

STATEMENT OF FORCE/USE OF DETENTION SPACE (1630)NAVMC 11130 (6-83)
SN: 0109-LF-065-4600

NOTE: THIS FORM IS TO BE INCLUDED IN SUBJECT'S CASE FILE.

DATE

MP CASE NO.

RESTRAINING FORCE WAS NECESSARY IN THE CASE OF:

NAME (Last, first, middle initial)

SEX

GRADE

SOCIAL SECURITY NO.

SUSPECT'S COMPLETE MILITARY ADDRESS (Civilian address if civilian)

APPREHENDED/TAKEN INTO CUSTODY AT (Time, date, location)

APPREHENDING MILITARY POLICEMAN (Name, grade, Social Security No.)

FORCE USED <i>Check if applicable</i>		REASON FOR USING FORCE/HOW APPLIED
HAND IRONS	✓	
LEG IRONS		
PHYSICAL		
CHEMICAL		
BATON		
STRAIGHT JACKET		
DETENTION SPACE*		
OTHER (Explain)		

MEDICAL/CHEMICAL TREATMENT PROVIDED

FIRST AID ADMINISTERED BY (Name, grade, Social Security No. of person providing initial treatment)

NAME AND LOCATION OF MEDICAL FACILITY AND TYPE OF TREATMENT ADMINISTERED

NAME OF MEDICAL ATTENDANT (Name, grade, Social Security No.)

SIGNATURE OF MEDICAL ATTENDANT

* SEE REVERSE SIDE

