

## GLOCESTER POLICE DEPARTMENT - USE OF FORCE REPORT

DATE:	TIME:	LOCATION:	CASE#:
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### OFFICER(S) INVOLVED:

#	NAME:	RANK	SIGNATURE:	OTHER AGENCY IF APPLICABLE
#1				
#2				
#3				

### SUSPECT INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB:	AGE:	HEIGHT:	WEIGHT:	SEX:	RACE:
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TYPE OF INCIDENT / CHARGES: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### REASON USE OF FORCE WAS NECESSARY: (Check all that apply)

- Effect Arrest   
  Prevent Escape   
  Defend Another Officer/Person   
  Defend Self  
 Prevent Violent Felony   
  Protective Custody / Subject Safety   
  Unintentional   
  Handcuff/Restrain  
 Warrant Execution by SWAT/Entry Team   
  SWAT/Entry Team Operation   
  Other (Explain)

At the time of arrest, the subject was:

No visible impairment  
 Under the influence of alcohol   
  Mentally Impaired / Emotionally Disturbed  
 Under the influence of drugs   
  In possession of /threatening use of a weapon   
  Other: \_\_\_\_\_

### OFFICER #1      FORCE OPTION(S) USED: (Check all that apply)

Presence: Uniformed  Plainclothes

Compliance Techniques: Force used to gain control (restraint, takedowns, hands, arms, feet, legs)

O.C. Spray

Number of Bursts: \_\_\_\_\_   
 Duration of Bursts: \_\_\_\_\_   
 Distance from Subject: \_\_\_\_\_  
 Impact Location: \_\_\_\_\_   
 Time between application/decontamination: \_\_\_\_\_  
 Desired Effect Achieved:  YES  NO   
 Complications: (Describe in narrative):  YES  NO

ASP/IMPACT WEAPON

Taser CEW:  Probe Deployment     Drive Stun

Impact Location: \_\_\_\_\_   
 # of cycles: \_\_\_\_\_   
 # of cartridges fired: \_\_\_\_\_  
 Taser Serial #: \_\_\_\_\_   
 Cartridge Type used: \_\_\_\_\_   
 Distance from Subject: \_\_\_\_\_  
 Probe Contact:  YES  NO   
 Probe Contact Penetrate Skin:  YES  NO   
 Drive Stun Contact:  YES  NO

Firearm (presented)  
 Firearm (discharged) *NOTE: If a firearm was discharged, a firearm discharge report must be completed.*  
 K-9     Other (List)

### OFFICER #2      FORCE OPTION(S) USED: (Check all that apply)

Presence: Uniformed  Plainclothes

Compliance Techniques: Force used to gain control (restraint, takedowns, hands, arms, feet, legs)

O.C. Spray

Number of Bursts: \_\_\_\_\_   
 Duration of Bursts: \_\_\_\_\_   
 Distance from Subject: \_\_\_\_\_  
 Impact Location: \_\_\_\_\_   
 Time between application/decontamination: \_\_\_\_\_  
 Desired Effect Achieved:  YES  NO   
 Complications: (Describe in narrative):  YES  NO

ASP/IMPACT WEAPON

Taser CEW:  Probe Deployment     Drive Stun

Impact Location: \_\_\_\_\_   
 # of cycles: \_\_\_\_\_   
 # of cartridges fired: \_\_\_\_\_  
 Taser Serial #: \_\_\_\_\_   
 Cartridge Type used: \_\_\_\_\_   
 Distance from Subject: \_\_\_\_\_  
 Probe Contact:  YES  NO   
 Probe Contact Penetrate Skin:  YES  NO   
 Drive Stun Contact:  YES  NO

Firearm (presented)  
 Firearm (discharged) *NOTE: If a firearm was discharged, a firearm discharge report must be completed.*  
 K-9     Other (List)

**OFFICER #3****FORCE OPTION(S) USED: (Check all that apply)**Presence: Uniformed  Plainclothes  Compliance Techniques: Force used to gain control (restraint, takedowns, hands, arms, feet, legs) O.C. Spray

Number of Bursts:

Duration of Bursts:

Distance from Subject:

Impact Location:

Time between application/decontamination:

Desired Effect Achieved:  YES  NOComplications: (Describe in narrative):  YES  NO ASP/IMPACT WEAPON Taser CEW:  Probe Deployment  Drive Stun

Impact Location:

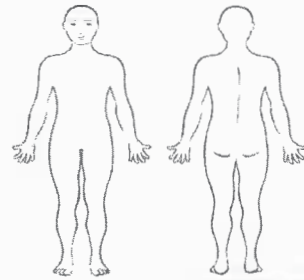
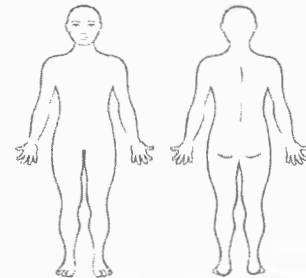
# of cycles:

# of cartridges fired:

Taser Serial #:

Cartridge Type used:

Distance from Subject:

Probe Contact:  YES  NOProbe Contact Penetrate Skin:  YES  NODrive Stun Contact:  YES  NO Firearm (presented) Firearm (discharged) *NOTE: If a firearm was discharged, a firearm discharge report must be completed.* K-9  Other (List)**WAS SUBJECT INJURED?**  YES  NO Subject Visibly Injured  Subject Complained of Injury Photos Taken  Subject Treated  Subject Refused Transported to Hospital (name): Admitted to Hospital (name): Physical Injuries  Psychiatric Evaluation*Mark injuries with an "X" on diagram***ANY OFFICER(S) INJURED?**  YES  NO Officer Visibly Injured  Officer Complained of Injury Photos Taken  Officer Treated  Officer Refused Transported to Hospital (name): Admitted to Hospital (name): Officer(s) Name: \_\_\_\_\_*Mark injuries with an "X" on diagram***WITNESS(ES):****ADDRESS:****PHONE #:****CONNECTION TO INCIDENT:****AUDIO/VIDEO RECORDING OF THE INCIDENT** Yes  No  Unknown**If Yes, was the video/audio secured?**  Yes  No  Unknown**Source of the video/audio Recording:****SUPERVISOR REVIEW:****NAME:****RANK/BADGE #:****SUPERVISOR**Use of Force in compliance with Policies and Procedures:  YES  NO**REVIEW:***The supervisor or Officer-In-Charge must submit a separate memorandum concerning the use of force when it is not in compliance with the department policy and procedure describing the variations and corrective action to be taken. The memorandum will be submitted to Professional Standards/Internal Affairs.***SUPERVISOR SIGNATURE:****DATE/TIME:**