

XYZ POLICE DEPARTMENT

USE OF FORCE REPORT FORM

Gen. 11

1) DATE		2) TIME		3) LOCATION			4) CASE #	
5) SUBJECT'S NAME				6) DATE OF BIRTH		7) HEIGHT	8) WEIGHT	9) PHONE #
10) REASON THE USE OF FORCE WAS NECESSARY (Check all that apply):								
<input type="checkbox"/> TO EFFECT AN ARREST			<input type="checkbox"/> TO DEFEND SELF			<input type="checkbox"/> OTHER:		
<input type="checkbox"/> TO DEFEND ANOTHER OFFICER / PERSON			<input type="checkbox"/> PROTECTIVE CUSTODY / SUBJECT SAFETY					
<input type="checkbox"/> TO DISPATCH ANIMAL			<input type="checkbox"/> PREVENT ESCAPE					
11) LIST MOST SERIOUS OFFENSE(S) AT TIME FORCE USED:								
12) WAS SUBJECT INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE INJURIES:			13) WAS REPORTING OFFICER INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE INJURIES:			14) MEDICAL TREATMENT PROVIDED TO/BY:		15) PHOTOS TAKEN BY:
16) # SUBJECTS THAT RESISTED:		17) # OFFICERS PRESENT:		18) SUPERVISOR NOTIFIED / TIME / BY WHOM:				
19) AT THE TIME OF ARREST, THE SUBJECT WAS:								
<input type="checkbox"/> SUSPECTED TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS			<input type="checkbox"/> MENTALLY IMPAIRED / EMOTIONALLY DISTURBED					
<input type="checkbox"/> UNDER THE INFLUENCE OF ALCOHOL OR DRUGS			<input type="checkbox"/> OTHER _____					
20) OFFICER'S PERCEPTION OF INDIVIDUAL'S ACTIONS (USE NARRATIVE TO DESCRIBE PERCEIVED THREAT(S) POSTED BY INDIVIDUAL):								
<input type="checkbox"/> <u>PASSIVE RESISTANCE -</u> (Dead weight or non-compliance to Officer's lawful verbal direction, but offering no actively resistive movement)								
<input type="checkbox"/> <u>ACTIVE OR ESCAPE RESISTANCE -</u> (Actions such as pushing, pulling, evasive arm movement, flailing, flight, muscle tension, etc. to avoid control. Does not include attempt to harm the Officer)								
<input type="checkbox"/> <u>ASSAULTIVE / HIGH-RISK -</u> (Agitated, combative state, physically assaultive actions and/or behavior that poses threat of injury to another (e.g., punching, kicking, clenching of fists, etc.)								
<input type="checkbox"/> <u>LIFE THREATENING / SERIOUS BODILY INJURY -</u> (Actions that may result in death or serious bodily injury)								
21) OFFICER'S RESPONSE OPTION(S) (PROVIDE FURTHER DETAILS IN ATTACHED NARRATIVE REPORT(S)):								
<input type="checkbox"/> <u>PRESENCE:</u> <input type="checkbox"/> FULL UNIFORM <input type="checkbox"/> PARTIAL UNIFORM <input type="checkbox"/> PLAINCLOTHES _____ NOTE: Officers not in full uniform, describe means of visual police identification (e.g., raid vest or jacket, displayed badge/ID, etc.)								
<input type="checkbox"/> <u>VERBAL COMMANDS</u> (Describe details in Narrative Report):								
<input type="checkbox"/> <u>COMPLIANCE TECHNIQUES</u> (Describe details in Narrative Report): (Force used to gain control - restraint, come-along, takedowns - use of hands, arms, feet, legs)								
<input type="checkbox"/> <u>CHEMICAL SPRAY / CHEMICAL AGENT</u> (Describe details in Narrative Report): Number of Bursts: _____ Duration of Bursts: _____ Distance from Subject: _____ Impact Location: _____ Time between application / decontamination: _____								
<input type="checkbox"/> <u>IMPACT WEAPON / TEMP. INCAPACITATION</u> (Describe details in Narrative Report):								
<input type="checkbox"/> <u>ELECTRONIC CONTROL DEVICE</u> (Describe details in Narrative Report): <input type="checkbox"/> Laser Only <input type="checkbox"/> Spark Check <input type="checkbox"/> Drive Stun <input type="checkbox"/> Probe Deployment Impact Location: _____ Number of Cycles: _____								
<input type="checkbox"/> <u>POINT A FIREARM</u> (Describe details in Narrative Report):								
<input type="checkbox"/> <u>DEADLY FORCE - Firearm or other</u> (Describe details in Narrative Report):								
<input type="checkbox"/> <u>OTHER:</u> _____								
22) RESTRAINT METHOD USED: <input type="checkbox"/> HAND or FLEX CUFFS <input type="checkbox"/> LEG RESTRAINTS <input type="checkbox"/> BODY GUARD <input type="checkbox"/> SPIT SHIELD <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____								
23) OFFICERS PRESENT AT SCENE DURING FORCE APPLICATION:				24) SHIFT SUPERVISOR(S):				
25) OTHER WITNESS(ES) / PERSON(S) PRESENT AT SCENE:				26) SHIFT OFFICER(S):				
27) AUDIO-VISUAL EVIDENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain: _____				28) SUPERVISOR(S) WHO RESPONDED TO SCENE:				

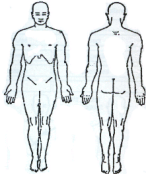
COMPLETING OFFICER(S): IF ADDITIONAL SPACE IS REQUIRED IN ANY BOX USE THE SUPPLEMENTAL REPORT;
ATTACH ALL RELATED NARRATIVE REPORTS, SUPPLEMENTS AND STATEMENTS AND
FORWARD TO SHIFT SUPERVISOR PRIOR TO END OF TOUR OF DUTY

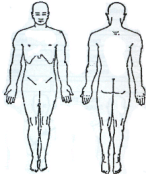
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OFFICER NARRATIVE

Case #: _____

29) WAS SUBJECT(S) INJURED? * <input type="checkbox"/> YES <input type="checkbox"/> NO *(Complete Diagram Below)	30) OFFICER(S) TAKING PHOTOS	31) TOTAL # OF PHOTOS
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	32) DESCRIBE THE EXTENT OF SUBJECT'S INJURIES AND PLACE ON THE DIAGRAM: SUBJECT #1 Name: _____
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	33) DESCRIBE THE EXTENT OF OFFICER'S INJURIES AND PLACE ON THE DIAGRAM: OFFICER #1 Name: _____
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34) WITNESS(ES) OR PERSON(S) WITH KNOWLEDGE:	ADDRESS:	PHONE #:
1)		
2)		
3)		
4)		

35) Officer's Narrative: Did officer prepare a detailed incident report describing the facts and circumstances leading to the use of force? ☐ YES ☐ NO If no, explain:

SUPERVISORY / COMMAND REVIEW

36) REPORTING SUPERVISOR (Name and Badge #)	37) DATE AND TIME OF SUPERVISOR RESPONSE	38) LOCATION
39) OFFICER WHO USED FORCE (Name and Badge #)	40) WAS SUBJECT(S) INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	41) WAS OFFICER(S) INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO

42) Supervisor's Narrative: (Document steps taken to review and evaluate Officer's use of force)

43) A/V EVIDENCE AVAILABLE / REVIEWED BY SUPERVISOR: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	44) A/V EVIDENCE AVAILABLE / REVIEWED BY OFFICER: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	45) A/V EVIDENCE AVAILABLE / REVIEWED BY LIEUTENANT: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____
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46) Lieutenant Review Narrative: (Confirm proper and complete investigation was conducted)

OFFICER REVIEW (Print / Sign / Date):	SUPERVISORY REVIEW (Print / Sign / Date):	LIEUTENANT REVIEW (Print / Sign / Date):
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**SUPERVISORY/COMMAND: REVIEW & CRITIQUE USE OF FORCE WITH INVOLVED OFFICER(S).
NOTE FINDINGS ABOVE AND FORWARD COMPLETED PACKET TO CHIEF OF POLICE**

Use of force requires and ON-SCENE review, including a narrative report from the responding supervisor. This is REQUIRED for incidents involving - Chemical Spray, ECD Probe deployment or Drive Stun; any incident resulting in injury or complaint of injury; or any other time deemed appropriate by a supervisor