



Department of Motor Vehicles
Enforcement & Safety Division
Use of Force Report

Section – I

Officer: _____ Date: _____
 Supervisor: _____ Incident Date: _____
 Time of Incident: _____ Inside Outside
 Weather: _____ Lighting: Natural Artificial
 Incident Location: _____
 Officer Height: _____ Officer Weight: _____ Officer Gender: Male Female

Section – II

Subject Name: _____ DOB: _____
 Address: _____
 Height: _____ Weight: _____ Race: _____ Gender: Male Female
 Number of Prior Arrests: _____ Phone Number(s): _____

Section – III

Reason the use of force was necessary (check all that apply):

<input type="checkbox"/> To effect an arrest	<input type="checkbox"/> To defend self	<input type="checkbox"/> To restrain for subject's safety
<input type="checkbox"/> To defend another officer	<input type="checkbox"/> To defend another person	<input type="checkbox"/> To prevent a violent felony
<input type="checkbox"/> To prevent a violent misdemeanor	<input type="checkbox"/> To assist another agency	<input type="checkbox"/> Officer safety
<input type="checkbox"/> Other: _____		

Section – IV

Was the subject injured resulting from force used: Yes No
 Transported to: _____
 Transported by: _____
 Physician / Nurse: _____
 Photos Taken: Yes No If No, explain: _____
 Subject's Injuries (check all that apply):

<input type="checkbox"/> Bruising	<input type="checkbox"/> Unconsciousness	<input type="checkbox"/> Other Minor	<input type="checkbox"/> Other Major	<input type="checkbox"/> Death
<input type="checkbox"/> Subject Refused Medical Attention				

Number of subjects that resisted: _____ Number of Officers present: _____

Identify other officers, their agencies and phone numbers:

Name: _____ Agency: _____ Phone No.: _____

Supervisor notified: Date: _____ Time: _____

Section – V

At the time of arrest, the subject was:

- Under the influence of Alcohol or other drugs
 - Suspected to be under the influence of alcohol or other drugs
 - Mentally impaired
 - Other (describe below): _____
-

Section – VI

Levels of Resistance:

- Psychological intimidation (explain below): _____ (Described as: Non-verbal cues indicating the subject's attitude or physical readiness)
 - Verbal non-compliance (explain below): _____ (Described as: Verbal responses or threats of non-compliance to officer's directions)
 - Passive Resistance (explain below): _____ (Described as: Dead weight or clinging to objects in an attempt to prevent officer control)
 - Active Resistance (explain below): _____ (Described as: Pushing or pulling away to avoid control – not attempting to harm the officer)
 - Assaultive (explain below): _____ (Described as: Physical assault to you or another person)
 - Deadly Force (explain below): _____ (Described as: Assault with intent to cause serious bodily injury / death)
-

Section – VII

Level of Control:

Officer Presence in Uniform

Officer Presence Plain Clothes After Identification Has Been Announced

Verbal Direction (explain below): _____ (Described as: Commands of direction or of arrest)

Check all that apply: Asked Advised Ordered

Active Pointing of Firearm (explain below): _____ (Described as: Active pointing in anticipation of potential deadly force incident)

Was compliance gained: Yes No

Empty Hand Controls

Name(s) of Technique(s) used: _____

Area(s) Targeted: _____

Was anatomical compliance gained: Yes No

OC Spray (displayed for compliance only)

OC Spray Use

Area(s) Targeted: _____

Was compliance gained: Yes No

Number of Spray Deployments: _____ Approximate Distance: _____

Personal Impact Weapons

Name(s) of Technique(s) used: _____

Area(s) Targeted: _____

Was compliance gained: Yes No

Number of Strikes: _____

Amount of Striking Force: Mild For Distraction Moderate Full Power

Baton (displayed for compliance only)

Baton Anatomical Use

Area(s) Targeted: _____

Was compliance gained: Yes No

Baton Strikes

Area(s) Targeted: _____

Was compliance gained: Yes No

Number of Strikes: _____

Firearm Use

Area(s) Targeted: _____

Was subject incapacitated: Yes No

Number of Rounds Fired: _____

Deadly Force Other

Describe Use (below):

Was subject incapacitated: Yes No

Other Force Used (explain below):

Was subject controlled / incapacitated: Yes No

Section – VIII

Restraint Method(s):

Handcuffs Leg Restraints Flex Cuffs Other: _____

Proper Fit Checked Handcuffs Double Locked Cuffed In Back Cuffed in Front

Did Subject Comply After Force Was Used: Yes No

Did Subject Resist During The Entire Encounter: Yes No

Unable to control subject and take into custody (explain below):

Section – IX

Post incident observation of physical and mental condition (describe below):

Immediately following control technique: _____

15 minutes following control technique: _____

30 minutes following control technique: _____

Section – X

Incident Narrative:

See attached

Other Attachments (check all that apply):

Investigative Report

Written Statements

Photographs

Affidavit

Taped Statements

Medical Records

Supplemental Report(s)

Video

Other (explain): _____

Indicate any additional notes/comments below:

Officer Signature: _____

Date: _____

Reviewer Signature: _____

Date: _____