

**Cambridge Police Department**  
**Disorderly Conduct Arrest Review Report**

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**File #** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Arresting Officer:** \_\_\_\_\_ **Badge #** \_\_\_\_\_

**Defendant's Name:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_  **Indoor**  **Outdoors**

**Sector:** \_\_\_\_\_ **Describe Weather & Light Conditions:** \_\_\_\_\_

**Assignment:**  **Walking**  **Route Car**  **Sector Car**  **Traffic**  **Detail**

Brief Synopsis of Incident:

**Who was the disorderly conduct directed toward?**

**Arresting Officer**  **Other Officer(s)**  **3<sup>rd</sup> Party Victim**  **General Public**

**Was there any physical force used?**  **Yes**  **No**

**If yes, was a Use of Force form completed?**  **Yes**  **No**

**Who was the force used against?** \_\_\_\_\_

**Which situation best describes the nature of the arrest (refer to policy for definitions)?**

**Simple Disorderly**  **Aggravated Disorderly**  **Other Associated Charges**

List Other Associated Charges:

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Description provided as to the defendant's condition or behavior?  Yes  No  
(Check all of the boxes that apply)

- Under the Influence of Alcohol/Drugs  Suffering from Mental Illness  
 Engaging in a Fight/Affray  Exhibiting Violent Behavior  Acting out of Control  
 Other: \_\_\_\_\_

What best describes the scenario under which the officer made the arrest:

- Impede Arrest/Invest.  Unruly Bar Patron  Homeless  Fight/Affray  
 Obstructing Traffic/Road Rage  Client/Patron Dispute  Protest/Demonstration  
 Mental Health/Psychotic Episode  Domestic Violence Incident  Trespassing  
 Gang Issues/Crowd Control  Other: \_\_\_\_\_

Did Officer(s) Attempt to Use De-escalation Techniques?  Yes  No

Describe what de-escalation techniques were used or why an officer did not employ such tactics:

Did the officer attempt to warn defendant of pending arrest?  Yes  No

Was the arrest in accordance with established department policy?  Yes  No  
(If no, describe on the next page what deficiencies existed, what corrective action was taken or recommended)

Reviewing Supervisor: \_\_\_\_\_ Badge # \_\_\_\_\_

Date of Review: \_\_\_\_\_