



# Town of Lexington

## Police Department

### Use/Show of Force Report

[1.3.6]

A Lexington Police Officer, on or off duty, shall immediately notify the Patrol Supervisor or Commanding Officer when he/she:

1. Discharges a firearm (except for target practice or competition).
2. Takes any action that results in (or is alleged to have resulted in) death or injury of another person.
3. Applies force by means of any type of weapon, including pointing a gun at a human.
4. Discharges a chemical agent/OC.
5. Strikes a subject with a baton or similar object.
6. Delivers a weaponless strike (open or closed hand) or kick.

Officer's Name: JOHN FRISSORE Badge # 156 Case# 22-1692

Location of Incident 98 HANCOCK ST. Date & Time 2-12-22  am  pm

Duty status at time of incident:  On-Duty  Off-Duty  Uniformed  Plain Clothes

**Type of Force Used:**

- |  |   |
|--|---|
| <input type="checkbox"/> Weaponless Physical Force | <input checked="" type="checkbox"/> Less Lethal – Bean Bag  |
| <input type="checkbox"/> OC Spray                  | <input type="checkbox"/> Stop Sticks                        |
| <input checked="" type="checkbox"/> Service Baton  | <input type="checkbox"/> Aiming/Pointing Firearm at a Human |
| <input type="checkbox"/> Firearm Discharge         | <input type="checkbox"/> Other: _____                       |

**Reason for Use of Force:**

- |   |   |
|---|---|
| <input type="checkbox"/> Effect Arrest                        | <input checked="" type="checkbox"/> Self-defense                    |
| <input type="checkbox"/> Restrain for subject's own safety    | <input checked="" type="checkbox"/> Prevent violent forcible felony |
| <input type="checkbox"/> Other (Explain in Narrative Section) | <input checked="" type="checkbox"/> Defense of Others               |

If Firearm used:  Department Issued/Authorized  Privately Owned  Rounds used: \_\_\_\_\_  
 Serial # \_\_\_\_\_

Person force was used on:  Male  Female  Non-Binary  Unknown  
 Hispanic  Non-Hispanic  Unknown 36 Age 5'10" Height 180 Weight  
 White  Black  Asian  American Indian  Pacific Islander  Unknown

Indication of impairment:  Alcohol  Drugs  Mental Illness

**Describe Conditions (check all that apply):**

Lighting:  Excellent light  Good light  Poor/No light  Flashlight  
 Location:  Indoors  Outdoors  Residential  Business  Street  Field/Woods  
 Weather:  Clear  Cloudy  Rain  Snow/Ice  Windy

Was officer injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: LAHEY  
 Was subject injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: LAHEY  
 Was 3<sup>rd</sup> party injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: \_\_\_\_\_

**Department Policy:** This form is for data collection only. It should be submitted after completing a full incident report as required by the Department's "Use of Force" policy. The standard incident report should specifically identify the names of the person's involved as well as fully describing the events and circumstances of this incident. Do not use this form for animal control calls.

Submitted by: JOHN FRISSORE  
 Date Submitted: 10/18/2022

Approved by: John Mcgrill  
 Date Approved: 10/18/2022



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4. Discharges a chemical agent/OC.
5. Strikes a subject with a baton or similar object.
6. Delivers a weaponless strike (open or closed hand) or kick.

Officer's Name: Joseph Carruthers Badge # 186 Case# 22-001692  
 Location of Incident 98 Hancock St. Date & Time 2/12/2022  am  pm  
 Duty status at time of incident:  On-Duty  Off-Duty  Uniformed  Plain Clothes

**Type of Force Used:**

- |   |  |
|---|--|
| <input type="checkbox"/> Weaponless Physical Force    | <input type="checkbox"/> Less Lethal – Bean Bag                        |
| <input type="checkbox"/> OC Spray                     | <input type="checkbox"/> Stop Sticks                                   |
| <input type="checkbox"/> Service Baton                | <input checked="" type="checkbox"/> Aiming/Pointing Firearm at a Human |
| <input checked="" type="checkbox"/> Firearm Discharge | <input type="checkbox"/> Other: _____                                  |

**Reason for Use of Force:**

- |   |   |
|---|---|
| <input type="checkbox"/> Effect Arrest                        | <input type="checkbox"/> Self-defense                               |
| <input type="checkbox"/> Restrain for subject's own safety    | <input checked="" type="checkbox"/> Prevent violent forcible felony |
| <input type="checkbox"/> Other (Explain in Narrative Section) | <input checked="" type="checkbox"/> Defense of Others               |

If Firearm used:  Department Issued/Authorized  Privately Owned  Rounds used: \_\_\_\_\_  
 Serial # BG-TS816

Person force was used on:  Male  Female  Non-Binary  Unknown  
 Hispanic  Non-Hispanic  Unknown 36 Age 5'10" Height 180lbs Weight  
 White  Black  Asian  American Indian  Pacific Islander  Unknown

Indication of impairment:  Alcohol  Drugs  Mental Illness

**Describe Conditions (check all that apply):**

Lighting:  Excellent light  Good light  Poor/No light  Flashlight  
 Location:  Indoors  Outdoors  Residential  Business  Street  Field/Woods  
 Weather:  Clear  Cloudy  Rain  Snow/Ice  Windy

Was officer injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: Lahey  
 Was subject injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: Lahey  
 Was 3<sup>rd</sup> party injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: \_\_\_\_\_

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Submitted by: [Signature] 186  
 Date Submitted: 4/29/22

Approved by: [Signature]  
 Date Approved: 4/29/22



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2. Takes any action that results in (or is alleged to have resulted in) death or injury of another person.
3. Applies force by means of any type of weapon, including pointing a gun at a human.
4. Discharges a chemical agent/OC.
5. Strikes a subject with a baton or similar object.
6. Delivers a weaponless strike (open or closed hand) or kick.

Officer's Name: Sean Sullivan Badge # 195 Case# 22-1692  
 Location of Incident 98 Hancock St. Date & Time \_\_\_\_\_  am  pm  
 Duty status at time of incident:  On-Duty  Off-Duty  Uniformed  Plain Clothes

**Type of Force Used:**

- |  |  |
|--|--|
| <input type="checkbox"/> Weaponless Physical Force | <input type="checkbox"/> Less Lethal – Bean Bag                        |
| <input type="checkbox"/> OC Spray                  | <input type="checkbox"/> Stop Sticks                                   |
| <input checked="" type="checkbox"/> Service Baton  | <input checked="" type="checkbox"/> Aiming/Pointing Firearm at a Human |
| <input type="checkbox"/> Firearm Discharge         | <input type="checkbox"/> Other: _____                                  |

**Reason for Use of Force:**

- |   |   |
|---|---|
| <input type="checkbox"/> Effect Arrest                        | <input type="checkbox"/> Self-defense                               |
| <input type="checkbox"/> Restrain for subject's own safety    | <input checked="" type="checkbox"/> Prevent violent forcible felony |
| <input type="checkbox"/> Other (Explain in Narrative Section) | <input type="checkbox"/> Defense of Others                          |

If Firearm used:  Department Issued/Authorized  Privately Owned  Rounds used: \_\_\_\_\_  
 Serial # \_\_\_\_\_

Person force was used on:  Male  Female  Non-Binary  Unknown  
 Hispanic  Non-Hispanic  Unknown 36 Age 5'10 Height 180 Weight  
 White  Black  Asian  American Indian  Pacific Islander  Unknown

Indication of impairment:  Alcohol  Drugs  Mental Illness

**Describe Conditions (check all that apply):**

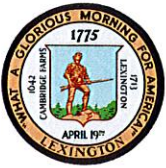
Lighting:  Excellent light  Good light  Poor/No light  Flashlight  
 Location:  Indoors  Outdoors  Residential  Business  Street  Field/Woods  
 Weather:  Clear  Cloudy  Rain  Snow/Ice  Windy

Was officer injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: Lahay  
 Was subject injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: Lahay  
 Was 3<sup>rd</sup> party injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: \_\_\_\_\_

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Submitted by: Sean Sullivan  
 Date Submitted: 3/16/22

Approved by: 3/16/22 [Signature]  
 Date Approved: 3/16/22



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4. Discharges a chemical agent/OC.
5. Strikes a subject with a baton or similar object.
6. Delivers a weaponless strike (open or closed hand) or kick.

Officer's Name: McAfee, ANDREW Badge # 191 Case# 22-1692  
 Location of Incident 98 HANCOCK Date & Time FEB 12, 2022 12:36  am  pm  
 Duty status at time of incident:  On-Duty  Off-Duty  Uniformed  Plain Clothes

**Type of Force Used:**

- |  |  |
|--|--|
| <input type="checkbox"/> Weaponless Physical Force | <input type="checkbox"/> Less Lethal – Bean Bag                        |
| <input checked="" type="checkbox"/> OC Spray       | <input type="checkbox"/> Stop Sticks                                   |
| <input type="checkbox"/> Service Baton             | <input checked="" type="checkbox"/> Aiming/Pointing Firearm at a Human |
| <input type="checkbox"/> Firearm Discharge         | <input type="checkbox"/> Other: _____                                  |

**Reason for Use of Force:**

- |   |   |
|---|---|
| <input type="checkbox"/> Effect Arrest                        | <input type="checkbox"/> Self-defense                               |
| <input type="checkbox"/> Restrain for subject's own safety    | <input checked="" type="checkbox"/> Prevent violent forcible felony |
| <input type="checkbox"/> Other (Explain in Narrative Section) | <input type="checkbox"/> Defense of Others                          |

If Firearm used:  Department Issued/Authorized  Privately Owned  Rounds used: \_\_\_\_\_  
 Serial # \_\_\_\_\_

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 Hispanic  Non-Hispanic  Unknown 36 Age 5'10" Height 180 Weight  
 White  Black  Asian  American Indian  Pacific Islander  Unknown

Indication of impairment:  Alcohol  Drugs  Mental Illness

**Describe Conditions (check all that apply):**

Lighting:  Excellent light  Good light  Poor/No light  Flashlight  
 Location:  Indoors  Outdoors  Residential  Business  Street  Field/Woods  
 Weather:  Clear  Cloudy  Rain  Snow/Ice  Windy

Was officer injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: \_\_\_\_\_  
 Was subject injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: LAFAY CLINIC  
 Was 3<sup>rd</sup> party injured:  YES  NO If YES, Transported?  YES  NO Medical Facility: \_\_\_\_\_

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Submitted by: [Signature]  
 Date Submitted: March 22, 2022

Approved by: [Signature]  
 Date Approved: 3/22/2022