

# USE OF FORCE REPORT - SUBJECT SUPPLEMENT

USE OF FORCE  
REPORT NUMBER

INCIDENT DATE/TIME

SUBJECT

SUBJECT

NO.	TOTAL SUBJECTS	SUBJECT NAME (Last, First, Middle)						
AGE/ D.O.B.	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	SSN
ADDRESS (Street, Apt., City, State, Zip)								PHONE
WAS THE THREAT BY THE SUBJECT PERCEIVED BY THE OFFICER(S) TO BE DIRECTED TO LAW ENFORCEMENT OR ANOTHER PARTY? <input type="checkbox"/> LE <input type="checkbox"/> Another <input type="checkbox"/> Both <input type="checkbox"/> Pending <input type="checkbox"/> Unknown								
DID THE SUBJECT RESIST THE OFFICER(S)? <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 SUBJECT ARMED OR BELIEVED TO BE ARMED WITH A WEAPON? <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								
<b>SUBJECT'S LEVEL OF RESISTANCE OR WEAPON INVOLVED OR BELIEVED TO BE INVOLVED (Select all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 01 Nonviolent passive resistance  <input type="checkbox"/> 02 Failing to comply with verbal commands  <input type="checkbox"/> 03 Psychological intimidation (nonverbal threatening cues)  <input type="checkbox"/> 04 Deadweight  <input type="checkbox"/> 05 Attempt to escape/flee from custody  <input type="checkbox"/> 06 Pulling away  <input type="checkbox"/> 07 Pushing officer or another  <input type="checkbox"/> 08 Intentionally spitting or bleeding on an officer  <input type="checkbox"/> 09 Wrestling officer or another           </div> <div> <input type="checkbox"/> 10 Punching/kicking officer or another  <input type="checkbox"/> 11 Verbally threatening officer  <input type="checkbox"/> 12 Verbally threatening others  <input type="checkbox"/> 13 Threatening self  <input type="checkbox"/> 14 Resisting being handcuffed or arrest  <input type="checkbox"/> 15 Reaching for officer's weapon  <input type="checkbox"/> 16 Gain possession of officer's weapon  <input type="checkbox"/> 17 Firearm displayed at an officer or another  <input type="checkbox"/> 18 Firearm fired at an officer or another           </div> <div> <input type="checkbox"/> 19 Chemical agent used against an officer or another  <input type="checkbox"/> 20 Electronic control weapon used against officer or another  <input type="checkbox"/> 21 Barricading self  <input type="checkbox"/> 22 Using an edged weapon against an officer or another  <input type="checkbox"/> 23 Throwing an article or object at an officer  <input type="checkbox"/> 24 Other weapon displayed at an officer or another  <input type="checkbox"/> 25 Other weapon used at an officer or another  <input type="checkbox"/> 26 Directing vehicle at an officer or another  <input type="checkbox"/> N None  <input type="checkbox"/> P Pending further investigation  <input type="checkbox"/> U Unknown and unlikely to ever be known           </div> </div>								
<b>SUBJECT INJURY TYPE (Select all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <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           </div> <div> <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"/> 11 Possible Cardiac Event  <input type="checkbox"/> D Death  <input type="checkbox"/> P Pending further investigation  <input type="checkbox"/> U Unknown and is unlikely to ever be known           </div> </div>					<b>WAS THERE AN APPARENT OR KNOWN IMPAIRMENT IN THE MENTAL OR PHYSICAL CONDITION OF THE SUBJECT?</b> <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  <b>If YES, select all that apply</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Alcohol Impairment           <input type="checkbox"/> Drug Impairment         </div> <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and unlikely to ever be known			

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