

XYZ POLICE DEPARTMENT

USE OF FORCE REPORT FORM

Gen. 11

1) DATE	2) TIME	3) LOCATION	4) CASE #
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5) SUBJECT'S NAME	6) DATE OF BIRTH	7) HEIGHT	8) WEIGHT	9) PHONE #
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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 <small>DESCRIBE INJURIES:</small>	13) WAS REPORTING OFFICER INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>DESCRIBE INJURIES:</small>	14) MEDICAL TREATMENT PROVIDED TO/BY:	15) PHOTOS TAKEN BY:
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16) # SUBJECTS THAT RESISTED:	17) # OFFICERS PRESENT:	18) SUPERVISOR NOTIFIED / TIME / BY WHOM:
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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):

PASSIVE RESISTANCE -
(Dead weight or non-compliance to Officer's lawful verbal direction, but offering no actively resistive movement)

ACTIVE OR ESCAPE RESISTANCE -
(Actions such as pushing, pulling, evasive arm movement, flailing, flight, muscle tension, etc. to avoid control. Does not include attempt to harm the Officer)

ASSAULTIVE / HIGH-RISK -
(Agitated, combative state, physically assaultive actions and/or behavior that poses threat of injury to another (e.g., punching, kicking, clenching of fists, etc.)

LIFE THREATENING / SERIOUS BODILY INJURY -
(Actions that may result in death or serious bodily injury)

21) OFFICER'S RESPONSE OPTION(S) (PROVIDE FURTHER DETAILS IN ATTACHED NARRATIVE REPORT(S)):

PRESENCE: FULL UNIFORM PARTIAL UNIFORM PLAINCLOTHES _____
NOTE: Officers not in full uniform, describe means of visual police identification (e.g., raid vest or jacket, displayed badge/ID, etc.)

VERBAL COMMANDS (Describe details in Narrative Report):

COMPLIANCE TECHNIQUES (Describe details in Narrative Report):
(Force used to gain control - restraint, come-along, takedowns - use of hands, arms, feet, legs)

CHEMICAL SPRAY / CHEMICAL AGENT (Describe details in Narrative Report):
Number of Bursts: _____ Duration of Bursts: _____ Distance from Subject: _____
Impact Location: _____ Time between application / decontamination: _____

IMPACT WEAPON / TEMP. INCAPACITATION (Describe details in Narrative Report):

ELECTRONIC CONTROL DEVICE (Describe details in Narrative Report):
 Laser Only Spark Check Drive Stun Probe Deployment Impact Location: _____ Number of Cycles: _____

POINT A FIREARM (Describe details in Narrative Report):

DEADLY FORCE - Firearm or other (Describe details in Narrative Report):

OTHER: _____

22) RESTRAINT METHOD USED: HAND or FLEX CUFFS LEG RESTRAINTS BODY GUARD SPIT SHIELD NONE OTHER: _____

23) OFFICERS PRESENT AT SCENE DURING FORCE APPLICATION:	24) SHIFT SUPERVISOR(S):
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25) OTHER WITNESS(ES) / PERSON(S) PRESENT AT SCENE:	26) SHIFT OFFICER(S):
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27) AUDIO-VISUAL EVIDENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain: _____	28) SUPERVISOR(S) WHO RESPONDED TO SCENE:
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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

