Data Processing Worksheet – Columbus Division of Police
Side A
(Complete one worksheet for each employee involved with the incident. This includes sides A and B)

Section I - Incident Information:

Classification of Incident (check all that apply):

☐ Forced Entry (complete subsection A)
☐ Use of Force – Level: 0 - 1 with a complaint of an injury caused by such (complete subsection D)
☐ Use of Force – Level: 2 - 8 (complete all subsections that apply in section IV)
☐ Untrained Response – Personal Emergency (complete all subsections that apply in section IV)
☐ Injury to Prisoner / Injury Prior to Police Contact (complete subsection D)
☐ Discharge of Firearm – Not a Use of Force (complete subsection E)
☐ Strip / Body Cavity Search (complete subsection F)
☐ Internal Investigation (complete subsection G)
☐ Information Only (complete subsection H)
☐ Police Vehicle Accident – No property damage or any visible or claimed personal injury, or the damage
   to the police vehicle is the result of pushing or towing any disabled vehicle (complete subsection H)
☐ Vehicular Pursuit (complete subsection H)
☐ Use or Attempted Use of Stopping Tactic (complete subsection H)

Basic Incident Information:

Date: _____

Time: _____

Incident #:_____

Location of Occurrence (check one):

☐ Precinct # _____
☐ Headquarters
☐ Radio Room
☐ Foreign Jurisdiction
☐ Impound Lot
☐ Unknown

Incident Location (check one):

☐ Street / Alley
☐ Private Residence / Property
☐ Public Building / Property
☐ Business Building / Property
☐ Bar
☐ Police Headquarters
☐ Police Substation
☐ Police Impound Lot
☐ Police Vehicle
☐ Jail / Correction Facility
☐ Court
☐ Police Radio Room
☐ Property Room
☐ Other
☐ Hospital
☐ Unknown

Incident Description (check one):

☐ Traffic Incident
☐ Demonstration / Riot
☐ Domestic Disturbance
☐ Crime Committed
☐ Routine Duty / Patrol
☐ Disturbance / Fight
☐ Call for Service
☐ Narcotics Complaint
☐ Administrative Issue
☐ Vice Complaint
☐ Juvenile Complaint
☐ Request for Information
☐ Radio Transmission
☐ Warrant Service / Arrested
☐ Investigation
☐ Tactical Deployment
☐ Mentally Ill Person
☐ Chain of Command Review
☐ Other
☐ EARS Review

Section II - Complainant/Suspect/Subject Information:

Name: _____

Street: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Sex: _____ Age: _____

Race/Ethnicity (check one):

☐ Asian
☐ Black
☐ Hispanic
☐ White
☐ Other
☐ Unknown

Medical Status (check one):

☐ N/A
☐ No Injury
► Injury / Claimed Injury
☐ No Treatment Required
☐ Refused Treatment
☐ Treated by Squad / Medic
☐ Treated and Released by Hospital
☐ Hospitalized
☐ Killed
☐ Unknown

Section III - Personnel Information:

Employee:

Name: _____

Badge:_____

Assignment: _____

Classification (check one):

☐ Sworn: Rank: _____
☐ Non-Police Personnel
☐ Non-Sworn Employee
☐ Reserve Officer
☐ Unidentified

Duty Status (check one):

☐ On Duty
☐ Off Duty
☐ Special Duty
☐ Secondary Employment
☐ Unknown

Employee's Action at Time of Incident (check one):

☐ Directing Traffic
☐ Issuing Citation
☐ Issuing Warning
☐ Committing Crime
☐ Making Arrest
☐ Serving Warrant
☐ Transporting
☐ Processing / Handling Prisoner
☐ Handling Property
☐ Patrolling
☐ Observing
☐ Investigating and/or Questioning
☐ Operating Vehicle
☐ Receiving Calls for Service
☐ Dispatching
☐ Conversing / Corresponding
☐ Tactical Entry
☐ Other
☐ Unknown
☐ Performing Routine Duties

Employee's Medical Status (check one):

☐ N/A
☐ No Injury
► Injury / Claimed Injury
☐ No Treatment Required
☐ Refused Treatment
☐ Treated by Squad / Medic
☐ Treated and Released by Hospital
☐ Hospitalized
☐ Killed
☐ Unknown

Data Processing Worksheet – Columbus Division of Police
Side B
(Check all boxes that apply)

Section IV - Type of Incident(s) to Assign to this Specific Employee:

(A) Forced Entry:
☐ SWAT
☐ INTAC
☐ Patrol

Action:
☐ Serving Warrant
☐ Making Arrest
☐ Emergency Situation

Disposition (check one):
☐ Within Policy
☐ Outside Policy

(B) Level 2 - Use of Mace:
☐ Individual Issued Mace
☐ Tactical Unit Ordnance
☐ Field Force Ordnance

Injury Severity:
☐ Exposure to Mace
☐ No Injury / No Exposure
☐ Unknown

Medical Status:
☐ No Treatment Required
☐ Refused Treatment
☐ Treated by Medic #: _____
► **For known adverse reactions complete Subsection (D)**

Disposition (check one):
☐ Within Policy
☐ Outside Policy

(C) Levels 3 and Above:
☐ **Level 3 – Electronic Device** (Complete Subsection (D) if a transport was made for barb removal)

*Also complete Subsection (D) for the below Levels if injured or an injury is claimed

► **Level 4**
☐ Pushing / Causing Collision (higher than Level 1)
☐ Strike / Punch / Kick

☐ **Level 5 – Use of Impact Weapon**

☐ **Level 6 – Canine Bite**

► **Level 7 – Less Lethal Control**
☐ Special Ordnance
Ordered by: _____
☐ Other: _____

► **Level 8 – Deadly Force**
☐ Firearm – Defense of Self
☐ Firearm – Defense of Others
☐ Firearm – Fleeing Felon
☐ Firearm – Warning Shots

☐ Firearm – Other: _____
☐ Other: _____

☐ **Untrained Response – Personal Emergency**
Technique: _____

Disposition (check one):
☐ Within Policy
☐ Outside Policy

(D) Injury to Prisoner:
Type of Injury:
☐ Injury Prior to Police Contact (note - if only using this category in Subsection D omit employee's name on side A)
☐ Injury During Pursuit, Arrest Made
☐ Injury During Pursuit, No Arrest Made
☐ Injury During Arrest
☐ Injury After Arrest (Transporting / Processing)

Injury Severity:
► **Minor Injury** (Injury that does not require transport to a medical facility)
☐ Claimed Injury (none visible)
☐ Visible Injury
► **Serious Injury** (Injury that requires transport to a medical facility for treatment)
☐ Claimed Injury (none visible)
☐ Visible Injury
☐ Death in Police Custody

Medical Status:
☐ No Treatment Required
☐ Refused Treatment
☐ Treated by Medic #_____
☐ Treated and Released by Hospital
☐ Hospitalized
☐ Killed
☐ Unknown

Disposition (check one):
☐ Within Policy
☐ Outside Policy

(E) Discharge of Firearm:
Type of Discharge:
☐ Intentional
☐ Unintentional
☐ Animal (Defense of Self/Others)
☐ Animal (Humane Destruction)

Disposition (check one):
☐ Violation of Policy
☐ Not in Violation of Policy

(F) Strip / Body Cavity Search Authorized by:
Name:
_____
Badge:
_____
Assignment:
_____

Disposition (check one):
☐ Within Policy
☐ Outside Policy

(G) Internal Investigation:
Date Division Gained Knowledge: _____

Investigating Supervisor:
Name: _____ IBM: _____

Assignment: _____

Investigator / Complainant's Status (check one):
☐ Immediate Supervisor
☐ Division Employee
☐ Chain of Command
☐ Administrative Personnel
☐ Non-Division Personnel

Nature of Allegation(s) / Investigation:
☐ City Work Rule: _____
☐ Rule of Conduct: _____
☐ Division Directive: _____
☐ Bureau SOP

Bureau: _____
SOP: _____
Page: _____

Disposition (check one):
☐ Within Policy
☐ Outside Policy

(H) Information Only: _____
_____

☐ Police Vehicle Accident   ☐ Vehicular Pursuit   ☐ Use or Attempted Use of Stopping Tactic

Section V - Comments:

_____
_____
_____
_____

Completed By: _____   Assignment: _____