

# FIELD ENFORCEMENT BUREAU USE OF FORCE REPORT

INCIDENT DESCRIPTION				
Type of incident:			Case #:	
Date:		Time:		Day of week:
Address of occurrence:			Weather/Lighting:	
Justification for using force: <input type="checkbox"/> To protect oneself or others from harm. <input type="checkbox"/> To restrain or subdue a resistant individual. <input type="checkbox"/> To bring an unlawful situation under control. <input type="checkbox"/> Other (explain)				
SUSPECT INFORMATION				
Last name:		First name:		MI:
Address:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American			Height:	Weight:
Precise activity prior to use of force: (i.e., assaulting, fleeing, passive resistance, etc.)				
Weapon(s): <input type="checkbox"/> N/A <input type="checkbox"/> Knife <input type="checkbox"/> Vehicle <input type="checkbox"/> Bite  <input type="checkbox"/> Blunt object (type) _____ <input type="checkbox"/> Other: _____  <input type="checkbox"/> Hands/feet (technique) _____ <input type="checkbox"/> Firearm (type) _____  Under influence: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs _____ <input type="checkbox"/> Prescription _____ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Type of clothing worn _____				
Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe)				
Treated by: <input type="checkbox"/> Agent <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Room <input type="checkbox"/> Refused <input type="checkbox"/> N/A				
AGENT INFORMATION				
Last name:		First name:		MI:
ID#:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Duty assignment:	Age:	Height:	Weight:
Duty status at time of incident: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Light <input type="checkbox"/> Suspended <input type="checkbox"/> Secondary Employment				

(over)

Form #: 401.1  
 Index Code: 401 Appendix B  
 Effective date: 07-01-23

## USE OF FORCE REPORT (continued)

### AGENT INFORMATION (continued)

Agent's precise activity at time of incident: (i.e., handcuffing, interviewing, etc.)

Weapon(s):  Firearm (type) \_\_\_\_\_  ASP

Flashlight  OC spray  Hands/feet(technique) \_\_\_\_\_

Weapon of opportunity (type) \_\_\_\_\_

Describe impact location: \_\_\_\_\_

Describe weapon usage: \_\_\_\_\_

Effectiveness of applied weapon(s): \_\_\_\_\_

Injured:  No  Yes (If yes, describe)

Reporting agent's signature & date:

Supervisor's name & ID:

Comments:

Required documents attached:  Photocopy of agent's report documenting the use of force

Deputy Director's name & ID:

Comments:

### CHAIN OF COMMAND REVIEW

Reviewing Official	In Policy		Signature	Date
	Yes	No		
Supervisor Agent in Charge				
Deputy Director				
Director				