

Certain documents or portions of documents related to this training may be exempt from disclosure under the California Public Records Act on one or more of the following grounds:

- a. They are records dealing with security and safety procedures that are exempt pursuant to Government Code Section 6254(f). (Northern California Police Practices Project v. Craig (1979) 90 Cal.App.3d 116, 121-122.);
- b. They are materials for which the City of San Rafael does not hold the copyright or have permission to publish.

Where exempt material can be reasonably segregated from nonexempt material in these records, the exempt material has been redacted and the nonexempt material is shown. Where it is not reasonably possible to segregate out the exempt material, the Department is withholding the entire document from disclosure.

INJURIES:	SWAT OPERATOR	SWAT OPERATOR	SWAT OPERATOR
Personnel Injured:			
Location Occurred:			
Description of Injury:			
Medical Treatment Sought:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Hospital:
BREACHING (USE OF FORCE): <input type="checkbox"/> Refer to Breaching Plan			
Team Member:	Location: (Example: Front Door; rear Bedroom, etc) Refer to narrative for details		
Tool(s) Utilized:	<input type="checkbox"/> Ram <input type="checkbox"/> Pick <input type="checkbox"/> Bat <input type="checkbox"/> Hallagan Tool <input type="checkbox"/> <input checked="" type="checkbox"/> Other		
Describe: Reciprocating saw to cut holes in walls			
Team Member:	Location:		
Tool(s) Utilized:	<input type="checkbox"/> Ram <input type="checkbox"/> Pick <input type="checkbox"/> Bat <input type="checkbox"/> Hallagan Tool <input type="checkbox"/> <input type="checkbox"/> Other		
Describe:			
DIVERSIONARY DEVICE (USE OF FORCE): <input type="checkbox"/> Refer to Diversionary Device Plan			
Team Member(s):	Device Deployed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		
No. of Devices Deployed	Location(s):		
Method Utilized:	<input type="checkbox"/> Bang Pole <input type="checkbox"/> Hand Toss <input type="checkbox"/> Other		