

State of Connecticut - Police Officer Standards and Training Council

Use of Force Report

Incident Case Number	Date of Report	Date of Incident	Time of Incident
Name of Subject	Sex	Race	Height
			Weight
Subject's Address			Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident			
Officer Initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Officer Dispatched? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Officer Flagged Down for Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location Environment			
<input type="checkbox"/> Subject's Residence	<input type="checkbox"/> Indoors - Public Building (type) _____		
<input type="checkbox"/> Other Residence	<input type="checkbox"/> Indoors - Private Property (type) _____		
<input type="checkbox"/> Outdoors - Public Area	<input type="checkbox"/> Educational Facility (type) _____		
<input type="checkbox"/> Outdoors - Private Property	<input type="checkbox"/> Commercial Establishment (type) _____		
Name of Personnel Directly Involved			
Name	Employee #	*Control Method(s) Utilized	
1.			
2.			
3.			
*Choose one or more that applies from the box below and fill the corresponding number in the column above. If more than one applies, place the numbers in a sequential order of the control method utilized.			
Control Method(s) Utilized			
1. Verbal Commands	5. OC Spray	9. EDW- Cartridge	13. Impact Weapon/Baton
2. Pressure Points/Control Holds	6. Hand or Fist Strike	10. EDW- Drive Stun	14. Less Lethal Projectile
3. Takedowns	7. Elbow, Knee, Foot Strike	11. EDW- Warning Arc	15. Deadly Force/Firearm
4. Chemical Munitions Deployed	8. EDW- Laser Only	12. K-9	16. Other _____
Name(s) of Personnel Present (Witness) but not involved (Include Employee #)			
Name of Canine Handler and Canine (Include Employee #)			
Name(s) and Address(es) of Witness(es)			
Officer's Arrival (Check one)			
<input type="checkbox"/> Marked Cruiser	<input type="checkbox"/> Officer Identified Self		
<input type="checkbox"/> Unmarked Vehicle	<input type="checkbox"/> Not Initial Officer on Scene		
<input type="checkbox"/> Officer in Uniform	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Officer not in Uniform			
Activity that Led to Incident (Check all that apply)			
<input type="checkbox"/> Crime in Progress	<input type="checkbox"/> Traffic Stop		
<input type="checkbox"/> Domestic Disturbance	<input type="checkbox"/> Suspicious Person		
<input type="checkbox"/> Disturbance (other)	<input type="checkbox"/> Executing Warrant		
<input type="checkbox"/> Intoxicated Subject	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Emotionally Disturbed Subject			

Officer's Initial Perception of Subject (Check all that apply)

- Non-aggressive
- Actively Aggressive (Verbal)
- Previous Hostility Toward Police
- Actively Aggressive (Physical)
- Possibly Intoxicated
- Armed with _____
- Emotionally Disturbed
- Other _____

Subject Resistance Resulting in Application of Force (Check all that apply)

- Threat/Hostile
- Armed Assault with _____
- Dead Weight/Non-compliant
- Armed with Stick/Club
- Fighting Stance/Combative
- Armed with Cutting Instrument
- Threaten Use of Weapon
- Armed with Firearm
- Fleeing
- Suicidal
- Unarmed Assault
- Other _____

Warning Provided to Subject? Yes No

Impact Weapon/Baton **Not Applicable**
Type _____ Number of Strikes _____

OC Spray **Not Applicable**
Subject Permitted to Decontaminate after Transport? Yes No
Medical Treatment Required for OC Spray? Yes No
Was OC Spray Effective? Yes No
Number of OC Spray Applications _____

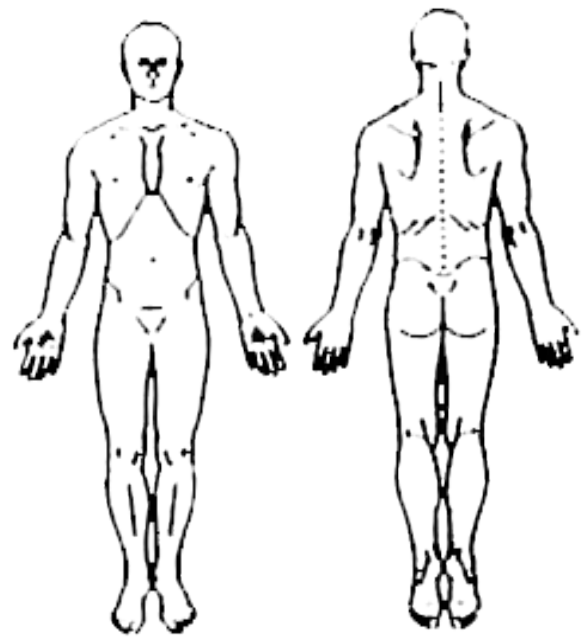
Discharge of Firearm **Not Applicable**
Weapon Handgun Shotgun Rifle
Subject Person Animal
Result Death Injury Missed

Impact Munition **Not Applicable**
Type _____ Rounds Hit _____
Rounds Fired _____ Effective? Yes No

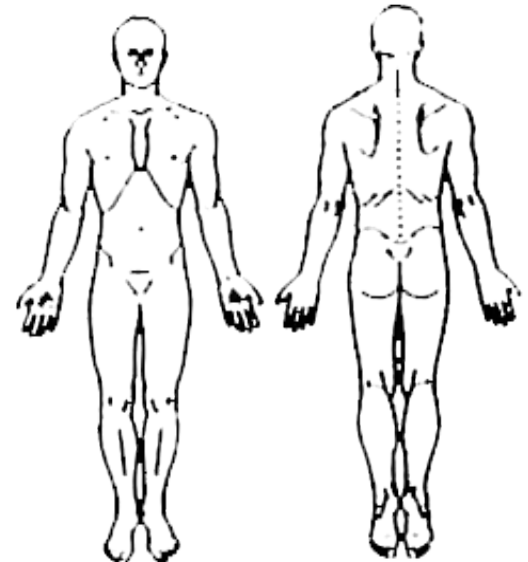
Chemical Munition **Not Applicable**
Type _____ Rounds Hit _____
Rounds Fired _____ Effective? Yes No

EDW **Not Applicable**
Deployment Type
 Laser Only Warning Arc Cartridge Drive Stun
Serial # on EDW(s) Deployed _____
Serial # on Cartridge(s) Deployed _____
Type of Cartridge _____
#, Length of Displays or Arcs _____
#, Length of Drive-Stun Applications _____
#, Length of Activations After Probe Contact _____
If Multiple Applications, Time Elapsed Between Activations _____
If Cartridges Missed, Where Did They Impact? _____
Type of Force Used Prior to EDW, If Any _____
Type of Force Used After EDW, If Any _____
Was Deadly Force Justified? Yes No
EDW Downloaded By _____

Mark Contact Points on Diagram



Mark Contact Points on Diagram



Injuries (Check all that apply)		Checked by Medical?	
Officer	Subject	Officer	Subject
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Bruises	<input type="checkbox"/> Bruises	<input type="checkbox"/> Refusal	<input type="checkbox"/> Refusal
<input type="checkbox"/> Abrasions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<input type="checkbox"/> Blunt Trauma	<input type="checkbox"/> Blunt Trauma	Transported to Hospital?	
<input type="checkbox"/> Lost Consciousness	<input type="checkbox"/> Lost Consciousness	Officer	Hospital _____
<input type="checkbox"/> Breathing Difficulty	<input type="checkbox"/> Breathing Difficulty	<input type="checkbox"/> Yes	
<input type="checkbox"/> Gunshot	<input type="checkbox"/> Gunshot	Subject	Hospital _____
<input type="checkbox"/> Death	<input type="checkbox"/> Death	<input type="checkbox"/> Yes	
<input type="checkbox"/> Probe Puncture Only	<input type="checkbox"/> Probe Puncture Only	Supervisor Notified?	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No Time _____
_____	_____	At Scene?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Officer Comments _____

Patrol Supervisor

I find this use of force by this officer to be justified and within policy

I find this use of force by this officer to be outside of policy, but justified

I find this use of force by this officer to be outside of policy

Comments Supporting Findings (mandatory) _____
