

# CITY OF OAK POINT

## DEPARTMENT OF PUBLIC SAFETY POLICE USE OF FORCE SUPPLEMENT

### Use of Force Supplement

**Use of Force:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Shift: \_\_\_\_\_ Area: \_\_\_\_\_ Arr/Off.#: \_\_\_\_\_  
Primary Officer Using Force: \_\_\_\_\_ # \_\_\_\_\_ Time on Dept: \_\_\_\_\_ Years \_\_\_\_\_ Mos.  
Location: \_\_\_\_\_ Type Premises: \_\_\_\_\_  
Subject Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_  
Subject Injured:  No  Yes: \_\_\_\_\_  
Transported to/by: \_\_\_\_\_  Amb.  Refused Treatment  
Officer Injury:  No  Yes: \_\_\_\_\_  
Transported to/by: \_\_\_\_\_  Amb.  Refused Treatment

**Reason for Use of Force:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> To Effect Arrest | <input type="checkbox"/> To Defend Another Officer | <input type="checkbox"/> To Prevent Offense          |
| <input type="checkbox"/> To Defend Self   | <input type="checkbox"/> To Defend Another Person  | <input type="checkbox"/> Restrain for Subject Safety |
| <input type="checkbox"/> Other: _____     |  |  |

**Subject's Actions:**

- |  |  |
|--|--|
| <input type="checkbox"/> Nonverbal cues indicating physical resistance                         | Number of Suspects Resisting: _____    |
| <input type="checkbox"/> Verbal threats, non-compliance with officer direction                 |  |
| <input type="checkbox"/> Dead weight, clinging to objects, preventing custody                  | Appeared or Known Under the Influence  |
| <input type="checkbox"/> Pulling, pushing, running away, to avoid control, not harming officer | <input type="checkbox"/> Alcohol       |
| <input type="checkbox"/> Assault, grabbing, pushing, kicking, striking officer or another      | <input type="checkbox"/> Drugs         |
| <input type="checkbox"/> Assault with intent and ability to cause death or SBI                 | <input type="checkbox"/> Mental issues |
| <input type="checkbox"/> Assault or threats with deadly weapon                                 | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Other: _____  |  |

**Officer Actions: (Check all that apply, if more than one type of force used, number in order of use.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Soft Weaponless Control (Muscling, joint locks, pressure points)  |   |
| <input type="checkbox"/> Hard Weaponless Control (Hard strikes, leg strikes, shoulder pin) | <input type="checkbox"/> Discharged Taser   |
| <input type="checkbox"/> OC Spray  | <input type="checkbox"/> Pointed Firearm    |
| <input type="checkbox"/> Baton   | <input type="checkbox"/> Discharged Firearm |
| <input type="checkbox"/> Other: _____  |   |

**Physical Control:**

- |  |  |                                      |                                       |
|--|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Not Used  | <input type="checkbox"/> Pressure Points | <input type="checkbox"/> Takedown    | <input type="checkbox"/> Hobble       |
| <input type="checkbox"/> Muscling (grip, push, pull)                       | <input type="checkbox"/> Joint Lock      | <input type="checkbox"/> Handcuffing | <input type="checkbox"/> Other: _____ |
| Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ |  |                                      |                                       |

**OC Spray:**

OC Spray:  Not Used  Attempted  Used Distance: \_\_\_\_\_ ft. Duration: 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
Effective:  Yes  No: \_\_\_\_\_

**ASP / Baton:**

ASP / Baton:  Not Used  Used Number of Strikes: \_\_\_\_\_ Location: \_\_\_\_\_  
Effective:  Yes  No: \_\_\_\_\_

**TASER:**

- |                                   |   |   |                                     |
|-----------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Not Used | <input type="checkbox"/> Pointed Taser Only (Laser) | <input type="checkbox"/> Discharged Taser | <input type="checkbox"/> Drive Stun |
|-----------------------------------|---|---|-------------------------------------|

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Distance Fired: \_\_\_\_\_ ft. Cycles Discharged: \_\_\_\_\_ Probes Penetrate Skin  Yes  No  
Taser Number: \_\_\_\_\_ Cartridge Numbers: \_\_\_\_\_ Placed in Evidence:  Yes  No  
Taser Effective:  Yes  No: \_\_\_\_\_

**Firearm:**  
 Not Used  Pointed Firearm Only  Discharged Firearm  
Weapon:  Sidearm  Shotgun  Patrol Rifle  Backup / Off Duty Distance Fired: \_\_\_\_\_ ft.  
Rounds Discharged: \_\_\_\_\_ Number Hits on Target: \_\_\_\_\_ Weapon Serial Number: \_\_\_\_\_  
Effective:  Yes  No: \_\_\_\_\_

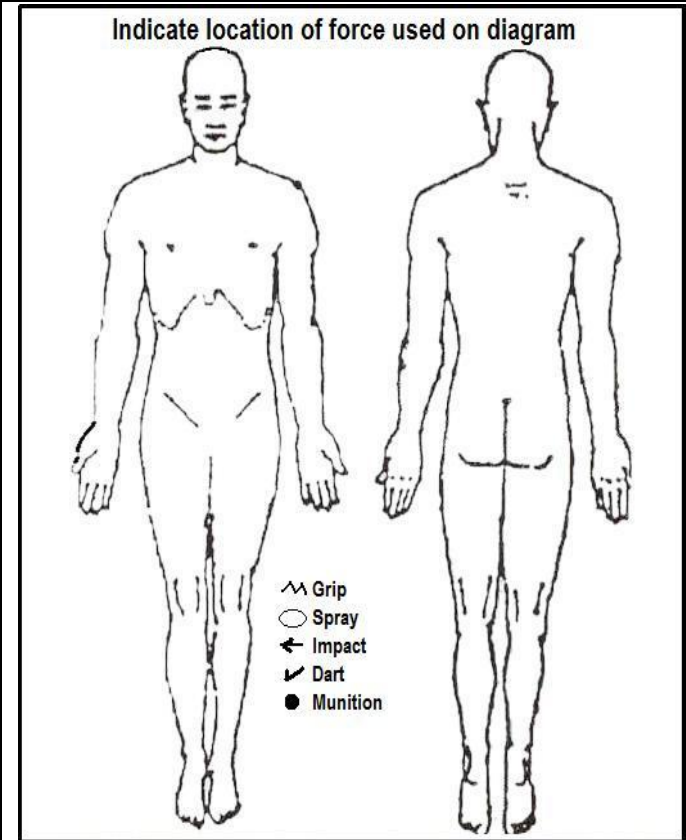
**Environmental Conditions:**

- Hot (Little or thin clothing)
- Warm
- Cool
- Cold (Heavy clothing)
- Daylight
- Dawn / Dusk
- Darkness
- Other: \_\_\_\_\_

**Situational Conditions:**

- Multiple Suspects
- Hostile Environment
- Threats to Officer(s)
- Confined Space
- Indoors
- Outdoors
- In Vehicle
- Other: \_\_\_\_\_

**Officer Summary:**  
Type of force ultimately successful in Control of Subject:  
\_\_\_\_\_  
Officer comments on regarding force effectiveness:  
\_\_\_\_\_  
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\_\_\_\_\_  
Reporting Officer: \_\_\_\_\_



# CITY OF OAK POINT

## DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES

\*\*\* Full Narrative of Use of Force in Arrest or Offense Report - Attach Copy to this Supplement \*\*\*

Supervisor:

Number of officers at scene and available when force used: \_\_\_\_\_

Video Reviewed

Comments: \_\_\_\_\_

\_\_\_\_\_

In Compliance with Policy Yes  No   Further Investigation Needed

Supervisor: \_\_\_\_\_ # \_\_\_\_\_

Reviewed: \_\_\_\_\_  In Compliance  Investigation Needed  
Sergeant

Reviewed: \_\_\_\_\_  In Compliance  Investigation Needed  
Director