

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							
	SUBJECT'S LEVEL OF RESISTANCE OR WEAPON INVOLVED OR BELIEVED TO BE INVOLVED (Select all that apply)							
	<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		<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		<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			
	SUBJECT INJURY TYPE (Select all that apply)				WAS THERE AN APPARENT OR KNOWN IMPAIRMENT IN THE MENTAL OR PHYSICAL CONDITION OF THE SUBJECT?			
	<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"/> 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		<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 If YES, select all that apply <input type="checkbox"/> Alcohol Impairment <input type="checkbox"/> Drug Impairment <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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