

Incident #

USE OF FORCE REPORT

COLUMBUS DIVISION OF POLICE

I.A.B. #

Officer Last		First	Middle	Badge	Assignment	Age	Sex	Ht	Wt
Suspect Last		First	Middle	DOB	SSN	Age	Sex	Ht	Wt
Date	Time	Location			Zone/Pct	<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported	

Occurred after a pursuit or use/attempted use of a stopping tactic.

AGGRESSIVE/RESISTIVE SUBJECT ACTIONS

- Verbal or Physical Danger Cues Not Responding to Commands Refusing to Move-Dead Weight Pulling Away From Officer Running From Officer
- Pushing Officer Wrestling With Officer Striking or Kicking Officer Assaulting Third Party Life Threatening Weaponless Assault
- Attempt to Disarm Officer Weapon Used Against Officer Other

LEVEL OF CONTROL - CHECK ALL THAT APPLY

- Level 0:** Officer presence, verbal and non-verbal commands, search and handcuffing.
 - Handcuffs gapped and double locked Complaint of Injury from Handcuffing Distraction Device Taser sparked for compliance
- Level 1:** Empty Hand Control (pressure point/joint manipulation/pain compliance)

PPCT:	E	I		E	I	E	I
Joint Manipulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mandibular Angle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Jugular Notch
Grounding Technique:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Escort Position (Locked Out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transport Wrist Lock
<input type="checkbox"/> Physically Placed on Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Arm Bar Take Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wrist Roll
						<input type="checkbox"/>	<input type="checkbox"/> Hypoglossal
						<input type="checkbox"/>	<input type="checkbox"/> Other _____
						<input type="checkbox"/>	<input type="checkbox"/> Other _____

Level 2: Use of Chemical Spray E I

Level 3: Use of Electronic Device E I

Level 4: Hard Empty Hand Control (strike/punch/kick)

Technique Used _____

- | | | | | | |
|-------------------------------------------------|--------------------------|-------------------------------------------------|--------------------------|--------------------------------------|--------------------------|
| E | I | E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> | <input type="checkbox"/> Femoral | <input type="checkbox"/> | <input type="checkbox"/> Tibial | <input type="checkbox"/> |
| <input type="checkbox"/> Suprascapular | <input type="checkbox"/> | <input type="checkbox"/> Radial | <input type="checkbox"/> | <input type="checkbox"/> Median | <input type="checkbox"/> |
| <input type="checkbox"/> Brachial Plexus Origin | <input type="checkbox"/> | <input type="checkbox"/> Brachial Plexus Tie-In | <input type="checkbox"/> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> |

Level 5: Use of Impact Weapon (baton/flashlight)

Technique Used _____

- | | | | | | |
|------------------------------------------|--------------------------|----------------------------------|--------------------------|--------------------------------------|--------------------------|
| E | I | E | I | E | I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Common Peroneal | <input type="checkbox"/> | <input type="checkbox"/> Femoral | <input type="checkbox"/> | <input type="checkbox"/> Tibial | <input type="checkbox"/> |
| <input type="checkbox"/> Radial | <input type="checkbox"/> | <input type="checkbox"/> Median | <input type="checkbox"/> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> |

Level 6: Police K-9 (Bite Only) E I

Level 7: Less Lethal Control

E I E I E I

Bean Bag Multiple Baton Rounds Other _____

Level 8: Deadly Force E I E I

Firearm Other _____

OFFICER-SUBJECT FACTORS/SPECIAL CIRCUMSTANCES

OFFICER-SUBJECT FACTORS (CHECK ALL THAT APPLY)

- Age
- Size
- Sex
- Officer Skill Level
- Subject Skill Level
- Multiple Subjects/Officers
- Relative Strength

SPECIAL CIRCUMSTANCES (CHECK ALL THAT APPLY)

- Closeness of a Weapon
- Injury or Exhaustion
- Being on the Ground
- Distance From the Subject
- Special Knowledge
- Availability of Other Options
- Environmental Awareness
- Subject Handcuffed

All of the Above Must Be Articulated in Narrative

Witness Name	Address (and e-mail if available)	Zip	Home Phone	Work Phone
1.				
2.				

OFFICER NARRATIVE SUMMARY
 U-10.100 Attached

CONTROL LEVEL: 0 1 2 3 4 5 6 7 8

Signature _____

Date _____

Officer Injury _____

Treated By _____

Suspect Injury _____

Treated By _____

Injury Prior to Police Contact (Minor Serious)

Minor Injury to Suspect

SUPERVISOR REVIEW (USE PAGE 5 IF NECESSARY)

Use of Chemical Spray Justified and Within Policy CVS Used BWC Used Other Video _____ Investigative Letter

Supervisor Signature _____

Date _____

REVIEWING SUPERVISOR-FORWARD REPORT AND U-10.100 TO I.A.B.

OFFICER NARRATIVE SUMMARY (CON'T)

Lined area for writing the officer narrative summary.

SUPERVISOR REVIEW (CONTINUED FROM PREVIOUS PAGE)

A large rectangular area with a thick black border, containing 25 horizontal lines for writing.

