



**Barnett State  
POLICE DEPARTMENT**

**USE OF FORCE REPORT**

**Instructions:** Complete this form for all *reportable use of force incidents*, as defined in the operations manual under the General Orders, Section 20.7 - Reporting Use of Force Incidents. **THIS REPORT MUST BE FORWARDED TO THE OFFICE OF THE CHIEF WITHIN THREE DAYS OF FORCE INCIDENT.**

**Reporting Officer involved in force transaction:**

1. Complete *Part I*, using a separate report form for each person you are documenting a *reportable use of force incident* on.
2. Leave the control number blank. This number will be assigned by the Chief of Police.
3. List additional witnesses, officers, or any other information requested in your narrative if there is not enough room to capture that information in the space provided.
4. If suspect refuses medical treatment, request the EMT, hospital staff or other medical personnel present to sign as a witness to refusal of treatment on the reverse side of this form.
5. Attach a copy of the department computer generated arrest report, if the suspect was arrested. Also attach information about the suspect's prior criminal record, if any.
6. Use the checklist below to assist you in completion of the narrative portion of your report.
  - ☐ Describe the physical traits of every suspect (age, sex, size, etc.)
  - ☐ Describe the apparent physical/mental/emotional state of the suspect during the force encounter; Include if he/she was under the influence of a drug or alcoholic beverage.
  - ☐ Describe all weapons possessed or available to suspect during the altercation.
  - ☐ Describe any special skills or abilities (boxing, martial arts) of the suspect that were, or could have been, used to carry out his/her attack upon you; include prior violent history towards police.
  - ☐ Describe the immediate threat to you or other persons at the scene by the suspect.
  - ☐ Describe any active resistance to your attempts to control the suspect, or his/her evasion (or attempt) of the police.
  - ☐ Detail specific verbalization you used prior to escalation to physical force. If verbalization could not be used, give details why.
  - ☐ Describe all force techniques used, including lesser force options you used on suspect and why they did not work; or why you believed lesser force options would not accomplish the objective or why you believed lesser force options would expose you or others to unreasonable danger. If disengaging from the situation was not a viable option, give details why.
  - ☐ Describe in detail all injuries suffered by the suspect and/or his/her accomplices; all injuries to assisting officers or yourself as a result of this incident. Detail all medical attention offered/provided for suspect(s).
  - ☐ Describe any physical evidence you secured or collected (i.e., photographs of defensive or offensive injuries, torn or bloody uniforms / clothing, other evidence of suspects actions).
  - ☐ Give details regarding supervisory notification/response.

**Part II-A** of Use of Force Report shall be completed by Officers who witness a use of force incident, or Investigators assigned evidence collection or other investigative duties.

**Part II-B** of Use of Force Report shall be completed by a Supervisor assigned to investigate the incident.

**Part III** of Use of Force Report shall be completed by the Training Unit & Command staff following receipt and review of Parts I and II of the Use of Force Report.

**USE OF FORCE REPORT****Part I** (Reporting officer incident report)

Date of occurrence:	Time:	Blt #	Case #	Arrest #	Control #
Incident Location:					
Name of suspect:				DOB:	Race: Sex:
Address:				telephone #	
Reporting Officer:				ID #	Assignment:
<u>Witness Name</u>		<u>Witness address</u>		<u>Telephone #</u>	
<u>Other Officers at scene</u>		<u>ID #</u>	<u>Officer injured before or after force? briefly describe injury</u>		
Describe suspect injuries prior to and after force was used:					
Did suspect require medical treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO		Medical treatment providers: <input type="checkbox"/> EMS <input type="checkbox"/> Hospital <input type="checkbox"/> Other (add below)			
<u>Name of attending medical providers</u>		<u>Address of medical treatment provider</u>		<u>Phone #</u>	
Suspect taken to Hospital by:		Hospital action: <input type="checkbox"/> Admitted <input type="checkbox"/> Treated & Released <input type="checkbox"/> Refused treatment <input type="checkbox"/> Other (describe in narrative)			
Suspect's condition at time of force: <input type="checkbox"/> Appeared normal <input type="checkbox"/> Had been drinking <input type="checkbox"/> Intoxicated by alcoholic beverage <input type="checkbox"/> Under influence of drugs <input type="checkbox"/> Emotionally/Mentally disturbed <input type="checkbox"/> Other (explain in narrative)					
Investigator's assigned: <input type="checkbox"/> Photos taken <input type="checkbox"/> Statements taken <input type="checkbox"/> Diagram/sketch <input type="checkbox"/> Evidence secured					
Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach copy arrest report</i>		Investigating Supervisor Assigned:			
Reporting officer's signature:			Approved by:		

### ***Reporting Officer's Narrative***

Describe in detail all actions by the subject (by words or conduct) and your reaction / level of response to protect yourself / others and/or control the subject.

**Type of force used:**    ☐Physical    ☐Canine    ☐Chemical    ☐Impact    ☐Taser®    ☐Firearm/other gun

Officer's signature:	Date:
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**Routing:**       Reporting officer forward to investigating supervisor

# **USE OF FORCE REPORT**

**Part II-A** (Incident Investigation)

Narrative of:    ☐ Investigator    ☐ Witness Police Officer    ☐ Other: \_\_\_\_\_

Officer's signature:	Date:
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**Routing:**      Reporting officer forward to investigating supervisor

# **USE OF FORCE REPORT**

## **Part II-B** (Incident Investigation)

**Narrative of Investigating Supervisor:** *(continue on separate sheet of paper if necessary)*

Give a complete account of your investigation. Attach all witness statements and medical reports, if any. Describe all evidence secured and its storage location.

Officer's signature:	Date:
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**Routing:** Investigating supervisor to Commanding Lieutenant; to Assistant Chief of Police

## USE OF FORCE REPORT

### **Part III** (Training / Command Review)

<b>Training Unit Recommendations</b> (continue on separate page if necessary)			
Trainers signature:	Date:	Signature of Assistant Chief of Police:	Date:

<b>Review/Recommendations by Command Supervisor:</b> (continue on separate page if necessary)			
Signature of Command Supervisor:		Date:	Signature of Chief of Police:
			Date:
<b>Command Supervisor Recommendation:</b> check all that apply		<b>Final Disposition:</b> check all that apply	
<input type="checkbox"/> Continue Investigation -- TOT: _____		<input type="checkbox"/> Closed by Investigation / appropriate force used	
<input type="checkbox"/> CBI-appropriate use of force	<input type="checkbox"/> Formal Review Board	<input type="checkbox"/> General training deficiency identified / addressed	
<input type="checkbox"/> Training deficiency noted	<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> Officer was counseled and retrained	
<input type="checkbox"/> Counsel / Retrain Officer	<input type="checkbox"/> Other:	<input type="checkbox"/> Disciplinary action has been commenced	
<input type="checkbox"/> Policy failure noted		<input type="checkbox"/> Other:	