

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 **01/22/2014** 2. Date of Incident **01/10/2014** 3. Time: **18:13**
4. Location of Incident **3020 MANSELL RD, 205, ALPHARETTA, GA 30022** 5. Case Number **14010221**
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
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 **LAW/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