

USE OF FORCE REPORT – PAGE 2

USE OF FORCE REPORT NUMBER
INCIDENT DATE/TIME

OFFICER	NO.	TOTAL OFFICERS	OFFICER NAME (Last, First, Middle)					BADGE NO.								
	AGE	SEX	RACE/ETHNICITY (Select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> Pending	HGT	WGT	TOTAL YRS OF SERVICE	OFFICER FULL-TIME <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	OFFICER/SUBJECT LINK 1. _____ 2. _____ 3. _____								
	WAS THE OFFICER READILY IDENTIFIABLE BY CLOTHING OR INSIGNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN															
	WAS THE OFFICER ON DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN						VIDEO <input type="checkbox"/> Body <input type="checkbox"/> Dashboard <input type="checkbox"/> Not provided <input type="checkbox"/> Unavailable <input type="checkbox"/> Not Working <input type="checkbox"/> Pending further investigation									
	OFFICER'S RESPONSE (Select all that apply)				OFFICER INJURY TYPE (Select all that apply)											
	<input type="checkbox"/> 01 Restraining Hold <input type="checkbox"/> 02 Pressure Point <input type="checkbox"/> 03 Balance Displacement <input type="checkbox"/> 04 Take Down <input type="checkbox"/> 05 Other Empty Hand Technique Used <input type="checkbox"/> 06 Chemical Agent/Spray (Oleoresin Capsicum, Pepper, etc.) <input type="checkbox"/> 07 Baton <input type="checkbox"/> 08 Flashlight or Other Blunt Instrument Used <input type="checkbox"/> 09 Canine Used <input type="checkbox"/> 10 Electronic Control Device (ECD) Discharged <input type="checkbox"/> 11 Rubber Bullets Used <input type="checkbox"/> 12 Bean Bags Used				<input type="checkbox"/> 13 Other Impact Projectile Used <input type="checkbox"/> 14 Flash Bang Used <input type="checkbox"/> 15 Vehicle Used <input type="checkbox"/> 16 Handgun Fired <input type="checkbox"/> 17 Rifle Fired <input type="checkbox"/> 18 Shotgun Fired <input type="checkbox"/> 19 Other Firearm Fired <input type="checkbox"/> 20 Other Weapon (non-firearm) Used <input type="checkbox"/> 21 Explosive Device Used <input type="checkbox"/> 22 Other Force Type Used <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and is unlikely to ever be known				<input type="checkbox"/> 00 None <input type="checkbox"/> 01 Apparent Broken Bones <input type="checkbox"/> 02 Possible Internal Injury <input type="checkbox"/> 03 Severe Laceration/Puncture Wound <input type="checkbox"/> 04 Loss of Teeth <input type="checkbox"/> 05 Unconsciousness <input type="checkbox"/> 06 Other Major Injury <input type="checkbox"/> 07 Apparent Minor Injury				<input type="checkbox"/> 08 Gunshot Wound <input type="checkbox"/> 09 Canine Bite <input type="checkbox"/> 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc. <input type="checkbox"/> D Death <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and unlikely to ever be known			
	LOCATION TYPE CODE				USE OF FORCE LOCATION ADDRESS (Street, City, State, Zip)				CRIMINAL REPORT NUMBER DETAILING LEOKA (IF APPLICABLE)	JUSTIFIABLE HOMICIDE CIRCUMSTANCES						

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WITNESSES	WITNESS NAME (Last, First, Middle) Including witnessing officers not involved in response	ADDRESS (Street, Apt., City, State, Zip)	PHONE