

USE OF FORCE REPORTING

See G.O. 4.1.10 for reference

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DR NUMBER:

OTHER AGENCY DR NO.:

CRITICAL INCIDENT NO.:

A INCIDENT INFORMATION

DATE	TIME	DAY OF WEEK <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	INCIDENT VIDEO TAPED <input type="checkbox"/> YES, Tape No. _____ <input type="checkbox"/> NO	CASE OFFICER BADGE NO.	LOCATION OF INCIDENT (milepost/street, etc.)
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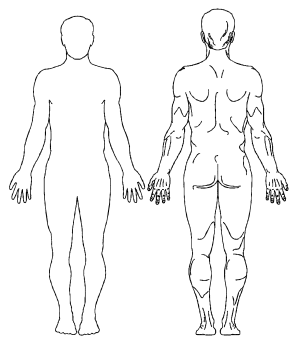
TYPE OF INCIDENT: (check all that apply)

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Civil disturbance | <input type="checkbox"/> Collision investigation | <input type="checkbox"/> Barricade | <input type="checkbox"/> Warrant arrest | <input type="checkbox"/> Disorderly conduct |
| <input type="checkbox"/> Traffic stop | <input type="checkbox"/> Suspicious person | <input type="checkbox"/> Domestic | <input type="checkbox"/> Motor assist | <input type="checkbox"/> High risk stop |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Search warrant service | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Assist other agency | <input type="checkbox"/> Animal (complete sections A, B, G and H only) |
| <input type="checkbox"/> Consensual contact | <input type="checkbox"/> Assist other agency | <input type="checkbox"/> Other (specify in Offense/Incident/Alcohol Report (DPS 802-04084)) | | |

B OFFICER INFORMATION

NAME (Last, First, M.I.)		BADGE NO.	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	ETHNICITY <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White <input type="checkbox"/> Other	AGE
RANK <input type="checkbox"/> Officer <input type="checkbox"/> Sergeant <input type="checkbox"/> Commander <input type="checkbox"/> Detective <input type="checkbox"/> Lieutenant <input type="checkbox"/> Chief	ON DUTY <input type="checkbox"/> Yes <input type="checkbox"/> No	IN UNIFORM <input type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION CODE	NAME OF DISTRICT / SQUAD / UNIT	YEARS OF SERVICE

C OFFICER INJURIES (If officer was not injured, mark "No" and continue to section D)

INJURED <input type="checkbox"/> Yes <input type="checkbox"/> No	DECEASED <input type="checkbox"/> Yes <input type="checkbox"/> No	CAUSE OF INJURY <input type="checkbox"/> Suspect <input type="checkbox"/> Canine <input type="checkbox"/> Self-inflicted <input type="checkbox"/> Collision <input type="checkbox"/> Other subject <input type="checkbox"/> Other (specify in Offense/Incident/Alcohol Report (DPS 802-04084))	OFFICER INJURIES PHOTOGRAPHED BY Badge No. _____ Other _____
TREATMENT: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> First aid <input type="checkbox"/> EMS <input type="checkbox"/> Sought own treatment <input type="checkbox"/> Refused <input type="checkbox"/> Hospital - treated and released <input type="checkbox"/> Hospital - admitted		INJURY LOCATIONS: (check all that apply and mark on figure) <input type="checkbox"/> Head / neck <input type="checkbox"/> Arms / hands <input type="checkbox"/> Legs / feet <input type="checkbox"/> Front torso <input type="checkbox"/> Back torso <input type="checkbox"/> Side torso <input type="checkbox"/> Other (specify in Offense/Incident/Alcohol Report (DPS 802-04084))	
INJURY TYPE: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> None visible <input type="checkbox"/> Bruise <input type="checkbox"/> Scratch / abrasion <input type="checkbox"/> Laceration <input type="checkbox"/> Puncture <input type="checkbox"/> Broken bone <input type="checkbox"/> Internal <input type="checkbox"/> Gunshot <input type="checkbox"/> Other (specify in Offense/Incident/Alcohol Report (DPS 802-04084))			

D WITNESS INFORMATION / ADDITIONAL OFFICER(S) INVOLVED

Were there any identified witnesses? <input type="checkbox"/> Yes, no. of witnesses _____ <input type="checkbox"/> No	Were additional officers on scene when the use of force occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were additional DPS officers involved in the use of force: <input type="checkbox"/> Yes (list badge no.) <input type="checkbox"/> No (Each listed officer MUST complete a Use of Force form)	Were other agency officers involved in the use of force: <input type="checkbox"/> Yes (list badge no.) <input type="checkbox"/> No (Include agency name)

E SUBJECT INFORMATION (List only the person who was the subject of the use of force by the officer listed in Section B. If more than one person was the subject of use of force, use an additional form.)

NAME (Last, First, M.I.)		SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	ETHNICITY <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White <input type="checkbox"/> Undetermined <input type="checkbox"/> Other	AGE																														
SUBJECT STATUS: <input type="checkbox"/> Cited <input type="checkbox"/> Arrested <input type="checkbox"/> Referred <input type="checkbox"/> Released <input type="checkbox"/> Outstanding <input type="checkbox"/> Deceased IF DECEASED, IN CUSTODY DEATH: <input type="checkbox"/> Yes <input type="checkbox"/> No	CHARGES: (check all that apply) <input type="checkbox"/> Yes (specify below) <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Disorderly conduct <input type="checkbox"/> Escape <input type="checkbox"/> DUI <input type="checkbox"/> Unlawful flight <input type="checkbox"/> Resisting arrest <input type="checkbox"/> Assault <input type="checkbox"/> Traffic offense <input type="checkbox"/> Other (specify in Offense/Incident/Alcohol Report (DPS 802-04084))	SUSPECTED IMPAIRMENT OR OTHER CONDITION: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Alcohol <input type="checkbox"/> Mentally Ill <input type="checkbox"/> Narcotics / drugs <input type="checkbox"/> Other (specify in Offense/Incident/Alcohol Report (DPS 802-04084))	SUBJECT'S RESISTANCE: (check all that apply) <input type="checkbox"/> Presence <input type="checkbox"/> Non-responsive <input type="checkbox"/> Passive physical <input type="checkbox"/> Active physical <input type="checkbox"/> Aggressive physical <input type="checkbox"/> Aggravated physical	FORCE USED BY SUBJECT: (check all that apply) (P) Possessed (T) Threatened (U) Used <table border="0"> <tr> <td>(P)</td> <td>(T)</td> <td>(U)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Hands, fist, or feet</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Impact weapon</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Knife / edged weapon</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Motor vehicle</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Handgun</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Shotgun</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rifle</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other (specify in Offense/Incident / Alcohol Report (DPS 802-04084))</td> </tr> </table>	(P)	(T)	(U)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hands, fist, or feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Impact weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Knife / edged weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Handgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rifle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (specify in Offense/Incident / Alcohol Report (DPS 802-04084))
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