

USE OF FORCE REPORT – PAGE 2

USE OF FORCE REPORT NUMBER	1
INCIDENT DATE/TIME	2

OFFICER	NO. 1	TOTAL OFFICERS 2	OFFICER NAME (Last, First, Middle) 3						BADGE NO. 4
	AGE 5	SEX 6	RACE/ETHNICITY 7 (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 8	WGT 9	TOTAL YRS OF SERVICE 10	OFFICER FULL-TIME 11 <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	OFFICER/SUBJECT LINK 1. _____ 2. 12 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 13								
	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 14						VIDEO 15 <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) 16 <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				OFFICER INJURY TYPE (Select all that apply) <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 17 <input type="checkbox"/> 06 Other Major Injury <input type="checkbox"/> 07 Apparent Minor Injury		OFFICER INJURY TYPE (Select all that apply) <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 20				USE OF FORCE LOCATION ADDRESS (Street, City, State, Zip) 21				
	CRIMINAL REPORT NUMBER DETAILING LEOKA (IF APPLICABLE) 18				JUSTIFIABLE HOMICIDE CIRCUMSTANCES 19				
	OFFICER'S RESPONSE (Select all that apply) 16 <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								

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WITNESSES	WITNESS NAME (Last, First, Middle) Including witnessing officers not involved in response	ADDRESS (Street, Apt., City, State, Zip)	PHONE
	1	2	3