

PSO#:

GUILFORD COUNTY SHERIFF'S DEPARTMENT
USE OF FORCE REPORT
SUBJECT/WITNESS RECORD

Name: **RONNIE KIMBLE** Case/Complaint #:

Address: **5820 MONNETT ROAD**

City: **GREENSBORO** State: **NC** Zip Code: **27203**

Telephone #: (work) (home)

DOB: **01/17/72** Sex: **M** Race: **W** Height: **6'00"** Weight: **175**

Subject Witness Relationship to subject?

Is/was subject/witness impaired by alcohol or drugs? Yes No Unable to determine

Medical treatment offered/given? Yes No Hospital:

Physician/Nurse: Photographs Taken: Yes No

Charge(s): Resisting/Obstructing Assault Other (Specify): None

Subject/Witness Statement:

DO NOT WANT TO MAKE A STATEMENT UNTIL I SPEAK TO MY ATTORNEY

(Use continuation sheet if needed)

(To be completed by Investigating Supervisor)