

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

SE OF FORCE		Total No. of UOF Detail Sheets	LEAP Forms Accompanying? Yes <input type="checkbox"/> No <input type="checkbox"/>		INCIDENT FAX SEQUENCING Page no./Total No. of Pages	VP Form 237										
INSTRUCTIONS Member in charge of UOF incident is to ensure that appropriate forms are completed. Code Numbers are to be entered in the boxes provided next to the applicable field descriptions. Where indicated, and applicable, more than one code number may be entered If area is Not Applicable, leave blank.					CHECKED BY SUPERVISOR (Reg. No. & Initials) 											
REPORT DATE	01/06/08	REPORT TIME	0730	MEMBER REG. NO	Not Relevant	MEMBER STATION	UPSFRU									
INCIDENT NO. FOR CDEB USE ONLY				CAD NO.												
Occurred on (Date)	01/06/08	Occurred at (Time Police Attended)	0610	Total Duration (minutes)	1	Committed at Division	Not Relevant									
Flat No.		Street No.		Street Name	Not Relevant											
Town/ Suburb	Not Relevant			State	Vic	NHW										
1. INITIAL INCIDENT TYPE (Other)		24		ENVIRONMENT (Tick whichever are appropriate)		WIND CONDITIONS <input type="checkbox"/> 1. Strong wind <input type="checkbox"/> 2. Light breeze <input checked="" type="checkbox"/> 3. Nil										
2. INITIAL LOCATION TYPE (Other)		11		EXTERNAL LIGHTING (One or More) <input checked="" type="checkbox"/> 1. Street Lights <input type="checkbox"/> 2. Factory lights <input type="checkbox"/> 3. Residential Lights <input type="checkbox"/> 4. Vehicle Headlamps <input type="checkbox"/> 5. Flashlights <input type="checkbox"/> 6. No Lighting		RAIN CONDITIONS <input type="checkbox"/> 1. Heavy rain <input type="checkbox"/> 2. Light rain <input type="checkbox"/> 3. Misty <input type="checkbox"/> 4. Nil <input checked="" type="checkbox"/> 5. Fog										
PERSONS PRESENT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>2</td><td>Total Police Present</td></tr> <tr><td>1</td><td>Total Police Using Force</td></tr> <tr><td>1</td><td>Total Other Present</td></tr> <tr><td>1</td><td>Total Others Using Force</td></tr> </table>		2	Total Police Present	1	Total Police Using Force	1	Total Other Present	1	Total Others Using Force	INTERIOR LIGHTING <input type="checkbox"/> 1. Well lit <input type="checkbox"/> 2. Poorly lit		SUPERVISOR'S ROLE Surname			1. Not Present 2. Present - NOT Involved 3. Present - Involved 4. Pursuit monitored and controlled 5. Pursuit directed to cease	
2	Total Police Present															
1	Total Police Using Force															
1	Total Other Present															
1	Total Others Using Force															
Reg No.		Not Relevant														
SPECIALIST SUPPORT REQUESTED (One or More) IF NOT REQUESTED TO ATTEND, LEAVE BOX BLANK																
1. Dog Squad 2. SOG 3. Trained Negotiator 4. Crime Squad		5. OST Incident Overview Team 6. Homicide 7. CAT Team 8. Rotary Wing		9. Ambulance 10. Fire Brigade 11. Spouse 12. Family		13. Friend 14. Religious Practitioner 15. Medical Practitioner 99. Other (Specify)										
1				3		3										

CIRT

REMARKS (Give brief description of Incident)

At 0442hr on 01.06.08 Not Relevant has had violent domestic type dispute with mother. Believed intoxicated and psych issues. Has then left premises of Not Relevant and then gone to Not Relevant. Here he has kicked in window. Not Relevant has responded to incident. Located suspect in Not Relevant Suspect armed with machete and approached members. Members have retreated and cordoned male with limited resources to area.

CIRT units have attended location. Suspect sighted in premises. Prior to CIRT deployment suspect has moved from location onto street and breeched cordon being maintained by members with obs. One member with Taser and one member with Gun drawn. Challenged and tasered. Taser deployment successful. Nil injuries. Suspect flexi cuffed.

EX-100

E OF FORCE DETAIL SHEET												
REPORT DATE	01/06/08		REPORT TIME	0730		MEMBER REG. NO.	Not Relevant		MEMBER STATION	upsfru		
POLICE MEMBERS INVOLVED UNIT CALL SIGN						Not Relevant		WORKLOAD FOR SHIFT	0	No. Tasks Pending	0	
No. Tasks Completed												
1. Family Name						2. Family Name						
Reg. No. Not Relevant						Reg. No. Not Relevant						
Station UPSFRU						Station UPSFRU						
Previous Shift Concluded Date 30/05/08 Time 1600						Previous Shift Concluded Date 31/05/08 Time 0700						
FORCE USED BY MEMBER												
on PERSON	A.			B.			C.			A.		
3. Force Type	22						49					
4. How Force Used	5						1					
5. Use of Force Outcome	2						2					
6. Injury Inflicted	20						20					
7. Severity of Injury	1						1					
8. Source of Weapon	3						3					
OST Training generally effective? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used						OST Training generally effective? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used						
OST Equipment generally effective? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used						OST Equipment generally effective? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used						
Confronted without warning? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No						Confronted without warning? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No						
Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No						Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No						
FIREARM						FIREARM						
Warning						Warning						
Aimed						Aimed						
Reactive						Reactive						
Accidental						Accidental						
No. of Shots						No. of Shots						
0						0						
OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)												
Family Name						B. Family Name			C. Family Name			
Given Name/s						Given Name/s			Given Name/s			
Not Relevant						DOB			DOB			
Sex M/F/U						Sex M/F/U			Sex M/F/U			
9. Ethnic Appearance						10. Height			9. Ethnic Appearance			
11. Build						12. Person Type			11. Build			
M.N.I.									M.N.I.			
13. Behavioural Factors									13. Behavioural Factors			
2 5 6									2 5 6			
FORCE USED AGAINST MEMBERS												
MEMBER	1			2			1			2		
3. Force Type	4			0								
4. How Force Used	3			0								
5. UOF Outcome	2			0								
6. Injury Inflicted	20			0								
7. Severity of Injury	0			0								
8. Source of Weapon	1			0								
FIREARM						Calibre			14. State of Firearm			
Calibre						No. of shots fired			Calibre			
No. of shots fired									No. of shots fired			

RELEASED UNDER FREEDOM OF INFORMATION ACT - VICTORIA POLICE

USE OF FORCE

Total No. of UOF
Detail Sheets

1

LEAP Forms
Accompanying?

Yes

No

☐

☒

INCIDENT FAX SEQUENCING
Page no./Total No. of Pages

1/1

VP Form 237

INSTRUCTIONS

Member in charge of UOF incident is to ensure that appropriate forms are completed.
Code Numbers are to be entered in the boxes provided next to the applicable field descriptions.
Where indicated, and applicable, more than one code number may be entered
If area is Not Applicable, leave blank.

CHECKED BY SUPERVISOR
(Reg. No. & Initials)

[Signature]

Not Relevant

REPORT
DATE

04/05/2008

REPORT
TIME

1000

MEMBER
REG. NO

Not Relevant

MEMBER
STATION

UPSERU

INCIDENT NO.
FOR CDEB USE ONLY

CAD NO.

Occurred on
(Date)

04/05/2008

Occurred at (Time
Police Attended)

0700

Total Duration
(minutes)

180

Committed at
Division

Not Relevant

Flat No.

Street No.

Not Relevant

Town/
Suburb

Not Relevant

State

Vic

NHW

1. INITIAL INCIDENT
TYPE

99

(Other) Complaint & Warrant

2. INITIAL LOCATION
TYPE

1

(Other)

PERSONS PRESENT

Total Police Present
Total Police Using Force
Total Other Present
Total Others Using Force

ENVIRONMENT (Tick whichever are appropriate)

- ☒ 1. Daylight
☐ 2. Dark
☐ 3. Dusk / Dawn

INTERIOR LIGHTING

- ☒ 1. Well lit
☐ 2. Poorly lit

EXTERNAL LIGHTING (One or More)

- ☐ 1. Street Lights
☐ 2. Factory lights
☐ 3. Residential Lights
☐ 4. Vehicle Headlamps
☐ 5. Flashlights
☒ 6. No Lighting

WIND CONDITIONS

- ☐ 1. Strong wind
☐ 2. Light breeze
☒ 3. Nil

RAIN CONDITIONS

- ☐ 1. Heavy rain
☐ 2. Light rain
☐ 3. Misty
☒ 4. Nil
☐ 5. Fog

SUPERVISOR'S ROLE

Surname

3

Reg No.

Not Relevant

1. Not Present
2. Present - NOT
Involved
3. Present - Involved
4. Pursuit monitored and
controlled
5. Pursuit directed to cease

SPECIALIST SUPPORT REQUESTED (One or More)
IF NOT REQUESTED TO ATTEND,
LEAVE BOX BLANK

1. Dog Squad
2. SOG
3. Trained Negotiator
4. Crime Squad

5. OST Incident Overview Team
6. Homicide
7. CAT Team
8. Rotary Wing

1. Did not respond
2. Attended - NOT Involved
3. Attended - Involved

9. Ambulance
10. Fire Brigade
11. Spouse
12. Family

13. Friend
14. Religious Practitioner
15. Medical Practitioner
99. Other (Specify)

50968

REMARKS (Give brief description of incident)

USE OF FORCE AS A RESULT OF CIRT DEPLOYMENT.
TARGET HOUSE CORDON AND CONTAINED AND OFFENDER
EXCITED SAME AND CONFRONTED BY ARREST TEAM.
OFFENDER AGGRESSIVE TOWARDS POLICE, AND IN POSSIBLE
POSSESSION OF F/ARM. O/C WAS DEPLOYED WITH NO
EFFECT. TASER DEPLOYED AND HAD INSTANT EFFECT
RESULTING IN SAFE ARREST. ALL INJURIES.

FAXED

USE OF FORCE DETAIL SHEET

VP Form 237A

REPORT DATE	04/05/2008	REPORT TIME	1000	MEMBER REG. NO.	Not Relevant	MEMBER STATION	UPSFRU	Fax Seq	1/2
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POLICE MEMBERS INVOLVED UNIT CALL SIGN	Not Relevant	WORKLOAD FOR SHIFT	No. Tasks Pending	No. Tasks Completed
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Family Name	1. Not Relevant	2. Not Relevant
Reg. No.	Not Relevant	Not Relevant
Station	UPSFRU	UPSFRU
Previous Shift Concluded	Date 03/05/2008 Time 0700	Date 03/05/2008 Time 0700

FORCE USED BY MEMBER

on PERSON	A.			B.			C.			A.			B.			C.		
3. Force Type	22 55	20	34							22 55	20	16						
4. How Force Used	5	9	1							5	9	5						
5. Use of Force Outcome	2	4	2							2	4	2						
6. Injury Inflicted	20	20	20							20	20	20						
7. Severity of Injury	0	0	0							0	0	0						
8. Source of Weapon	3	3	0							3	3	3						

OST Training generally effective? ☒ 1. Yes ☐ 2. No ☐ 3. Not Used

OST Equipment generally effective? ☒ 1. Yes ☐ 2. No ☐ 3. Not Used

Confronted without warning? ☐ 1. Yes ☒ 2. No

Response Planned? ☒ 1. Yes ☐ 2. No

☒ 1. Yes ☐ 2. No ☐ 3. Not Used

☒ 1. Yes ☐ 2. No ☐ 3. Not Used

Confronted without warning? ☐ 1. Yes ☒ 2. No

Response Planned? ☒ 1. Yes ☐ 2. No

FIREARM	Warning	Aimed	Reactive	Accidental
No. of Shots				

Warning	Aimed	Reactive	Accidental

OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)

Family Name	B.	C.
Given Name/s		
Not Relevant	DOB	DOB
	Sex M/F/U	Sex M/F/U
	9. Ethnic Appearance	9. Ethnic Appearance
	10. Height	10. Height
	11. Build	11. Build
	12. Person Type	12. Person Type
M.N.I.		
13. Behavioural Factors	2 7 9	

FORCE USED AGAINST MEMBERS

MEMBER	1			2			1			2			1			2		
3. Force Type	39																	
4. How Force Used	0																	
5. UOF Outcome	2																	
6. Injury Inflicted	20																	
7. Severity of Injury	0																	
8. Source of Weapon	0																	

FIREARM	Calibre	14. State of Firearm
No. of shots fired		

Calibre	14. State of Firearm
No. of shots fired	

Calibre	14. State of Firearm
No. of shots fired	

USE OF FORCE

Total No. of UOF Detail Sheets

2

LEAP Forms Accompanying?

Yes No

INCIDENT FAX SEQUENCING Page no./Total No. of Pages

1/3

Form 237

INSTRUCTIONS

Member in charge of UOF incident is to ensure that appropriate forms are completed. Code Numbers are to be entered in the boxes provided next to the applicable field descriptions. Where indicated, and applicable, more than one code number may be entered. If area is Not Applicable, leave blank.

CHECKED BY SUPERVISOR (Reg. No. & Initials)

[Signature]

REPORT DATE 22/07/08 REPORT TIME 0715 MEMBER REG. NO. 30016 MEMBER STATION VDSFRUC

INCIDENT NO. FOR CDES USE ONLY CAD NO.

Occurred on (Date) 22/07/08 Occurred at (Time Police Attended) 0525 Total Duration (minutes) 5 Committed at Division

Flat No. Street No. Not Relevant Not Relevant

Town/Suburb Not Relevant State Vic NHW

1. INITIAL INCIDENT TYPE (Other) 6
2. INITIAL LOCATION TYPE (Other) 1

PERSONS PRESENT
8 Total Police Present
3 Total Police Using Force
1 Total Other Present
1 Total Others Using Force

ENVIRONMENT (Tick whichever are appropriate)

EXTERNAL LIGHTING (One or More)
☐ 1. Daylight
☒ 2. Dark
☐ 3. Dusk / Dawn
INTERIOR LIGHTING
☐ 1. Well lit
☒ 2. Poorly lit
☐ 1. Street Lights
☐ 2. Factory lights
☐ 3. Residential Lights
☐ 4. Vehicle Headlamps
☐ 5. Flashlights
☐ 6. No Lighting

WIND CONDITIONS

☐ 1. Strong wind
☐ 2. Light breeze
☒ 3. Nil

RAIN CONDITIONS

☐ 1. Heavy rain
☐ 2. Light rain
☐ 3. Misty
☒ 4. Nil
☐ 5. Fog

SUPERVISOR'S ROLE

Surname
Reg No. Not Relevant

1. Not Present
2. Present - NOT Involved
3. Present - Involved
4. Pursuit monitored and controlled
5. Pursuit directed to cause

SPECIALIST SUPPORT REQUESTED (One or More) IF NOT REQUESTED TO ATTEND, LEAVE BOX BLANK

1. Dog Squad ☒ 2. SOG ☐ 3. Trained Negotiator ☐ 4. Crime Squad ☐ 5. OST Incident Overview Team ☐ 6. Home Office ☐ 7. C.A. Team ☐ 8. Rotary Wing ☐ 9. Ambulance ☐ 10. Fire Brigade ☐ 11. Spouse ☐ 12. Family ☐ 13. Friend ☐ 14. Religious Practitioner ☐ 15. Medical Practitioner ☐ 99. Other (Specify) ☒ C.I.R.T.

REMARKS (Give brief description of incident)

22/07/08 A male affected by psychiatric issues had barricaded himself inside following a domestic situation between the male and his wife. Male had been OC Sprayed, foamed and struck with ASP baton by Not Relevant members to nil effect. Cordon established and CIRT contacted. Male breached cordon and ran off, grid search conducted. (See remarks next)

0512 Male located in front yard of Not Relevant ; cordon established.

0520 CIRT arrived and commenced kiting up. Male breached cordon and arrest team formed up using Tactical Communications to call on male.

Male was naked and covered in blood from previous wound to his scalp. Male refused to comply with police directions, was aggressive, irrational and abusive.

Tasers deployed by two members, both probes of each taser striking male. Male collapsed onto nature strip and was secured with flex cuffs. Probes removed by CIRT on males request.

Handcuffs placed on male and flex cuffs removed, male seen by ambulance, CIRT involvement concluded.

22. JUL. 2008 7:47
UP FORCE DETAIL SHEET

REPORT DATE: 22/07/2008 REPORT TIME: 0715 MEMBER REG. NO.: Not Relevant MEMBER STATION: UPSRU Fax Seq: 1/2

POLICE MEMB. 9 INVOLVED UNIT CALL SIGN: Not Relevant WORKLOAD FOR SHIFT: 0 No. Tasks Pending: 0 No. Tasks Completed: 0

1. Family Name: Not Relevant Reg. No.: Not Relevant Station: UPSRU Previous Shift Date: 22/07/2008 Time: 0525

2. Family Name: Not Relevant Reg. No.: Not Relevant Station: UPSRU Previous Shift Date: 22/07/2008 Time: 0525

FORCE USED BY MEMBER

on PERSON	A.	B.	C.	A.	B.	C.
3. Force Type	55 22 39			55 22 39		
4. How Force Used	5 3			5 3		
5. Use of Force Outcome	2 2			2 2		
6. Injury Inflicted	25 24			25 24		
7. Severity of Injury	0 0			0 0		
8. Source of Weapon	3 0			3 0		

OST Training generally effective? ☒ 1. Yes ☐ 2. No ☐ 3. Not Used
 OST Equipment generally effective? ☒ 1. Yes ☐ 2. No ☐ 3. Not Used
 Confronted without warning? ☐ 1. Yes ☐ 2. No
 Response Planned? ☒ 1. Yes ☐ 2. No

FIREARM

No. of Shots	Warning	Aimed	Reactive	Accidental

OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)

B.

Family Name: Not Relevant
 Given Name: Not Relevant
 M.N.I.: Not Relevant
 13. Behavioural Factors: 03 07 06 12

FORCE USED AGAINST MEMBERS

MEMBER	1	2
3. Force Type	39 40	39 40
4. How Force Used	3 3	3 3
5. UOF Outcome	2 2	2 2
6. Injury Inflicted	24 24	24 24
7. Severity of Injury	0 0	0 0
8. Source of Weapon	0 0	0 0

FIREARM

No. of shots fired	Calibre	14. State of Firearm

C.

Family Name: Not Relevant
 Given Name: Not Relevant
 M.N.I.: Not Relevant
 13. Behavioural Factors: 03 07 06 12

FORCE USED AGAINST MEMBERS

MEMBER	1	2
3. Force Type	39 40	39 40
4. How Force Used	3 3	3 3
5. UOF Outcome	2 2	2 2
6. Injury Inflicted	24 24	24 24
7. Severity of Injury	0 0	0 0
8. Source of Weapon	0 0	0 0

FIREARM

No. of shots fired	Calibre	14. State of Firearm

22 JUL 2008 7:47

USE OF FORCE DETAIL SHEET

REPORT
DATE

22/07/08

REPORT
TIME

0710

MEMBER
REG. NO.

Not Relevant

MEMBER
STATION

UPSFRU

Fax
Seq

2/2

POLICE MEMBERS INVOLVED UNIT CALL SIGN

Not Relevant

WORKLOAD
FOR SHIFT

0

No. Tasks
Pending

0

No. Tasks
CompletedFamily
Name

Not Relevant

2.

Reg. No.

Not Relevant

Station

UPSFRU

Reg. No.

Station

Previous Shift
Concluded

Date

22/07/08

Time

0525

Date

Time

FORCE USED BY MEMBER

on PERSON

3. Force Type

49

34

20

4. How Force
Used

1

1

5. Use of Force
Outcome

2

2

6. Injury
Inflicted

20

20

7. Severity of
Injury

0

0

8. Source of
Weapon

30

0

3

OST Training
generally effective?☒ 1. Yes ☐ 2. No ☐ 3. Not UsedOST Equipment
generally effective?☒ 1. Yes ☐ 2. No ☐ 3. Not Used

Confronted without warning?

☐ 1. Yes ☐ 2. No

Response Planned?

☒ 1. Yes ☐ 2. No☐ 1. Yes ☐ 2. No ☐ 3. Not Used☐ 1. Yes ☐ 2. No ☐ 3. Not Used

Confronted without warning?

☐ 1. Yes ☐ 2. No

Response Planned?

☐ 1. Yes ☐ 2. No

FIREARM

No. of Shots

Warning

Aimed

Reactive

Accidental

Warning

Aimed

Reactive

Accidental

OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)

Family
Name

A.

Given
Name/s

DOB

Sex
M/F/U9. Ethnic
Appearance

10. Height

11. Build

12. Person
Type

M.N.I.

13. Behavioural
Factors

FORCE USED AGAINST MEMBERS

MEMBER

1

2

3. Force Type

4. How Force
Used6. UOF
Outcome6. Injury
Inflicted7. Severity of
Injury8. Source of
Weapon

FIREARM

Calibre

No. of
shots fired14. State
of Firearm

B.

DOB

Sex
M/F/U9. Ethnic
Appearance

10. Height

11. Build

12. Person
Type

C.

DOB

Sex
M/F/U9. Ethnic
Appearance

10. Height

11. Build

12. Person
Type

1

2

3. Force Type

4. How Force
Used6. UOF
Outcome6. Injury
Inflicted7. Severity of
Injury8. Source of
Weapon

FIREARM

Calibre

No. of shots
fired14. State
of Firearm

OF FORCE		Total No. of UOF Detail Sheets		LEAP Forms Accompanying?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	INCIDENT FAX SEQUENCING Page no./Total No. of Pages	/	VP Form 237									
INSTRUCTIONS							CHECKED BY SUPERVISOR (Reg. No. & Initials)										
Member In charge of UOF Incident is to ensure that appropriate forms are completed. Code Numbers are to be entered in the boxes provided next to the applicable field descriptions. Where indicated, and applicable, more than one code number may be entered If area is Not Applicable, leave blank.																	
REPORT DATE	14/08/2008	REPORT TIME	0415	MEMBER REG. NO	Not Relevant	MEMBER STATION	SOG										
INCIDENT NO. FOR CDEB USE ONLY					CAD NO.												
Occurred on (Date)	14/08/2008	Occurred at (Time Police Attended)	0235	Total Duration (minutes)	5	Committed at Division											
Flat No.		Street No.		Street Name	Not Relevant			Not Relevant									
Town/ Suburb	Not Relevant				State	VIC	NHW										
1. INITIAL INCIDENT TYPE		1		ENVIRONMENT (Tick whichever are appropriate)			WIND CONDITIONS <input type="checkbox"/> 1. Strong wind <input checked="" type="checkbox"/> 2. Light breeze <input type="checkbox"/> 3. Nil										
(Other)																	
2. INITIAL LOCATION TYPE		11		EXTERNAL LIGHTING (One or More) <input checked="" type="checkbox"/> 1. Street Lights <input type="checkbox"/> 2. Factory lights <input type="checkbox"/> 3. Residential Lights <input type="checkbox"/> 4. Vehicle Headlamps <input type="checkbox"/> 5. Flashlights <input type="checkbox"/> 6. No Lighting			RAIN CONDITIONS <input type="checkbox"/> 1. Heavy rain <input type="checkbox"/> 2. Light rain <input type="checkbox"/> 3. Misty <input checked="" type="checkbox"/> 4. Nil <input type="checkbox"/> 5. Fog										
(Other)																	
PERSONS PRESENT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">17</td> <td>Total Police Present</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Total Police Using Force</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Total Other Present</td> </tr> <tr> <td style="text-align: center;">0</td> <td>Total Others Using Force</td> </tr> </table>				17	Total Police Present	4	Total Police Using Force	3	Total Other Present	0	Total Others Using Force	SUPERVISOR'S ROLE Surname Not Relevant				1. Not Present 2. Present - NOT Involved 3. Present - Involved 4. Pursuit monitored and controlled 5. Pursuit directed to cease	
17	Total Police Present																
4	Total Police Using Force																
3	Total Other Present																
0	Total Others Using Force																
Reg No. Unit Call Sign SOG																	

	1. Dog Squad
3	2. SOG
	3. Trained Negotiator
3	4. Crime Squad

	9. Ambulance
	10. Fire Brigade
	11. Spouse
	12. Family

	13. Friend
	14. Religious Practitioner
	15. Medical Practitioner
	99. Other (Specify)

Offenders were named as suspects in a series of armed robberies. During these armed robberies a firearm was produced. Offenders were seen in the vicinity of Members of the SOG intercepted their stationary vehicle. were in the process of getting into the vehicle. Upon police making themselves known run in a southerly direction along moved away from the vehicle and fell to his stomach with his arms tucked in underneath him. was confronted by a member of the SOG approx 50 metres from the vehicle and failed to comply with the members instruction to get down on the ground. also failed to comply with a police instruction and refused to remove his arms from underneath him. Both and were subsequently tasered.

52296 TV

CRITICAL RISK

RECEIVED
19 AUG 2008

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

USE OF FORCE DETAIL SHEET										VP Form 237A																																																																																					
REPORT DATE		14/08/2008		REPORT TIME		0415		MEMBER REG. NO.		Not Relevant																																																																																					
								MEMBER STATION		SOG																																																																																					
										Fax Seq /																																																																																					
POLICE MEMBERS INVOLVED UNIT CALL SIGN								SOG		WORKLOAD FOR SHIFT																																																																																					
										No. Tasks Pending																																																																																					
										No. Tasks Completed																																																																																					
Family Name 1.						2.																																																																																									
Not Relevant						Not Relevant																																																																																									
Reg. No.				Station		SOG		Reg. No.		Station																																																																																					
										SOG																																																																																					
Previous Shift Concluded		Date		Time		1600		Date		Time																																																																																					
		14/08/2008						14/08/2008																																																																																							
FORCE USED BY MEMBER																																																																																															
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REPORT DATE 14/08/2008		REPORT TIME 0415		MEMBER REG. NO. Not Relevant		MEMBER STATION SOG		Fax Seq /																	
POLICE MEMBERS INVOLVED UNIT CALL SIGN SOG				WORKLOAD FOR SHIFT		No. Tasks Pending		No. Tasks Completed																	
Family Name		Not Relevant		Reg. No.		Station SOG		Date 14/08/2008																	
Previous Shift Concluded		Date 14/08/2008		Time 1600		Reg. No.		Station SOG																	
Date 14/08/2008		Time 1600		Date 14/08/2008		Time 1600																			
FORCE USED BY MEMBER																									
on PERSON	A.			B.			C.																		
3. Force Type	49						49																		
4. How Force Used	1						1																		
5. Use of Force Outcome	4						4																		
6. Injury Inflicted	20						20																		
7. Severity of Injury	0						0																		
8. Source of Weapon	03						03																		
OST Training generally effective? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used OST Equipment generally effective? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used Confronted without warning? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No					Confronted without warning? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No																				
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DOB			Sex M/F/U			DOB			Sex M/F/U																
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Calibre						No. of shots fired																			
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						No. of shots fired																			

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

09/09/08

15:44

NO.694

001

USE OF FORCE		Total No. of UOF Detail Sheets 2		LEAP Forms Accompanying? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		INCIDENT FAX SEQUENCING Page no./Total No. of Pages 1		VP Form 237									
INSTRUCTIONS Member in charge of UOF incident is to ensure that appropriate forms are completed. Code Numbers are to be entered in the boxes provided next to the applicable field descriptions. Where indicated, and applicable, more than one code number may be entered. If area is Not Applicable, leave blank.								CHECKED BY SUPERVISOR (Reg. No. & Initials)									
REPORT DATE	04/09/2008	REPORT TIME	1345	MEMBER REG. NO	Not Relevant		MEMBER STATION	SOG SOG									
INCIDENT NO. FOR CDEB USE ONLY				CAD NO.													
Occurred on (Date)	03/09/2008	Occurred at (Time Police Attended)	1957	Total Duration (minutes)	1		Committed at Division	A									
Flat No.		Street No.	Not Relevant														
Town/Suburb	Not Relevant				State	VIC		NHW									
1. INITIAL INCIDENT TYPE (Other) 26		ENVIRONMENT (Tick whichever are appropriate)				WIND CONDITIC <input type="checkbox"/> 1. Strong wind <input type="checkbox"/> 2. Light breeze <input checked="" type="checkbox"/> 3. Nil											
2. INITIAL LOCATION TYPE (Other) 1		<input type="checkbox"/> 1. Daylight <input checked="" type="checkbox"/> 2. Dark <input type="checkbox"/> 3. Dusk / Dawn EXTERNAL LIGHTING (One or More) <input checked="" type="checkbox"/> 1. Street Lights <input type="checkbox"/> 2. Factory lights <input type="checkbox"/> 3. Residential Lights <input type="checkbox"/> 4. Vehicle Headlamps <input type="checkbox"/> 5. Flashlights <input type="checkbox"/> 6. No Lighting				RAIN CONDITIONS <input type="checkbox"/> 1. Heavy rain <input type="checkbox"/> 2. Light rain <input type="checkbox"/> 3. Misty <input checked="" type="checkbox"/> 4. Nil <input type="checkbox"/> 5. Fog											
PERSONS PRESENT <table border="1" style="width:100%;"> <tr><td>6</td><td>Total Police Present</td></tr> <tr><td>2</td><td>Total Police Using Force</td></tr> <tr><td>1</td><td>Total Other Present</td></tr> <tr><td>1</td><td>Total Others Using Force</td></tr> </table>		6	Total Police Present	2	Total Police Using Force	1	Total Other Present	1	Total Others Using Force	SUPERVISOR'S ROLE Surname Not Relevant 1 Reg No. Unit Call Sign				1. Not Present 2. Present - NOT Involved 3. Present - Involved 4. Pursuit monitored and controlled 5. Pursuit directed to cease			
6	Total Police Present																
2	Total Police Using Force																
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SPECIALIST SUPPORT REQUESTED (One or More) IF NOT REQUESTED TO ATTEND, LEAVE BOX BLANK																	
<input type="checkbox"/> 1. Dog Squad <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 3. Trained Negotiator <input type="checkbox"/> 4. Crime Squad		<input type="checkbox"/> 6. CST Incident Overview Team <input type="checkbox"/> 6. Homelode <input type="checkbox"/> 7. CAT Team <input type="checkbox"/> 8. Rotary Wing		<input type="checkbox"/> 9. Ambulance <input type="checkbox"/> 10. Fire Brigade <input type="checkbox"/> 11. Spouse <input type="checkbox"/> 12. Family		<input type="checkbox"/> 13. Friend <input type="checkbox"/> 14. Religious Practitioner <input type="checkbox"/> 15. Medical Practitioner <input type="checkbox"/> 99. Other (Specify)											

REMARKS (Give brief description of incident)

The Special Operations Group had been requested to affect the safe arrest of

Not Relevant

of

On 03/09/08 SOG conducted a mobile intercept outside

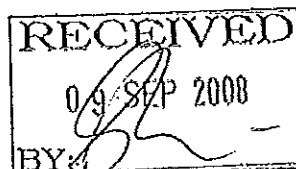
Not Relevant

During the arrest

failed to comply with SOG instructions and showed aggression towards SOG members when called upon. was subsequently tasered and arrested. He was then restrained in flex cuffs without any further injury or incident. No injuries were sustained to SOG members.

52533 TV

CRITICAL



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09/09/08

15:44

NO.694

P02

USE OF FORCE DETAIL SHEET										VP Form 237A	
REPORT DATE		04/09/2008		REPORT TIME		1355		MEMBER REG. NO.		Not Relevant	
								MEMBER STATION		SOG	
										Fax Seq	
POLICE MEMBERS INVOLVED UNIT CALL SIGN								SOG		WORKLOAD FOR SHIFT	
										No. Tasks Pending	
										No. Tasks Completed	
Family Name						2.					
1.											
Reg. No.		Not Relevant		Station		SOG 404		Reg. No.		Not Relevant	
										Station	
										SOG 404	
Previous Shift Concluded		Date		Time		1600		Date		Time	
		02/09/2008						02/09/2008			
FORCE USED BY MEMBER											
on PERSON		A.		B.		C.		A.		B.	
3. Force Type		22 39 34						49 31			
4. How Force Used		5 3 1						01 1			
5. Use of Force Outcome		2 2 2						02 2			
6. Injury Inflicted		20 20 20						20 20			
7. Severity of Injury		0 0 0						0 0			
8. Source of Weapon		3 0 0						3 0			
<div style="display: flex; justify-content: space-between;"> <div> <p>OST Training generally effective? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used</p> <p>OST Equipment generally effective? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used</p> <p>Confronted without warning? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No</p> <p>Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> </div> <div> <p><input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used</p> <p><input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used</p> <p>Confronted without warning? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No</p> <p>Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p> </div> </div>											
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No. of Shots											
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Family Name						B.			C.		
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Not Relevant						DOB			Sex M/F/U		
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M.N.I.											
13. Behavioural Factors						23 07 12 13					
FORCE USED AGAINST MEMBERS											
MEMBER		1		2		1		2		1	
3. Force Type		40 39		39 40							
4. How Force Used		03 3		03 3							
5. UOF Outcome		2 2		02 2							
6. Injury Inflicted		20 20		20 20							
7. Severity of Injury		0 0		1 0							
8. Source of Weapon		0 0		0 0							
FIREARM		Calibre		14. State of Firearm		Calibre		14. State of Firearm		Calibre	
No. of shots fired						No. of shots fired				No. of shots fired	

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18. SEP. 2008_11:45

NO. 585 P. 2

USE OF FORCE

Total No. of UOF
Detail Sheets

1

LEAP Forms
Accompanying?

Yes
No

INCIDENT FAX SEQUENCING
Page no./Total No. of Pages

1/2

VP Form 237

INSTRUCTIONS

Member in charge of UOF incident is to ensure that appropriate forms are completed.
Code Numbers are to be entered in the boxes provided next to the applicable field descriptions.
Where indicated, and applicable, more than one code number may be entered
If area is Not Applicable, leave blank.

CHECKED BY SUPERVISOR
(Reg. No. & Initials)

Not Relevant

REPORT
DATE

17.09.08

REPORT
TIME

1730

MEMBER
REG. NO

Not Relevant

MEMBER
STATION

WARRUPT

INCIDENT NO.
FOR CODE USE ONLY

CAD NO.

Occurred on
(Date)

17.09.08

Occurred at (Time
Police Attended)

1633

Total Duration
(minutes)

220

Committed at
Division

Flat No.

Street No.

Not Relevant

Not Relevant

Town/
Suburb

Not Relevant

State

Vic

NHW

1. INITIAL INCIDENT
TYPE

16

(Other)

2. INITIAL LOCATION
TYPE

11

(Other)

PERSONS PRESENT

31

Total Police Present

2

Total Police Using Force

1

Total Other Present

6

Total Others Using Force

ENVIRONMENT (Tick whichever are appropriate)

- ☒ 1. Daylight
- ☐ 2. Dark
- ☐ 3. Dusk / Dawn

EXTERNAL LIGHTING (One or More)

- ☐ 1. Street Lights
- ☐ 2. Factory lights
- ☐ 3. Residential Lights
- ☐ 4. Vehicle Headlamps
- ☐ 5. Flashlights
- ☒ 6. No Lighting

INTERIOR LIGHTING

- ☒ 1. Well lit
- ☐ 2. Poorly lit

WIND CONDITIONS

- ☐ 1. Strong wind
- ☐ 2. Light breeze
- ☒ 3. Nil

RAIN CONDITIONS

- ☐ 1. Heavy rain
- ☐ 2. Light rain
- ☐ 3. Misty
- ☒ 4. Nil
- ☐ 5. Fog

SUPERVISOR'S ROLE

Surname

Not Relevant

Reg No.

- 1. Not Present
- 2. Present - NOT Involved
- 3. Present - Involved
- 4. Pursuit monitored and controlled
- 5. Pursuit directed to cease

SPECIALIST SUPPORT REQUESTED (One or More) IF NOT REQUESTED TO ATTEND, LEAVE BOX BLANK

- ☐ 1. Dog Squad
- ☐ 2. SOG
- ☒ 3. Trained Negotiator
- ☐ 4. Crime Squad

- ☐ 5. OST Incident Overview Team
- ☐ 6. Homicide
- ☐ 7. CAT Team
- ☐ 8. Rotary Wing

- 1. Did not respond
- 2. Attended - NOT Involved
- 3. Attended - Involved

- ☒ 9. Ambulance
- ☐ 10. Fire Brigade
- ☐ 11. Spouse
- ☐ 12. Family

- ☐ 13. Friend
- ☐ 14. Religious Practitioner
- ☐ 15. Medical Practitioner
- ☐ 99. Other (Specify)

REMARKS (Give brief description of incident)

Male Not Relevant employed as Not Relevant residing in rear of truck setup as accommodation in grounds of premises at Not Relevant Has had short term romance with fellow Not Relevant
When informed that romance was ending has becomes upset and slashed arms with Stanley knife. Has then locked himself in room on truck threatening suicide. Police attended and commenced negotiations at 1250 hrs., 1415hr CIRT attended and took over inner cordon and commenced negotiations with trained negotiators. Male surrendered into police custody at 1633hrs. Male restrained by use of flexi cuffs. Firearms/ tasers and Bean Bag drawn during surrender phase but not utilised.
Male suffering lacerations to arms caused by self harm. Ambulance in attendance and treated prior to conveying to hospital.

52758 TV

CRITICAL

RECEIVED
18 SEP 2008
BY:
Revised 12/95

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

18. SEP. 2008 11:44

NO. 585

P. 1 Form 237A

STATE OF FORCE DETAIL SHEET

REPORT DATE 17.09.08 REPORT TIME 1730 MEMBER REG. NO. Not Relevant MEMBER STATION upsfru Fax Seq 22

POLICE MEMBERS INVOLVED UNIT CALL SIGN Not Relevant WORKLOAD FOR SHIFT 0 No. Tasks Pending 0 No. Tasks Completed

Family Name 1. Not Relevant Reg. No. Not Relevant Station UPSRUCT Previous Shift Concluded Date 16.09.08 Time 2300

Family Name 2. Not Relevant Reg. No. Not Relevant Station UPSRUCT Previous Shift Concluded Date 16.09.08 Time 2300

FORCE USED BY MEMBER	on PERSON	A.	B.	C.	A.	B.	C.
3. Force Type	49	22	23		33	21	39
4. How Force Used	1	3	10		3	3	
5. Use of Force Outcome	4	4	4		2	2	2
6. Injury Inflicted	20	20	20		20	20	20
7. Severity of Injury	0	0	0		0	0	0
8. Source of Weapon	3	0	3		0	3	0

OST Training generally effective? ☒ 1. Yes ☐ 2. No ☐ 3. Not Used

OST Equipment generally effective? ☒ 1. Yes ☐ 2. No ☐ 3. Not Used

Confronted without warning? ☐ 1. Yes ☒ 2. No

Response Planned? ☐ 1. Yes ☐ 2. No

FIREARM No. of Shots Warning Aimed Reactive Accidental

OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)

Family Name Given Name/s Not Relevant

M.N.I.

13. Behavioural Factors 15 12

13. Behavioural Factors 15 12

FORCE USED AGAINST MEMBERS	MEMBER	1	2	1	2	1	2
3. Force Type	8	39	40	39	40		
4. How Force Used	0	3	3	3	3		
5. UOF Outcome	4	2	2	2	2		
6. Injury Inflicted	20	20	20	20	20		
7. Severity of Injury	0	0	0	0	0		
8. Source of Weapon	0	0	0	0	0		

FIREARM Calibre 14. State of Firearm

No. of shots fired

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

23. OCT. 2008 20:15

NO. 734 P. 1

USE OF FORCE

Total No. of UOF
Detail Sheets

LEAP Forms
Accompanying?

Yes ☐
No ☐

INCIDENT FAX SEQUENCING
Page no./Total No. of Pages

1/2

VP Form 237

INSTRUCTIONS

Member in charge of UOF incident is to ensure that appropriate forms are completed.
Code Numbers are to be entered in the boxes provided next to the applicable field descriptions.
Where indicated, and applicable, more than one code number may be entered
If area is Not Applicable, leave blank.

CHECKED BY SUPERVISOR
(Reg. No. & Initials)

Not Relevant

REPORT
DATE

23/10/08

REPORT
TIME

1845

MEMBER
REG. NO

Not Relevant

MEMBER
STATION

WPS FRUOR

INCIDENT NO.
FOR CDEB USE ONLY

CAD NO.

Occurred on
(Date)

23/10/08

Occurred at (Time
Police Attended)

1800

Total Duration
(minutes)

14

Committed at
Division

Flat No.

Not Relevant

Not Relevant

Town/
Suburb

Not Relevant

State

VIC

NHW

1. INITIAL INCIDENT
TYPE
(Other)

26

2. INITIAL LOCATION
TYPE
(Other)

1

PERSONS PRESENT

13

Total Police Present

3

Total Police Using Force

1

Total Other Present

1

Total Others Using Force

ENVIRONMENT (Tick whichever are appropriate)

- ☒ 1. Daylight
☐ 2. Dark
☐ 3. Dusk / Dawn

EXTERNAL LIGHTING (One or More)

- ☐ 1. Street Lights
☐ 2. Factory lights
☐ 3. Residential Lights
☐ 4. Vehicle Headlamps
☐ 5. Flashlights
☐ 6. No Lighting

INTERIOR LIGHTING

- ☐ 1. Well lit
☐ 2. Poorly lit

WIND CONDITIONS

- ☐ 1. Strong wind
☐ 2. Light breeze
☒ 3. Nil

RAIN CONDITIONS

- ☐ 1. Heavy rain
☐ 2. Light rain
☐ 3. Misty
☒ 4. Nil
☐ 5. Fog

SUPERVISOR'S ROLE

Surname

Not Relevant

Reg No.

1. Not Present
2. Present - NOT Involved
3. Present - Involved
4. Pursuit monitored and controlled
5. Pursuit directed to cease

SPECIALIST SUPPORT REQUESTED (One or More)
IF NOT REQUESTED TO ATTEND,
LEAVE BOX BLANK

1

1. Dog Squad

1

2. SOG

3

3. Trained Negotiator

1

4. Crime Squad

1

5. OST Incident Overview Team

1

6. Homicide

1

7. OAT Team

1

8. Rotary Wing

1. Did not respond
2. Attended - NOT Involved
3. Attended - Involved

3

9. Ambulance

3

10. Fire Brigade

1

11. Spouse

1

12. Family

53350

1

13. Friend

1

14. Religious Practitioner

1

15. Medical Practitioner

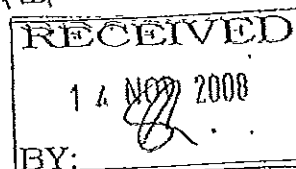
3

16. Other (Specify) CIRT

REMARKS (Give brief description of incident)

Defendant had been driving between two residences in the afternoon. He had returned to the address and remained there. CIRT attended and cordoned the area and commenced negotiations. Threats made to kill police members and threats to burn the house down. The defendant left the premises via the front door twice threatening police both times. Second time he was foamed & then tasered after threatening the police. Defendant complied with instructions once he was tasered. Stopped and the cuffed.

LOW RISK



15/10/08
27/2/09

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

23. OCT. 2008 20:16

NO. 734 P. 2

USE OF FORCE DETAIL SHEET

VP Form 237A

REPORT DATE	23/10/08	REPORT TIME	1845	MEMBER REG. NO.	Not Relevant	MEMBER STATION	UPSFRTJ	Fax Seq	2/2
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POLICE MEMBERS INVOLVED UNIT CALL SIGN	Not Relevant	WORKLOAD FOR SHIFT	1	No. Tasks Pending	0	No. Tasks Completed
--	--------------	--------------------	---	-------------------	---	---------------------

Family Name	1. Not Relevant	2. Not Relevant
Reg. No.	Not Relevant	Not Relevant
Station	FRU	FRU
Previous Shift Concluded	Date 22/10/08	Date 22/10/08
Time	1600	1600

FORCE USED BY MEMBER	A.			B.			C.		
3. Force Type	39	34					45	39	
4. How Force Used	5	3	1				5	3	
6. Use of Force Outcome	2	2					2	2	
6. Injury Inflicted	5	24	24				12	24	
7. Severity of Injury	2	0	0				1	0	
8. Source of Weapon	3	0	0				3	0	

OST Training generally effective?	<input checked="" type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input checked="" type="checkbox"/> 3. Not Used
OST Equipment generally effective?	<input checked="" type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input checked="" type="checkbox"/> 3. Not Used
Confronted without warning?	<input type="checkbox"/> 1. Yes	<input checked="" type="checkbox"/> 2. No	
Response Planned?	<input checked="" type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	

FIREARM	Warning	Aimed	Reactive	Accidental
No. of Shots				

OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)

Family Name	B.	C.
Given Name/s		
Not Relevant		
M.N.I.		
13. Behavioural Factors	12	3
	13	6
	7	

FORCE USED AGAINST MEMBERS	1		2	
3. Force Type	40	39	40	39
4. How Force Used	3	3	3	3
6. UOF Outcome	2	2	2	2
6. Injury Inflicted	5	24	24	24
7. Severity of Injury	0	0	0	0
8. Source of Weapon	0	0	0	0

FIREARM	Calibre	14. State of Firearm
No. of shots fired		

USE OF FORCE

Total No. of UOF
Detail Sheets

2

LEAP Forms
Accompanying?Yes ☐
No ☒INCIDENT FAX SEQUENCING
Page no./Total No. of Pages

/

VP Form 237

INSTRUCTIONS

Member in charge of UOF incident is to ensure that appropriate forms are completed.
Code Numbers are to be entered in the boxes provided next to the applicable field descriptions.
Where indicated, and applicable, more than one code number may be entered
If area is Not Applicable, leave blank.

CHECKED BY SUPERVISOR
(Reg. No. & Initials)REPORT
DATE

9/7/08

REPORT
TIME

1040

MEMBER
REG. NO

Not Relevant

MEMBER
STATION

SOG/SOG

INCIDENT NO.
FOR CDEB USE ONLY

CAD NO.

Occurred on
(Date)

8/7/08

Occurred at (Time
Police Attended)Total Duration
(minutes)

5min

Committed at
Division

Flat No.

Street No.

Street
Name

Not Relevant

Not Relevant

Town/
Suburb

Not Relevant

State

Vic

NHW

1. INITIAL INCIDENT
TYPE

1

(Other)

2. INITIAL LOCATION
TYPE

11

(Other)

PERSONS PRESENT

14

Total Police Present

4

Total Police Using Force

0

Total Other Present

0

Total Others Using Force

ENVIRONMENT (Tick whichever are appropriate)

- ☐ 1. Daylight
☒ 2. Dark
☐ 3. Dusk / Dawn

INTERIOR LIGHTING

- ☐ 1. Well lit
☐ 2. Poorly lit

EXTERNAL LIGHTING
(One or More)

- ☒ 1. Street Lights
☐ 2. Factory lights
☐ 3. Residential Lights
☐ 4. Vehicle Headlamps
☐ 5. Flashlights
☐ 6. No Lighting

WIND CONDITIONS

- ☐ 1. Strong wind
☐ 2. Light breeze
☒ 3. Nil

RAIN CONDITIONS

- ☐ 1. Heavy rain
☐ 2. Light rain
☐ 3. Misty
☒ 4. Nil
☐ 5. Fog

SUPERVISOR'S ROLE

Surname

Not Relevant

2

Reg No.

Unit Call
Sign

1. Not Present
2. Present - NOT Involved
3. Present - Involved
4. Pursuit monitored and controlled
5. Pursuit directed to cease

SPECIALIST SUPPORT REQUESTED (One or More)
IF NOT REQUESTED TO ATTEND,
LEAVE BOX BLANK

3

1. Dog Squad

3

2. SOG

3

3. Trained Negotiator

3

4. Crime Squad

3

5. OST Incident Overview Team

3

6. Homicide

3

7. CAT Team

3

8. Rotary Wing

1. Did not respond
2. Attended - NOT Involved
3. Attended - Involved

3

9. Ambulance

3

10. Fire Brigade

3

11. Police

3

Family

3

13. Friend

3

14. Religious Practitioner

3

15. Medical Practitioner

3

99. Other (Specify)

REMARKS (Give brief description of incident)

SOG members were requested to assist with the arrest of two armed offenders regarding drug offences, for the Drug Task Force. The nominated targets for the operation were

Members attended the vicinity of and where they performed a snatch arrest on both targets;

Members deployed and called on all males. did not comply with instructions, looking to flee, and was subsequently tasered. The taser was briefly affective until one probe lost contact. then complied with instructions and was secured. also did not comply with instructions, also looking to flee, and was subsequently tasered. The taser was completely affective. briefly complied with instructions, but as a member attempted to strap him, became non compliant. was struck by the member a number of times, resulting in his compliance. also did not comply with instructions initially going to the assistance of eventually became compliant and was called to the ground and secured.

No injuries were caused to males or members during the incident.

53504 TV

CRITICAL

RECEIVED

10 MAR 2009

Revised 12/95

BY:

Report 10/98 h:\my documents\sog\use of force\kinda\use of force.doc

USE OF FORCE DETAIL SHEET										VP Form 237A																																																																																												
REPORT DATE		9/7/2008		REPORT TIME		1040		MEMBER REG. NO.		Not Relevant																																																																																												
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<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. Not Relevant</p> <p>Family Name: _____</p> <p>Reg. No.: _____ Station: SOG 504</p> <p>Previous Shift Concluded Date: 8/7/2008 Time: 1700</p> </div> <div style="width: 48%;"> <p>2. Not Relevant</p> <p>Family Name: _____</p> <p>Reg. No.: _____ Station: SOG 504</p> <p>Previous Shift Concluded Date: 8/7/2008 Time: 1700</p> </div> </div>																																																																																																						
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MEMBER	1		2		1		2		1		2																																																																																											
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VP Form 237A

USE OF FORCE DETAIL SHEET

REPORT
DATE

9/7/2008

REPORT
TIME

1040

MEMBER
REG. NO.

Not Relevant

MEMBER
STATION

SOG

Fax
Seq

1

POLICE MEMBERS INVOLVED UNIT CALL SIGN

WORKLOAD
FOR SHIFT

1

No. Tasks
Pending

1

No. Tasks
CompletedFamily
Name

Not Relevant

Reg. No.

Station

SOG/SOG

Previous Shift
Concluded

Date

8/7/2008

Time

1700

Reg. No.

Station

SOG/SOG

Date

8/7/2008

Time

1700

FORCE USED BY MEMBER

on PERSON

	A.	B.	C.	A.	B.	C.
3. Force Type		22 35	39			49 38
4. How Force Used		1	3			1
5. Use of Force Outcome		02	2			2
6. Injury Inflicted		20	20			20
7. Severity of Injury		0	0			0
8. Source of Weapon		3	0			3

OST Training generally effective? ☒ 1. Yes ☐ 2. No ☐ 3. Not UsedOST Equipment generally effective? ☒ 1. Yes ☐ 2. No ☐ 3. Not UsedConfronted without warning? ☐ 1. Yes ☒ 2. No
Response Planned? ☒ 1. Yes ☐ 2. No☒ 1. Yes ☐ 2. No ☐ 3. Not Used☒ 1. Yes ☐ 2. No ☐ 3. Not UsedConfronted without warning? ☐ 1. Yes ☒ 2. No
Response Planned? ☒ 1. Yes ☐ 2. No

FIREARM	Warning	Aimed	Reactive	Accidental
No. of Shots				

Warning	Aimed	Reactive	Accidental

OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)

Family
Name

A. REFER PAGE 1

Given
Name/s

DOB

Sex
M/F/U9. Ethnic
Appearance

10. Height

11. Build

12. Person
Type

M.N.I.

3. Behavioural
Factors

B.

REFER PAGE

Not Relevant

Given
Name/s

DOB

Sex
M/F/U9. Ethnic
Appearance

10. Height

11. Build

12. Person
Type

C.

Not Relevant

Given
Name/s

DOB

Sex
M/F/U

11. Build

12. Person
Type

FORCE USED AGAINST MEMBERS

MEMBER	1	2
3. Force Type		
4. How Force Used		
5. UOF Outcome		
6. Injury Inflicted		
7. Severity of Injury		
8. Source of Weapon		

FIREARM
Calibre14. State
of FirearmNo. of
shots fired

MEMBER	1	2
3. Force Type	31 39	
4. How Force Used	1 3	
5. UOF Outcome	2 2	
6. Injury Inflicted	20 20	
7. Severity of Injury	0 0	
8. Source of Weapon	0 0	

Calibre

14. State
of FirearmNo. of shots
fired

MEMBER	1	2
3. Force Type		39 40
4. How Force Used		3 3
5. UOF Outcome		2 2
6. Injury Inflicted		20 20
7. Severity of Injury		0 0
8. Source of Weapon		0 0

Calibre

14. State
of FirearmNo. of shots
fired

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

USE OF FORCE

Total No. of UOF
Detail Sheets

1

LEAP Forms
Accompanying?

Yes

No

☐

☒

INCIDENT FAX SEQUENCING
Page no./Total No. of Pages

VP Form 237

INSTRUCTIONS

Member in charge of UOF incident is to ensure that appropriate forms are completed.
Code Numbers are to be entered in the boxes provided next to the applicable field descriptions.
Where indicated, and applicable, more than one code number may be entered
If area is Not Applicable, leave blank.

CHECKED BY SUPERVISOR
(Reg. No. & Initials)

REPORT
DATE

13/02/2009

REPORT
TIME

10.00

MEMBER
REG. NO

Not Relevant

MEMBER
STATION

S.O.G

INCIDENT NO.
FOR CDEB USE ONLY

CAD NO.

Occurred on
(Date)

5/02/2009

Occurred at (Time
Police Attended)

13.53hrs

Total Duration
(minutes)

3min

Committed at
Division

Flat No.

Street No.

Not Relevant

Town/
Suburb

Not Relevant

State

Vic

NHW

1. INITIAL INCIDENT
TYPE
(Other)

1

2. INITIAL LOCATION
TYPE
(Other)

2

PERSONS PRESENT

5

Total Police Present

1

Total Police Using Force

-

Total Other Present

-

Total Others Using Force

ENVIRONMENT (Tick whichever are appropriate)

- ☒ 1. Daylight
☐ 2. Dark
☐ 3. Dusk / Dawn

EXTERNAL LIGHTING (One or More)

- ☐ 1. Street Lights
☒ 2. Factory lights
☐ 3. Residential Lights
☐ 4. Vehicle Headlamps
☐ 5. Flashlights
☐ 6. No Lighting

INTERIOR LIGHTING

- ☒ 1. Well lit
☐ 2. Poorly lit

WIND CONDITIONS

- ☐ 1. Strong wind
☐ 2. Light breeze
☒ 3. Nil

RAIN CONDITIONS

- ☐ 1. Heavy rain
☐ 2. Light rain
☐ 3. Misty
☒ 4. Nil
☐ 5. Fog

SUPERVISOR'S ROLE

Surname

Not Relevant

3

Reg No.

Unit Call

Sign

1. Not Present
2. Present - NOT involved
3. Present - Involved
4. Pursuit monitored and controlled
5. Pursuit directed to cease

SPECIALIST SUPPORT REQUESTED (One or More) IF NOT REQUESTED TO ATTEND, LEAVE BOX BLANK

1. Dog Squad

3

2. SOG

3. Trained Negotiator

4. Crime Squad

5. OST Incident Overview Team

6. Homicide

7. CAT Team

8. Rotary Wing

1. Did not respond
2. Attended - NOT Involved
3. Attended - Involved

9. Ambulance

10. Fire Brigade

11. Spouse

12. Family

13. Friend

14. Religious Practitioner

15. Medical Practitioner

99. Other (Specify)

REMARKS (Give brief description of incident)

The Special Operations Group was requested to conduct the high risk arrest of

Not Relevant

Not Relevant

was arrested via a snatch option while and returning to his vehicle. Members deployed and called on was did not comply with their instructions and started to walk towards the back of his car, members again called on two more times. continued to walk away from members and while doing so dropped the container that he was holding. Operator 75 has then Tasered who immediately dropped to his knees. then complied with instructions given and was restrained using plastic flexi-cuffs.

A cursory pat down search was conducted of person, a bum bag was cut off and a pistol was located inside. was then handed over to investigators.

USE OF
FORCE
REPORT

3/02/2009

REPORT
TIME

10.20

MEMBER
REG. NO.

Not Relevant

MEMBER
STATION

SOG

Fax
Seq

/

POLICE MEMBERS INVOLVED UNIT CALL SIGN

WORKLOAD
FOR SHIFT

No. Tasks
Pending

No. Tasks
Completed

Family
Name

1.

Not Relevant

Reg. No.

Station

SOG

Previous Shift
Concluded

Date

04/02/2009

Time

1700

2.

Reg. No.

Station

Date

Time

FORCE USED BY MEMBER

on PERSON

3. Force Type
4. How Force
Used
5. Use of Force
Outcome
6. Injury
Inflicted
7. Severity of
Injury
8. Source of
Weapon

A. 55 49 20
5 1 1
4 4 4
20 0 0
1 0 0
3 3 3

B.

C.

A.

B.

C.

OST Training
generally effective?
OST Equipment
generally effective?

☒ 1. Yes ☐ 2. No ☐ 3. Not Used

☒ 1. Yes ☐ 2. No ☐ 3. Not Used

Confronted without warning?

☐ 1. Yes ☒ 2. No

Response Planned?

☒ 1. Yes ☐ 2. No

☐ 1. Yes ☐ 2. No ☐ 3. Not Used

☐ 1. Yes ☐ 2. No ☐ 3. Not Used

Confronted without warning?

☐ 1. Yes ☐ 2. No

Response Planned?

☐ 1. Yes ☐ 2. No

FIREARM
No. of Shots

Warning

Aimed

Reactive

Accidental

Warning

Aimed

Reactive

Accidental

OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)

Family
Name
Given
Name/s

Not Relevant

M.N.I.

13. Behavioural
Factors

6

FORCE USED AGAINST MEMBERS

MEMBER

1

2

3. Force Type
4. How Force
Used
5. UOF
Outcome
6. Injury
Inflicted
7. Severity of
Injury
8. Source of
Weapon

40
0
2
20
0
0

1

2

1

2

FIREARM
Calibre

32

14. State of
Firearm

1

No. of
shots fired

0

Calibre

14. State of
Firearm

No. of shots
fired

Calibre

14. State of
Firearm

No. of shots
fired

RELEASED UNDER FREEDOM OF INFORMATION ACT - VICTORIA POLICE

OFFICE OF FORCE		Total No. of UOF Detail Sheets	4	LEAP Forms Accompanying?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	INCIDENT FAX SEQUENCING Page no./Total No. of Pages	/	VP Form 237																																		
		INSTRUCTIONS Member in charge of UOF Incident is to ensure that appropriate forms are completed. Code Numbers are to be entered in the boxes provided next to the applicable field descriptions. Where indicated, and applicable, more than one code number may be entered If area is Not Applicable, leave blank.						CHECKED BY SUPERVISOR (Reg. No. & Initials)																																		
REPORT DATE	04/12/2008	REPORT TIME	1046	MEMBER REG. NO.	Not Relevant	MEMBER STATION	SOGSOG																																			
INCIDENT NO. FOR CDEB USE ONLY						CAD NO.																																				
Occurred on (Date)	03/12/2008	Occurred at (Time Police Attended)	1800	Total Duration (minutes)	1	Committed at Division																																				
Flat No.		Street No.		Street Name	Not Relevant	Not Relevant																																				
Town/Suburb	Not Relevant	State				VIC	NHW																																			
1. INITIAL INCIDENT TYPE (Other)		2	ENVIRONMENT (Tick whichever are appropriate)				WIND CONDITIONS <input type="checkbox"/> 1. Strong wind <input type="checkbox"/> 2. Light breeze <input checked="" type="checkbox"/> 3. Nil																																			
2. INITIAL LOCATION TYPE (Other)		11	EXTERNAL LIGHTING (One or More) <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark <input type="checkbox"/> 3. Dusk / Dawn <input type="checkbox"/> 1. Street Lights <input type="checkbox"/> 2. Factory lights <input type="checkbox"/> 3. Residential Lights <input type="checkbox"/> 4. Vehicle Headlamps <input type="checkbox"/> 5. Flashlights <input type="checkbox"/> 6. No Lighting				RAIN CONDITIONS <input type="checkbox"/> 1. Heavy rain <input type="checkbox"/> 2. Light rain <input type="checkbox"/> 3. Misty <input checked="" type="checkbox"/> 4. Nil <input type="checkbox"/> 5. Fog																																			
PERSONS PRESENT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td align="center">14</td><td>Total Police Present</td></tr> <tr><td align="center">7</td><td>Total Police Using Force</td></tr> <tr><td align="center">1</td><td>Total Other Present</td></tr> <tr><td align="center">1</td><td>Total Others Using Force</td></tr> </table>			14	Total Police Present	7	Total Police Using Force	1	Total Other Present	1	Total Others Using Force	SUPERVISOR'S ROLE Surname: Not Relevant				1. Not Present 2. Present - NOT involved 3. Present - Involved 4. Pursuit monitored and controlled 5. Pursuit directed to cease																											
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td align="center">3</td><td>1. Dog Squad</td></tr> <tr><td align="center">2</td><td>2. SOG</td></tr> <tr><td></td><td>3. Trained Negotiator</td></tr> <tr><td></td><td>4. Crime Squad</td></tr> </table>			3	1. Dog Squad	2	2. SOG		3. Trained Negotiator		4. Crime Squad	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>5. OST Incident Overview Team</td></tr> <tr><td></td><td>6. Homicide</td></tr> <tr><td></td><td>7. CAT Team</td></tr> <tr><td></td><td>8. Rotary Wing</td></tr> </table>				5. OST Incident Overview Team		6. Homicide		7. CAT Team		8. Rotary Wing	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>9. Ambulance</td></tr> <tr><td></td><td>10. Fire Brigade</td></tr> <tr><td></td><td>11. Spouse</td></tr> <tr><td></td><td>12. Family</td></tr> </table>				9. Ambulance		10. Fire Brigade		11. Spouse		12. Family	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>13. Friend</td></tr> <tr><td></td><td>14. Religious Practitioner</td></tr> <tr><td></td><td>15. Medical Practitioner</td></tr> <tr><td></td><td>99. Other (Specify)</td></tr> </table>			13. Friend		14. Religious Practitioner		15. Medical Practitioner		99. Other (Specify)
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	14. Religious Practitioner																																									
	15. Medical Practitioner																																									
	99. Other (Specify)																																									

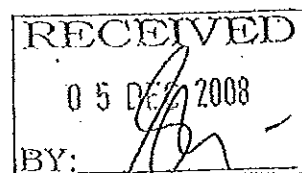
REMARKS (Give brief description of Incident)

31(1)(d) SOG requested to arrest target 31(1)(d) A mobile intercept was performed by the SOG to arrest the target. Not Relevant collided with 3 SOG vehicles in an attempt to flee the intercept. Not Relevant resisted demands and was Tasered and removed from target vehicle. Not Relevant continued to resist while on footpath and was restrained with plastic restraints.

3 SOG members received injuries as a result of the target vehicle colliding with them.

54022 VF

CRITICAL



RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

USE OF FORCE DETAIL SHEET										VP Form 237A																																													
REPORT DATE	04/12/2008		REPORT TIME	1046		MEMBER REG. NO.	Not Relevant		MEMBER STATION	SOG																																													
POLICE MEMBERS INVOLVED UNIT CALL SIGN						SOG		WORKLOAD FOR SHIFT	No. Tasks Pending		No. Tasks Completed																																												
Family Name 1. Not Relevant Reg. No. Station SOG 509 Previous Shift Concluded Date 02/12/2008 Time 1600						Family Name 2. Not Relevant Reg. No. Station SOG 509 Date 02/12/2008 Time 1600																																																	
FORCE USED BY MEMBER																																																							
on PERSON	A.			B.			C.			A.																																													
3. Force Type	13									39	21	34																																											
4. How Force Used	1									3	3	1																																											
5. Use of Force Outcome	2									2	2	2																																											
6. Injury Inflicted	20									20	20	20																																											
7. Severity of Injury	1									1	1	1																																											
8. Source of Weapon	3									0	3	0																																											
OST Training generally effective? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used OST Equipment generally effective? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used Confronted without warning? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No						<input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used Confronted without warning? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No																																																	
FIREARM No. of Shots <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Warning</td><td>Aimed</td><td>Reactive</td><td>Accidental</td></tr> <tr> <td></td><td></td><td></td><td></td></tr> </table>						Warning	Aimed	Reactive	Accidental					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Warning</td><td>Aimed</td><td>Reactive</td><td>Accidental</td></tr> <tr> <td></td><td></td><td></td><td></td></tr> </table>						Warning	Aimed	Reactive	Accidental																																
Warning	Aimed	Reactive	Accidental																																																				
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OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)																																																							
Family Name Given Name/s Not Relevant				B. DOB Sex M/F/U 9. Ethnic Appearance 10. Height 11. Build 12. Person Type 				C. DOB Sex M/F/U 9. Ethnic Appearance 10. Height 11. Build 12. Person Type 																																															
M.N.I. 13. Behavioural Factors <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>6</td><td>9</td><td>12</td><td>13</td></tr> </table>				6	9	12	13	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td><td>2</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				1	2																			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td><td>2</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				1	2																		
6	9	12	13																																																				
1	2																																																						
1	2																																																						
FORCE USED AGAINST MEMBERS																																																							
MEMBER	1			2			1			2																																													
3. Force Type	13			13	34																																																		
4. How Force Used	1			1	1																																																		
5. UOF Outcome	2			2	2																																																		
6. Injury Inflicted	20			20	20																																																		
7. Severity of Injury	1			1	0																																																		
8. Source of Weapon	0			0	0																																																		
FIREARM Calibre 14. State of Firearm No. of shots fired 																																																							
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VP Form 237A																			
REPORT DATE		04/12/2008		REPORT TIME		1046		MEMBER REG. NO.		Not Relevant		MEMBER STATION		SOG		Fax Seq		/	
POLICE MEMBERS INVOLVED UNIT CALL SIGN								SOG		WORKLOAD FOR SHIFT		No. Tasks Pending		No. Tasks Completed					
Family Name Not Relevant Reg. No. Station SOG SOG										Family Name Not Relevant Reg. No. Station SOG SOG									
Previous Shift Concluded Date 02/12/2008 Time 1830										Previous Shift Concluded Date 02/12/2008 Time 1830									
FORCE USED BY MEMBER																			
on PERSON		A.			B.			C.			A.			B.			C.		
3. Force Type		13	21	39							21	34	49						
4. How Force Used		1	3	3							3	1	1						
5. Use of Force Outcome		2	2	2							2	2	2						
6. Injury Inflicted		20	20	20							20	20	20						
7. Severity of Injury		1	1	0							1	1	1						
8. Source of Weapon		3	3	0							3	0	3						
OST Training generally effective? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used OST Equipment generally effective? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used Confronted without warning? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No										<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Not Used <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used Confronted without warning? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No									
FIREARM		Warning		Aimed		Reactive		Accidental		Warning		Aimed		Reactive		Accidental			
No. of Shots																			
OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)																			
Family Name Given Name/s <div style="text-align: center;">Not Relevant</div>										B. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> DOB <div style="border: 1px solid black; width: 100px;"></div> Sex M/F/U <div style="border: 1px solid black; width: 50px;"></div> 9. Ethnic Appearance <div style="border: 1px solid black; width: 100px;"></div> 10. Height <div style="border: 1px solid black; width: 100px;"></div> 11. Build <div style="border: 1px solid black; width: 100px;"></div> 12. Person Type <div style="border: 1px solid black; width: 100px;"></div>					C. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> DOB <div style="border: 1px solid black; width: 100px;"></div> Sex M/F/U <div style="border: 1px solid black; width: 50px;"></div> 9. Ethnic Appearance <div style="border: 1px solid black; width: 100px;"></div> 10. Height <div style="border: 1px solid black; width: 100px;"></div> 11. Build <div style="border: 1px solid black; width: 100px;"></div> 12. Person Type <div style="border: 1px solid black; width: 100px;"></div>				
M.N.I. 13. Behavioural Factors <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">12</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">13</div> </div>																			
FORCE USED AGAINST MEMBERS																			
MEMBER		P (3)			P (4)			1			2			1			2		
3. Force Type		13	39		13	34													
4. How Force Used		1	3		1	1													
5. UOF Outcome		2	2		2	2													
6. Injury Inflicted		4	20		4	20													
7. Severity of Injury		3	0		3	0													
8. Source of Weapon		0	0		0	0													
FIREARM		Calibre		14. State of Firearm		Calibre		14. State of Firearm		Calibre		14. State of Firearm		Calibre		14. State of Firearm			
No. of shots fired						No. of shots fired				No. of shots fired				No. of shots fired					

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

USE OF FORCE DETAIL SHEET										VP Form 237A																																																																																																																																						
REPORT DATE		04/12/2008		REPORT TIME		1046		MEMBER REG. NO.		Not Relevant																																																																																																																																						
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Family Name				Not Relevant				Family Name				Not Relevant																																																																																																																																				
Reg. No.								Station				SOG SOG																																																																																																																																				
Previous Shift Concluded				Date				02/12/2008				Time				1830																																																																																																																																
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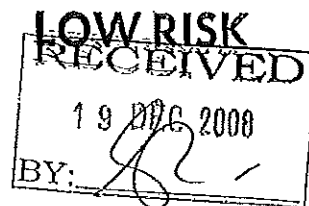
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8. Source of Weapon	0	0	0																																																																																																																																																								
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RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

USE OF FORCE		Total No. of UOF Detail Sheets 		LEAP Forms Yes <input type="checkbox"/> No <input type="checkbox"/> Accompanying?		INCIDENT FAX SEQUENCING Page no./Total No. of Pages / 		VP Form 237																									
		INSTRUCTIONS Member in charge of UOF incident is to ensure that appropriate forms are completed. Code Numbers are to be entered in the boxes provided next to the applicable field descriptions. Where indicated, and applicable, more than one code number may be entered If area is Not Applicable, leave blank.						CHECKED BY SUPERVISOR (Reg. No. & Initials)																									
REPORT DATE 18/12/08	REPORT TIME 0600	MEMBER REG. NO Not Relevant	MEMBER STATION FRUCRT																														
INCIDENT NO. FOR CDEB USE ONLY 			CAD NO. 																														
Occurred on (Date) 17/12/08	Occurred at (Time Police Attended) 2345	Total Duration (minutes) 215	Committed at Division 																														
Flat No. 	Street No. Not Relevant	Not Relevant			Not Relevant																												
Town/ Suburb Not Relevant	State Vic		NHW 																														
1. INITIAL INCIDENT TYPE 5 (Other)		ENVIRONMENT (Tick whichever are appropriate) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1. Daylight <input checked="" type="checkbox"/> 2. Dark <input type="checkbox"/> 3. Dusk / Dawn INTERIOR LIGHTING <input checked="" type="checkbox"/> 1. Well lit <input type="checkbox"/> 2. Poorly lit </div> <div style="width: 45%;"> EXTERNAL LIGHTING (One or More) <input type="checkbox"/> 1. Street Lights <input type="checkbox"/> 2. Factory lights <input checked="" type="checkbox"/> 3. Residential Lights <input type="checkbox"/> 4. Vehicle Headlamps <input type="checkbox"/> 5. Flashlights <input type="checkbox"/> 6. No Lighting </div> </div>					WIND CONDITIONS <input type="checkbox"/> 1. Strong wind <input type="checkbox"/> 2. Light breeze <input checked="" type="checkbox"/> 3. Nil RAIN CONDITIONS <input type="checkbox"/> 1. Heavy rain <input type="checkbox"/> 2. Light rain <input type="checkbox"/> 3. Misty <input checked="" type="checkbox"/> 4. Nil <input type="checkbox"/> 5. Fog																										
2. INITIAL LOCATION TYPE 1 (Other)							SUPERVISOR'S ROLE Surname Not Relevant Reg No. 			1. Not Present 2. Present - NOT involved 3. Present - Involved 4. Pursuit monitored and controlled 5. Pursuit directed to cease																							
PERSONS PRESENT <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">15</td> <td>Total Police Present</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td>Total Police Using Force</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td>Total Other Present</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td>Total Others Using Force</td> </tr> </table>		15	Total Police Present	1	Total Police Using Force	1	Total Other Present	1	Total Others Using Force																								
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<div style="border: 1px solid black; padding: 2px;"> </div> 99. Other (Specify)																																	

REMARKS (Give brief description of incident)

Suicidal male at above address. Inflicting wounds via broken glass to arms causing bleeding. Cordon put in place. Negotiators deployed. Male armed himself with meat cleaver and exited rear of premises. Male confronted by FRU members and taser deployed by Not Relevant Offender surrendered and was arrested and transported to hospital via ambos with minor injuries.



54217 TV

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

REPORT DATE

18/12/08

REPORT TIME

0600

MEMBER REG. NO.

Not Relevant

MEMBER STATION

UPSFRU

Fax Seq

/

VP Form 237A

POLICE MEMBERS INVOLVED UNIT CALL SIGN

Not Relevant

WORKLOAD FOR SHIFT

2

No. Tasks Pending

1

No. Tasks Completed

Family Name

1.

Not Relevant

Reg. No.

Not Relevant

Station

FRUCRT

Previous Shift Concluded

Date

17/12/08

Time

0700

2.

Reg. No.

Station

Date

Time

FORCE USED BY MEMBER

on PERSON	A.			B.			C.			A.			B.			C.		
3. Force Type	22	39	34															
4. How Force Used	5	3	1															
5. Use of Force Outcome	2	2	2															
6. Injury Inflicted	5	20	20															
7. Severity of Injury	2	0	0															
8. Source of Weapon	3	0	0															

OST Training generally effective?

☒ 1. Yes ☐ 2. No ☐ 3. Not Used

OST Equipment generally effective?

☒ 1. Yes ☐ 2. No ☐ 3. Not Used

Confronted without warning?

☐ 1. Yes ☒ 2. No ☐ 3. Not Used

Response Planned?

☒ 1. Yes ☐ 2. No

FIREARM

No. of Shots

Warning

Aimed

Reactive

Accidental

Confronted without warning?

☐ 1. Yes ☐ 2. No ☐ 3. Not Used

Response Planned?

☐ 1. Yes ☐ 2. No

FIREARM

No. of Shots

Warning

Aimed

Reactive

Accidental

OTHER PERSONS INVOLVED

(If more than 3 Other Persons Involved, add extra sheets)

Family Name

Given Name/s

Not Relevant

DOB

Sex M/F/U

9. Ethnic Appearance

10. Height

11. Build

12. Person Type

M.N.I.

13. Behavioural Factors

1 3 9 6

FORCE USED AGAINST MEMBERS

MEMBER	1			2		
3. Force Type	40	39				
4. How Force Used	3	3				
5. UOF Outcome	2	2				
6. Injury Inflicted	20	20				
7. Severity of Injury	0	0				
8. Source of Weapon	0	0				

FIREARM

Calibre

No. of shots fired

14. State of Firearm

B.

DOB

Sex M/F/U

9. Ethnic Appearance

10. Height

11. Build

12. Person Type

1

2

Calibre

No. of shots fired

14. State of Firearm

C.

DOB

Sex M/F/U

9. Ethnic Appearance

10. Height

11. Build

12. Person Type

1


2

Calibre

No. of shots fired

14. State of Firearm

RELEASED UNDER FREEDOM OF INFORMATION ACT - VICTORIA POLICE

USE OF FORCE		Total No. of UOF Detail Sheets	2		LEAP Forms Accompanying?	Yes <input type="checkbox"/> No <input type="checkbox"/>	INCIDENT FAX SEQUENCING	Page no./Total No. of Pages	12	VP Form 237									
		INSTRUCTIONS Member in charge of UOF Incident is to ensure that appropriate forms are completed. Code Numbers are to be entered in the boxes provided next to the applicable field descriptions. Where indicated, and applicable, more than one code number may be entered If area is Not Applicable, leave blank.								CHECKED BY SUPERVISOR (Reg. No. & Initials)  Not Relevant									
REPORT DATE	26/12/08	REPORT TIME	1245	MEMBER REG. NO.	Not Relevant		MEMBER STATION	Not Relevant											
INCIDENT NO. FOR CDEB USE ONLY						CAD NO.													
Occurred on (Date)	26/12/08	Occurred at (Time Police Attended)	0852	Total Duration (minutes)	5	Committed at Division													
Flat No.		Street No.		Not Relevant				Not Relevant											
Town/Suburb	Not Relevant				State	Vic	NHW												
1. INITIAL INCIDENT TYPE (Other)		23		ENVIRONMENT (Tick whichever are appropriate) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark <input type="checkbox"/> 3. Dusk / Dawn </div> <div> EXTERNAL LIGHTING (One or More) <input type="checkbox"/> 1. Street Lights <input type="checkbox"/> 2. Factory lights <input type="checkbox"/> 3. Residential Lights <input type="checkbox"/> 4. Vehicle Headlamps <input type="checkbox"/> 5. Flashlights <input type="checkbox"/> 6. No Lighting </div> <div> WIND CONDITIONS <input type="checkbox"/> 1. Strong wind <input checked="" type="checkbox"/> 2. Light breeze <input type="checkbox"/> 3. Nil RAIN CONDITIONS <input type="checkbox"/> 1. Heavy rain <input type="checkbox"/> 2. Light rain <input type="checkbox"/> 3. Misty <input checked="" type="checkbox"/> 4. Nil <input type="checkbox"/> 5. Fog </div> </div>															
2. INITIAL LOCATION TYPE (Other)		①																	
PERSONS PRESENT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>4</td><td>Total Police Present</td></tr> <tr><td>1</td><td>Total Police Using Force</td></tr> <tr><td>3</td><td>Total Other Present</td></tr> <tr><td>1</td><td>Total Others Using Force</td></tr> </table>				4	Total Police Present	1	Total Police Using Force	3	Total Other Present	1	Total Others Using Force	SUPERVISOR'S ROLE Surname _____ Reg No. _____ Not Relevant				1. Not Present 2. Present - NOT involved 3. Present - involved 4. Pursuit monitored and controlled 5. Pursuit directed to cease			
4	Total Police Present																		
1	Total Police Using Force																		
3	Total Other Present																		
1	Total Others Using Force																		
SPECIALIST SUPPORT REQUESTED (One or More) IF NOT REQUESTED TO ATTEND, LEAVE BOX BLANK																			
<input type="checkbox"/> 1. Dog Squad <input type="checkbox"/> 2. SOG <input type="checkbox"/> 3. Trained Negotiator <input type="checkbox"/> 4. Crime Squad		<input type="checkbox"/> 5. OST Incident Overview Team <input type="checkbox"/> 6. Homicide <input type="checkbox"/> 7. CAT Team <input type="checkbox"/> 8. Rotary Wing		<input type="checkbox"/> 9. Ambulance <input type="checkbox"/> 10. Fire Brigade <input type="checkbox"/> 11. Spouse <input checked="" type="checkbox"/> 12. Family		<input checked="" type="checkbox"/> 13. Friend <input type="checkbox"/> 14. Religious Practitioner <input type="checkbox"/> 15. Medical Practitioner <input checked="" type="checkbox"/> 99. Other (Specify)		C.I.R.T TEAM											

REMARKS (Give brief description of Incident)

On Friday the 26/12/08 at approx 0852 attended at _____ who presented in an agitated mental state and was not co-operative with police enquiries.

The comp - _____ of A/A arrived and was shortly contacted by _____ who stated that he had taken 140 units of "Act Rapid" insulin and he about to engage police in a pursuit. A high powered Holden Sedan was parked in the driveway and police quickly blocked the vehicle.

Moments later _____ exited the premises and presented agitated and stern towards police and walked toward a secondary vehicle parked in the street. Police continually instructed _____ to stop and informed not to proceed to the vehicle. _____ ignored police instructions and brushed police aside and unlocked the vehicle (via remote) and entered the vehicle.

Police attempted to remove keys from Ignition unsuccessful and _____ started the vehicle and revved it loudly. OC Foam deployed by _____ on _____ at this time and keys removed. OC Foam nil effect on _____ who continued to start vehicle. OC Foam deployed again by _____ and _____ exited vehicle un-effected by OC Foam and returned to premises, locking the door behind him.

_____ assisting and present at time of OC Foam deployment. _____ informed and attended scene. C.I.R.T TEAM notified and attended at 0953 hrs - cordon and contain area. _____ confrontational and tazer deployed. _____ placed in _____ van and transported to _____ CAT Team assessment. Nil injuries to members.

Reprint 10/98 document7

LOW RISK

RECEIVED
10 DEC 2009
BY: _____

Revised 12/95

RELEASED UNDER FREEDOM OF INFORMATION - VICTORIA POLICE

OFFICE OF FORCE DETAIL SHEET				VP Form 237A		
REPORT DATE	26/12/08	REPORT TIME	1245	MEMBER REG. NO.	Not Relevant	
				MEMBER STATION	Not Relevant	
				Fax Seq	212	
POLICE MEMBERS INVOLVED UNIT CALL SIGN			3BS 307	WORKLOAD FOR SHIFT	<input checked="" type="checkbox"/> No. Tasks Pending <input checked="" type="checkbox"/> No. Tasks Completed	
Family Name 1. Not Relevant Reg. No. Not Relevant Station Not Relevant Previous Shift Concluded Date 24/12/08 Time 1500			Family Name 2. Not Relevant Reg. No. Not Relevant Station Not Relevant Date 25/12/08 Time 2300			
FORCE USED BY MEMBER						
on PERSON	45	A.	B.	C.		
3. Force Type	22	34				
4. How Force Used	5	1				
5. Use of Force Outcome	2	2				
6. Injury Inflicted	12	20				
7. Severity of Injury	1	0				
8. Source of Weapon	3	0				
OST Training generally effective? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used OST Equipment generally effective? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used Confronted without warning? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No Response Planned? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not Used Confronted without warning? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Response Planned? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
FIREARM No. of Shots			Warning	Almed	Reactive	
OTHER PERSONS INVOLVED (If more than 3 Other Persons Involved, add extra sheets)						
Family Name Given Name/s Not Relevant			B. DOB Sex M/F/U 9. Ethnic Appearance 10. Height 11. Build 12. Person Type		C. DOB Sex M/F/U 9. Ethnic Appearance 10. Height 11. Build 12. Person Type	
M.N.I. 13. Behavioural Factors 3 10 12 13						
FORCE USED AGAINST MEMBERS						
MEMBER	39	1	2			
3. Force Type	22	40				
4. How Force Used	3	3				
5. UOF Outcome	02	2				
6. Injury Inflicted	02	10				
7. Severity of Injury	0	0				
8. Source of Weapon	0	0				
FIREARM Calibre 14. State of Firearm No. of shots fired			Calibre 14. State of Firearm No. of shots fired		Calibre 14. State of Firearm No. of shots fired	

RELEASED UNDER FREEDOM OF INFORMATION ACT - VICTORIA POLICE

USE OF FORCE		Total No. of UOF Detail Sheets	3	LEAP Forms Accompanying?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	INCIDENT FAX SEQUENCING Page no./Total No. of Pages	1/3	VP Form 237																																							
INSTRUCTIONS							CHECKED BY SUPERVISOR (Reg. No. & Initials)																																								
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REPORT DATE	26/12/08	REPORT TIME	1300	MEMBER REG. NO	34504	MEMBER STATION	KASFRUARY																																								
INCIDENT NO. FOR CDEB USE ONLY						CAD NO.																																									
Occurred on (Date)	26/12/08	Occurred at (Time Police Attended)	0953	Total Duration (minutes)	70	Committed at Division																																									
Flat No.		Street No.		Street Name	Not Relevant			Not Relevant																																							
Town/ Suburb	Not Relevant				State	vic	NHW																																								
1. INITIAL INCIDENT TYPE (Other)		4		ENVIRONMENT (Tick whichever are appropriate) <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark <input type="checkbox"/> 3. Dusk / Dawn EXTERNAL LIGHTING (One or More) <input type="checkbox"/> 1. Street Lights <input type="checkbox"/> 2. Factory lights <input type="checkbox"/> 3. Residential Lights <input type="checkbox"/> 4. Vehicle Headlamps <input type="checkbox"/> 5. Flashlights <input type="checkbox"/> 6. No Lighting INTERIOR LIGHTING <input type="checkbox"/> 1. Well lit <input type="checkbox"/> 2. Poorly lit WIND CONDITIONS <input type="checkbox"/> 1. Strong Wind <input checked="" type="checkbox"/> 2. Light breeze <input type="checkbox"/> 3. Nil RAIN CONDITIONS <input type="checkbox"/> 1. Heavy rain <input type="checkbox"/> 2. Light rain <input type="checkbox"/> 3. Misty <input checked="" type="checkbox"/> 4. Nil <input type="checkbox"/> 5. Fog																																											
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REMARKS (Give brief description of Incident)

Not Relevant requested to assist Not Relevant re a male believed to be located in a residential address after a domestic dispute and threats of suicide. Information available was that as a result of an on going domestic dispute involving an intervention order Not Relevant had damaged property inside the wife's house, Not Relevant had attempted to decamp in vehicle and had been o/c foamed twice by police with nil effect, Not Relevant had telephoned his wife/ex-wife and stated that he had taken a quantity of medication with the intent of killing himself and that Not Relevant was believed to be contained inside his wife's house. Not Relevant attended at the scene and deployed with C.I.R.T equipment into a cordon Not Relevant called to another job). Negotiators attended at the scene and made contact with the male via mobile phone. It soon become apparent that the male was not inside the address. Not Relevant then conducted a reconnaissance in an unmarked vehicle to the area where Not Relevant was believed to be. Not Relevant was not at this location at this time but was observed walking back towards Not Relevant then set up an arrest team concealed by a residential boundary fence and waited for Not Relevant to approach them. When Not Relevant walked in front of Not Relevant he was challenged and instructed to lay down on the ground. Not Relevant was physically agitated and aggressive. Not Relevant refused to follow instructions and continued to walk back towards his wife's address. Not Relevant continued to issue instructions but Not Relevant ignored them before suddenly stopping, it then appeared as if Not Relevant was going to allow himself to be arrested. Not Relevant body language then suddenly changed again and he moved towards Not Relevant who was on lethal cover. Not Relevant then deployed the tazer from a distance of approximately 2.1m, the probes struck Not Relevant on the right hand side of his back approximately 30cm apart. Not Relevant went to the ground and when the tazer cycle stopped he rolled onto his back. Not Relevant issued instructions for Not Relevant to roll onto his stomach and place his hands behind his back. Not Relevant ignored these instructions, continued to be aggressive and attempted to get up. Not Relevant then cycled the tazer a second time. Not Relevant then become complaint, rolled over and was strapped. Not Relevant then handed Not Relevant over to Not Relevant

→ CRITICAL



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REPORT DATE										REPORT TIME										MEMBER REG. NO.										MEMBER STATION										VP Form 237A																																																																															
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