**USE OF FORCE REPORT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Call Number** | | **Case Number** | | | | | **Location** | | | | | | | | | | | | | | | | **Date** | | | | | | | **Time** | | | | |
| Associated Reports:  Arrest  Offense  Incident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REPORT IS TO BE COMPLETED BY PRIMARY DISPATCHED OFFICER; OTHERWISE, BY FIRST OFFICER TO USE FORCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Officer Completing Report** | | | | | | | **Signature** | | | | | | | | | | | | | | | | **Date** | | | | | | **Time** | | | | | |
| **POEC/Emergency Detention Order**  **NO FORCE WAS USED BUT FORCE WAS ALLEGED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Officer Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Officer (A)** (Last, First Middle) | | | | | | | | | | | | | | | | | | ID Number | | | | | | | | Division | | | | | | | | |
| Race | Sex | | | Age | | | | | Height | | | | | | Weight | | | On Duty:  Yes  No  In Uniform:  Yes  No | | | | | | | | Injury:  Yes  No  Injury Report:  Yes No | | | | | | | | |
| **Officer (B)** (Last, First Middle) | | | | | | | | | | | | | | | | | | ID Number | | | | | | | | Division | | | | | | | | |
| Race | Sex | | | Age | | | | | Height | | | | | | Weight | | | On Duty:  Yes  No  In Uniform:  Yes  No | | | | | | | | Injury:  Yes  No  Injury Report:  Yes No | | | | | | | | |
| **Officer (C)** (Last, First Middle) | | | | | | | | | | | | | | | | | | ID Number | | | | | | | | Division | | | | | | | | |
| Race | Sex | | | Age | | | | | Height | | | | | | Weight | | | On Duty:  Yes  No  In Uniform:  Yes  No | | | | | | | | Injury:  Yes  No  Injury Report:  Yes No | | | | | | | | |
| **Subject Data** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subject Name 1** (Last, First Middle) / **University Affiliation**  **/** | | | | | | | | | | | | | | Race | | | | Sex | | Age | | | | | | | Height | | | | Weight | | | |
| **Subject Name 2** (Last, First Middle) / **University Affiliation**  **/** | | | | | | | | | | | | | | Race | | | | Sex | | Age | | | | | | | Height | | | | Weight | | | |
| **Subject Name 3** (Last, First Middle) / **University Affiliation**  **/** | | | | | | | | | | | | | | Race | | | | Sex | | Age | | | | | | | Height | | | | Weight | | | |
| **Subject Actions** | | | | | **SUBJ 1** | | | **SUBJ 2** | | | | **SUBJ 3** | | | | **Subject Injury** | | | | | | | | **SUBJ 1** | | | | **SUBJ 2** | | | | **SUBJ 3** | | |
| Cooperation | | | | |  | | |  | | | |  | | | | Death or Serious Bodily Injury | | | | | | | |  | | | |  | | | |  | | |
| Passive Resistance | | | | |  | | |  | | | |  | | | | Injury | | | | | | | |  | | | |  | | | |  | | |
| Verbal Resistance | | | | |  | | |  | | | |  | | | | Injury Complained, Not Observed | | | | | | | |  | | | |  | | | |  | | |
| Empty Hand Defensive Resistance | | | | |  | | |  | | | |  | | | | No injury Complained or Observed | | | | | | | |  | | | |  | | | |  | | |
| Empty Hand Active Aggression | | | | |  | | |  | | | |  | | | | **Subject Disposition** | | | | | | | |  | | | | | | | | | | |
| Firearm | | | | |  | | |  | | | |  | | | | Admitted to Hospital | | | | | | | |  | | | |  | | | |  | | |
| Other Weapon | | | | |  | | |  | | | |  | | | | Treated and Released | | | | | | | |  | | | |  | | | |  | | |
| Other (Specify) | | | | |  | | |  | | | |  | | | | No Treatment Requested | | | | | | | |  | | | |  | | | |  | | |
|  | | | | | | | | | | | Photographs Taken | | | | | | | |  | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REASON FOR CONTACT:** | | | Dispatched Call  Custody  On-View Offense / Incident  Traffic Stop  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FORCE USED BY EACH OFFICER AGAINST EACH SUBJECT AND OUTCOME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use **E** (effective), **I** (ineffective) only in areas where force was applied. | | | | | | Officer (A) and | | | | | | | | | | | Officer (B) and | | | | | | | | Officer (C) and | | | | | | | | | |
| SUBJ 1 | | | | SUBJ 2 | | | SUBJ 3 | | | | SUBJ 1 | | SUBJ 2 | | SUBJ 3 | | | | SUBJ 1 | | | | | SUBJ 2 | | | SUBJ 3 | |
| Verbal Commands | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| Passive Guidance or Control | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| Empty Hand Control - Soft | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| Empty Hand Control - Hard | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| OC Spray | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| Impact Weapon | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| Electronic Control Device | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| Firearm: Exhibited | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| Firearm: Used | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| Other: Specify in narrative | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
| Other: Specify in narrative | | | | | |  | | | |  | | |  | | | |  | |  | |  | | | |  | | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Call Number** | | | | | | | | | | | | **Date** | | | | | | | | | | | **Time** | | | | | | | | | | | |
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Details:

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| **CHAIN OF COMMAND COMMENTS AND ACTION RECOMMENDATIONS** | | |
| **supervisor COMMENTS** | | |
| **Signature and ID# Printed Name** | **Date** | **Time** |
| **Patrol Commander COMMENTS**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Signature and ID# Printed Name** | **Date** | **Time** |
| **CHIEF OF POLICE’S COMMENTS**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Signature and ID#** | **Date** | **Time** |