

10-4 COP JUL 17 2024 9:35

TASER® Use Report Metropolitan Nashville Police Department MNPD Form 108T Rev. 02/2024	Department Control Number	Incident Number
	U036M24	2024-0198557

INCIDENT INFORMATION

Reason for Contact: Call for Service DV Related Observed Criminal Activity
 Traffic Stop Investigative Stop Other - See Synopsis
 Consensual Encounter Warrant Service

Date / Time of Incident: 03-22-2024/ 2219

Address of Incident: [REDACTED]

Type of Location: Residence Street / Roadway Business Other:
 Location of Incident: Inside Outside Open Area Enclosed Area Other:

Officer(s) Involved: (Additional Officers Involved Must Be Included in Synopsis):
 Primary (Name) Grey Maxwell ENO: [REDACTED] Assignment: CSB/ Patrol-Central Shift: C
 Support (Name) Brenton Adcox ENO: [REDACTED] Assignment: CSB/ Patrol-Central Shift: C

APPLICATION INFORMATION

Taser® Model: Taser 7 Serial Number of Device: [REDACTED]

Taser® Probe Contact: Yes No Touch Stun Contact: Yes No
 Cartridge Type: Close Standoff Both

Number of Times Taser® Displayed Only	<u>1</u>	Did Display of Taser® Alone Result in Compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ARC Display? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Result in Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Touch Stun Applications	<u>0</u>	
Number of Probe Contact Applications*	<u>1</u>	
Deployment of Probes Without Contact	<u>0</u>	

*This should include the initial application.
 Breaks Between Multiple Applications Yes No (If No explain in Narrative)

Force Used Before Taser®: Yes: Describe in MNPD Form 108 None
 Force Used After Taser®: Yes: Describe in MNPD Form 108 None

Approximate Target Distance at Time of Probe Launch: 2

Was the Taser® Effective in Gaining Subject Control: Yes No If Yes, was there: Full NMI Partial NMI N/A

SUBJECT INFORMATION

Subject Name: Last: Seats First: Anthony MI: D

DOB: [REDACTED] Sex: Male Female Other:
 Race: Black Ethnicity: Hispanic Non-Hispanic

OCA / MNI #: [REDACTED] DL #: [REDACTED] State: TN Was the Subject of this 108T Arrested: Yes No

Subject's Posture: Normal Hands Obscured Shoulder Shift Combative / Assaultive
 Target Glance Blank Stare Fighting Stance Other - See Synopsis

Subject's Contributing Factors: None Drugs Mental Illness Alcohol Violent History Known or Reported Other:
 Subject's Demeanor After Use of Force: Cooperative Complaining Belligerent Aggressive Abusive Other:

MEDICAL INFORMATION

Did the Probe Contacts Penetrate the Subject's Skin: Yes No Not Applicable

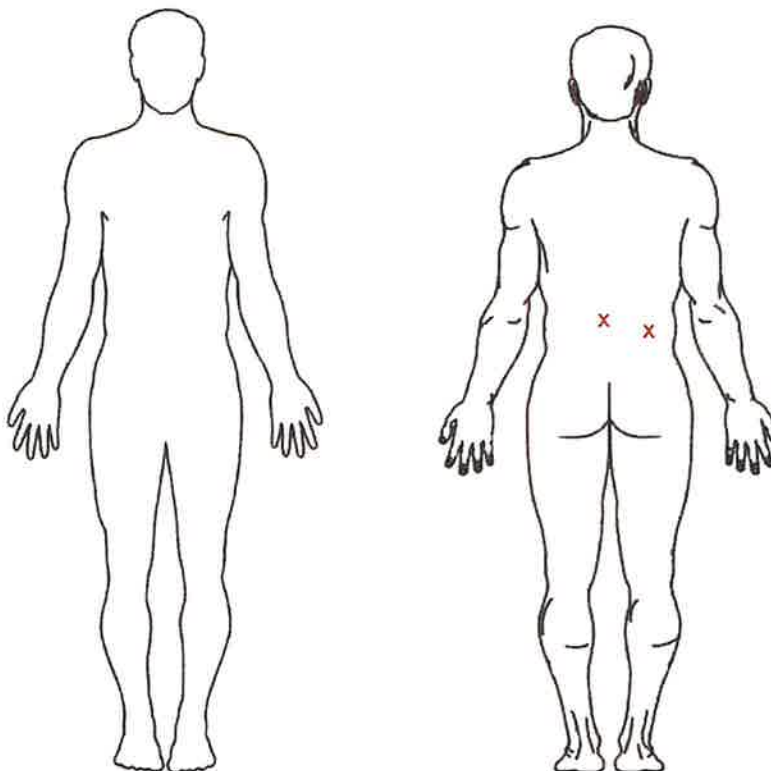
Probe Removal: By Officer Other: Not Applicable

Taser® Aftercare Notice Issued: Yes No *If No or Issued to Third Party, describe below.*

Nature of Any Injury and Medical Treatment Required:
Bloody mouth, transported by NFD to general

Photographs Taken: Yes No

APPLICATION OF AREAS-POINTS OF CONTACT:
Place an "X" on each Probe Contact & "O" for each Touch Stun Contact.
For Probe misses, mark or describe in synopsis.



BRIEF SYNOPSIS OF INCIDENT

See 108 Narrative for Taser® Deployment

Describe Taser® deployment incident, including other restraint / compliance methods used, etc. If subject clothing was a factor, describe clothing. If terrain or environment was a factor, please describe.

See Officer's Supplement

Data Port Downloaded & Reviewed by: Sgt. Jason Cregan ENO: [REDACTED] Date / Time 03/24/2024 0530

Audio / Video Available: None BWC ICC Other (Explain in Synopsis)

Report Completed By: Sgt. Jason Cregan ENO: [REDACTED] Date / Time: 03/30/2024 0200

SUPERVISORY REVIEW & APPROVAL

SUPERVISOR NAME / TITLE / ENO	DATE / TIME	APPROVAL
Jason Cregan/ Sergeant [REDACTED]	03/30/2024 0230	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED

Supervisor Comments:

I reviewed Officer Maxwell's BWC and ICC for this incident. The use of force was captured at 07:00 and lasts until 07:15. I also reviewed BWC for FTO Adcox and any officers present at the scene. After reviewing all of the information regarding this incident, I find the actions of Officer Maxwell in display and deployment of his taser was in compliance with MNPD policy. A 213B was completed after each BWC/ ICC review.

<i>LT Rice</i> [REDACTED]	<i>3-29-24 0100</i>	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Captain / Commander <i>[Signature]</i>	<i>05/29/24 1000</i>	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Disapproval at any stage requires attached statement detailing reasons for disapproval.		DOCUMENTS ATTACHED <input type="checkbox"/>

Use of Force Report Metropolitan Nashville Police Department MNPD Form 108 Rev. 01/2022		1. Department Control Number U036M24	2. Incident Number 2024-0198557
INCIDENT INFORMATION			
3. Reason for Contact:		<input checked="" type="checkbox"/> Call for Service	<input type="checkbox"/> DV Related
		<input type="checkbox"/> Traffic Stop	<input type="checkbox"/> Investigative Stop
		<input type="checkbox"/> Consensual Encounter	<input type="checkbox"/> Warrant Service
4. MNPD Crisis Intervention Team Responded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. SWAT / SRT Call: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Date / Time of Incident: 03-22-2024 / 2219
6. Incident Investigated by Outside Agency: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> TBI <input type="checkbox"/> Other:			
8. Address of Incident: [REDACTED]			
9. Type of Location: <input type="checkbox"/> Residence <input type="checkbox"/> Street / Roadway <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other:		9b. Location of Incident: <input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside <input type="checkbox"/> Open Area <input type="checkbox"/> Enclosed Area <input type="checkbox"/> Other:	
10. Supervisor Notified: Date / Time: <u>03/22/2024</u> <u>2225</u> Hrs. Name & ENO: <u>Sgt Jason Cregan</u> [REDACTED]		10a. Did Supervisor Respond to Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		10b. Did Supervisor Interview Involved Parties? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		10c. Did Supervisor Witness Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EMPLOYEE INFORMATION			
11. Employee's Name (Last, First, Middle): Maxwell, Grey		ENO: [REDACTED]	Rank POII
12. Race: White	13. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	14. Age: 34	15. Height: 5'11"
16. Weight: 190			
17. Employee's Assignment: Bureau: CSB Precinct / Division: Patrol- Central Section: "C" Detail			
18. Reason for Use of Force (Check all applicable): <input type="checkbox"/> In Self Defense <input type="checkbox"/> In Defense of Other(s) <input checked="" type="checkbox"/> Resist Arrest <input checked="" type="checkbox"/> Non-Compliance to Commands <input type="checkbox"/> Destruction of Injured Animal <input type="checkbox"/> Other:			
19. Verbalization: <input type="checkbox"/> None <input type="checkbox"/> Asked <input type="checkbox"/> Told <input checked="" type="checkbox"/> Demanded <input checked="" type="checkbox"/> Warned of Pending Force <input type="checkbox"/> Other - See Narrative			
20. Weapon(s) and / or Force Used by Officer (Check all applicable and describe the method of use in the narrative): Weapon Type: <input type="checkbox"/> Firearms (Type): _____ Caliber: _____ Serial No.: _____ Rounds Expended: _____ <input type="checkbox"/> Baton / ASP <input type="checkbox"/> Chemical Spray <input checked="" type="checkbox"/> Taser (Complete MNPD Taser Form #108T) <input type="checkbox"/> Canine <input type="checkbox"/> Tear / CS Gas <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: _____ Physical Force Type: <input type="checkbox"/> Foot / Hand Strikes <input type="checkbox"/> Takedown Techniques <input checked="" type="checkbox"/> Wrestling / Grappling <input type="checkbox"/> Accidental Discharge <input checked="" type="checkbox"/> Soft Empty-Hand Control - Type: <input type="checkbox"/> Restraining Hold <input type="checkbox"/> Pain Compliance Technique <input type="checkbox"/> Pressure Point <input checked="" type="checkbox"/> Grabbing to Control <input type="checkbox"/> Soft/Controlled Take Down <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Other - See Narrative Estimated distance between officer and suspect at initial encounter <u>4</u> ft. Estimated distance between officer and suspect at time force was used <u>1</u> ft.			
21. Officer Injuries: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	22. Received Treatment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23. Treatment was result of this incident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24. Photographs of Officer Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location filed / stored _____

EMPLOYEE INFORMATION (CONT'D)

25. Employee Attire: Uniform Non-Uniform Tactical / Raid Apparel
 26. Duty Status (If on-duty, move on to #29): On-Duty Off-Duty Extra Duty (through PSO)

27. For SEU or PSO Employment, is MNPD Form #150 on file? Yes No
 28. List Name of Proprietary Security Organization:

SUBJECT INFORMATION

29. Subject's Name (Last, First, Middle):
Seats, Anthony, Dejuan

30. Subject's Address (Street, City, State & Zip Code):
 [REDACTED]
 31. Phone No.:
 [REDACTED]

32. DOB: [REDACTED] 33. Age: 32 34. Sex: Male Female Other:
 35. Race: BL 36. Ethnicity: Hispanic Non-Hispanic 37. Height: 5'9" 38. Weight: 170

39. Was the Subject of this 108 Arrested: Yes No
 40. OCA / MNI #: [REDACTED] 41. DL #: [REDACTED] State:

42. Subject's Level of Resistance (check all applicable):
 No Resistance Passive Resistance Active Resistance Attempt to Flee/Escape
 Incited Bystanders Assaulted Officer Physically Assaulted Officer with Weapon Other – See Narrative

43. Subject Armed With: None Cutting Instrument Handgun Assaulted Officer with Weapon
 Blunt Instrument Rock / Bottle Vehicle Other – See Narrative

44. Subject's Posture: Normal Hands Obscured Shoulder Shift Combative / Assaultive
 Target Glance Blank Stare Fighting Stance Other – See Narrative

45. Subject's Contributing Factors: None Drugs Mental Illness Alcohol
 Violent History Known or Reported Other:
 46. Subject's Demeanor After Use of Force: Cooperative Complaining Belligerent
 Aggressive Abusive Other:

47. Subject's Injuries (Describe the Specific Type(s) and Body Location of Injuries):
 Taser probes to lower back and bloody mouth.
 48. Result of Officer's Use of Force: Yes No
 If No, were Injuries: Previously Occurred
 Self-Inflicted Result of Restraints

49. Type of Medical Treatment: MNPD Personnel / ENO
 NFD / EMS Other: General Hospital
 49a. Location of Medical Treatment: Incident Location Hospital / Medical Facility Other:
 49b. Transported for Medical Treatment By: MNPD Personnel / ENO
 NFD / EMS Other:

49c. Any Pre-Existing Medical Conditions: Yes No
 List Unknown
 50. Taser / Chemical Spray Aftercare Form Issued: Yes No N/A

N/A Other Witnesses Cont. in Narrative Supplement

WITNESS INFORMATION

51. Witness #1 Name (Last, First, Middle): **Brenton Adcox** (If applicable, ENO)
 [REDACTED]

52. Residence Address (Street, City, State & Zip Code):
601 Korean Veterans Blvd, Nashville, TN 37203

53. Sex: Male Female Other:
 54. Race: White
 55. DOB: [REDACTED] 56. Phone No.: [REDACTED]

N/A

WITNESS INFORMATION

57. Witness #2 Name (Last, First, Middle):

(If applicable, ENO)

Igor Dmitriyev

58. Residence Address (Street, City, State & Zip Code):

601 Korean Veterans Blvd, Nashville, TN 37203

59. Sex Male Female
 Other:

60. Race:
White

61. DOB:

62. Phone No.:

63. Audio / Video Available:

None

BWC

ICC

Other (Explain in Narrative)

64. Transporting Officer (If different from above):

Yes

No

Name & ENO:

NARRATIVE

65. Describe the circumstances concerning the incident and continue details of any indicated blocks.

See Officer Supplement

SUPERVISORY REVIEW & APPROVAL

SUPERVISOR NAME / TITLE / ENO	DATE / TIME	APPROVAL
Jason Cregan/ Sgt./ [REDACTED]	03/30/2024 0130	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
[REDACTED]	5/27/24 0200	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Captain / Commander [REDACTED]	05/29/24 0957	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Bureau DCOP [REDACTED]	7-16-24 1500	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Disapproval at any stage requires attached statement detailing reasons for disapproval.		DOCUMENTS ATTACHED <input type="checkbox"/>