

**USE OF FORCE REPORT**

TO: CHIEF OF POLICE \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_

**TYPE OF FORCE USED**

SERVICE PISTOL : \_\_\_\_\_ SHOTGUN : \_\_\_\_\_ POLICE BATON : \_\_\_\_\_ O.C. PEPPER: SPRAY \_\_\_\_\_  
O.C. PEPPER FOAM \_\_\_\_\_ POLICE K-9 \_\_\_\_\_ OTHER \_\_\_\_\_ EXPLAIN \_\_\_\_\_

LOCATION: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DATE OF INCIDENT : \_\_\_\_\_ TIME OF INCIDENT : \_\_\_\_\_

NAME OF DEFENDANT : \_\_\_\_\_ DOB : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ TEL NUMBER : \_\_\_\_\_

MEDICAL ATTENTION REQUIRED \_\_ YES \_\_ NO \_\_ HOSPITAL TAKEN TO : \_\_\_\_\_

SUBJECT ARRESTED : YES \_\_ NO \_\_ CHARGES : \_\_\_\_\_

PHOTOS TAKEN : YES \_\_ NO \_\_ INVESTIGATING SUPERVISOR : \_\_\_\_\_

B.C.I. INVESTIGATE : YES \_\_ NO \_\_ DETECTIVE ASSIGNED : \_\_\_\_\_

*DESCRIPTION OF EVENTS*

REPORT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_ SUPERVISOR : \_\_\_\_\_