



Greenfield Police Department Prisoner Injury Form

Date	Time	Call #	Reporting Officer	Location of event

Subject Information

Subjects Name: _____

Subjects Address: _____

Subject Date of Birth: _____ Subject Sex: _____ Subject Race: _____

Description of Injury discovered/reported: (indicate Arrest and/or Case Numbers)

If force was use indicate Type of Force Deployed : (Check All that Apply)

Physical techniques: OC Spray: Pepper Ball: Baton: Distraction Device:

Bean Bag ; OC Grenade: Firearm (Serial No): _____

Taser: _____ Taser Type: _____ Taser serial # _____

Taser Submitted for Download to: _____ Other Force: _____

How injury was incurred;

Medical Information: (Indicate pre/post discovered medical conditions and treatment suspect received including medical facility)

Investigating Supervisors Comments:

Officer(s) Reporting Injury: _____

Chiefs Review: _____ Date: _____