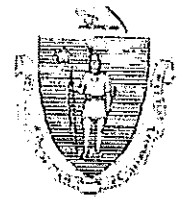




# Hampshire Sheriff's Office Jail & House of Correction



## USE OF FORCE PACKET CHECKLIST

DATE: 2/8/18

Inmate: [REDACTED]

Area where incident took place: SMU-A

COMPLE [REDACTED] Key

This document will act as the cover sheet for the Use of Force Packet.

The Shift Supervisor will ensure completion of all documentation and ensure that all appropriate actions are taken and check off the corresponding box and PRINT their name in the appropriate box when the item is completed.

If an item listed in the Documentation/Action column is not applicable to the particular incident than place "N/A" in that column.

All Use of Force Incidents will be forwarded to the Facility Administrator or designee for review.

Documentation / Action	Shift Supervisor		Reviewed By	
	Complete	Staff Name	Complete	Initials
Copy of Disciplinary Report(s)	<input checked="" type="checkbox"/>	[REDACTED]	<input checked="" type="checkbox"/>	[REDACTED]
Copy of Informational Report(s)	<input checked="" type="checkbox"/>	[REDACTED]	<input checked="" type="checkbox"/>	[REDACTED]
Use of Force Report	<input checked="" type="checkbox"/>	[REDACTED]	<input checked="" type="checkbox"/>	[REDACTED]
Health Services Contraindication for four-point Restraint	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>	[REDACTED]
Copy of Use of Force Medical Examination Report	<input checked="" type="checkbox"/>	[REDACTED]	<input checked="" type="checkbox"/>	[REDACTED]
Copy of Use of Force Mental Health Review Sheet (If applicable)	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>	[REDACTED]
Copy of Shift Supervisors Report (If applicable)	<input checked="" type="checkbox"/>	[REDACTED]	<input type="checkbox"/>	[REDACTED]
Copy of Constant Observation Log (If applicable)	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>	[REDACTED]
Copy of Staff Injury Reports (If applicable)	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>	[REDACTED]
Copy of Contraband Control Log (Chain of Custody/Evidence)	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>	[REDACTED]
Request For Service (If applicable due to access to Red Box, physical damage etc)	<input checked="" type="checkbox"/>	[REDACTED]	<input checked="" type="checkbox"/>	[REDACTED]
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

WHEN ALL CONDITIONS OF REPORTING AND NECESSARY ACTIONS/REFERRALS HAVE BEEN COMPLETED, THIS DOCUMENT WILL BE ATTACHED AS THE COVER OF THE USE OF FORCE PACKET AND FORWARDED TO THE ADS SECURITY.



Hampshire Sheriff's Office  
Disciplinary Report

Incident ID: 18-0208-492

ORIGINAL

Report Date  
02/08/2018

Incident Date  
02/08/2018

Incident Time  
02:55

Booking Number: S1705556 Inmate ID: 11689

Inmate Name:  
Location:



Reporting Officer:



Offense(s): Charge Description Misconduct Type Criminal Charge Code Notes

01. Disobeying an order  
of, lying t  
02. Violating any rule,  
regulation,

08. Conduct which  
disrupts or inter  
19. Use of obscene,  
abusive or thre

22. Willfully destroying or  
damagin

Persons Involved:



Report Subject:

Statement of Offense:

On 02/08/18 at approximately 0255 [redacted] while working my assigned post as "4-0" of the special management unit heard a disturbance coming from A block. Upon entering A block the disturbance was found to be coming from cell #2 where inmate [redacted] sided. This officer watched [redacted] attempting to tear his stool of his institutional desk and also slamming it against the wall repeatedly causing a loud banging noise. This officer informed [redacted] he needed to stop trying to destroy state property and causing a disturbance in the unit, to which he replied "Fuck you come spray me". [redacted] continued these actions after attempting to verbally resolve the situation. It was decided that [redacted] would be removed from the unit for causing a disruption. [redacted] gave permission to use OC spray if needed in the move. This officer along with other officers approached [redacted] cell and instructed [redacted] to lie down in the center of his cell, place his hands behind his back and cross his legs to which he complied. [redacted] was given instruction to not move or OC spray would be used, [redacted] cell door was then opened and officers entered. When officers started walking towards [redacted] he lifted up his head to the left and made a motion attempting to get off the ground. At this time I introduced a half second burst of OC spray to the facial region of [redacted] was instructed to put his hands behind his back and stay on the ground to which he complied. Handcuffs were applied and I took ahold of [redacted] right arm to take him to the sallyport to be given a shower for the aftercare of the OC spray. [redacted] was uncooperative the entire way to the sally port. [redacted] is placed in cell #1 of the sallyport to be given a chance to calm down before taking a shower. [redacted] then agreed to take a shower and cooperate with staff present. [redacted] was taken into the shower and this officer took control of his right arm for stability, while showering [redacted] banged his head off the wall several times causing a small laceration above his right eye. [redacted] once again became uncooperative and refused to walk back to the special management unit once the aftercare process was complete. This officer along with other officers then carried [redacted] back to A Block of the special management unit and placed him cell #5. Handcuffs were removed and the cell door was secured with no further incident.

Shift Supervisor Notified.

Medical notified.



ORIGINAL

Hampshire Sheriff's Office  
Informational Report

Incident ID: 18-0208-494

Report Date  
02/08/2018

Incident Date  
02/08/2018

Incident Time  
03:10

Name/Event:

Location:

Report Subject:

Booking Number: S1705566

Reporting Officer:

Persons Involved:

On the above date and approximate time I, Officer Allen was working my assigned post in the Special Management Unit when a constant loud noise could be heard coming from Unit A. Myself and other Officers entered the unit and found the noise had been coming from Cell 2 where [REDACTED] had been residing. [REDACTED] was actively trying to rip the chair off of the desk in the cell. [REDACTED] was given clear orders to prone out in the center of his cell and to not move or OC would be introduced. Once officers entered the cell [REDACTED] turned his face to the left and made a quick attempt to stand up, OC was then introduced. Wrist restraints were then applied and he was removed from his cell. [REDACTED] was uncooperative the entire way down to the sallyport where he would have the opportunity for aftercare. Once the aftercare process was completed inmate [REDACTED] refused to walk under his own power back to the Special Management Unit. At this time, I grabbed control of [REDACTED] left bicep and assisted in escorting [REDACTED] back to the Unit. [REDACTED] was placed back into cell 2 and wrist restraints were removed without incident. Shift Supervisor [REDACTED] then instructed the officers to move [REDACTED] to cell 5. Inmate [REDACTED] was ordered to prone out in the center of the cell to which he complied. Officers entered the cell and wrist restraints were applied by myself, tight to the skin but not enough to impede circulation and then double locked for safety. McGough was then placed into cell number 5 of Unit A and wrist restraints were removed without incident.

Shift Supervisor Notified

Action(s) Completed:

Shift Supervisor:

Reporting Officer Signature:



Hampshire Sheriff's Office  
Informational Report

Incident ID: 18-0208-493

Report Date

Incident Date

Incident Time

02/08/2018

02/08/2018

03:10

Name/Event:

Location:

Report Subject:

Booking Number: S1705556

Reporting Officer:

Persons Involved:

On the above date and approximate time, while working my assigned post in house block, I received a call from Shift Supervisor [REDACTED] regarding assistance in the Special Management Unit involving a situation with inmate [REDACTED]. Upon arrival to the Special Management Unit, I immediately heard banging coming from cell 2 of A block. [REDACTED] and I entered A block and began to immobilize inmate [REDACTED]. Upon entering his cell to apply wrist restraints, inmate [REDACTED] began to turn his body in an aggressive manor towards these officers. Officer [REDACTED] introduced OC and I applied wrist restraints tight to the skin, but not impeding circulation. These officers then guided inmate [REDACTED] to the sally port for aftercare. Inmate [REDACTED] continuously resisted our guidance the entire way. Upon arrival to the sally port, inmate [REDACTED] was consistently kicking and not complying with these officers' orders. These officers placed inmate [REDACTED] into cell 1 until he calmed down enough to be able to effectively perform aftercare for him. After talking to inmate [REDACTED] and momentarily deescalating the situation, these officers then entered the cell and guided inmate [REDACTED] into the shower. During aftercare, inmate [REDACTED] struck his head on the wall of the shower while expressing his displeasure of the situation, creating a minor cut on his forehead. While escorting inmate [REDACTED] back to the Special Management Unit, he continued to actively resist and did not comply with these officers orders. Upon arrival, Inmate [REDACTED] was placed into cell 2 and wrist restraints were removed. These officers were then instructed by Shift Supervisor [REDACTED] that inmate [REDACTED] should be moved to cell 5 where his wrist restraints were removed without further incident.

Action(s) Completed:

Shift Supervisor:

Reporting Officer Signature:

Printed:

02/08/2018

5:44

Page

1



Hampshire Sheriff's Office  
Informational Report

Incident ID: 18-0208-491

Report Date

Incident Date

Incident Time

02/08/2018

02/08/2018

03:05

Name/Event:

Location:

Report Subject:

Booking Number: S1705556

Reporting Office:

Persons Involved:

On 02/07/18 at approximately 0305, I [redacted] was letting a police officer out of the Regional Lock-Up when I heard loud screaming coming from Sally Port Holding (SPH). Myself and [redacted] then proceeded to SPH. Upon my arrival, I observed Officers [redacted] and [redacted] providing aftercare to inmate [redacted] following his exposure to the effects of oleoresin capsicum. Inmate [redacted] was afforded a shower and afterwards refused to be escorted and walk back to the Special Management Unit (SMU). At that time, the decision was made to carry inmate [redacted] back to the SMU. Staff utilized the elevator in the relocation of inmate [redacted] back to the SMU. Once in the SMU, inmate [redacted] was escorted down to cell #2. The wrist restraints were then removed, all staff exited the cell and the cell door was secured.

Due to the condition of cell #2 the decision was made to move inmate [redacted] to cell #5. [redacted] was ordered to immobilize and he complied. [redacted] was then placed into wrist restraints and was escorted to cell #5. During the escort, I observe a small amount of blood on inmate [redacted] forehead. Once in cell #5, I had inmate [redacted] sit on the bunk and I provided first aid. A small cut was found on inmate [redacted] forehead. The cut was cleaned and did not appear to be bleeding anymore at that time [redacted] was then immobilized, the wrist restraints were removed and all staff exited and the cell door was secured.

Approximately three (3) minutes later, I heard a thumping sound coming from SMU A-Block. I reentered A-Block and proceeded to cell #5 where I witnessed inmate [redacted] under the metal bunk. [redacted] was alternating between bouncing his head off the floor (attempting to make his injury appear worse than it actually was) and trying to push up on the metal frame with his back (attempting to dislodge it from the wall). I immediately ordered him to stop (he complied) and advised him that if he continued with this type of behavior he would be placed in the restraint chair. He stated that all he wanted was a roll of toilet paper. A roll was provided and inmate [redacted] agreed to cease disrupting the unit.

At approximately 0425, I was ordered to obtain a picture of the cut on [redacted] forehead. I then proceeded back to the SMU and spoke with inmate [redacted] and he agreed to have pictures taken. I took two pictures of the cut and forwarded them to Shift Supervisor [redacted]. Inmate [redacted] requested to be seen by medical staff when they arrived on shift later this morning. I assured him that Medical staff had already been advised of the incident and that he would be evaluated.

Shift Supervisor: [redacted]

Medical notified via email.

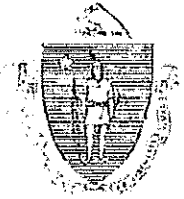
Action(s) Completed:

Shift Supervisor:

Reporting Officer Signature: [redacted]



Hampshire Sheriff's Office  
Jail & House of Correction



USE OF FORCE REPORT

To: ADS Security

Date: 02/08/18

From: [Redacted]

Re: Use of Force Report

To be completed by Shift Supervisor prior to the end of tour of duty, unless prevented by extraordinary circumstances. CMR 924.09(4), (b).

Inmate's Name: [Redacted]

Date of Incident: 02/08/18 Time of Incident: 0300

Facility/Unit: Special Management Unit Incident Location: A-2

Inmate's behavior, which led to the Use of Force? (Check as many as needed)

Assaultive:  Threatening:  Self Destructive:

Disoriented:  Destroying Property:

Other (Specify):  \_\_\_\_\_

Was the inmate verbally warned to stop or otherwise desist and obey the order? YES  NO

Was the inmate warned of possible Use of Force? (i.e., Chemical Agents, Restraints, Firearms) YES  NO

If not, explain: \_\_\_\_\_

Briefly describe the incident and reason for employing force: \_\_\_\_\_

Inmate [Redacted] became enraged and began to bang loudly and disrupt the Unit.

Description of the type of force used: Spontaneous  Planned

Briefly describe how force was used: \_\_\_\_\_

Shift Supervisor ordered officers to remove [REDACTED] from the Unit. During the relocation process [REDACTED] resisted officers attempt to place wrist restraints on him and OC was introduced. Wrist restraints were applied. [REDACTED] was relocated to lower level for aftercare. [REDACTED] continued to be non-compliant during this process. Upon completion of aftercare, [REDACTED] was carried back to the SMU and secured in Cell#5.

Facility Administrator or designee was notified at 0300

Name of Staff Member authorizing Use of Force:

Health Services was notified at: 0700

Name of responding Health Services Staff:

Were there any complaints of injuries from staff or inmates? YES  NO

If yes, collect all required Medical Examination Reports (See Attachment) or Staff Injury Reports and list below the name (s) of the staff/ inmate and their injury / complaint?

[REDACTED] sustained a small laceration on his forehead during the aftercare process. [REDACTED] struck his head while in the shower. Photo taken of injury by [REDACTED]

Health Service Staff who treated the injured staff/inmate:

If there are/were any injuries/complaints the Shift Supervisor shall designate a staff member to take photographs of such injuries to be attached as evidence to this Use of Force Report.

Staff member who took photographs:

LIST ALL STAFF MEMBERS INVOLVED IN THE USE OF FORCE:

Name / Title

LIST ANY ADDITIONAL WITNESSES TO THE USE OF FORCE:

This completed form shall be forwarded to the Facility Administrator, or designee, for review

Page 2

Name / Title  
[REDACTED]

---

---

---

---

**CHEMICAL AGENTS:**

Were Chemical Agents Utilized: YES  NO

If yes, who authorized the use of Chemical Agent: [REDACTED]

Type of Chemical Agent used: OC

Date / Time Chemical Agent was discharged: 0303

The Chemical Agent was dispensed by: [REDACTED]

Was the inmate informed of the authorization to use Chemical Agent? YES  NO

If yes, by whom? [REDACTED]

If not, explain: [REDACTED]

**RESTRAINTS:**

Were Restraints Utilized: YES  NO

If yes, who authorized the use of Restraints: [REDACTED]

Describe Restraint equipment and manner in which used (if applicable):

Wrist restraints were applied and removed following the relocation and aftercare process.

Was the inmate informed of the authorization to use Restraints? YES  NO

If yes, by whom? [REDACTED]

If not, explain: [REDACTED]

List employee(s) who applied or assisted in the application of Restraints:

Name / Title

[REDACTED]



Reason(s) for the use of Restraint equipment:

Uncooperative  Assaultive / Threatening  Prevent Self Mutilation   
Medical Reason  Mental Health Reason(s)   
Other (specify)  Officer's safety while relocation

Date / Time Restraints were applied? 0304

Date / Time Restraints were removed? 0312

Was the inmate allowed to exercise each limb every two (2) hours for a period of ten (10) minutes per limb? YES  NO

If not, explain: N/A

**RESTRAINT CHAIR**

Was the Restraint Chair Used? YES  NO

Was A Spit Hood Used? YES  NO

If yes, who authorized the use of such Restraints: \_\_\_\_\_

\*Medical / Mental Health restraints can only be authorized by the Medical Administrator.

Describe the restraint equipment and manner or deviation in which used: \_\_\_\_\_

Was the inmate informed of the authorization to use such restraints? YES  NO

If yes, by whom? \_\_\_\_\_

If not, explain: \_\_\_\_\_

List employee(s) who applied or assisted in the application of such Restraints:

Name / Title

Reason(s) for the use of such restraint equipment:

Uncooperative  Assaultive / Threatening  Prevent Self Mutilation

This completed form shall be forwarded to the Facility Administrator, or designee, for review

Medical Reason  Mental Health Reason(s)

Other (specify)  \_\_\_\_\_

Date / Time such restraints were applied? \_\_\_\_\_

Date / Time such restraints were removed? \_\_\_\_\_

Was the inmate allowed to exercise each limb every two (2) hours for a period of ten (10) minutes per limb? YES  NO

If not, explain: \_\_\_\_\_

If authorized by the Shift Supervisor, were such restraints applied longer than two (2) hours? YES  NO

If yes, did the Facility Administrator or his/her designee authorize its continuance use? YES  NO

If not, explain: \_\_\_\_\_

Were such restraints applied longer than six (6) hours? YES  NO

If yes, did a psychological staff member authorize its continuance use? YES  NO

If not, explain: \_\_\_\_\_

---

---

**FIREARMS:**

Were Fire Arms Utilized: YES  NO

If yes, who authorized the use of Fire Arms: \_\_\_\_\_

Type of Fire Arms used: \_\_\_\_\_

Date / Time Fire Arms were discharged: \_\_\_\_\_

Was the inmate informed of the authorization to use Fire Arms? YES  NO

If yes, by whom? \_\_\_\_\_

If not, explain: \_\_\_\_\_

List employee(s) who discharged the Fire Arms:

Name / Title

---

---

---

---

---

---

---

**EVIDENCE/CHAIN OF CUSTODY**

---

Was anything collected as evidence? (i.e., video, photographs, weapons)? YES  NO

If yes, Describe (include evidence # and chain of custody):

---

---

Report Prepared by:



Date Report was Submitted: 2/8/18

**Review by Facility Administrator or designee**

---

Report Reviewed by:



Date Report was Reviewed:

Was Use of Force Packet & Checklist Completed: YES  NO

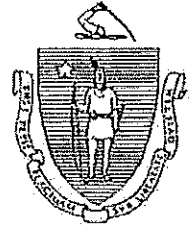
If not, explain: \_\_\_\_\_

---

---



# Hampshire Sheriff's Office Jail & House of Correction



## USE OF FORCE

### USE OF FORCE MEDICAL EXAMINATION REPORT

Name of Inmate / Staff: \_\_\_\_\_ ID#: \_\_\_\_\_

Name of Reporting Medical Staff Member: \_\_\_\_\_

Date/Time Notified of Incident: 2/8/2018 0700 hrs.

Notified by: \_\_\_\_\_

Date/Time of Examination: 2/8/18 0815 hrs.

1. Was the inmate/staff injured? Y  N  If yes, explain?  
\_\_\_\_\_

2. Did the inmate/staff refuse to be examined or treatment? Y  N  If yes, explain?  
\_\_\_\_\_  
\_\_\_\_\_

3. Were the inmate's circulation, restraints, movement, sensation, respiratory status, mental status, and vital signs checked? If yes, explain?

circulation, movement and sensation to both hands normal. Able to make a fist. Alert and oriented to time, place, and person. No respiratory distress noted.

4. (a) Was a chemical agent used? Y  N

If yes, who provided aftercare for the inmate, staff and area? 11-7 security staff

(b) Were restraints used? Y  N

If yes, type of restraints? handcuffs

4. Was the inmate/staff member referred for further treatment? Y  N  If yes, where?  
\_\_\_\_\_

Comments: right thumb black and blue. No pain with exam. A few small abrasions on right side of forehead and

back.

A copy of this completed form shall be forwarded to the Shift Supervisor for attachment to the Use of Force Packet.



THE COMMONWEALTH OF MASSACHUSETTS

ORIGINAL

# Hampshire Sheriff's Office Jail & House of Correction



P.O. Box 7000  
205 Rocky Hill Road  
Northampton, Massachusetts 01061-7000

## SHIFT SUPERVISOR REPORT

Date: 2/8/18

Time: 0251

Inmate's Name (if applicable):



Codes & Subject: Disruptive Inmate

From:

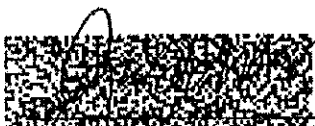


Department: Security

On 2/8/18 I Capt. [REDACTED] was working my assigned post as shift supervisor. At approximately 0251 I began a Shift Supervisor check of the Special Management Unit. During my check of A-Block I was stopped by Inmate [REDACTED]. [REDACTED] expressed his displeasure about an incident which occurred on the previous shift (see Ryder I-Report 2/7/18) when his property was removed. While speaking with [REDACTED] he became enraged to the point which I could no longer try and reason with him. [REDACTED] did not want to listen to what I had to say and continued to yell over my voice. As a result of this I ended my discussion with [REDACTED] and continued with my check. As I exited A-Block [REDACTED] began to bang loudly and cause a disruption. I then completed my check of B-Block as I gave [REDACTED] an opportunity to calm down. After completing my check of B-Block, [REDACTED] could still be heard banging. At this point I instructed Ofc. [REDACTED], Ofc. [REDACTED], and Ofc. [REDACTED] to remove [REDACTED] from the unit.

During the relocation of [REDACTED] he became non-compliant and Oleoresin Capsicum was used. [REDACTED] was relocated to the ASU where the aftercare process took place. [REDACTED] was then relocated back to the SMU and secured in a new cell (A-5) and locked AA/RR on D# 41-18.

Medical notified.

  
Signature

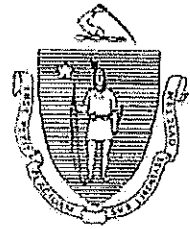
Title: CAPTAIN

Supt. Action: \_\_\_\_\_

Referral To: \_\_\_\_\_



# Hampshire Sheriff's Office Jail & House of Correction



## USE OF FORCE

### USE OF FORCE MEDICAL EXAMINATION REPORT

Name of Inmate / Staff: \_\_\_\_\_ ID#: \_\_\_\_\_

Name of Reporting Medical Staff Member: \_\_\_\_\_

Date/Time Notified of Incident: 2/8/2018 0700 hrs.

Notified by: \_\_\_\_\_

Date/Time of Examination: 2/8/18 0815 hrs.

1. Was the inmate/staff injured? Y  N  If yes, explain?  
\_\_\_\_\_

2. Did the inmate/staff refuse to be examined or treatment? Y  N  If yes, explain?  
\_\_\_\_\_  
\_\_\_\_\_

3. Were the inmate's circulation, restraints, movement, sensation, respiratory status, mental status, and vital signs checked? If yes, explain?

circulation, movement and sensation to both hands normal. Able to make a fist. Alert and oriented to time, place, and person. No respiratory distress noted.

4. (a) Was a chemical agent used? Y  N   
If yes, who provided aftercare for the inmate, staff and area? 11-7 security staff

(b) Were restraints used? Y  N   
If yes, type of restraints? handcuffs

4. Was the inmate/staff member referred for further treatment? Y  N  If yes, where?  
\_\_\_\_\_

Comments: right thumb black and blue. No pain with exam. A few small abrasions on right side of forehead and

back.

A copy of this completed form shall be forwarded to the Shift Supervisor for attachment to the Use of Force Packet.

UOFP-2 HSO 2.2.1M ACA 2B-01 CMR 924.09