

ANNE ARUNDEL COUNTY POLICE DEPARTMENT USE OF FORCE REPORT

INCIDENT DESCRIPTION				
Type of call:		Case #:		
Date:	Time:	Day of week:		
Address of occurrence:		Weather/Lighting:		
Justification for using force: <input type="checkbox"/> To protect oneself or others from harm <input type="checkbox"/> To restrain or subdue a resistant individual <input type="checkbox"/> To bring an unlawful situation under control <input type="checkbox"/> Other (explain)				
SUSPECT INFORMATION				
Last name:		First name:		MI:
Address:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American		Height:	Weight:	
Precise activity prior to use of force: (i.e. assaulting, fleeing, passive resistance, etc.)				
Weapon(s): <input type="checkbox"/> N/A <input type="checkbox"/> Knife <input type="checkbox"/> Vehicle <input type="checkbox"/> Bite <input type="checkbox"/> Blunt object (type) _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hands/feet (technique) _____ <input type="checkbox"/> Firearm (type) _____ Under influence: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs _____ <input type="checkbox"/> Prescription _____ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Type of clothing worn: _____				
Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe)				
Treated by: <input type="checkbox"/> Officer <input type="checkbox"/> Fire department <input type="checkbox"/> Emergency room <input type="checkbox"/> Refused <input type="checkbox"/> N/A				
OFFICER INFORMATION				
Last name:		First name:		MI:
ID# :	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Duty assignment:	Age:	Height:	Weight:
Uniform: <input type="checkbox"/> Patrol uniform <input type="checkbox"/> Tactical <input type="checkbox"/> Plain clothes <input type="checkbox"/> Bike Patrol				
Duty status at time of incident: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Light <input type="checkbox"/> Suspended <input type="checkbox"/> Secondary Employment				

(over)

PD: 401.1
 Index code: 401 Appendix B
 Effective date: 09-04-09
 Proponent unit: Staff Inspection Unit

USE OF FORCE REPORT (continued)

OFFICER INFORMATION (continued)

Officer's precise activity at time of incident: (i.e. handcuffing, interviewing, etc.)

Weapon(s): Firearm (type) _____ ASP

TASER (probe or drive stun) Number of TASER Cycles _____

Flashlight OC spray CS Hands/feet(technique) _____

Canine Baton Less Than Lethal Projectile _____

Weapon of opportunity (type) _____

Describe impact locations: _____

Describe weapon usage: _____

Effectiveness of applied weapon(s): _____

Injured: No Yes (If yes, describe)

Reporting officer's signature/ ID & date:

Supervisor's name & ID:

Comments:

Required documents attached: Photo-copy of officer's report documenting the use of force
 TASER dataport download if applicable

Platoon/Unit commander's name & ID:

Comments:

CHAIN OF COMMAND REVIEW

Reviewing official	In policy		Signature	Date
	Yes	No		
Supervisor				
Platoon/Unit Commander				
District/Division Commander				
Bureau Commander				

Forward to Staff Inspections Unit after review by Bureau Commander