



WINTER PARK POLICE DEPARTMENT

USE OF FORCE REPORT

<input type="checkbox"/> CHEMICAL AGENT <input type="checkbox"/> IMPACT WEAPON <input type="checkbox"/> PHYSICAL FORCE	<input type="checkbox"/> TASER <input type="checkbox"/> OTHER _____ <input type="checkbox"/> FIREARM	<input type="checkbox"/> ON-DUTY <input type="checkbox"/> SWAT DEPLOYMENT	<input type="checkbox"/> OFF-DUTY <input type="checkbox"/> EXTRA-DUTY
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CASE NUMBER	INCIDENT DATE	TIME	CALL TYPE	OFFENSE/INCIDENT TYPE

INCIDENT LOCATION (ADDRESS)	WITNESS #1	WITNESS #2	WITNESS #3

REASON	RESTRAINTS USED	LIGHTING CONDITION	FORCE OCCURRED	STREET LIGHTING	INSIDE LIGHTING
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

OFFICER INFORMATION

LAST NAME	FIRST NAME	ID

ASSIGNMENT	INJURED	INJURY TYPE	INJURY LOCATION
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SUSPECT INFORMATION *(one per form)*

NAME	DOB	AGE	RACE	SEX	HEIGHT	WEIGHT

ADDRESS	SUSPECT INFLUENCE/CONDITION DISPLAYED
	<input type="checkbox"/> INTOXICATED <input type="checkbox"/> ON NARCOTICS <input type="checkbox"/> MENTALLY DISTURBED <input type="checkbox"/> OTHER

ARMED	WEAPON TYPE	INJURED	INJURY TYPE	INJURY LOCATION
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		

INJURY FROM SUSPECT'S OWN ACTIONS <i>(prior to police arrival)</i>	INJURED SUSPECT TREATMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO, REFUSED TREATMENT <input type="checkbox"/> TREATED BY FD (Name, ID#) _____ <input type="checkbox"/> TREATED AT HOSPITAL (Name) _____

CHECK THE AREA(S) OF IMPACT AND INJURY

<p>Suspect</p>	<p>Officer</p>
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CHEMICAL MUNITIONS			
NUMBER OF SPRAYS	AREA(S) SPRAYED	DURATION OF SPRAY(S)	DISTANCE FROM SUSPECT <i>(if less than 3 feet, document reason in narrative section)</i>
EFFECTIVENESS ON SUBJECT		OTHERS AFFECTED BY SPRAY	SUSPECT TREATMENT
<input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> MILD <input type="checkbox"/> NOT AFFECTIVE		<input type="checkbox"/> OFFICER <input type="checkbox"/> CITIZEN <input type="checkbox"/> OTHER	<input type="checkbox"/> REFUSED <input type="checkbox"/> NOT NEEDED <input type="checkbox"/> TREATED BY FD
IMPACT WEAPON			
TYPE <i>(baton, non-issued type, other)</i>	ISSUED	# STRIKES	TARGET AREA
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PHYSICAL FORCE			
TYPE OF FORCE <i>(pressure point, takedown, etc.)</i>			WAS THE FORCE EFFECTIVE IN OVERCOMING RESISTANCE
			<input type="checkbox"/> YES <input type="checkbox"/> NO
TASER			
SERIAL NUMBER	DISCHARGE DELIVERY METHOD		DARTS IMPACTED
	<input type="checkbox"/> DRIVE STUN (DIRECT CONTACT) <input type="checkbox"/> PROBE/PROJECTILE DEPLOYMENT		<input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION PRONGS ATTACHED TO SUSPECT <i>(Cartridge #1)</i>	LOCATION PRONGS ATTACHED TO SUSPECT <i>(Cartridge #2)</i>	PRONGS REMOVED BY	TASER WAS EFFECTIVE
TOP PROBE:	TOP PROBE:	<input type="checkbox"/> SELF <input type="checkbox"/> FD <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO
BOTTOM PROBE:	BOTTOM PROBE:		<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW MANY ACTIVATION CYCLES (#)	DISTANCE FROM SUSPECT (FT)	DATE/TIME TASER DOWNLOADED	DOWNLOADED BY NAME/ID#
FIREARM			
FIREARM TYPE	MAKE/MODEL	SERIAL NUMBER	# OF SHOTS FIRED
<input type="checkbox"/> ISSUED <input type="checkbox"/> BACK-UP			
REPORTING OFFICER NAME: _____ ID: _____ Date/Time: _____			
REVIEW/COMMENTS			
SERGEANT: <input type="checkbox"/> JUSTIFIED <input type="checkbox"/> NOT JUSTIFIED NAME: _____ DATE/TIME: _____ COMMENTS			
LIEUTENANT: <input type="checkbox"/> JUSTIFIED <input type="checkbox"/> NOT JUSTIFIED NAME: _____ DATE/TIME: _____ COMMENTS			
CAPTAIN: <input type="checkbox"/> JUSTIFIED <input type="checkbox"/> NOT JUSTIFIED NAME: _____ DATE/TIME: _____ COMMENTS			
DEPUTY CHIEF: <input type="checkbox"/> JUSTIFIED <input type="checkbox"/> NOT JUSTIFIED NAME: _____ DATE: _____ COMMENTS			
CHIEF: <input type="checkbox"/> JUSTIFIED <input type="checkbox"/> NOT JUSTIFIED NAME: _____ DATE: _____ COMMENTS			

USE OF FORCE REPORT

NARRATIVE

CASE NUMBER:

POSSIBLE CRIMINAL INVESTIGATION – NARRATIVE NOT COMPLETED