

USE OF FORCE REPORT

DATE:	TIME:	LOCATION:	CASE#:
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OFFICER(S) INVOLVED:

#	NAME:	RANK	SIGNATURE:	OTHER AGENCY IF APPLICABLE
#1				
#2				
#3				

SUSPECT INFORMATION:

NAME:					
ADDRESS:					
DOB:	AGE:	HEIGHT:	WEIGHT:	SEX:	RACE:
TYPE OF INCIDENT / CHARGES:				PHONE #:	

REASON USE OF FORCE WAS NECESSARY: (Check all that apply)

- Effect Arrest Prevent Escape Defend Another Officer/Person Defend Self
 Prevent Violent Felony Protective Custody / Subject Safety Unintentional Handcuff/Restrain
 Warrant Execution by SWAT/Entry Team SWAT/Entry Team Operation Other (Explain)
- At the time of arrest, the subject was: No visible impairment
 Under the influence of alcohol Mentally Impaired / Emotionally Disturbed
 Under the influence of drugs In possession of /threatening use of a weapon Other:

OFFICER #1 FORCE OPTION(S) USED: (Check all that apply)

- Presence: Uniformed Plainclothes
- Compliance Techniques: Force used to gain control (restraint, takedowns, hands, arms, feet, legs)
- O.C. Spray
 Number of Bursts: Duration of Bursts: Distance from Subject:
 Impact Location: Time between application/decontamination:
 Desired Effect Achieved: YES NO Complications: (Describe in narrative): YES NO
- ASP/IMPACT WEAPON
- Taser CEW: Probe Deployment Drive Stun
 Impact Location: # of cycles: # of cartridges fired:
 Taser Serial #: Cartridge Type used: Distance from Subject:
 Probe Contact: YES NO Probe Contact Penetrate Skin: YES NO Drive Stun Contact: YES NO
- Firearm (presented)
 Firearm (discharged) *NOTE: If a firearm was discharged, a firearm discharge report must be completed.*
- K-9 Other (List)

OFFICER #2 FORCE OPTION(S) USED: (Check all that apply)

- Presence: Uniformed Plainclothes
- Compliance Techniques: Force used to gain control (restraint, takedowns, hands, arms, feet, legs)
- O.C. Spray
 Number of Bursts: Duration of Bursts: Distance from Subject:
 Impact Location: Time between application/decontamination:
 Desired Effect Achieved: YES NO Complications: (Describe in narrative): YES NO
- ASP/IMPACT WEAPON
- Taser CEW: Probe Deployment Drive Stun
 Impact Location: # of cycles: # of cartridges fired:
 Taser Serial #: Cartridge Type used: Distance from Subject:
 Probe Contact: YES NO Probe Contact Penetrate Skin: YES NO Drive Stun Contact: YES NO
- Firearm (presented)
 Firearm (discharged) *NOTE: If a firearm was discharged, a firearm discharge report must be completed.*
- K-9 Other (List)

OFFICER #3**FORCE OPTION(S) USED: (Check all that apply)**Presence: Uniformed Plainclothes Compliance Techniques: Force used to gain control (restraint, takedowns, hands, arms, feet, legs) O.C. Spray

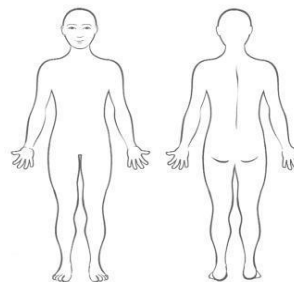
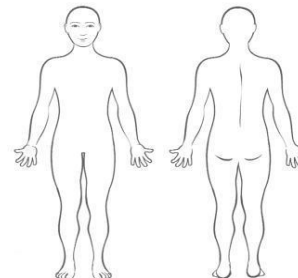
Number of Bursts: Duration of Bursts: Distance from Subject:

Impact Location: Time between application/decontamination:

Desired Effect Achieved: YES NO Complications: (Describe in narrative): YES NO ASP/IMPACT WEAPON Taser CEW: Probe Deployment Drive Stun

Impact Location: # of cycles: # of cartridges fired:

Taser Serial #: Cartridge Type used: Distance from Subject:

Probe Contact: YES NO Probe Contact Penetrate Skin: YES NO Drive Stun Contact: YES NO Firearm (presented) Firearm (discharged) *NOTE: If a firearm was discharged, a firearm discharge report must be completed.* K-9 Other (List)**WAS SUBJECT INJURED?** YES NO Subject Visibly Injured Subject Complained of Injury Photos Taken Subject Treated Subject Refused Transported to Hospital (name): Admitted to Hospital (name): Physical Injuries Psychiatric Evaluation**Mark injuries with an "X" on diagram****ANY OFFICER(S) INJURED?** YES NO Officer Visibly Injured Officer Complained of Injury Photos Taken Officer Treated Officer Refused Transported to Hospital (name): Admitted to Hospital (name): Officer(s) Name: _____**Mark injuries with an "X" on diagram****WITNESS(ES):****ADDRESS:****PHONE #:****CONNECTION TO INCIDENT:**

WITNESS(ES):	ADDRESS:	PHONE #:	CONNECTION TO INCIDENT:

AUDIO/VIDEO RECORDING OF THE INCIDENT Yes No Unknown**If Yes, was the video/audio secured?** Yes No Unknown**Source of the video/Audio Recording:****SUPERVISOR REVIEW:****SUPERVISOR NAME/SIGNATURE:****RANK/BADGE #:****DEPUTY**Use of Force in compliance with Policies and Procedures: YES NO**CHIEF***The supervisor or Officer-In-Charge must submit a separate memorandum concerning the use of force when it is not in compliance with the department policy and procedure describing the variations and corrective action to be taken. The memorandum will be submitted to Professional Standards/Internal Affairs.***REVIEW:****DEPUTY CHIEF SIGNATURE:****DATE/TIME:**