

# Use of Force Report

SC Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Environmental Conditions: \_\_\_\_\_

<b>Agency Supporting:</b>
Department:

<b>Working with Officer(s):</b>
Activity:
Other Officers/Constables Present:

<b>Type of Force Used</b>						
<input type="checkbox"/> OC Spray	<input type="checkbox"/> Expandable Baton	<input type="checkbox"/> Firearm Drawn	Rounds Fired	<input type="checkbox"/> None	<input type="checkbox"/> Yes # _____	<input type="checkbox"/> Other

**Detailed Discription of Use of Force:** Include Justification, how force was used, who was force used upon, location, time, names and race of all people present, injuries, medical attention given, other reports filled out and recipients.

Suspect(s) Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_

Suspect Injuries \_\_\_\_\_

Officer / Constable's Injuries \_\_\_\_\_

Suspect(s) Actions upon your arrival (Be very specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officer/Constable's Reaction ( Explain how you felt, why you took the course of action you did): \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Officers/Constable's Reaction (Con't)

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Constable's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Treatment

E.M.S. Called to Scene.  Yes  No Reason: \_\_\_\_\_

List of E.M.S. personnel: \_\_\_\_\_

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Type of treatment to suspect(s): \_\_\_\_\_

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Released to:  Jail  Hospital

Type of treatment to Officer/Constable(s): \_\_\_\_\_

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Officers Signature: \_\_\_\_\_ Date \_\_\_\_\_