



University of Wisconsin-Green Bay Police

USE OF FORCE REPORT

REF POLICY: 5.01, 5.02, 5.03

NOTE: NO OFFICER INVOLVED IN THE USE OF DEADLY FORCE SHALL COMPLETE THIS FORM. INVESTIGATORS WILL COMPLETE DOCUMENTATION.

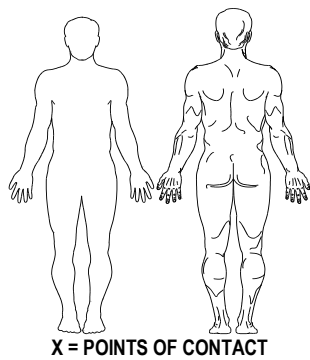
GENERAL INFORMATION							
INCIDENT NO:		DATE:		TIME:		REPORTING OFFICER:	
LOCATION:				SUBJECT INJURED: Y <input type="checkbox"/> N <input type="checkbox"/>		EMS TRANSPORT: Y <input type="checkbox"/> N <input type="checkbox"/>	
SUBJECT:		DOB:		SEX:	RACE:	HT:	WT:
ARRESTED / IN-CUSTODY: Y <input type="checkbox"/> N <input type="checkbox"/>				BODY CAMERA USED:		BODY CAMERA SEIZED/SECURED BY:	
MEDICAL ATTENTION: Y <input type="checkbox"/> N <input type="checkbox"/> TREATED-RELEASED <input type="checkbox"/> ADMITTED <input type="checkbox"/>				MEDICAL ATTENTION REFUSED <input type="checkbox"/>			
MEDICAL FACILITY:				PHOTOS: Y <input type="checkbox"/> N <input type="checkbox"/> BY:			

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SUBJECT ACTIONS (CHECK ALL THAT APPLY)				
NONE <input type="checkbox"/>	PASSIVE RESISTANCE <input type="checkbox"/>	ACTIVE RESISTANCE <input type="checkbox"/>	UNARMED ASSAULT <input type="checkbox"/>	ASSAULT WITH WEAPON <input type="checkbox"/>
DESCRIBE SPECIFIC SUBJECT BEHAVIOR, CONDITIONS, APPEARANCE, AND STATEMENTS THAT PRECEDED/CONTRIBUTED TO THE USE OF FORCE:				

OFFICER ACTIONS (CHECK ALL THAT APPLY, AND ONLY THOSE YOU INDEPENDANTLY AND DIRECTLY OBSERVED)											
PRESENCE ME OTHERS <input type="checkbox"/> UNIFORM PRESENCE <input type="checkbox"/> <input type="checkbox"/> MARKED PATROL CAR <input type="checkbox"/> <input type="checkbox"/> EMERGENCY LIGHTING <input type="checkbox"/> <input type="checkbox"/> FIREARM DISPLAY- <input type="checkbox"/> POINTING ONLY		DIALOG ME OTHERS <input type="checkbox"/> VERBAL <input type="checkbox"/> <input type="checkbox"/> SIREN <input type="checkbox"/>		CONTROL ALTERNATIVES ME OTHERS <input type="checkbox"/> HOLDS <input type="checkbox"/> <input type="checkbox"/> OC <input type="checkbox"/> <input type="checkbox"/> CEW-ECD <input type="checkbox"/> <input type="checkbox"/> PASSIVE <input type="checkbox"/> COUNTERMEASURES <input type="checkbox"/> PURSUIT <input type="checkbox"/> <input type="checkbox"/> STOP STICKS <input type="checkbox"/>		PROTECTIVE ALTERNATIVES ME OTHERS <input type="checkbox"/> ACTIVE COUNTERMEASURES <input type="checkbox"/> <input type="checkbox"/> INCAPACITING TECHNIQUE <input type="checkbox"/> <input type="checkbox"/> LESS LETHL – IMPACT RND <input type="checkbox"/> <input type="checkbox"/> LESS LETHL – CHEM RND <input type="checkbox"/> <input type="checkbox"/> ROADBLOCK W/ ESCAPE <input type="checkbox"/>		CANINE (K9) ME OTHERS DISPLAY <input type="checkbox"/> SEARCH <input type="checkbox"/> SEIZURE <input type="checkbox"/> BITE <input type="checkbox"/> AGENCY:		DEADLY FORCE ME OTHERS <input type="checkbox"/> DUTY PISTOL <input type="checkbox"/> <input type="checkbox"/> PATROL RIFLE <input type="checkbox"/> <input type="checkbox"/> STRIKE W/ VEH <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> VERBAL WARN- <input type="checkbox"/> THREAT TO USE	
DISTANCE: (OFFICER – SUBJECT)			SUPERVISOR ON DUTY : Y <input type="checkbox"/> N <input type="checkbox"/>			AT SCENE: Y <input type="checkbox"/> N <input type="checkbox"/>					
OTHER OFFICERS PRESENT / INVOLVED: Y <input type="checkbox"/> N <input type="checkbox"/> NUMBER:			RESULTANT PROPERTY DAMAGE OR CONTAMINATION: Y <input type="checkbox"/> N <input type="checkbox"/>								
OTHER SUBJECTS PRESENT / INVOLVED: Y <input type="checkbox"/> N <input type="checkbox"/> NUMBER:			PROPERTY OWNER IDENTIFIED: Y <input type="checkbox"/> N <input type="checkbox"/>			NOTIFIED: Y <input type="checkbox"/> N <input type="checkbox"/>					
WEAPON SERIAL NO:		MUNITIONS TYPE / AIR CARTRIDGE:		OFFICER INJURY: N <input type="checkbox"/> if Y <input type="checkbox"/> (INJURY REPORT REQUIRED)							

ABBREVIATED OFFICER NARRATIVE (SEE INCIDENT REPORT FOR FULL / DETAILED NARRATIVE)	
INCIDENT REPORT ATTACHED: Y <input type="checkbox"/> N <input type="checkbox"/>	OFFICER STATEMENT ATTACHED: Y <input type="checkbox"/> N <input type="checkbox"/>
DESCRIBE FOLLOW-THROUGH AND AFTER-CARE PROCEDURES:	



OFFICERS PROVIDE DRAFT TO SHIFT SUPERVISOR - DO NOT ATTACH DRAFTS TO INCIDENT REPORT

SUPERVISORY		
FIRST SUPERVISOR NOTICE :	DATE: TIME:	SECONDARY NOTIFICATIONS:
SUPERVISOR HARD COPY REVIEW BY :	DATE: TIME:	SIGNATURE:
FURTHER REVIEW RECOMMENDED: Y <input type="checkbox"/> N <input type="checkbox"/>	ATTACHED TO GERP CASE BY:	

I. Background Information	
A.	Day / date / time
B.	Location / address / Jurisdiction
C.	Officer
D.	Subject
E.	Witness
II. Approach Considerations	
A.	Decision making -- Why did you initiate contact? (Justification and Desirability)
1.	Dispatched / duty assignment / uniformed?
2.	Reasonable Suspicion
3.	Probable Cause
4.	Other reasons
B.	Tactical Deployment -- How did you approach?
1.	Control of distance
2.	Positioning
3.	Team Tactics
C.	Tactical Evaluation— What were your perceptions?
1.	Threat Assessment Opportunity?
a.	Level of Resistance – Describe what the subject was doing
b.	Pre-Attack Posture? Explain
1)	Boxer Stance
2)	Hands Set
3)	Shoulder Shift
4)	Target Glance
5)	Thousand Yard Stare
c.	Indicators of EDP, Excited Delirium, Substance Abuse, Intoxication or other Medical Emergency
d.	Weapon Threat Assessment -- Weapons subject brought to the scene? Other weapons available?
2.	What were the Officer / Subject Factors?
a.	Number of Subjects?
b.	Individual Factors: <u>Subject</u> <u>Officer</u>
1)	Age
2)	Strength
3)	Size
4)	Skill
3.	Were there any Special Circumstances?
a.	Your Reasonable Perception of Threat
b.	Sudden Assault
c.	Your Physical Positioning
d.	Subject's Ability to Escalate Force Rapidly
e.	Your Special Knowledge about the Subject
f.	Your Injury or Exhaustion
g.	Other Special Circumstances
4.	Describe the Level/Degree of Stabilization achieved at each point of intervention
III. Intervention Options	
A.	Presence (uniform, badge display, marked patrol car)
B.	Dialog (lights, siren, communications, approach contact)
C.	Control Alternatives (multiple units, tire deflation device, barricades, channeling, non-approach contact)
1.	Escort Hold
2.	Compliance Hold
3.	Control Device (O.C., E.C.D.)
4.	Passive Countermeasure
D.	Protective Alternatives (PIT, moving roadblock, escape routes, high risk contact)
1.	Active Countermeasures
2.	Incapacitating Techniques
3.	Intermediate Weapon (Impact Device, Projectile)
E.	Deadly Force (firearm, SAVE Maneuver, roadblock with no escape route, ramming)
IV. Follow-thru Considerations	
A.	Stabilize / Restrain
B.	Monitor / Debrief
C.	Search
D.	Escort
E.	Transport
F.	Turnover—Remove Restraints
V. Investigative Findings	
A.	Background Information
B.	Medical / Psychological History
C.	Booking Information
D.	Post-booking Information