AGENCY NAME	1	USE OF FORCE REPORT NUMBER	2		

OHIO USE OF FORCE REPORT

INCIDENT DATE/TIME			
MONTH	DAY	YEAR	TIME
3	4	5	6

ADMINISTRATIVE

INITIAL CONTACT CIRCUMSTANCES _____ (Enter one) If 14-OTHER CIRCUMSTANCES, EXPLAIN : _____

01 Domestic Disturbance
02 Responding to Other Unlawful or Suspicious Activity
03 Mass Demonstration/Civil Disorder (Riot/Mass Disobedience)
04 Follow-up Investigation
05 Medical (Other than Mental Health) or Welfare Assistance
06 Request for/Handling Person(s) with Mental Illness

07 Routine Patrol/On-view (Other than Traffic)
08 Traffic Stop
09 Service of a Court Order
10 Warrant Service
11 Raid
12 Standoff with Subject inside a Building or Residence

13 Handling/Transporting/Custody of Prisoners
14 Other Circumstances
P Pending further investigation
U Unknown and is unlikely to ever be known

7

WAS THIS AN AMBUSH INCIDENT? ☐ YES ☐ NO ☐ PENDING FURTHER INVESTIGATION ☐ UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN 8

DID THE OFFICER(S) APPROACH THE SUBJECT? ☐ YES ☐ NO ☐ PENDING FURTHER INVESTIGATION ☐ UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN 9

IF THE USE OF FORCE WAS IN RESPONSE TO OR OBSERVATION OF "UNLAWFUL OR SUSPICIOUS ACTIVITY," WHAT WERE THE MOST SERIOUS OBSERVED OFFENSES COMMITTED BY THE SUBJECT PRIOR TO OR AT THE TIME OF THE INCIDENT? (Enter up to 3 offenses if applicable) 10

1._____ 2._____ 3._____

☐ PENDING FURTHER INVESTIGATION ☐ UNKNOWN/NOT REPORTED

CRIMINAL REPORT INCIDENT NUMBER (IF APPLICABLE) _____
☐ PENDING FURTHER INVESTIGATION
☐ UNKNOWN/NOT REPORTED 11

NUMBER OF OFFICERS FROM OUTSIDE OF YOUR AGENCY WHO APPLIED FORCE _____
☐ PENDING FURTHER INVESTIGATION
☐ UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN 13

OTHER LAW ENFORCEMENT AGENCIES ORI AND USE OF FORCE INCIDENT NUMBERS (IF APPLICABLE) 14

ORI NUMBER	USE OF FORCE REPORT NUMBER

WAS A SUPERVISOR OR SENIOR OFFICER ACTING IN A SIMILAR CAPACITY PRESENT OR CONSULTED PRIOR TO WHEN FORCE WAS USED IN THE INCIDENT?
☐ YES
☐ NO
☐ PENDING FURTHER INVESTIGATION
☐ UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN 12

SUBJECT

NO. 1	TOTAL SUBJECTS 2	SUBJECT NAME (Last, First, Middle) 3

AGE/ D.O.B. 4	SEX 5	RACE/ ETHNICITY 6	(Select all that apply) ☐ A ☐ B ☐ H ☐ I ☐ P ☐ W ☐ U ☐ Pending	HGT 7	WGT 8	SSN 9

ADDRESS (Street, Apt., City, State, Zip) 10	PHONE 11

WAS THE THREAT BY THE SUBJECT PERCEIVED BY THE OFFICER(S) TO BE DIRECTED TO LAW ENFORCEMENT OR ANOTHER PARTY? ☐ LE ☐ Another ☐ Both ☐ Pending ☐ Unknown 12

DID THE SUBJECT RESIST THE OFFICER(S)? ☐ YES ☐ NO ☐ PENDING FURTHER INVESTIGATION ☐ UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN 13

WAS SUBJECT ARMED OR BELIEVED TO BE ARMED WITH A WEAPON? ☐ YES ☐ NO ☐ PENDING FURTHER INVESTIGATION ☐ UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN 14

SUBJECT'S LEVEL OF RESISTANCE OR WEAPON INVOLVED OR BELIEVED TO BE INVOLVED (Select all that apply) 15

☐ 01 Nonviolent passive resistance
☐ 02 Failing to comply with verbal commands
☐ 03 Psychological intimidation (nonverbal threatening cues)
☐ 04 Deadweight
☐ 05 Attempt to escape/flee from custody
☐ 06 Pulling away
☐ 07 Pushing officer or another
☐ 08 Intentionally spitting or bleeding on an officer
☐ 09 Wrestling officer or another

☐ 10 Punching/kicking officer or another
☐ 11 Verbally threatening officer
☐ 12 Verbally threatening others
☐ 13 Threatening self
☐ 14 Resisting being handcuffed or arrest
☐ 15 Reaching for officer's weapon
☐ 16 Gain possession of officer's weapon
☐ 17 Firearm displayed at an officer or another
☐ 18 Firearm fired at an officer or another

☐ 19 Chemical agent used against an officer or another
☐ 20 Electronic control weapon used against officer or another
☐ 21 Barricading self
☐ 22 Using an edged weapon against an officer or another
☐ 23 Throwing an article or object at an officer
☐ 24 Other weapon displayed at an officer or another
☐ 25 Other weapon used at an officer or another
☐ 26 Directing vehicle at an officer or another
☐ N None
☐ P Pending further investigation
☐ U Unknown and unlikely to ever be known

SUBJECT INJURY TYPE (Select all that apply) 16

☐ 00 None
☐ 01 Apparent Broken Bones
☐ 02 Possible Internal Injury
☐ 03 Severe Laceration/Puncture Wound
☐ 04 Loss of Teeth
☐ 05 Unconsciousness
☐ 06 Other Major Injury
☐ 07 Apparent Minor Injury

☐ 08 Gunshot Wound
☐ 09 Canine Bite
☐ 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc.
☐ 11 Possible Cardiac Event
☐ P Pending further investigation
☐ U Unknown and is unlikely to ever be known

WAS THERE AN APPARENT OR KNOWN IMPAIRMENT IN THE MENTAL OR PHYSICAL CONDITION OF THE SUBJECT? 17
☐ YES
☐ NO
☐ PENDING FURTHER INVESTIGATION
☐ UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN

If YES, select all that apply
☐ Alcohol Impairment ☐ Drug Impairment
☐ Mental Health Condition ☐ Pending further investigation
☐ Unknown and unlikely to ever be known

USE OF FORCE REPORT NUMBER

REPORTING OFFICER 1	BADGE NO. 2	DATE 3
REVIEWING SUPERVISOR OR SENIOR OFFICER 4	BADGE NO. 5	DATE 6

ADDITIONAL SUPPLEMENTS ☐ SUBJECT ☐ WITNESS 7	☐ OFFICER ☐ NARRATIVE ☐ STATEMENTS ☐ OTHER	FORM RECEIVED BY: ☐ INVESTIGATION ☐ INTELLIGENCE ☐ RECORDS 8	SPECIAL COPIES 9

12/2017