



DEPARTMENT OF UNITY
Global Criminal Intelligence Service



STATEMENT OF USE OF FORCE

Case Number: _____

Date of Incident: ____/____/____

Incident Location: _____

Time of Incident: _____

- I. **Officer/operator** must complete this document after talking with the Site Director but before leaving the scene where the incident took place.
- II. **Supervisor** must interview the officer/operator immediately following the incident
- III. **Original** (with all attachments) will be forwarded to the senior investigating entity (GCIS/IOIA), via chain of command.

OFFICER/OPERATOR INFORMATION

Name: _____ PIV#: _____

GCIS#: _____ Medical Attention Required: Yes No Unknown at Time

Describe Injury Sustained: _____

Transported Admitted to Hospital Treated and Released Treated on Scene by TAC/SARMED EMS
 Treated by Law Enforcement Treated by Fire _____

Medical Facility/Doctor: _____

PRISONER INFORMATION

Name: _____

DOB: _____ Race: _____ Sex (Biological): Male Female

Current Classification Status: _____

Criminal Charge(s): _____

No Injury Injury Sustained Complaint of Injury Visible Injury Medical Attention Refused Med

Describe Injury: _____

Transported Admitted to Hospital Treated and Released Treated on Scene by TAC/SARMED EMS
 Treated by Law Enforcement Treated by Fire _____

Photographs Taken: _____

Witness 1: _____ Phone: () -

Witness 2: _____ Phone: () -

Witness 3: _____ Phone: () -

Witness 4:

Phone: () -

NARRATIVE

Break down the situation from beginning to end (start from when contact was made), include the level of force used, what the subject was doing that warranted that decisions and force escalation, how the need of force justified the force used, and any steps taken to get to the point of force, steps taken post use of force, and steps taken to initiate (emergency) medical efforts. Include times, names, dates, and any other information you feel to be pertinent to this report.



Series of horizontal lines for writing.



Print Name

Signature and Date

(V) SITE DIRECTOR ONLY (V)




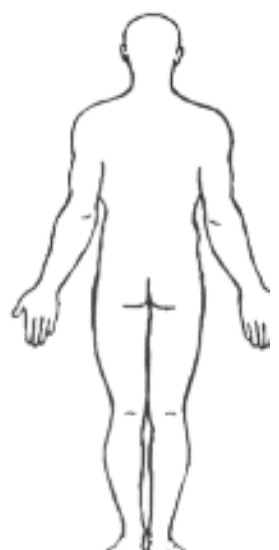
Print Name

Signature and Date

RESISTANCE		RESPONSE	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Compliant (Cooperative) <input type="checkbox"/> Passive (Resistant) <input type="checkbox"/> Active (Resistant) <input type="checkbox"/> Assaultive (Bodily Harm) <input type="checkbox"/> Assaultive (Serious BH/Deadly Force)	<input type="checkbox"/> Presence <input type="checkbox"/> Communication <input type="checkbox"/> Physical Control <input type="checkbox"/> Intermediate Weapons <input type="checkbox"/> Incapacitate <input type="checkbox"/> Deadly Force	
SUSPECT FACTORS		SUSPECT WEAPONS	
Sex:	Drug: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Hands	<input type="checkbox"/> Fabricated Instrument
Height:	Alcohol: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Feet	<input type="checkbox"/> Chemical
Weight:	Unknown Drug/Alc.: <input type="checkbox"/> Present	<input type="checkbox"/> Impact	<input type="checkbox"/> Firearm
Age:	<input type="checkbox"/> Mental _____	<input type="checkbox"/> Edged	<input type="checkbox"/>
OFFICER/OPERATOR RESPONSES (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Command Presence	<input type="checkbox"/> Verbal Commands	<input type="checkbox"/> Soft Empty Hand Control	
Restraint Devices <input type="checkbox"/> Handcuffs <input type="checkbox"/> Check-Fit <input type="checkbox"/> Double-Lock <input type="checkbox"/> Leg Irons <input type="checkbox"/> Flexi Cuffs <input type="checkbox"/> Zip Ties <input type="checkbox"/> Makeshift (Alt.)	Escorts <input type="checkbox"/> Field <input type="checkbox"/> Wrist Lock <input type="checkbox"/> Pressure Point <input type="checkbox"/> Finger Lock <input type="checkbox"/> Shoulder Lock <input type="checkbox"/> Hammer Lock <input type="checkbox"/>	Take Downs <input type="checkbox"/> Arm Bar <input type="checkbox"/> Wrist Lock <input type="checkbox"/> Finger Lock <input type="checkbox"/> Shoulder Lock <input type="checkbox"/> Hammer Lock <input type="checkbox"/> Calf Strike Pull Down <input type="checkbox"/>	Strikes <input type="checkbox"/> Punch <input type="checkbox"/> Chin Jab Strike <input type="checkbox"/> Elbow <input type="checkbox"/> V <input type="checkbox"/> H <input type="checkbox"/> Throw _____ <input type="checkbox"/> Choke _____ <input type="checkbox"/> <input type="checkbox"/>
Baton <input type="checkbox"/> Head <input type="checkbox"/> Arms <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Legs <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Straight Thrust <input type="checkbox"/> Vertical Strike <input type="checkbox"/> Forward Strike <input type="checkbox"/> Reverse Strike	Chemical (OC or Other) <input type="checkbox"/> Full Incapacitation <input type="checkbox"/> Part Incapacitation <input type="checkbox"/> No Apparent Effect Distance: _____ M/FT Times Utilized: _____	Bean Bag or Compatible <input type="checkbox"/> Full Incapacitation <input type="checkbox"/> Part Incapacitation <input type="checkbox"/> No Effect Distance: _____ M/F # Rounds: _____ <input type="checkbox"/> Confirm Miss <input type="checkbox"/> Possible Miss	
TASER		FIREARM DISCHARGE OR DRAWN	

<p>Taser Model: _____</p> <p>Amount of Volts: _____ Pro. Year: _____</p> <p><input type="checkbox"/> Deployed Prongs <input type="checkbox"/> 2+ Attempts <input type="checkbox"/> Drive Stunned</p> <p>Deployment Distance: _____ M/FT</p> <p>Number of Cycles: _____</p> <p><input type="checkbox"/> Effective</p> <p><input type="checkbox"/> Non-Effective</p> <p>Taser Serial Number: _____</p> <p>Cartridge Serial: _____</p> <p>Cartridge Serial: _____</p>	<p><input type="checkbox"/> Pistol <input type="checkbox"/> Shotgun <input type="checkbox"/> Long Gun</p> <p><input type="checkbox"/> Pointed Only <input type="checkbox"/> Effective/Compliance</p> <p>Number of Shots: _____ Hits: _____</p> <p>Shots Accounted For: _____ Not: _____</p> <p>WPN Model: _____</p> <p>WPN Serial: _____</p> <p><input type="checkbox"/> Taken By Law Enforcement for Investigative Purposes.</p>
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IDENTIFY THE INJURY(IES) SUSTAINED & ANNOTATE MECHANISM OF INJURY(IES)

<u>OFFICE/OPERATOR</u>	<u>SUSPECT</u>
	
	

VIDEO REVIEW

<input type="checkbox"/> Video Available		
<input type="checkbox"/> Video Reviewed By: _____		
<input type="checkbox"/> Video Preserved		
REVIEWED BY / SIGNATURE / COMMENTS	ID#	DATE
Supervisor: _____		
On Scene: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Comments: _____		

INTERNAL AFFAIRS COMMENTS

