



Grand Rapids Police Department

Use of Force Report

Incident Number: 22-018456

Officer Involved Schurr, Christopher #195	Report Date 4/7/2022	Report Time 5:32:53 PM	(IAU Use Only)
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Incident Location NELSON AV SE GRIGGS ST SE	Grand Rapids MI	Incident Date 4/4/2022	Incident Time 08:15	Beat S6	Unit ID
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Last Name Lyoya	First Name Patrick	Middle Name	Sfx	Race B	Sex M	DOB	Age 26	Height 509	Weight / 210
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Reason for Officer Reaction	Weapon? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Alleged
<input type="checkbox"/> Necessary to Affect an Arrest	<input type="checkbox"/> To Prevent a Violent Forcible Felony
<input type="checkbox"/> Necessary to Defend Another Officer	<input type="checkbox"/> To Restrain for Subject's Safety and Others
<input type="checkbox"/> Necessary to Defend Another Person	<input type="checkbox"/> Other (See Narrative)
How was Weapon Used/Allegedly by Subject?	

Disposition of the Subject	Suspected Condition of Subject
<input type="checkbox"/> Arrested <input type="checkbox"/> KCCH <input type="checkbox"/> Institutionalized <input type="checkbox"/> Escaped <input type="checkbox"/> KCCF <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Released <input type="checkbox"/> Unknown	<input type="checkbox"/> Under the Influence of Alcohol <input type="checkbox"/> Suffers Mental Illness <input type="checkbox"/> Under the Influence of Narcotics <input type="checkbox"/> Unknown

Offenses / Charges 4801 RESISTING OFFICER

Type(s) of Force	Number of Applications	Effectiveness of Force	Supervisor Review
<input type="checkbox"/> Alleged Force <input checked="" type="checkbox"/> Firearm Firearm SN:			
<input type="checkbox"/> Impact Weapon <input type="checkbox"/> Takedowns <input checked="" type="checkbox"/> Hand Strikes <input checked="" type="checkbox"/> Knee Strikes <input type="checkbox"/> Kicks <input type="checkbox"/> OC Spray <input type="checkbox"/> Handcuffing <input type="checkbox"/> K-9 <input type="checkbox"/> Specialty Munition <input type="checkbox"/> Stop Sticks <input type="checkbox"/> Other <input checked="" type="checkbox"/> ECD ECD SN:			
<input checked="" type="checkbox"/> Tackle <input type="checkbox"/> Pressure Points Pressure Point Type:			
<input type="checkbox"/> Brachial Plexus Clavicle Notch <input type="checkbox"/> Hypoglossal Nerve <input type="checkbox"/> Jaw Control <input type="checkbox"/> Mandibular Angle <input type="checkbox"/> Brachial Plexus Origin <input type="checkbox"/> Infra Orbital <input type="checkbox"/> Jugular Notch <input type="checkbox"/> Wrist Lock			

Injury to Officer
If officer injury occurred, outline, in detail, the nature of injuries and treatment received.

Video Available: DICV Body Cam
 Photos Taken
 Photos taken by:

Injury to Subject
If subject injury occurred, outline, in detail, the nature of injuries and treatment received.

Medical Units
 None Ambulance Hospital
 GRFD Medical Examiner
 Supervisory Review Completed by
 Supervisor On Scene Supervisor On Scene

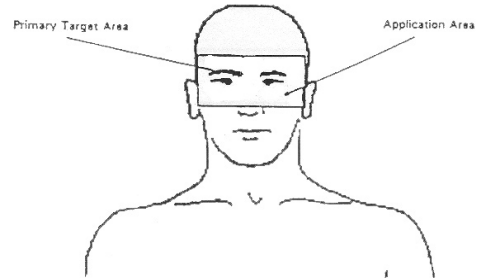
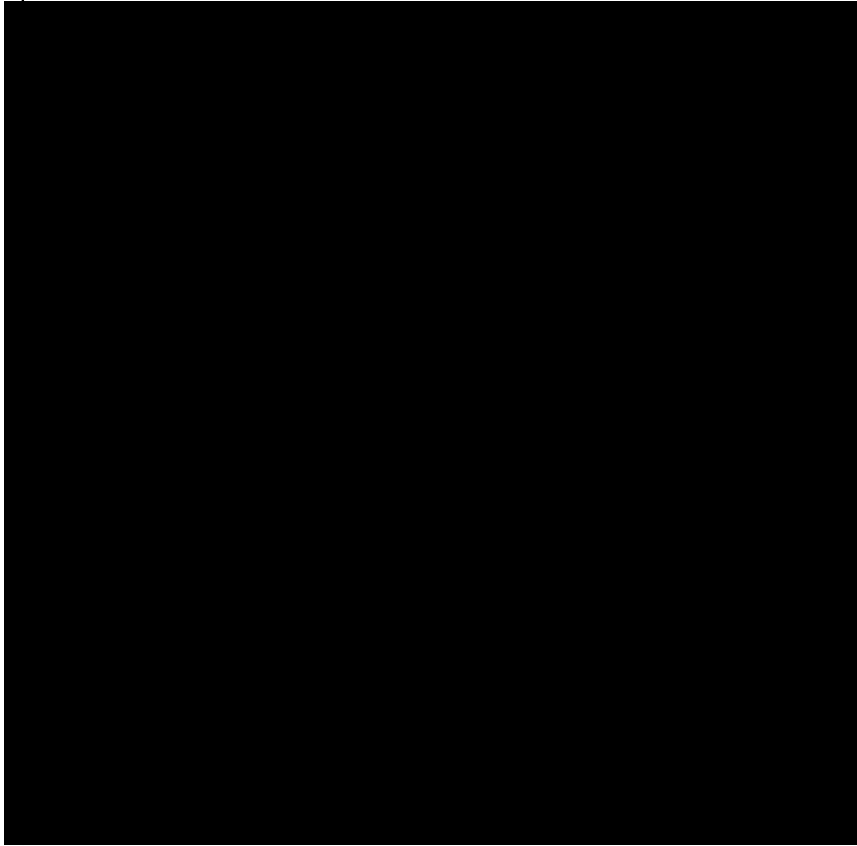


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<input type="checkbox"/> IAU Notified	Date/Time IAU Notified	IAU Notified by	Related Incident Numbers -
<input type="checkbox"/> Chief Notified	Date/Time Chief Notified	Chief Notified by	

Control Point Target Areas



Effects of O.C

- Eyes:** Closure Tears No Effect
- Nose:** Discharge Irritation No Effect
- Skin:** Redness Burning No Effect
- Chest:** Coughing Labored Breathing

Approximate Distance from Subject: (feet / yards)

Factors Present But Not Limited To

- Multiple Subjects Present
- Officer Fatigue / Injury
- Subject Access to Weapons
- Subject Fighting Stance / Combative

- Subject Agitated / Hostile
- Subject Verbally Threatening
- Exceptional Abilities or Skills of Subject / Offender
- Incident Related to Violent Offense

Officer's Narrative





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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]