

ALPHARETTA DEPARTMENT OF PUBLIC SAFETY

Use of Force Report

Alpharetta Department of Public Safety, Use of Force Policy 04-16, mandates that members of the department accurately, completely, and timely report subject control of active resistance and a supervisor conducts a prompt investigation.

For each use of force - supervisors will conduct a review of the incident to ensure the amount of force was objectively reasonable and in accordance with departmental policy.

Any recommendations / actions related to the use of force will then be addressed. Use of Force reports will be completed by a supervisor prior to end of the shift of occurrence unless specifically authorized otherwise by the Shift Commander.

INCIDENT INFORMATION

1. Date of this Report **02/27/2012** 2. Date of Incident **02/22/2012** 3. Time: **05:00**
4. Location of Incident **1332 N HAMPTON DR, ALPHARETTA, GA 30004** 5. Case Number **12020364**
6. Type of force a.) **DO NOT USE - WEAPON** Other (explain)
(effective Y/N) b.)
c.)
7. At the time of the incident, was the officer in uniform or plainclothes? **UNIFORM**
8. List name and code numbers of all officers present at the time the force was used
BENT, JOMO (329) / BURGER, MATTHEW (260) / FRENCH, DOUG (198) / FURR, ARICK (300) / MACIEL, BRANDON (327) / PARTON, WILLIAM (276) / ROCKS, BRAD (296) / TAPPAN, MARK (293) / TOBIAS, DAVID (272) / VALONE, RICHARD (324) / VANN, DAVID (284)

9. List names, addresses, and phone numbers of any witnesses

OFFICER INFORMATION

10. Name **FURR, A.** 11. Rank **LIEUTENANT** 12. Badge # **300**
13. Where assigned **/TRAF/TRAF/TRAF** 14. Phone #
15. Race **B** 16. Sex **M** 17. Date of birth **██████1983**
18. Date of employment **08/14/2006** 19. Total years of education
20. Was the officer injured? **N** 21. If yes, type of injuries **NOT INJURED**
22. Name of hospital 23. Type of treatment **NO TREATMENT REQUIRED**