

Date/Time of Use:			
Age of Suspect/Subject:			
Male	Female		
Was the suspe	ct under the influence of drugs/alcohol?	Yes	No
Was the suspect suffering from a mental illness?		Yes	No
Nature of the contact/arrest that caused you to utilize the Bola Wrap (i.e., uncooperative, aggressive, suspect fleeing, etc.):			
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Was the Bola V	Vrap effective:	Yes	No
Did you experion If Yes, please e	ence a problem deploying the Bola Wrap xplain:	Yes	No
	rap cause an injury to anyone: xplain the extent of the injury:	Yes	No
Do you have any recommendations or suggestions to improve the Bola Wrap:			