

Exhibit H



POLICE STUDENT'S GUIDE

Policing Legally: Street Encounters

STOP, QUESTION AND FRISK WORKSHEET (SIDE ONE)

(COMPLETE ALL CAPTIONS)

STOP, QUESTION AND FRISK REPORT WORKSHEET PD 344-151A (Rev. 05-11)	Pct. Serial No.	
	Date	Pct. Of Occ.
Time Of Stop	Period Of Observation Prior To Stop	Radio Run/Sprint No.
Address/Intersection Or Cross Streets Of Stop		
<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Transit <input type="checkbox"/> Housing	Type Of Location (Describe:)
Specify Which Felony/P.L. Misdemeanor Suspected		Duration Of Stop
What Were Circumstances Which Led To Stop? (MUST CHECK AT LEAST ONE BOX)		
<input type="checkbox"/> Carrying Objects In Plain View Used In Commission Of Crime e.g., Slim Jim/Pry Bar, etc. <input type="checkbox"/> Fits Description. <input type="checkbox"/> Actions Indicative Of "Casing" Victim Or Location. <input type="checkbox"/> Actions Indicative Of Acting As A Lookout. <input type="checkbox"/> Suspicious Bulge/Object (Describe) <input type="checkbox"/> Other Reasonable Suspicion Of Criminal Activity (Specify) <input type="checkbox"/> Actions Indicative Of Engaging In Drug Transaction. <input type="checkbox"/> Furtive Movements. <input type="checkbox"/> Actions Indicative Of Engaging In Violent Crimes. <input type="checkbox"/> Wearing Clothes/Disguises Commonly Used In Commission Of Crime. 		
Name Of Person Stopped	Nickname/Street Name	Date Of Birth
Address		Apt. No. Tel. No.
Identification: <input type="checkbox"/> Verbal <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White Hispanic <input type="checkbox"/> Black Hispanic <input type="checkbox"/> American Indian/Alaskan Native
Age	Height	Weight Hair Eyes Build
Other (Scars, Tattoos, Etc.)		
Did Officer Explain Reason For Stop <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Explain:	
Were Other Persons Stopped/ Questioned/Frisked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Pct. Serial Nos.
If Physical Force Was Used, Indicate Type:		
<input type="checkbox"/> Handcuffing Suspect	<input type="checkbox"/> Hands On Suspect	<input type="checkbox"/> Baton
<input type="checkbox"/> Suspect Against Wall/Car	<input type="checkbox"/> Suspect On Ground	<input type="checkbox"/> Pepper Spray
<input type="checkbox"/> Drawing Firearm	<input type="checkbox"/> Pointing Firearm At Suspect	<input type="checkbox"/> Other
Reason For Force Used: (Check One Box Only) <input type="checkbox"/> Suspect Reaching For Suspected Weapon		
<input type="checkbox"/> Defense Of Self	<input type="checkbox"/> Overcome Resistance	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Defense Of Other	<input type="checkbox"/> Suspect Flight	
Was Suspect Arrested?	Offense	Arrest No.
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Summons Issued?	Offense	Summons No.
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Officer In Uniform?	If No, How Identified? <input type="checkbox"/> Shield <input type="checkbox"/> I.D. Card <input type="checkbox"/> Verbal	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

PLAINTIFFS' EXHIBIT

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POLICE STUDENT'S GUIDE

Policing Legally: Street Encounters

STOP, QUESTION AND FRISK WORKSHEET (SIDE TWO)

Was Person Frisked? Yes No **IF YES, MUST CHECK AT LEAST ONE BOX**

<input type="checkbox"/> Inappropriate Attire - Possibly Concealing Weapon	<input type="checkbox"/> Furtive Movements	<input type="checkbox"/> Refusal To Comply With Officer's Direction(s) Leading To Reasonable Fear For Safety
<input type="checkbox"/> Verbal Threats Of Violence By Suspect	<input type="checkbox"/> Actions Indicative Of Engaging In Violent Crimes	<input type="checkbox"/> Violent Crime Suspected
<input type="checkbox"/> Knowledge Of Suspects Prior Criminal Violent Behavior/Use Of Force/Use Of Weapon		<input type="checkbox"/> Suspicious Bulge/Object (Describe)
<input type="checkbox"/> Other Reasonable Suspicion of Weapons (Specify)		

Was Person Searched? Yes No **IF YES, MUST CHECK AT LEAST ONE BOX** Hard Object Admission Of Weapons Possession

Outline Of Weapon Other Reasonable Suspicion of Weapons (Specify)

Was Weapon Found? Yes No **If Yes, Describe:** Pistol/Revolver Rifle/Shotgun Assault Weapon Knife/Cutting Instrument

Machine Gun Other (Describe)

Was Other Contraband Found? Yes No **If Yes, Describe Contraband And Location** _____

Demeanor Of Person After Being Stopped _____

Remarks Made By Person Stopped _____

Additional Circumstances/Factors: (Check All That Apply)

<input type="checkbox"/> Report From Victim/Witness	<input type="checkbox"/> Evasive, False Or Inconsistent Response To Officer's Questions
<input type="checkbox"/> Area Has High Incidence Of Reported Offense Of Type Under Investigation	<input type="checkbox"/> Changing Direction At Sight Of Officer/Flight
<input type="checkbox"/> Time Of Day, Day Of Week, Season Corresponding To Reports Of Criminal Activity	<input type="checkbox"/> Ongoing Investigations, e.g., Robbery Pattern
<input type="checkbox"/> Suspect Is Associating With Persons Known For Their Criminal Activity	<input type="checkbox"/> Sights And Sounds Of Criminal Activity, e.g., Bloodstains, Ringing Alarms
<input type="checkbox"/> Proximity To Crime Location	
<input type="checkbox"/> Other (Describe)	

Pct. Serial No. _____ Additional Reports Prepared: Complaint Rpt. No. _____ Juvenile Rpt. No. _____ Aided Rpt. No. _____ Other Rpt. (Specify) _____

REPORTED BY: Rank, Name (Last, First, M.I.) Print _____ Tax# _____ Signature _____ Command _____	REVIEWED BY: Rank, Name (Last, First, M.I.) Print _____ Tax# _____ Signature _____ Command _____
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SPRING/SUMMER 2011 POLICING LEGALLY: STREET ENCOUNTERS

REPORTED BY: Rank, Name (Last, First, M.I.) _____
 Signature _____
 Tax# _____
 Print _____
 Command _____

REVIEWED BY: Rank, Name (Last, First, M.I.) _____
 Signature _____
 Tax# _____
 Print _____
 Command _____

Pct. Serial No. _____
 Additional Reports Prepared: Complaint Rpt. No. _____
 Juvenile Rpt. No. _____
 Aided Rpt. No. _____
 Other Rpt. (Specify) _____

Report From Victim/Witness
 Area Has High Incidence Of Reported Offense Or Type Under Investigation
 Time Of Day, Day Of Week, Season Corresponding To Reports Of Criminal Activity
 Suspect Is Associating With Persons Known For Their Criminal Activity
 Proximity To Crime Location
 Other (Describe) _____

Additional Circumstances/Factors: (Check All That Apply)
 Evasive, False Or Inconsistent Response To Officer's Questions
 Changing Direction At Sight Of Officer/Flight
 Ongoing Investigations, e.g., Robbery, Pattern
 Sights And Sounds Of Criminal Activity, e.g., Bloodstains, Ringing Alarms
 Other Reasonable Suspicion Of Weapons (Specify) _____
 Other Reasonable Suspicion Of Force/Use Of Weapon
 Violent Behavior/Use Of Force/Use Of Weapon
 Inappropriate Attire - Possibly Concealing Weapon
 Inapplicable Of Violence By Suspect
 Verbal Threats Of Violence By Suspect
 Knowledge Of Suspects Prior Criminal
 Engaging In Violent
 Actions Indicative Of
 Furtive Movements
 Refusal To Comply With Officer's Direction(s)
 Leading To Reasonable Fear For Safety
 Violent Crime Suspected
 Suspicious Bulge/Object (Describe) _____

Was Person Frisked? Yes No **IF YES, MUST CHECK AT LEAST ONE BOX**
 Inappropriate Attire - Possibly Concealing Weapon
 Verbal Threats Of Violence By Suspect
 Knowledge Of Suspects Prior Criminal
 Engaging In Violent
 Actions Indicative Of
 Furtive Movements
 Refusal To Comply With Officer's Direction(s)
 Leading To Reasonable Fear For Safety
 Violent Crime Suspected
 Suspicious Bulge/Object (Describe) _____

Was Person Searched? Yes No IF YES, MUST CHECK AT LEAST ONE BOX
 Other Reasonable Suspicion Of Weapons (Specify) _____
 Outline Of Weapon Other Reasonable Suspicion Of Weapons (Specify) _____
 Machine Gun Other (Describe) _____

Was Weapon Found? Yes No IF YES, Describe: Pistol/Revolver Rifle/Shotgun Assault Weapon Knife/Cutting Instrument
 Demeanor Of Person After Being Stopped Yes No If Yes, Describe Contraband And Location
 Remarks Made By Person Stopped _____

(COMPLETE ALL CAPTIONS)

STOP, QUESTION AND FRISK REPORT WORKSHEET
 PD344-151A (Rev. 11-02)

Pct. Serial No. _____
 Date _____
 Pct. Of Occ. _____

Time Of Stop _____
 Period Of Observation Prior To Stop _____
 Radio Run/Sprint # _____

Address/Intersection Or Cross Streets Of Stop _____

Inside Transit Type Of Location
 Outside Housing Describe: _____
 Specify Which Felony/P.L. Misdemeanor Suspected _____ Duration Of Stop _____

What Were Circumstances Which Led To Stop?
(MUST CHECK AT LEAST ONE BOX)

- Carrying Objects In Plain View Actions Indicative Of Engaging In Commission Of Crime e.g., Slim Jim/Pry Bar, etc.
- Fits Description.
- Actions Indicative Of "Casing" Victim Or Location.
- Actions Indicative Of Acting As A Lookout.
- Suspicious Bulge/Object (Describe) _____
- Other Reasonable Suspicion Of Criminal Activity (Specify) _____

Name Of Person Stopped _____
 Nickname/Street Name _____
 Date Of Birth _____
 Address _____
 Apt. No. _____
 Tel. No. _____

Identification: Verbal Photo I.D. Refused
 Other (Specify) _____

Sex: Male Race: White Black White Hispanic Black Hispanic
 Female Asian/Pacific Islander American Indian/Alaskan Native

Age _____ Height _____ Weight _____ Hair _____ Eyes _____ Build _____

Other (Scars, Tattoos, Etc.) _____
 Did Officer Explain If No, Explain: _____
 Reason For Stop Yes No
 Were Other Persons Stopped/ Questioned/Frisked? Yes No If Yes, List Pct. Serial Nos. _____
 If Physical Force Was Used, Indicate Type:
 Hands On Suspect Drawing Firearm
 Suspect On Ground Baton
 Pointing Firearm At Suspect Pepper Spray
 Handcuffing Suspect Other (Describe) _____
 Suspect Against Wall/Car

Was Suspect Arrested? Yes No Arrest No. _____
 Was Summons Issued? Yes No Summons No. _____
 Officer In Uniform? Yes No If No, How Identified? Shield I.D. Card Verbal