
6. Alias/Nickname/Maiden Name							7. Race		8. Ethnicity		9. Sex		10. DOB //		11. Age		12. Hgt 1 11		13. Wgt		14. Hair		15. Eye	
16. Address Num		Prefix		Street Name			Street Type		Suffix		Bldg.		APT#		17. City		18. State							
19. Zip		20. Resident Status (Clery only)			21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos											
25. Describe:										26. Skin		27. Eyewear		28. Employer										
29. Work Phone () -		30. Occupation			31. Address Num		Prefix		Street Name			Street Type		Suffix										
Bldg.		Suite#		32. City		33. State		34. Zip		35. Apparent Condition		36. Handicapped		37. Nature of Ill / Inj		38. Med. Treatment								
39. Subject description, actions, etc																								
1. Person Type VI		2. Victim Type Individual		3. Last			First		Middle		4. Suffix		5. Business Name											
6. Alias/Nickname/Maiden Name							7. Race B		8. Ethnicity N		9. Sex F		10. DOB		11. Age		12. Height 1 11		13. Weight		14. Hair		15. Eye	
16. Address Num		Prefix		Street Name			Street Type		Suffix		Bldg.		APT#		17. City		18. State							
19. Zip		20. Resident Status (Clery only)			21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos											
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29. Work Phone () -		30. Occupation			31. Address Num		Prefix		Street Name			Street Type		Suffix N										
Bldg.		Suite#		32. City		33. State		34. Zip		35. Apparent Condition Mental Disorder		36. Handicapped		37. Nature of Ill / Inj		38. Med. Treatment								
39. Subject description, actions, etc Made Suicidal Statements and Indicated She Wanted to Kill Herself																								
1. Owner		2. Status		3. Desc. Code		4. Quantity		5. Measure		6. Item														
7. Make		8. Drug Type		9. Model			10. Serial Number			11. Gun Type		12. Gun Caliber		13. Value \$										
1. Code		2. Plate #		3. State		4. Expiration //		5. Reg. Type		6. Imp. Plate		7. VIN/HULL #		8. # Occ.										
9. Year		10. Make			11. Model		12. Style		13. Color		14. Vehicle Value		15. Damage Est.		16. Weapon in Veh		17. NCKC Ck							
18. Vehicle Description / Damage																								
19. Towed		20. Owner Notif		21. Hold		22. Reason			23. To/By Tow Company			24. Truck # / Tow Operator												
1. CASE STATUS: Closed		2. CLOSED BY: Arrest			DISPOSITION: (Clery only)			3. NYS/SPIN MSG:		4. DATE //		5. TIME :		Records Use Only										
6. NOTIFIED UNIT:			7. PERSON NOTIFIED:			8. NOTIFIED DATE TIME: //			9. CASE RESPONSIBILITY/TOT:			Lab Submission Request N												
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY										Administrative Use Only				Page 2										
10. PRINT NAME Sean Wallace					11. ID# 0720					12. SIGNATURE Electronically Signed					13. SUPERVISOR NAME (PRINT) Sgt James Snell				14. ID# APPROVED DATE 0680 03/04/2020		15. APPROVED BY SIGNATURE Approved Electronically		of 6	

CNYLEADS Involved Persons 3-5 Supplement

DR # **20-184529**

1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name		7. Race B	8. Ethnicity N	9. Sex F	10. DOB	11. Age 35	12. Hgt " "	13. Wgt	14. Hair	15. Eye	
16. Address/Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City		18. State	
19. Zip 13212	20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone		23. Soc. Sec. #		24. Scars/Marks/Tattoos		
25. Describe:						26. Skin	27. Eyewear		28. Employer		
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name		Street Type	Suffix		
Bldg.	Suffix	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment

38. Subject description, actions, etc
Obstructed and Resisted During This Incident

1. Person Type PG	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name		7. Race B	8. Ethnicity N	9. Sex M	10. DOB / /	11. Age	12. Hgt " "	13. Wgt	14. Hair	15. Eye	
16. Address/Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City		18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. #		24. Scars/Marks/Tattoos		
25. Describe:						26. Skin	27. Eyewear		28. Employer		
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name		Street Type	Suffix		
Bldg.	Suffix	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment

38. Subject description, actions, etc
Accompanied Child To CPEP

1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name		7. Race	8. Ethnicity	9. Sex	10. DOB / /	11. Age	12. Hgt " "	13. Wgt	14. Hair	15. Eye	
16. Address/Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City		18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. #		24. Scars/Marks/Tattoos		
25. Describe:						26. Skin	27. Eyewear		28. Employer		
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name		Street Type	Suffix		
Bldg.	Suffix	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment

38. Subject description, actions, etc

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY				Administrative Use Only				Page 3		
PRINT NAME	ID#	SIGNATURE		SUPERVISOR NAME (PRINT)		ID#	APPROVED DATE	APPROVED BY SIGNATURE		of
Sean Wallace	0720	Electronically Signed		Sgt James Snell		0680	03/04/2020	Approved Electronically		6

CNYLEADS
Offense Page

DR # 20-184529

1	1. Law Type	2. Section	3. Sub	4. Class	5. Cat	6. Degree	7. Attempt	8. Offense Name	9. Count
1	PL - Penal Law	19505		A	M	2	N	Obstructing Governmental Admin.	01
2	PL - Penal Law	20530		A	M		N	Resisting Arrest	01
3	PL - Penal Law	26010	01	A	M		N	Endangering Welfare of a Child	01
4									
5									
6									
7									
8									
9									
10									
11									
12									
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15									
16									
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19									
20									

OFFENSE

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page 4
PRINT NAME	ID# SIGNATURE	SUPERVISOR NAME (PRINT)	ID# APPROVED DATE	APPROVED BY SIGNATURE
Sean Wallace	0720 Electronically Signed	Sgt James Snell	0680 03/04/2020	Approved Electronically

CNYLEADS Narrative Supplement 1

<small>AGENCY</small> Cicero Police Department				<small>DR #</small> 20-184529	
<small>Person Type</small> VI	<small>Last Name</small>	<small>First</small>	<small>Middle</small>	<small>Suffix</small>	<small>Business Name</small> NYS

On 03/04/2020 at 1709 hours, while working post 3202C, I was dispatched to [REDACTED] regarding a suicide complaint. Per dispatch notes, it indicated the victim [REDACTED] tried to kill herself over Snapchat. Dispatch notes also reported [REDACTED] had left the residence with her father, in a red Hyundai bearing NY [REDACTED] and was last seen west on East Taft Road.

The above vehicle ended up being registered to an address at [REDACTED] at which time I began heading to that residence. While enroute [REDACTED] advised he was out with [REDACTED] at the East Taft Road location. Upon my arrival, I met with [REDACTED] and her mother [REDACTED] (AR) in the apartment. [REDACTED] advised me that [REDACTED] had told a friend of her's via Snapchat that she wanted to kill herself. During this time, [REDACTED] was very agitated with [REDACTED] and kept indicating that it was her fault this was happening by saying that she wanted to harm her. She also repeatedly downplayed the severity of [REDACTED] statement(s) and told her that she did not want to kill herself

I inquired if [REDACTED] had ever been to the hospital or CPEP for a mental health evaluation, which [REDACTED] replied with "No and she not going now, I'm her mother I overruling any decision to take her there." I then asked [REDACTED] if she felt like killing herself now, which in my opinion she apprehensively answered with "No". I then asked her if she felt like killing herself earlier, referring to the time of the Snapchat message's which she replied with, "Yeah." [REDACTED] during this time, continued to be irate and yell at [REDACTED]

I explained to [REDACTED] that because [REDACTED] had made these threats, she would need to be evaluated at the hospital. I also informed her that because of [REDACTED] age, she would have to accompany her to the hospital as well. [REDACTED] indicated that she was not going and said that we could take her ourselves. I informed her several times that it was required for her to go and also tried explaining MHL 9.41 to her, but [REDACTED] would not allow me to convey the point and continued to yell. She then started yelling at me to get out of her house, which I advised her I would not due to the circumstances.

[REDACTED] then sat on the couch next to [REDACTED] in between [REDACTED] and me, as we were attempting to escort [REDACTED] outside. We were trying to escort [REDACTED] outside so she could be secured for her safety and to avoid any further escalation with [REDACTED] until a solution could be met. [REDACTED] was advised not to obstruct us and to cooperate to make this process smooth. [REDACTED] then placed her left elbow up in the arm, which prevented me from grabbing ahold of her and escorting [REDACTED] outside.

[REDACTED] then got up and began speaking with someone on the phone saying, "get over here now," and something along the lines that Police are forcing [REDACTED] to the hospital. [REDACTED] then placed herself in a shielding manner on over [REDACTED], which further obstructed us as I was moving towards her [REDACTED]. At this point, seeing that [REDACTED] had already physically obstructed me and was now communicating with unknown parties to come to the residence, I advised her she was under arrest and to place her hands behind her back. [REDACTED] refused and yelled "under arrest for what." at which time I grabbed ahold of her right arm, and [REDACTED] grabbed her left arm to gain control. [REDACTED] also began to pull away from us as well. During this time, [REDACTED] and I gave [REDACTED] several clear and concise commands that she was under arrest and to stop resisting, which she failed to comply with. [REDACTED] was forcibly grounded and had to have her hands pulled behind her back to be placed into custody.

After being placed into custody [REDACTED] continued being belligerent and yelled expletives at me. She was then secured in the rear of my patrol vehicle (S1). After the use of force, I did not observe any injuries to [REDACTED] or [REDACTED]. [REDACTED] also stated that she was not injured and had not used and intoxicating substances.

<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSP. AFFIRMED UNDER PENALTY OF PERJURY</small>		<small>Administrative Use Only</small>		Page 5
<small>PRINT NAME</small> Sean Wallace	<small>ID# SIGNATURE</small> 0720 Electronically Signed	<small>SUPERVISOR NAME (PRINT)</small> Sgt James Snell	<small>ID# APPROVED DATE APPROVED BY SIGNATURE</small> 0680 03/04/2020 Approved Electronically	of 6

CNYLEADS Narrative Supplement 2

<small>AGENCY</small> Cicero Police Department					<small>DR#</small> 20-184529	
<small>Person Type</small> VI	<small>Last Name</small>	<small>First</small>	<small>Middle</small>	<small>Suffix</small>	<small>Business Name</small> NYS	
<p>Before [REDACTED] was escorted downstairs, a black male later identified as [REDACTED] (PG) arrived on the scene. It was determined that [REDACTED] was the person [REDACTED] had called to come back to the residence. [REDACTED] did not obstruct Police and advised he would accompany [REDACTED] to CPEP. [REDACTED] then transported [REDACTED] and [REDACTED] to CPEP without incident.</p> <p>[REDACTED] was then transported to the Cicero Police Department where she was processed and issued an appearance ticket for OGA 2nd, Resisting Arrest, and Endangering the welfare of a child. During the booking process, [REDACTED] was calm and towards the end without provocation apologized to me for her actions. She further advised she was already having a bad day and indicated it is a struggle as a single parent.</p> <p>After being processed, [REDACTED] was transported back to her residence by Officer E. Flansburg (Cicero P.D).</p> <p>Subject Management form completed.</p> <p>[REDACTED]</p> <p>CPS Notification Made.</p> <p>End of report.</p>						
<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 240.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> <small>PRINT NAME</small> Sean Wallace				<small>Administrative Use Only</small> <small>ID# SIGNATURE</small> 0720 Electronically Signed		<small>Supervisor Name (Print)</small> Sgt James Snell
<small>ID# APPROVED DATE</small> 0680 03/04/2020			<small>APPROVED BY SIGNATURE</small> Approved Electronically		<small>Page</small> 6 <small>of</small> 6	

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Wallace, Sean P	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>None</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Swelling/ Contusion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Abrasion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Laceration(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bone Fracture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Concussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Loss of Consciousness</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Gun Shot</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fatal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>TASER Probe Puncture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>Drive Stun Superficial</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>Apparent Prior Injury</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination																																													
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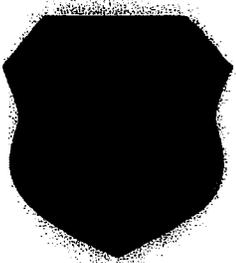
36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer S. Wallace	Sex M	Age 26	Ht. 5'05"	Wt. 155	ID # 720	Date 03/04/2020	Time 2126
45. Sergeant Sgt James Swell	ID # 0600	Date 3/4/20	Time 2129				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

Town of Cicero Police Department

MEMORANDUM



TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 01/28/20

SUBJECT: 20-135536

huff +

On January 28, 2020 I conducted a use of force review for DR 20-135536 involving [REDACTED] and Sgt Snell

On January 27, 2020 at 1742 hours Sgt Snell was investigating a dispute at [REDACTED]. Upon speaking with complainant [REDACTED] her daughter [REDACTED] came into the house yelling where her boyfriend was, then proceeded to run down the hall towards [REDACTED] and Sgt Snell. Sgt held out his left arm to prevent [REDACTED] from coming any further towards her mother, when [REDACTED] ran into Sgt Snell's arm she fell to the ground. The incident then calmed down, no injuries occurred.

Use of force was needed in this situation to prevent [REDACTED] from getting to her mother [REDACTED] while she was upset.

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -		2. IR# -		3. DR# 20-179192	
4. Incident Date 02/29/2020		5. Incident Time 19:49		6. Incident Address [REDACTED]	
7. Type of Incident STOP		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Snow/Sleet	
				9. Lighting Conditions Poor Artificial Light	
10. Subject Name (Last, First, MI) [REDACTED]				11. Sex M	12. Age 50
				13. Ht. 504	14. Wt. 165
				15. Race Black	

16. Applicable Subject Conditions (Check all that apply)

<input checked="" type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other: _____	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input checked="" type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose: _____	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s) _____

19. Multiple Combatants (If yes, how many?)
 Yes No Total: _____

20. Verbal Direction Given (Commands of Direction or of Arrest)
 Yes No

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

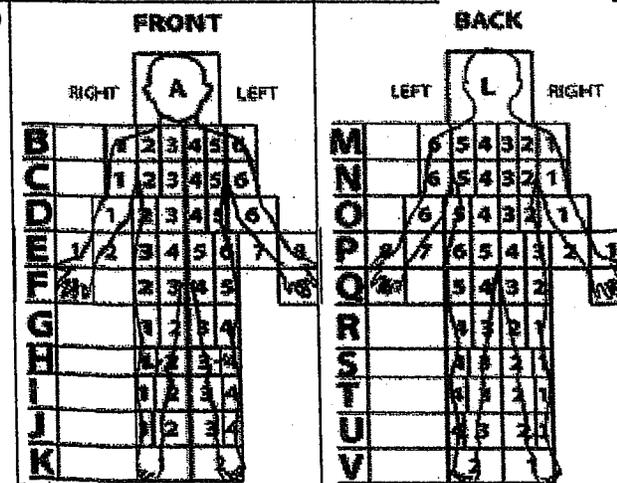
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description					
1 Soft Empty Hand		1B2			
2 Hard Empty Hand		1B6			
3 OC Spray					
4 Impact Weapon					
5 TASER (drive stun)					
6 TASER (probes)					
7 Less Lethal Munitions					
8 Firearm					
9 K9					
10 Other					

Subject was Forcefully Grounded



22. Officer
Sgt James Snell

23. ID #
680

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
---------------------------------	---------------------------------	--

30. Primary Service Member (Last, First, MI) Smith, Ashley	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)

Member	Injury	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination

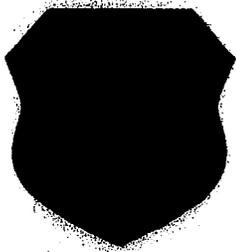
34. Hospitalized	Yes/No	Location
Member	No	
Subject	No	

35. Photos/ Video
 Photos Available Yes No
 Video Available Yes No
 TASER Cam Car Cam Fixed Position SERT Other _____

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State/ Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Sgt James Snell	Sex	Age	Ht.	Wt.	ID #	Date	Time
	M	43	602	200	680	02/29/2020	2155
45. Sergeant 	ID #	Date	Time				
	0660	02-29-2020	2210				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				



Town of Cicero Police
Department

MEMORANDUM

PUT

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FROM: Sgt Baldini

DATE: 01/28/20

SUBJECT: 20-135536

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Use of force was needed in this situation to prevent [REDACTED] from getting to her mother [REDACTED] while she was upset.

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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30. Primary Service Member (Last, First, MI) Snell, James J	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject)	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input type="checkbox"/> No	33-A. Decontamination Method
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Member	Injury	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

33-B. Time Elapsed Prior to Start of Decontamination		
34. Hospitalized	Yes/No	Location
Member	No	
Subject	No	

35. Photos/ Video	
Photos Available	<input type="radio"/> Yes <input checked="" type="radio"/> No
Video Available	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other	

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State/ Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Snell, James J	Sex M	Age 43	Ht. 602	Wt. 200	ID # 680	Date 01/27/2020	Time 2015
45. Sergeant SGT JOHN BALDINI					ID # 0622	Date 1-28-20	Time 0830
46. Lieutenant					ID #	Date	Time
47. Chief/Asst. Chief					ID #	Date	Time

Voluntary Affidavit

State of New York
County of Onondaga
Town of Cicero

DR# 20-135536

I, [REDACTED], being duly sworn, deposes and says that I am 45 years of age with a date of birth of 08/09/1974. I reside at [REDACTED] and my phone number is [REDACTED].

I am voluntarily giving this affidavit to Sgt James Snell from the Town of Cicero Police Department. I am giving this statement on 1/27/2020 at 18:15. I am giving this at 6003 Smith Rd

While in a physical confrontation with [REDACTED] I suffered a scratch to my upper right back and left hand. I request that he not be arrested for causing these marks.

I have read this 1 page affidavit and swear that is the truth to the best of my knowledge and recollection. I know the meaning of perjury, it is the telling of a lie while under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

CNYLEADS Report Cover Page

Agency Name
Cicero Police Department

Incident Complaint Number
20-135536

Related DR Number
-

Incident Type
DISP

Officer Name
James Snell

- | Select Page(s) to use & go to page | Select Page(s) |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> INCIDENT PAGE | |
| <input checked="" type="checkbox"/> INVOLVED PERSONS 3-5 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 6-8 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 9-11 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 12-14 | <input type="checkbox"/> |
| <input type="checkbox"/> VEHICLE PAGE | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 1 | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> MISSING PERSON PAGE | <input type="checkbox"/> |
| <input type="checkbox"/> OFFENSE PAGE | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> NARRATIVE PAGE 1 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 3 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 4 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 5 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 6 | <input type="checkbox"/> |

CNYLEADS Incident Report Form 3.6 (Rev. 2017)

Agency Name Cicero Police Department						ORI: NY0335100	Location Code 3451	Beat	1. DR Number 20-135536					
2. Incd. Address Num		Prefix		Street Name		Street Type	Suffix	Bldg.	APT#	3. City	4. State	5. Zip		
3. Incident Type DISP			7. Premise Name				8. Alarm#		9. Occurred Date/ Time 01/27/2020 17:25		10. To Date/ Time 01/27/2020 17:39			
11. Disp. Address Num		Prefix		Street Name		Street Type	Suffix	Bldg.	APT#	12. City	13. Dispatched Date / Time 01/27/2020 17:39			
INCIDENT	Weapon 1 A 77	Weapon 2 B 77	Weapon 3 C 77	Incident Location Type D 01	Larceny Type E 77	Bias Crime F 77	Burglary Force G 77	Burglary Entry H 77	Significant Event (Clery only) I					
1. Person Type CO		2. Victim Type		3. Last		First	Middle	4. Suffix		5. Business Name				
6. Alias/Nickname/Maiden Name				7. Race W	8. Ethnicity N	9. Sex F	10. DOB	11. Age 45	12. Hgt ''	13. Wgt	14. Hair	15. Eye		
16. Address: Num		Prefix		Street Name		Street Type	Suffix	Bldg.	APT#	17. City	18. State			
19. Zip		20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone		23. Soc. Sec. #		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos		
25. Describe:								26. Skin	27. Eyewear	28. Employer				
29. Work Phone () -		30. Occupation		31. Address Num		Prefix	Street Name			Street Type	Suffix			
Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill / Inj	38. Med. Treatment			
39. Subject description, actions, etc														
1. Person Type OI		2. Victim Type		3. Last		First	Middle	4. Suffix		5. Business Name				
6. Alias/Nickname/Maiden Name				7. Race B	8. Ethnicity N	9. Sex M	10. DOB	11. Age 18	12. Height ''	13. Weight	14. Hair	15. Eye		
16. Address: Num		Prefix		Street Name		Street Type	Suffix	Bldg.	APT#	17. City	18. State			
19. Zip		20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone		23. Soc. Sec. #		23A Student ID # (Clery only)		24. Scars / Marks / Tattoos		
25. Describe:								26. Skin	27. Eyewear	28. Employer				
29. Work Phone () -		30. Occupation		31. Address Num		Prefix	Street Name			Street Type	Suffix			
Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill / Inj	38. Med Treatment			
39. Subject description, actions, etc														
1. Owner		2. Status	3. Desc. Code	4. Quantity	5. Measure	6. Item								
7. Make		8. Drug Type	9. Model		10. Serial Number			11. Gun Type	12. Gun Caliber	13. Value \$				
1. Code	2. Plate #	3. State	4. Expiration //	5. Reg. Type	6. Imp. Plate	7. VIN/HULL #		8. # Occ.						
9. Year	10. Make		11. Model		12. Style	13. Color	14. Vehicle Value	15. Damage Est.	16. Weapon In Veh	17. NCIC Ck				
18. Vehicle Description / Damage														
19. Towed	20. Owner Notif	21. Hold	22. Reason		23. To/By Tow Company				24. Truck # / Tow Operator					
1. CASE STATUS: Closed		2. CLOSED BY: Other (see narrative)			DISPOSITION: (Clery only)				3. NYS PIN MSG.	4. DATE //	5. TIME :	Records Use		
6. NOTIFIED UNIT:			7. PERSON NOTIFIED:			8. NOTIFIED DATE TIME: //		9. CASE RESPONSIBILITY/TOT:		Lab Submission Request N				
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY						Administrative Use Only			Page					
10. PRINT NAME James Snell						11. ID# 0680 Electronically Signed			12. SIGNATURE Sgt John Baldini			13. SUPERVISOR NAME (PRINT)		
									14. ID# APPROVED DATE 0620 01/28/2020		15. APPROVED BY SIGNATURE Approved Electronically			

CNYLEADS Involved Persons 3-5 Supplement

DR # 20-135536

1. Person Type OI	2. Victim Type	3. Last [REDACTED]	First [REDACTED]	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name			7. Race W	8. Ethnicity N	9. Sex F	10. DOB [REDACTED]	11. Age 20	12. Hgt ' "	13. Wgt	14. Hair	15. Eye
16. Address: Num [REDACTED]	Prefix	Street Name [REDACTED]		Street Type [REDACTED]	Suffix	Bldg.	APT#	17. City [REDACTED]		18. State [REDACTED]	
19. Zip [REDACTED]	20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos
25. Describe:						26. Skin	27. Eyewear		28. Employer		
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name			Street Type	Suffix	
Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment
39. Subject description, actions, etc											

1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name			7. Race	8. Ethnicity	9. Sex	10. DOB //	11. Age	12. Hgt ' "	13. Wgt	14. Hair	15. Eye
16. Address: Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City		18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos
25. Describe:						26. Skin	27. Eyewear		28. Employer		
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name			Street Type	Suffix	
Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment
39. Subject description, actions, etc											

1. Person Type	2. Victim Type	3. Last	First	Middle	4. Suffix	5. Business Name					
6. Alias/Nickname/Maiden Name			7. Race	8. Ethnicity	9. Sex	10. DOB //	11. Age	12. Hgt ' "	13. Wgt	14. Hair	15. Eye
16. Address: Num	Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City		18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # --		23A. Student ID # (Clery only)		24. Scars/Marks/Tattoos
25. Describe:						26. Skin	27. Eyewear		28. Employer		
29. Work Phone () -		30. Occupation		31. Address Num	Prefix	Street Name			Street Type	Suffix	
Bldg.	Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment
39. Subject description, actions, etc											

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY						Administrative Use Only			Page	3	
PRINT NAME		ID#	SIGNATURE		SUPERVISOR NAME (PRINT)			ID#	APPROVED DATE	APPROVED BY SIGNATURE	
James Snell		0680	Electronically Signed		Sgt John Baldini			0620	01/28/2020	Approved Electronically	

**CNYLEADS
Offense Page**

DR # -

	1. Law Type	2. Section	3. Sub	4. Class	5. Cat.	6. Degree	7. Attempt	8. Offense Name	9. Co
1									
2									
3									
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20									

OFFENSE

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME _____ ID# _____ SIGNATURE _____		Administrative Use Only SUPERVISOR NAME (PRINT) _____ ID# _____ APPROVED DATE _____ APPROVED BY SIGNATURE _____		Page _____ of _____
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CNYLEADS Narrative Supplement 1

AGENCY Cicero Police Department				DR # 20-135536	
Person Type CO	Last Name [REDACTED]	First [REDACTED]	Middle [REDACTED]	Suffix	Business Name

On 01/27/2020 at approximately 1742hrs while working Unit 3210 I was dispatched to a Dispute located at [REDACTED]. Per the notes of the call, the male had left the scene in a silver Chevrolet Impala bearing NY Registration [REDACTED]. Officer Gray, Unit 3202c, had stopped said vehicle at the corner of Hamilton Rd and Church St. I continued to the scene and spoke with the caller, [REDACTED].

[REDACTED] advised me that after her daughter, [REDACTED] left for work she heard noises coming from [REDACTED] bedroom. [REDACTED] went to [REDACTED] bedroom to check on the noise and opened the door to find [REDACTED] inside. [REDACTED] is [REDACTED] ex-boyfriend. [REDACTED] told [REDACTED] to leave and he told her not to tell him what to do. [REDACTED] then said that he would leave when his ride arrives. [REDACTED] and [REDACTED] continued to argue until [REDACTED] started to walk down the hallway towards the door. [REDACTED] said that as she was reaching for the door to the porch, [REDACTED] opened the door quickly and it struck the side of her body. [REDACTED] also added that at some point [REDACTED] and she got into a struggle and she suffered a scratch to her upper right back and left hand. [REDACTED] thinks it happened in the hallway but could not be more specific. She also requested that [REDACTED] not be arrested for causing those marks just that she does not want him to come back to the house. See [REDACTED] statement.

While I speaking to [REDACTED] [REDACTED] came into the house yelling and screaming "where is my boyfriend?" [REDACTED] started to run down the stairs saying that the police shouldn't be here and that [REDACTED] is the problem. I told [REDACTED] to stop and calm down. I was at the base of the stairs and [REDACTED] was standing next to me. I held my left arm out with an open hand to prevent [REDACTED] from reaching her mother and [REDACTED] ran into my hand and fell to the ground. [REDACTED] continued to yell at [REDACTED] about [REDACTED] being forced to leave. I told [REDACTED] to go outside and she did.

Officer Gray transported [REDACTED] to the residence. [REDACTED] said that while at his girlfriend, [REDACTED] house she left for work and he called for an Uber. While he was in [REDACTED] room her mother opened the door and told him to leave. [REDACTED] said that he told [REDACTED] that his ride was on the way. He went on to say that when he went to leave that [REDACTED] held the door to the porch closed so he could not leave. [REDACTED] then forced open the door and walked out. He then got into his Uber and left. [REDACTED] was advised that he is not wanted at the residence by [REDACTED]. Officer Gray then transported [REDACTED] to the [REDACTED].

End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only		Page 4
PRINT NAME James Snell	ID# 0680	SIGNATURE Electronically Signed	SUPERVISOR NAME (PRINT) Sgt John Baldini	ID# APPROVED DATE APPROVED BY SIGNATURE 0620 01/28/2020 Approved Electronically

Town of Cicero Police Department

SENT TO
INVEST FILE
10-22-20

MEMORANDUM

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 01/13/20
SUBJECT: 20-108249

On January 13, 2020, I conducted a Use of Force Review under Dr 20-108249 involving individual [REDACTED]

On January 6, 2020 at 1817 hours Sgt Snell was dispatched to a 911 call involving a male and female that were in a vehicle possibly having a domestic dispute. There were more 911 calls placed by the same male caller from various locations in the town. One incident the caller stated that he was being chased and shot at by a male and that he himself may have been in possession of a gun. There was also another 911 call regarding a grey pickup truck driving erratically in the area of RT 31 and RT 298. Dispatch also provided information that the [REDACTED] had dealt with [REDACTED] earlier in the day and that he may be high on the drug molly. Sgt Snell located the said vehicle and stopped it in the parking lot of the [REDACTED] on RT 31 near RT 298. The operator of the vehicle who was later identified as [REDACTED] kept looking back at Sgt Snell, was getting in and out of the truck even though he was instructed to stay inside. Sgt Snell then pointed his service weapon at the subject and gave him commands which were complied with. [REDACTED] was taken into custody without incident. [REDACTED] was also secured for Officer and Citizen safety at that time.

The display of use of force in this incident was consistent with Department Policy as Sgt Snell was provided information that [REDACTED] was possibly in possession of a firearm and also under the influence of a drug.

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 20-108249			
Incident Type CALL	Person Type CO	Victim Type				
Last Name [REDACTED]	First [REDACTED]	Middle	Suffix	DOB [REDACTED]	Business Name	

On 01/06/2020 at approximately 1817hrs while working Unit 3210 I was dispatched to the [REDACTED] located at E Taft Rd and Northern Blvd for a 911 call with an unknown nature.

Per the notes of the call, a male and female were heard on the phone possibly having a domestic in a vehicle. During the conversation, there was made mention of another male and firearm and shooting was possibly occurring or had occurred. The caller was uncooperative and would not verify their location. 911 gave patrol the location of E Taft and Northern Blvd as that's where the cell phone was plotting. The male caller was possibly [REDACTED]

Upon my arrival, [REDACTED] units were on scene searching the area with negative results. At approximately 1835hrs dispatch notified patrol that they had the caller back on the line and was possibly in the area of [REDACTED] and had stopped at the [REDACTED]. The [REDACTED] units and I checked the church with negative results. At approximately 1843hrs dispatch advised patrol that they had the caller back on the line and he had just left the [REDACTED]. The caller then hung up again. Dispatch again tracked the caller's phone and it was in the area of [REDACTED]

Dispatch advised that [REDACTED] had multiple caution indicators and that [REDACTED] had dealt with him earlier in the day and he was high on molly.

At approximately 1847hrs the male caller called back stating that he was being followed and possibly shot at by an [REDACTED]. The male stated that he was near the [REDACTED] and plotted in the Bridgeport area. The male then hung up again. 911 received a call from an uninvolved party reporting that a grey truck was driving reckless on Route 31 just entering Madison County.

At approximately 1852hrs I arrived at the [REDACTED] located at [REDACTED] and observed a grey Ram bearing NY registration heading south on Route 31 from Madison County pull into the [REDACTED]. I pulled into the [REDACTED] and activate my emergency lights. The vehicle came to a stop and I ordered the male to stay in the vehicle as he was looking back at me through the open driver's door window. He then started yelling back and me, moving around in his truck, and opened the driver's side door against my commands. As Officer Smith was pulling up in her patrol car, the male got out of the vehicle and then back in. Due to the possibility of firearm involvement, the multiple uncooperative calls that the subject made, caution indicators, the possibility of drug intoxication, and inability/failure to follow my commands I feared that the male was a serious threat to the safety of the public as well as myself. I drew my department issue handgun from its holster, pointed it at the male, and ordered the male step out of his vehicle. The male then complied with each of my orders and was placed into custody by Officer Flansburg without further incident.

The male was positively identified as [REDACTED]. [REDACTED] was extremely anxious and stated that someone with a gun was chasing him. [REDACTED] then stated that he heard the male in question [REDACTED] talking in the vehicle, under the seat, while they were driving which made him believe that [REDACTED] was in the vehicle. A search of [REDACTED] and the vehicle were negative for weapons or drugs. There was no evidence that any shooting incident had occurred.

Refer to Officer Smith's Domestic Incident Report for further information. End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 270.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY
 12. PRINT NAME **James Snell** 13. ID# **0680** 14. SIGNATURE **Electronically Signed**

Administrative Use Only
 15. SUPERVISOR NAME (PRINT) **Sgt S Amyot**

16. ID# **0660** 17. APPROVED DATE **01/12/2020** 17. APPROVED BY SIGNATURE **Approved Electronically**

Page **2**
 of **3**

Agency Name Cicero Police Department	B	New York State Domestic Incident Report	OR# NY035100	Incident # 20-108249	Related DR Number -	Incident Type DOMV	Location Code 3451
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
N/A

Prior History
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider

Has Suspect ever: Threatened to kill you or your children? <input type="radio"/> Yes <input checked="" type="radio"/> No Strangled or "choked" you? <input type="radio"/> Yes <input checked="" type="radio"/> No Beaten you while you were pregnant? <input type="radio"/> Yes <input checked="" type="radio"/> No	Is suspect capable of killing you or children? <input type="radio"/> Yes <input checked="" type="radio"/> No Is suspect violently and constantly jealous of you? <input type="radio"/> Yes <input checked="" type="radio"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="radio"/> Yes <input checked="" type="radio"/> No
--	---

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No
 If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? <input type="radio"/> Yes <input checked="" type="radio"/> No if NO, Why:	Was Victim Rights twice given to the Victim? <input checked="" type="radio"/> Yes <input type="radio"/> No if NO, Why:
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INCIDENT	Weapon 1 A 77	Weapon 2 B 77	Weapon 3 C 77	Incident Location Type D 47	Larceny Type E 77	Bias Crime F 77	Burglary Force G 77	Burglary Entry H 77	Domestic Relationship I 06
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1. Owner	2. Status	3. Desc. Code	4. Quantity	5. Measure	6. Item
7. Make	8. Drug Type	9. Model	10. Serial Number	11. Gun Type	12. Gun Caliber
					13. Value \$

1. Code	2. Plate #	3. State	4. Expiration / /	5. Reg. Type	6. Imp. Plate	7. VIN/HULL #	8. # Occ.
9. Year	10. Make	11. Model	12. Style	13. Color	14. Vehicle Value	15. Damage Est.	16. Weapon in Veh
17. NCIC Ck							
18. Vehicle Description / Damage							
19. Towed	20. Owner Notif	21. Hold	22. Reason	23. Tow By Tow Company	24. Truck # / Tow Operator		

Narrative:

Synopsis: Boyfriend VS girlfriend

Narrative: On January 6th 2020 at about 1817 hours while working unit 3202C I was dispatched to [redacted] for a domestic.

Upon arrival the parties were gone but the phone kept pinging in different areas of Cicero. On Whiting Road, South Bay Road, Route 31, Lakeshore Road, all over. During the course of this call and having units check all of these areas the caller identified himself as [redacted] and stated he thought he was being chased, being shot at, and was pulling into the gas station. Sgt Snell and I located the parties at [redacted]. Due to the fact that a gun was mentioned and shots being fired Sgt Snell took the driver, later confirmed it was [redacted] by gun point and we placed him and his passenger [redacted] in custody for their safety and ours. (Refer to Sgt Snell's 19 and subject management report).

Upon speaking with [redacted] she stated the entire incident was her fault; that she made [redacted] paranoid about an ex boyfriend and started making up lies to get her way out of it. When a vehicle came driving up close behind them she made him believe it was her ex and due to [redacted] already paranoid mental issues he started freaking out and when he heard a noise he thought he was being shot at. She stated she is very sorry this all happened and did not mean for it to get so out of hand. She stated they both just came off of a bad drug bender this past weekend and are now sober but that he is a very paranoid person and she did not help the matter.

Upon speaking with [redacted] he stated they began arguing about her "drug dealing ex boyfriend" as he thought he had seen him earlier near his sisters house in Dewitt. He stated when [redacted] started saying he was following them and he know "that guy carries a gun" he started freaking out on her and freaking out in general. He had her get into the vehicle and when he saw a car driving close behind him he asked her if it was her ex and she told him it was and he started calling 911 for help.

[redacted] was fine to drive and both parties were calm when we finally located them. [redacted] stated he was upset that [redacted] was playing on his emotions and making him upset but that he feels better now that he knows no one is after him. Both parties left the scene without issue.

Recommended Action: No further actions required.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME Ashley Smith ID# SIGNATURE 0700 Electronically Signed	Administrative Use Only SUPERVISOR NAME (PRINT) Sgt S Amyot	ID# APPROVED DATE APPROVED BY SIGNATURE 0660 01/07/2020 Approved Electronically
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CICERO POLICE DEPARTMENT Subject Management Report

1. ICN - _____ 2. IR# - _____ 3. DR# 20-108249

4. Incident Date 01/06/2020 5. Incident Time 18:53 6. Incident Address _____ 6A. Incident Location Outdoor

7. Type of Incident **DOMV** 7A. Type of Incident- Custody Dept. Only _____ 8. Weather Conditions High Winds 9. Lighting Conditions Good Artificial Light

10. Subject name (Last, First, MI) _____ 11. Sex M 12. Age 42 13. Ht. 603 14. Wt. 216 15. Race White

16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input checked="" type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input checked="" type="checkbox"/> History of Violence		
<input type="checkbox"/> Defensive Resistance	<input type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other:	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input checked="" type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose:	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s) _____ 19. Multiple Combatants (If yes, how many?) Yes No Total: 2 20. Verbal Direction Given (Commands of Direction or of Arrest) Yes No

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force	Yes	Yes	
SWAT Activation			
SERT Activation			
K-9			

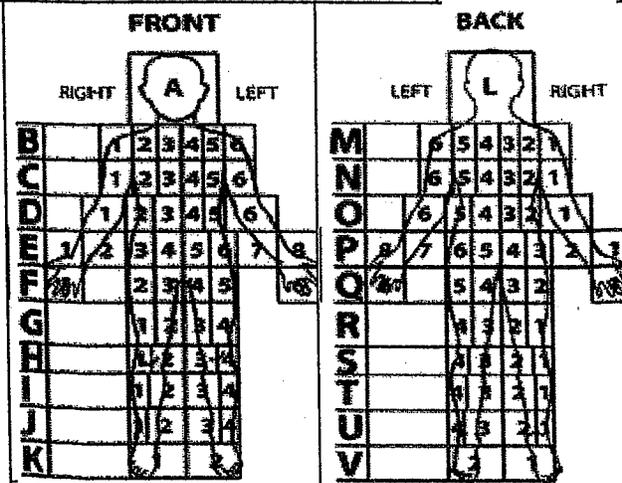
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description		
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer Sgt James Snell 23. ID # 680

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance More Than 15 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
--	--	--

27. Discharge of Firearm	28. Type of Firearm Used Hand Gun	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
---------------------------------	---	---

30. Primary Service Member (Last, First, MI) Smith, Ashley	30-A. SERT
--	-------------------

31. Injuries (Must check at least one box for Member and Subject)		
Member	Injury Type	Subject
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>
<input type="checkbox"/>	Concussion	<input type="checkbox"/>
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>
<input type="checkbox"/>	Fatal	<input type="checkbox"/>
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>
N/A	Drive Stun Superficial	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
N/A	Apparent Prior Injury	<input type="checkbox"/>

32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
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33-B. Time Elapsed Prior to Start of Decontamination

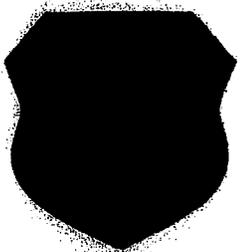
34. Hospitalized		
	Yes/No	Location
Member	No	
Subject	No	

35. Photos/ Video
 Photos Available Yes No
 Video Available Yes No
 TASER Cam Car Cam Fixed Position SERT Other _____

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Sgt James Snell	Sex	Age	Ht.	Wt.	ID #	Date	Time
	M	43	602	200	680	01/06/2020	1915
45. Sergeant SGT. [Signature]	ID #	Date	Time				
	0660	01-06-20	2353				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				



Town of Cicero Police Department

508

MEMORANDUM

TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 01/04/20

SUBJECT: DR 19-544529

On January 4, 2020. I conducted a Use of Force Review under DR 19-544529 involving suspect

[REDACTED] Officer Flansburg and [REDACTED]

On December 12, 2019 at 1613 hours Officer Flansburg and [REDACTED] were investigating a Disturbance complaint at [REDACTED] While inside the apartment [REDACTED] who appeared highly intoxicated became upset and got up off the couch and came at [REDACTED] Officer Flansburg and [REDACTED] Handcuffed Lighton at that time and took her outside and placed her into a patrol vehicle. While in [REDACTED] patrol vehicle [REDACTED] slipped one hand out of the handcuff and when [REDACTED] opened the rear door to correct the situation [REDACTED] Grabbed [REDACTED] by the hair and started kicking at her as well. [REDACTED] and Officer Flansburg after a few minutes were able to get [REDACTED] out of the rear seat of the vehicle and onto the ground where she was again handcuffed they also had to place a hobble on her as well due to her continuing to kick at [REDACTED]

Use of Force was consistent with Department Policy and was necessary due to suspect becoming physically aggressive with [REDACTED]

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DRAFT COPY				DR # 19-575728
Incident Type DOMP	Person Type VI	Victim Type Individual					
Last Name [REDACTED]	First [REDACTED]	Middle [REDACTED]	Suffix	DOB [REDACTED]	Business Name		

On 12/16/2019 at 1613 hours while working unit 3202C I was dispatched to [REDACTED] regarding a Disturbance Complaint.

Upon my arrival I Observed an intoxicated white female later identified as [REDACTED]. The female became verbally abusive to unit [REDACTED] calling her a fucking bitch etc. The [REDACTED] advised the female that her dog was not trained because it urinated on the living room floor. [REDACTED] was intoxicated and became irate jumping off the couch screaming at the [REDACTED]. I thought [REDACTED] was going to punch or strike the [REDACTED] so I grabbed [REDACTED] and pulled her to the couch at the same time as the [REDACTED]. [REDACTED] was kicking and scratching [REDACTED]. We then handcuffed [REDACTED] and placed her into the patrol vehicle.

While outside in the parking lot I heard [REDACTED] yell to me "she slipper her cuff". I then got out of my car and ran over to the [REDACTED]. [REDACTED] opened the vehicle door and [REDACTED] immediately grabbed her by the hair and head. They began to struggle in the doorway of the patrol vehicle. I assisted [REDACTED] by grabbing [REDACTED] hands. We then placed [REDACTED] onto the ground where she continued to attempt to strike at [REDACTED]. We placed a Hobble Restraint on her feet to secure her feet and handcuffed her once again. We then assisted [REDACTED] up to her feet and placed her into the patrol vehicle for the second time.

Subject Management form was submitted.

End report

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY
 12. PRINT NAME **Eric Flansburg** 13. ID# **0690** 14. SIGNATURE **Electronically Signed**

Administrative Use Only
 15. SUPERVISOR NAME (PRINT) 16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE
 //



TOWN OF CICERO POLICE DEPARTMENT
6200 ROUTE 31
CICERO, NEW YORK 13039



MARK VENESKY
TOWN SUPERVISOR

Telephone (315) 699-3677 - Facsimile (315) 699-8128

JOSEPH F. SNELL
CHIEF OF POLICE

TO: Sgt Snell
From: Officer Eric Flansburg
Date: 01/03/2019

I requested to submit a memo to Sgt Snell regarding dr#19-575728 too include the following information;

1. Who applied the handcuffs to the suspect?
 - a. I applied the handcuffs when [REDACTED] and I were taking the suspect in custody on the couch in the residence.
2. Whose handcuffs were utilized?
 - a. My handcuffs were utilized and I ensured they were double locked.
3. Whose car was the suspect placed in.
 - a. When we escorted the suspect to the patrol vehicles [REDACTED] requested she be placed in my vehicle for a few minutes. I agreed she then double checked the cuffs and searched the suspect placing the suspect into my patrol vehicle for a few minutes. The suspect was then taken out of my car a few minutes later and placed into [REDACTED] vehicle.
4. Whose car was the suspect in when they slipped out of the cuffs and whose car did the suspect ultimately end up in.
 - a. The cuffs were slipped in [REDACTED] vehicle.

[REDACTED]
1/3/19

CICERO POLICE DEPARTMENT Subject Management Report

ICN - _____ 2. IR# - _____ 3. DR# 19-575728

4. Incident Date 12/16/2019 5. Incident Time 16:13 6. Incident Address DOMP 6A. Incident Location Indoor

7. Type of Incident DOMP 7A. Type of Incident- Custody Dept. Only _____ 8. Weather Conditions Clear Sky/Sunny 9. Lighting Conditions Daylight

10. Subject Name (Last, First, MI) _____ 11. Sex F 12. Age 29 13. Ht. _____ 14. Wt. _____ 15. Race White

16. Applicable Subject Conditions (Check all that apply)

<input type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input checked="" type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument:
<input type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm:
<input checked="" type="checkbox"/> Passive Resistance	<input type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input checked="" type="checkbox"/> Active Aggression	<input type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input checked="" type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other:	

17. Subject Management/Control Necessary To (Check all that apply)

<input type="checkbox"/> Defend Self	<input checked="" type="checkbox"/> Prevent Commission of Offense	<input type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Control Situation
<input checked="" type="checkbox"/> Defend Another	<input type="checkbox"/> Prevent Escape	<input checked="" type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input checked="" type="checkbox"/> Effect Arrest	<input type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose:	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other:	

18. Location of Subject's Weapon(s) _____ 19. Multiple Combatants (if yes, how many?) Yes No Total: _____ 20. Verbal Direction Given (Commands of Direction) Yes No

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

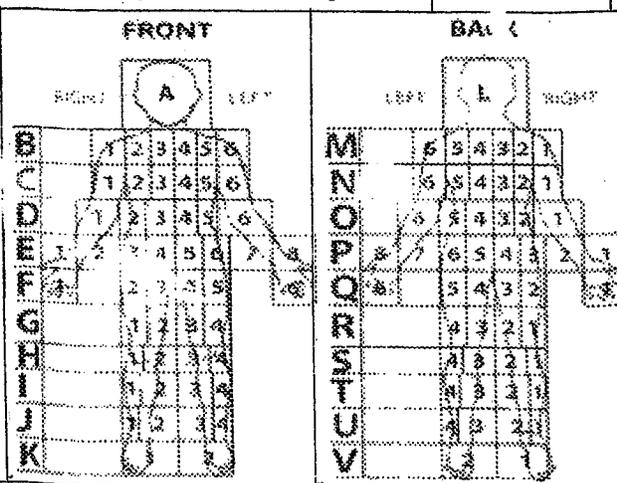
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	1B1	1D1
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
Other		

Subject was Forcefully Grounded



22. Officer E Flanstra 23. ID # 690

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled

30. Primary Service Member (Last, First, MI)	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/></td><td>None</td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Swelling/ Contusion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abrasion(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Laceration(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Bone Fracture(s)</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Concussion</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Loss of Consciousness</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Gun Shot</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Fatal</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>TASER Probe Puncture(s)</td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Drive Stun Superficial</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>N/A</td><td>Apparent Prior Injury</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method 33-B. Time Elapsed Prior to Start of Decontamination 34. Hospitalized <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Yes/No</th> <th style="width: 70%;">Location</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>No</td> <td></td> </tr> <tr> <td>Subject</td> <td>No</td> <td></td> </tr> </tbody> </table>		Yes/No	Location	Member	No		Subject	No	
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N/A	Apparent Prior Injury	<input type="checkbox"/>																																																				
	Yes/No	Location																																																				
Member	No																																																					
Subject	No																																																					
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other																																																						

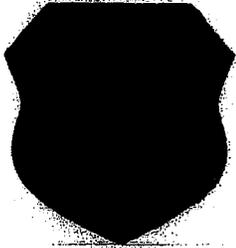
Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer E Flansburg	Sex M	Age 39	Ht. 601	Wt. 230	ID # 690	Date 12 23 2019	Time 1553 Hours
45. Sergeant Sgt James Swell	ID # 0650	Date 12/23/19	Time 1700				
46. Lieutenant	ID #	Date	Time				
Chief/Asst. Chief	ID #	Date	Time				

Town of Cicero Police Department

MEMORANDUM



TO: Chief Rotunno

FROM: Sgt Baldini

DATE: 11/15/19

SUBJECT:

On November 15, 2019, I conducted a Use of Force review for DR# 19-510653 involving [REDACTED] Sgt James Snell and Officer James Kazmirski.

On 10/25/19 at 20:26 hours Officer Kazmirski and Sgt Snell were dispatched to RT 31 near RT 298 regarding an individual standing in the roadway harassing motorists.

Upon arrival Officer Kazmirski located said subject in the road who was later identified as [REDACTED] who also appear intoxicated. Officer Kazmirski was able to escort [REDACTED] out of the center of the road and onto the shoulder. While speaking with [REDACTED] he attempted to push by Officer Kazmirski for the purpose of running into the road. Officer Kazmirski and Sgt Snell [REDACTED] onto [REDACTED] who continued to struggle, [REDACTED] was lowered to the ground and placed in handcuffs, later transported to St Josephs Hospital for evaluation by Navac Ambulance. Use of force consistent with Department Policy and was used for the safety of [REDACTED] Officers on scene and passing motorists during the incident. [REDACTED] also had a prior use of force incident with police where he was uncooperative and intoxication.

Sgt John Baldini
//////SIGNED////

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -		2. IR# -		3. DR# 19-510653	
4. Incident Date 10/25/2019		5. Incident Time 20:26		6. Incident Address [REDACTED]	
7. Type of Incident MENT		7A. Type of Incident- Custody Dept. Only		8. Weather Conditions Cloudy	
				9. Lighting Conditions Poor Artificial Light	
10. Subject Name (Last, First, MI) [REDACTED]				11. Sex M	12. Age 23
				13. Ht. 506	14. Wt. 162
				15. Race White	

16. Applicable Subject Conditions (Check all that apply)

<input checked="" type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input checked="" type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____
<input type="checkbox"/> Passive Resistance	<input checked="" type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input checked="" type="checkbox"/> Active Aggression	<input checked="" type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another		<input type="checkbox"/> Fired at Member or Another with a Firearm
<input checked="" type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm		<input type="checkbox"/> Other: _____

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input checked="" type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose: _____	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s)

19. Multiple Combatants (If yes, how many?)
 Yes No Total: _____

20. Verbal Direction Given (Commands of Direction or of Arrest)
 Yes No

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)			
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

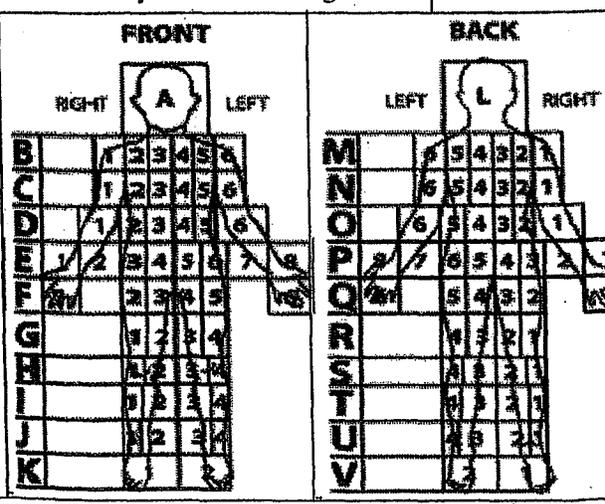
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IP8				
1 Soft Empty Hand					
2 Hard Empty Hand					
3 OC Spray					
4 Impact Weapon					
5 TASER (drive stun)					
6 TASER (probes)					
7 Less Lethal Munitions					
8 Firearm					
9 K9					
10 Other					

Subject was Forcefully Grounded



22. Officer
J. Kazmirski

23. ID #
705

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
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27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI)	30-A. SERT
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Member	Injury	Subject																																											
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Subject	Yes		St Joe's Hospital																																										
35. Photos/ Video																																													
Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No																																													
Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No																																													
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other _____																																													

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer J. Kazmirski	Sex M	Age 39	Ht. 509	Wt. 165	ID # 705	Date 10/25/2019	Time 2200
45. Sergeant SGT JOHN BALDWIN	ID # 0620	Date 11/15/19	Time 0700				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				

INCIDENT PERSON 1 PERSON 2 PERSON 3 PERSON 4 PROPP VEH

REPORT TYPE Non-Criminal Incident Report		ORI: NY0335100	BEAT 3201	DR# 19-510653	LOCATION CODE 3451	Incident Location Type 47				
DATE/TIME START 10/25/2019 20:26		DATE/TIME END 10/25/2019 21:54								
INC. ADDRESS NUMBER [REDACTED]	PREFIX	STREET NAME [REDACTED]		STREET TYPE	SUFFIX	APT	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	
INCIDENT TYPE MENT	DESCRIBE Intoxicated male walking and laying in roadway									
PERSON TYPE VI	LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MI [REDACTED]	DOB [REDACTED]	AGE 23	RACE W	ETHNIC N	SEX M
HGT [REDACTED]	WGT	HAIR	EYE	ALIAS		PHONE () -		CELL PHONE () -		SUID
STREET NUMBER [REDACTED]	PREFIX	STREET NAME [REDACTED]		STREET TYPE	SUFFIX	APT [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	
PERSON TYPE	LAST NAME		FIRST NAME		MI	DOB //	AGE	RACE	ETHNIC	SEX
HGT [REDACTED]	WGT	HAIR	EYE	ALIAS		PHONE () -		CELL PHONE () -		SUID
STREET NUMBER	PREFIX	STREET NAME		STREET TYPE	SUFFIX	APT	CITY	STATE	ZIP	
PERSON TYPE	LAST NAME		FIRST NAME		MI	DOB //	AGE	RACE	ETHNIC	SEX
HGT [REDACTED]	WGT	HAIR	EYE	ALIAS		PHONE () -		CELL PHONE () -		SUID
STREET NUMBER	PREFIX	STREET NAME		STREET TYPE	SUFFIX	APT	CITY	STATE	ZIP	
PERSON TYPE	LAST NAME		FIRST NAME		MI	DOB //	AGE	RACE	ETHNIC	SEX
HGT [REDACTED]	WGT	HAIR	EYE	ALIAS		PHONE () -		CELL PHONE () -		SUID
STREET NUMBER	PREFIX	STREET NAME		STREET TYPE	SUFFIX	APT	CITY	STATE	ZIP	
OWNER	STATUS	DESC. CODE	QUANTITY	MEASURE	ITEM					
MAKE	MODEL		SERIAL NUMBER			GUN TYPE		GUN CALIBER	VALUE \$	
PLATE #	STATE	YEAR	MAKE	MODEL	STYLE	COLOR	EXTERIOR		WINDOWS	

NARRATIVE:
 On 10/25/2019 at about 2026 hours while working post 3201C, I was dispatched to the area of Route 298 and Route 31 for multiple reports of a male laying in the road, standing in traffic, and harassing motorists. I was assisted by Sgt Snell. Upon my arrival, I observed a white male, later identified as [REDACTED] standing in the middle of the road on Route 31 in front of the [REDACTED]. [REDACTED] escorted [REDACTED] to the shoulder of Route 31, at which time it was apparent [REDACTED] I was highly intoxicated. As I was speaking to him, he attempted to push past me to run back into the road. Sgt Snell and I grabbed [REDACTED] wrists, but he continued to attempt to pull away. We lowered [REDACTED] to the ground at which time we were able to get him in handcuffs without incident. We kept [REDACTED] on the ground until the arrival of NAVAC due to him attempting to spit on officers. A spit hood was then placed on [REDACTED]. Upon the arrival of NAVAC, [REDACTED] was placed on their stretcher and transported to St Joe's Emergency Dept without further incident. No injuries were reported by Officers or by [REDACTED]. End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL			Administrative Use Only		APPROVED BY SIGNATURE		RECORDED ONLY
PRINT NAME James Kazmirski	ID# 0705	SIGNATURE Electronically Signed		SUPERVISOR NAME (PRINT)	ID#		

CICERO POLICE DEPARTMENT Subject Management Report

1. ICN -	2. IR# -	3. DR# 19-510653
Incident Date 10/25/2019	5. Incident Time 20:26	6. Incident Address [REDACTED]
		6A. Incident Location Outdoor

7. Type of Incident MENT	7A. Type of Incident- Custody Dept. Only	8. Weather Conditions Cloudy	9. Lighting Conditions Poor Artificial Light
10. Subject Name (Last, First, MI) [REDACTED]		11. Sex M	12. Age 23
		13. Ht. 505	14. Wt. 162
		15. Race White	

16. Applicable Subject Conditions (Check all that apply)

<input checked="" type="checkbox"/> Psychological Intimidation	<input type="checkbox"/> Actually Armed	<input checked="" type="checkbox"/> Flight on Foot	<input type="checkbox"/> Threatened/Attacked Member or Another with Dangerous Instrument: _____
<input checked="" type="checkbox"/> Verbal Non-Compliance	<input type="checkbox"/> Reported to be Armed	<input type="checkbox"/> Flight via Vehicle	<input type="checkbox"/> Threatened/Attacked Member or Another with Deadly Weapon Other than a Firearm: _____
<input type="checkbox"/> Passive Resistance	<input checked="" type="checkbox"/> History of Violence		
<input checked="" type="checkbox"/> Defensive Resistance	<input checked="" type="checkbox"/> Alcohol and/or Drug Influenced		
<input type="checkbox"/> Active Aggression	<input checked="" type="checkbox"/> Threat of Suicide		
<input type="checkbox"/> Agg. Active Aggression	<input type="checkbox"/> Physical Threat/Attack on Member or Another	<input type="checkbox"/> Fired at Member or Another with a Firearm	
<input checked="" type="checkbox"/> Excited Delirium	<input type="checkbox"/> Threatened Member or Another with a Firearm	<input type="checkbox"/> Other: _____	

17. Subject Management/Control Necessary To (Check all that apply)

<input checked="" type="checkbox"/> Defend Self	<input type="checkbox"/> Prevent Commission of Offense	<input checked="" type="checkbox"/> Restrain for Subject's Safety	<input type="checkbox"/> Cell Extraction
<input checked="" type="checkbox"/> Defend Another	<input checked="" type="checkbox"/> Prevent Escape	<input type="checkbox"/> Assist Other Agency	<input type="checkbox"/> Prevent Property Damage
<input type="checkbox"/> Effect Arrest	<input checked="" type="checkbox"/> Prevent Suicide	<input type="checkbox"/> Accomplish Official Purpose: _____	
<input type="checkbox"/> Prevent Violent Misdemeanor	<input type="checkbox"/> Prevent Violent Felony	<input type="checkbox"/> Other: _____	

18. Location of Subject's Weapon(s)

19. Multiple Combatants (If yes, how many?)
 Yes No Total: _____

20. Verbal Direction Given (Commands of Direction or of Arrest)
 Yes No

21. Type of Force Used

Type of Force Used	Threat of Force	Was Threat Effective?	If Deployed, Was Force Effective?
Empty Hand Control- Soft	N/A	N/A	Yes
Empty Hand Control- Hard	N/A	N/A	
OC Spray			
Impact Weapon			
TASER (CEW)	Yes	Yes	
Less Lethal Munitions			
Deadly Physical Force			
SWAT Activation			
SERT Activation			
K-9			

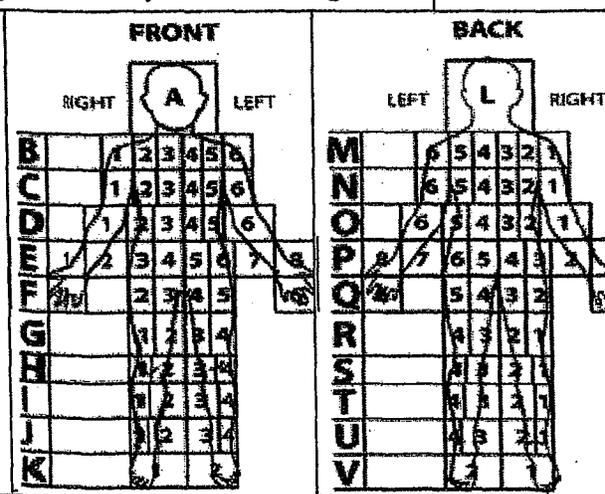
21-A. X-26 Advanced TASER

TASER Serial #	
Number of Air Cartridge(s) Fired	
#1 Air Cartridge Serial #	
#2 Air Cartridge Serial #	
Air Cartridge Type	
Number of Cycles Applied	
Threat of Force	
Deployment was a Dart Probe Contact	
Deployment was a Drive Stun Contact	
Distance between the two probes (inches)	
Probes penetrated the subject's skin	
Probes removed while on scene	
Subject wore heavy or loose clothing	

21-B. Application Areas (List by alpha-numeric in below boxes. For example 4G3, 7D4, etc...)

Force Description	IB2	
1 Soft Empty Hand		
2 Hard Empty Hand		
3 OC Spray		
4 Impact Weapon		
5 TASER (drive stun)		
6 TASER (probes)		
7 Less Lethal Munitions		
8 Firearm		
9 K9		
10 Other		

Subject was Forcefully Grounded



22. Officer
Sgt James Snell

23. ID #
680

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input checked="" type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input checked="" type="checkbox"/> During Use of Force <input type="checkbox"/> After Use of Force
---	---	--

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) Kazmirski, James	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 65%;">Injury</th> <th style="width: 20%;">Subject</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">None</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Swelling/ Contusion(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Abrasion(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Laceration(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Bone Fracture(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Concussion</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Loss of Consciousness</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Gun Shot</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Fatal</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">TASER Probe Puncture(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">Drive Stun Superficial</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">Apparent Prior Injury</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method
Member	Injury	Subject																																											
<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>																																											
<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>																																											
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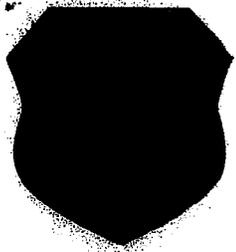
33-B. Time Elapsed Prior to Start of Decontamination		
34. Hospitalized	Yes/No	Location
Member		
Subject	No	

35. Photos/ Video	
Photos Available	<input type="radio"/> Yes <input checked="" type="radio"/> No
Video Available	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other _____	

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City/ State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer Sgt James Snell	Sex M	Age 42	Ht. 602	Wt. 205	ID # 680	Date 10/26/2019	Time 1656
45. Sergeant SGT JOHN BALDWIN	ID # 0620	Date 11/15/19	Time 0700				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				



Town of Cicero Police Department

MEMORANDUM

TO: Chief Rotunno
FROM: Sgt Baldini
DATE: 11/22/19
SUBJECT: DR 19-544529

On November 22 2019, I conducted a Use Of Force review for DR # 19-544529 involving suspect [REDACTED] and Officer Sean Wallace.

On 11/21/19 at 0507 hours Officer Wallace responded to [REDACTED] to assist the [REDACTED] with locating and arresting [REDACTED]. [REDACTED] currently had a violation of probation warrant and was wanted for charges related to the domestic call they were currently investigating. Officer Wallace located [REDACTED] under a deck in the rear of the residence. [REDACTED] was covered up with a sheet and refused verbal commands through the whole encounter. Once [REDACTED] arrived Officer Wallace approached [REDACTED] and attempts to place him in custody. At that time [REDACTED] attempts to get up which is when Officer Wallace then delivers closed hand strikes that were effective causing [REDACTED] to go back to the ground and was soon handcuffed. [REDACTED] appeared intoxicated at the time and has history of drug and alcohol use. [REDACTED] has had numerous contact with law enforcement at that address and in the area one involving myself where he was immediately verbally abusive towards Officers and myself.

Use of Force was consistent with Department Policy and was necessary in effecting this arrest due to suspect [REDACTED] actions.

Agency Name
Cicero Police Department

ORI NY0335100		Location Code 3451		Incident Complaint Number 19-544529	
Incident Type DOMP	Occurred Date/ Time 11/21/2019 04:24		Follow-up / Supplemental Date / Time 11/21/2019 05:24		
Incident Address: Number [REDACTED]	Prefix [REDACTED]	Street Name [REDACTED]		Street Type [REDACTED]	Suffix [REDACTED]

Related DR Number

19-373087

Select Page(s) to use & go to page

Select Page(s)

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> NARRATIVE PAGE 1 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 3 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 4 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 5 | <input type="checkbox"/> |
| <input type="checkbox"/> NARRATIVE PAGE 6 | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> INVOLVED PERSONS 1-3 | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 4-6 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 7-9 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 10-12 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 13-15 | <input type="checkbox"/> |
| <input type="checkbox"/> INVOLVED PERSONS 16-18 | <input type="checkbox"/> |
| <input type="checkbox"/> VEHICLE PAGE | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 1 | <input type="checkbox"/> |
| <input type="checkbox"/> PROPERTY PAGE 2 | <input type="checkbox"/> |
| <input type="checkbox"/> OFFENSE PAGE | <input type="checkbox"/> |

1. CASE STATUS: Closed	2. CLOSED BY: Other (see narrative)	DISPOSITION: (Clery only)	3. NYSPIN MSG:	4. DATE //	5. TIME :	Records Use Only
6. NOTIFIED UNIT:	7. PERSON NOTIFIED:	8. NOTIFIED DATE TIME: //	9. CASE RESPONSIBILITY/TOT:	Lab Submission Request N		
<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> 10. PRINT NAME Sean Wallace		<small>Administrative Use Only</small> 11. ID# 12. SIGNATURE 0720 Electronically Signed		13. SUPERVISOR NAME (PRINT) Sgt John Baldini	14. ID# APPROVED DATE 0620 11/22/2019	15. APPROVED BY SIGNATURE Approved Electronically

CNYLEADS Narrative Supplement 1

Agency Name Cicero Police Department			DR # 19-544529		
Incident Type DOMP	Person Type VI	Victim Type Individual			
Last Name [REDACTED]	First [REDACTED]	Middle	Suffix	DOB //	Business Name

On 11/21/2019 at 0456 hours, while working post 3202A, I assisted the [REDACTED] in locating a wanted subject, [REDACTED] (AR), who fled on foot after a physical domestic with his ex-girlfriend. I also learned that [REDACTED] had an active Onondaga County Probation warrant as well. Dispatch also advised that [REDACTED] had repeatedly been breaking into the residence and was threatening to kill the victim [REDACTED] (VI)

Upon my arrival at [REDACTED] [REDACTED] reported that [REDACTED] had to be near the house because she was calling his phone, which was connected to her WIFI. I began checking behind (west side) the residence and noticed a brown storage receptacle under the back deck. I opened the box and did not locate anyone inside. I, however, smelled the strong odor of an alcoholic beverage emitting from underneath the deck. I then noticed a white sheet behind the storage receptacle, which had the outline of a human silhouette. I then removed my duty weapon from my holster and began giving verbal commands to who I believed was [REDACTED] to show me his hands. [REDACTED] failed to listen to my commands and stayed in the fetal position. During this time, I had my weapon drawn because [REDACTED] hands were not visible, and I feared the possibility that he was in possession of a weapon. Seconds later, [REDACTED] came to assist me, at which time I holstered my firearm and went hands-on with [REDACTED]. [REDACTED] was able to remove the sheet and gave several clear and concise verbal commands to [REDACTED] he was under arrest and to put his hands behind his back. [REDACTED] failed to do this and tensed his body lying prone with his arms under his stomach. I then attempted to gain control of [REDACTED] left arm, at which time he began to push up with said arm and left leg as if he was trying to run. Knowing that [REDACTED] was a risk to [REDACTED] and public safety, I delivered approximately 5-8 closed hands strikes to [REDACTED] left side and lower back to gain compliance. Eventually, [REDACTED] went back down to the prone position, and [REDACTED] and I were able to forcefully pull his arms behind his back to place him into handcuffs.

[REDACTED] was able to stand up and walk to the Patrol car and did not report any injuries to Police.

Immediately after the use of force, I notified Sgt. Amyot via telephone.

Subject management report completed.

End of report.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

12. PRINT NAME
Sean Wallace

13. ID# 14. SIGNATURE
0720 Electronically Signed

Administrative Use Only

15. SUPERVISOR NAME (PRINT)
Sgt John Baldini

16. ID# APPROVED DATE 17. APPROVED BY SIGNATURE
0620 11/22/2019 Approved Electronically

Page

2

of

3

CICERO POLICE DEPARTMENT Subject Management Report

24. Subject Control Distance Less Than 4 Feet	25. Type of Restraint <input type="checkbox"/> Hobble <input checked="" type="checkbox"/> Hand Cuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Spit Hood <input type="checkbox"/> Emergency Response Belt(s) <input type="checkbox"/> Inmate Restraint Chair	26. Restraint Applied <input type="checkbox"/> Before Use of Force <input type="checkbox"/> During Use of Force <input checked="" type="checkbox"/> After Use of Force
---	--	---

27. Discharge of Firearm	28. Type of Firearm Used	29. K-9 Use Only <input type="checkbox"/> Deployed <input type="checkbox"/> Muzzled <input type="checkbox"/> Apprehension Made <input type="checkbox"/> Un-Muzzled
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30. Primary Service Member (Last, First, MI) ██████████	30-A. SERT
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31. Injuries (Must check at least one box for Member and Subject) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Member</th> <th style="width: 70%;">Injury</th> <th style="width: 15%;">Subject</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>None</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Swelling/ Contusion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Abrasion(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Laceration(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bone Fracture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Concussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Loss of Consciousness</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Gun Shot</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fatal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>TASER Probe Puncture(s)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>Drive Stun Superficial</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td>Apparent Prior Injury</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Member	Injury	Subject	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swelling/ Contusion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>	<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>	<input type="checkbox"/>	Fatal	<input type="checkbox"/>	N/A	TASER Probe Puncture(s)	<input type="checkbox"/>	N/A	Drive Stun Superficial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	N/A	Apparent Prior Injury	<input type="checkbox"/>	32. Medical Attention Member <input type="radio"/> Yes <input checked="" type="radio"/> No Subject <input type="radio"/> Yes <input checked="" type="radio"/> No	33. Subject OC/ Chemical Agent Decontamination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33-A. Decontamination Method 33-B. Time Elapsed Prior to Start of Decontamination <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">34. Hospitalized</th> <th>Yes/No</th> <th>Location</th> </tr> <tr> <td>Member</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Subject</td> <td>No</td> <td></td> <td></td> </tr> </table>	34. Hospitalized		Yes/No	Location	Member	No			Subject	No		
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<input type="checkbox"/>	Abrasion(s)	<input type="checkbox"/>																																																							
<input type="checkbox"/>	Laceration(s)	<input type="checkbox"/>																																																							
<input type="checkbox"/>	Bone Fracture(s)	<input type="checkbox"/>																																																							
<input type="checkbox"/>	Concussion	<input type="checkbox"/>																																																							
<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>																																																							
<input type="checkbox"/>	Gun Shot	<input type="checkbox"/>																																																							
<input type="checkbox"/>	Fatal	<input type="checkbox"/>																																																							
N/A	TASER Probe Puncture(s)	<input type="checkbox"/>																																																							
N/A	Drive Stun Superficial	<input type="checkbox"/>																																																							
<input type="checkbox"/>		<input type="checkbox"/>																																																							
N/A	Apparent Prior Injury	<input type="checkbox"/>																																																							
34. Hospitalized		Yes/No	Location																																																						
Member	No																																																								
Subject	No																																																								
35. Photos/ Video Photos Available <input type="radio"/> Yes <input checked="" type="radio"/> No Video Available <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> TASER Cam <input type="checkbox"/> Car Cam <input type="checkbox"/> Fixed Position <input type="checkbox"/> SERT <input type="checkbox"/> Other _____																																																									

36. Type	37. Name (Last, First, MI)	38. Street number and name	39. City / State / Zip	40. Phone	41. Age	42. Sex
				() -		
				() -		
				() -		
				() -		

43. Additional Comments

44. Officer S. Wallace	Sex	Age	Ht.	Wt.	ID #	Date	Time
	M	25	5'05	150	720	11/21/2019	2345
45. Sergeant Sgt. John Baldini	ID #	Date	Time				
	0620	11-22-19	0715				
46. Lieutenant	ID #	Date	Time				
47. Chief/Asst. Chief	ID #	Date	Time				