



USE OF FORCE
PHOENIX POLICE DEPARTMENT (0723)

PUBLIC RECORDS
Released pursuant to
A.R.S. 39-121, Et. Seq.

Use of Force Information									
Incident Number 201800000193953		Incident Date 2/1/2018	Time of Incident 15:10	Supervisor Notified Date 2/1/2018		Supervisor Notified Time 15:30		Type of Call or Occurrence 05	
SAU/K9 Call? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Supervisor Serial # 06028		Supervisor Name STIMAC,JENN FER A		Transport Serial # 07439		Transport Name (If Different) CAN LAO,RONALDO	
Did Supervisor Respond to Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Did Supervisor Interview Involved Parties? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Did Supervisor Witness Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Charges Filed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Photos of Officer Injuries Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Photo. Serial # 07570	Photos of Subject Injuries Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Photo. Serial # 07570				
Incident Address									
Street Address [REDACTED]									
City PHOENIX			State ARIZONA				Zip 85031		
Officer									
Serial # 07439		Last Name CANILAO			First Name RONALDO			Middle Name	
Rank OFF	Race ASIAN / PACIFIC ISLANDER	Sex MALE	Age	Years In Service 16	Weight 175	Height 6'0"	Wearing Uniform	Duty Status ON	
Reason For Use of Force									
Defense of Self <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Defense of Others <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Resist Commands <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Resist Arrest <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Unintentional Discharge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other				
Weapon Used by Officer									
Firearm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type of Firearm		Caliber of Firearm		Serial # of Firearm		Number of Rounds Used	
Impact Weapon <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Canine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chemical Spray <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Munitions Propelled Weapon <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Weapons	
Physical Use by Officer									
Foot Strikes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Soft Empty Hand Techniques <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Hard Empty Hand Techniques <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Carotid Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other	
ECD									
ECD <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ECD Model X26		Serial # of ECD [REDACTED]		Cartridge # of ECD C6203N6YO			
# of Touch Stun Apps			# of Probe Contact Apps 6			Estimated Distance 5			
Force Used Before ECD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Force Used After ECD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Probe Contacts Penetrate Skin <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Breaks Between Multiple Apps <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Touch Stun Contact <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Taser Probe Contact <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ECD Was Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Probe Removed by Officer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Other C6203N72K	
Narrative									
SEE PSB INVESTIGATION FOR ADDITIONAL INFORMATION.									
Associated Persons									
Related Person Subject: PEDROZA, DEVONE									
Officer									
Serial # 10028		Last Name BELL			First Name QUINTON			Middle Name	
Rank OFF	Race BLACK	Sex MALE	Age	Years In Service 1	Weight 200	Height 6'0"	Wearing Uniform	Duty Status ON	
Reason For Use of Force									
Defense of Self <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Defense of Others <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Resist Commands <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Resist Arrest <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Unintentional Discharge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other				
Weapon Used by Officer									
Firearm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type of Firearm		Caliber of Firearm		Serial # of Firearm		Number of Rounds Used	
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Physical Use by Officer									
Foot Strikes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Soft Empty Hand Techniques <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Hard Empty Hand Techniques <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Carotid Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other	
ECD									
ECD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ECD Model		Serial # of ECD		Cartridge # of ECD			
# of Touch Stun Apps			# of Probe Contact Apps			Estimated Distance			



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Narrative																	
THIS USE OF FORCE IS REASONABLE AND WITHIN DEPARTMENTAL POLICY.																	
Associated Persons																	
Related Person																	
Subject: PEDROZA, DEVONE																	
Officer																	
Serial # 07629		Last Name PERU JR			First Name RUDOLFO			Middle Name									
Rank OFF		Race WHITE		Sex MALE		Age 16		Years In Service 200		Height 5'10"		Wearing Uniform		Duty Status ON			
Reason For Use of Force																	
Defense of Self <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Defense of Others <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Resist Commands <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Resist Arrest <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Unintentional Discharge <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other									
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ECD																	
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Narrative																	
THIS USE OF FORCE IS REASONABLE AND WITHIN DEPARTMENTAL POLICY.																	
Associated Persons																	
Related Person																	
Subject: PEDROZA, DEVONE																	
Subject																	
Last Name PEDROZA				First Name DEVONE				Middle Name MIGUEL ANGEL		Suffix							
Race WHITE		Sex MALE		Date of Birth /1991		Age 26		Weight 180		Height 5'06"		Home Phone		Work Phone		<input type="checkbox"/> Juvenile	
Subject Home Address																	
Residential Address																	
City PHOENIX				State ARIZONA				Zip 85031									
Subject Resistance Level																	
No Resistance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Psychological Intimidation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Verbal Non-Compliance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Passive Resistance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Defensive Resistance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Active Aggression <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Aggravated Active Aggression <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Subject Impairment																	
Drugs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Unknown <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Subject Demeanor																	
Cooperative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Combative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Psychological Impairment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Abusive <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Belligerent <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Aggressive <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Subject Armed With																	
None <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Blunt Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Rock/Bottle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Cutting Instrument <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Handgun <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Rifle/Shotgun <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					