



BALTIMORE COUNTY POLICE DEPARTMENT USE OF FORCE REPORT

"Integrity...Fairness...Service"

						1. CC # _____	
2. DATE OF INCIDENT	3. DAY OF WEEK	4. TIME OCCURRED	5. ORIGINAL CALL TITLE TYPE OF INCIDENT: _____	6. SF CODE	7. PRECINCT/O.J.	8. RA NUMBER	
9. LOCATION OF FORCE INCIDENT (COMPLETE ADDRESS)							
10. PREMISE TYPE (CHECK ALL THAT APPLY) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> YARD/FIELD <input type="checkbox"/> ROADWAY <input type="checkbox"/> PRECINCT <input type="checkbox"/> PARKING LOT <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS <input type="checkbox"/> OTHER _____							
11. WEATHER (CHECK ONE) <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG <input type="checkbox"/> SLEET <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW							
12. ILLUMINATION <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK <input type="checkbox"/> DAWN/DUSK <input type="checkbox"/> POOR ARTIFICIAL LIGHTING <input type="checkbox"/> GOOD ARTIFICIAL LIGHTING <input type="checkbox"/> OTHER: _____							
13. USE ON ANIMAL <input type="checkbox"/> NO <input type="checkbox"/> YES ANIMAL TYPE _____ BEHAVIOR: <input type="checkbox"/> ATTACKING <input type="checkbox"/> THREATENING FORCE OPTION _____ RESULT _____							
14. DID INITIAL USE OF FORCE GAIN COMPLIANCE <input type="checkbox"/> NO <input type="checkbox"/> YES ADDITIONAL FORCE USED <input type="checkbox"/> NO <input type="checkbox"/> YES DID ADDITIONAL FORCE GAIN COMPLIANCE <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A							
15. REASON FOR USE OF FORCE: <input type="checkbox"/> PROTECT SELF OR OTHER MEMBER <input type="checkbox"/> PROTECT CITIZEN <input type="checkbox"/> ANIMAL ATTACK/THREAT <input type="checkbox"/> PREVENT FELONY <input type="checkbox"/> PREVENT ESCAPE/FLIGHT OF FELON <input type="checkbox"/> OTHER: _____							
16. DE-ESCALATION TECHNIQUES ATTEMPTED? <input type="checkbox"/> NO <input type="checkbox"/> YES NOTE: ENSURE ANY ATTEMPTS TO DE-ESCALATE THE SITUATION AND/OR THE REASONS DE-ESCALATION TECHNIQUES WERE NOT APPROPRIATE ARE FULLY EXPLAINED IN THE INCIDENT REPORT.							
17. INITIAL FORCE OPTION <input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OC SPRAY <input type="checkbox"/> CEW <input type="checkbox"/> BATON <input type="checkbox"/> HANDS <input type="checkbox"/> FEET <input type="checkbox"/> OTHER _____							
18. ADDITIONAL FORCE OPTION (CHECK ALL THAT APPLY) <input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OC SPRAY <input type="checkbox"/> CEW <input type="checkbox"/> BATON <input type="checkbox"/> HANDS <input type="checkbox"/> FEET <input type="checkbox"/> OTHER _____							
19. IF APPLICABLE, SERIAL # OF THE WEAPON USED: _____ IF APPLICABLE, MAKE OF THE WEAPON USED: _____ IF APPLICABLE, MODEL OF THE WEAPON USED: _____							
20. USE OF FORCE CAPTURED ON VIDEO? (CHECK ALL KNOWN) BWC? <input type="checkbox"/> NO <input type="checkbox"/> YES CIVILIAN CAPTURED (CELL PHONE/SECURITY CAMERA VIDEO)? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN GOVERNMENT SURVEILLANCE (e.g., from cell block, detention center, etc.) CAPTURED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN							
21. OFFICER'S POSITION WHEN FORCE APPLIED: <input type="checkbox"/> STANDING <input type="checkbox"/> SITTING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> IN VEHICLE <input type="checkbox"/> KNEELING <input type="checkbox"/> OTHER _____							
22. WAS PROTECTIVE COVER AVAILABLE? <input type="checkbox"/> NO <input type="checkbox"/> YES							
23. FOR FIREARMS DISCHARGES ONLY: IS THE WEAPON: <input type="checkbox"/> DEPARTMENTALLY OWNED <input type="checkbox"/> PRIVATELY OWNED <input type="checkbox"/> OTHER _____ APPROXIMATE DISTANCE FROM TARGET ON FIRST SHOT: _____ APPROXIMATE DISTANCE FROM TARGET ON SECOND SHOT: _____							
24. FOR CEW USE ONLY: TOTAL # OF CARTRIDGES USED _____ PROBE CONTACT <input type="checkbox"/> NO <input type="checkbox"/> YES PROBE MARKS <input type="checkbox"/> NO <input type="checkbox"/> YES # OF LONG RANGE CARTRIDGES USED _____ DRIVE STUN CONTACT <input type="checkbox"/> NO <input type="checkbox"/> YES DRIVE STUN MARKS <input type="checkbox"/> NO <input type="checkbox"/> YES # OF SHORT RANGE CARTRIDGES USED _____							
25. NUMBER OF OFFICERS PRESENT: A. AT TIME OF INITIAL FORCE OPTION _____ B. AT TIME OF ADDITIONAL FORCE OPTION _____ (IF NO ADDITIONAL FORCE - N/A)							

26. SUBJECT INFORMATION

NAME: _____ D.O.B.: _____

AGE: _____ GENDER: MALE FEMALE OTHER HEIGHT: _____ WEIGHT: _____

RACE: AMERICAN INDIAN/ALASKAN NATIVE ASIAN BLACK/AFRICAN AMERICAN
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER WHITE UNKNOWN

ETHNICITY: HISPANIC NO YES UNKNOWN

A. INITIAL OBSERVED BEHAVIOR: (CHECK ALL THAT APPLY) AGITATED DRUGGED
 BELLIGERENT COMBATIVE INTOXICATED SUICIDAL
 MENTALLY ILL OTHER _____

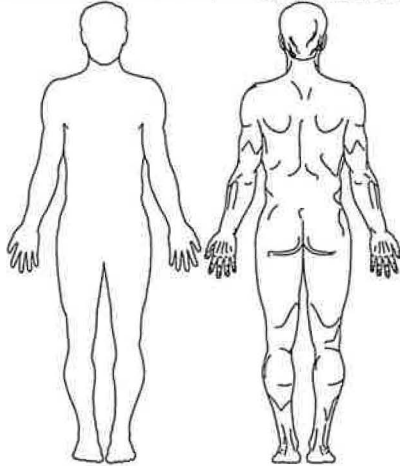
B. ACTION PRIOR TO FORCE APPLICATION: (CHECK ALL THAT APPLY)
 THREATENED FORCE _____
 PHYSICAL FORCE _____
 OTHER NON-COMPLIANT _____

C. WEAPONS DISPLAYED OR USED: (CHECK ALL THAT APPLY)
 NONE KNIFE GUN VEHICLE HANDS FEET
 OTHER _____

D. SUBJECT ARRESTED: NO YES
 CRIMINAL CHARGES: NO YES PENDING

NOTE: IF YES, ATTACH A COPY OF THE ARREST REPORT TO THE FORM 253.

(Place "X's" where officer applied force to suspect (baton, probes, etc.)
 NOTE: This is NOT to be completed for firearms discharges.



SUBJECT TAKEN FOR EMERGENCY EVALUATION: NO YES

SUBJECT INJURED: NO YES UNKNOWN
 IF YES, DESCRIBE SEVERITY: _____

SUBJECT REQUESTED MEDICAL CARE NO YES

WAS FIRST AID ADMINISTERED: NO YES
 IF YES, ADMINISTERED BY: POLICE EMT OTHER _____

DESCRIBE TREATMENT: _____

WHERE: SCENE PRECINCT OTHER _____

TRANSPORTED TO HOSPITAL: NO YES _____
Name of Institution

DIGITAL PHOTOGRAPHS TAKEN BY: _____
Name & ID

27. OFFICER INFORMATION

NAME: _____ ID#: _____ AGE: _____ GENDER: MALE FEMALE OTHER HEIGHT: _____ WEIGHT: _____ YEARS WITH DEPARTMENT: _____

YEARS AS SWORN POLICE OFFICER: _____ DUTY ASSIGNMENT: _____

DUTY STATUS: ON DUTY OFF DUTY OTHER EMPLOYMENT IN UNIFORM? NO YES PROTECTIVE VEST WORN: NO YES

RACE: AMERICAN INDIAN/ALASKAN NATIVE ASIAN BLACK/AFRICAN AMERICAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER WHITE UNKNOWN

ETHNICITY: HISPANIC NO YES

WAS OFFICER INJURED: NO YES
 IF YES, DESCRIBE SEVERITY: _____

OFFICER REQUESTED MEDICAL CARE: NO YES WAS FIRST AID ADMINISTERED: NO YES IF YES, ADMINISTERED BY: POLICE EMT OTHER _____

DESCRIBE TREATMENT: _____

WHERE: SCENE PRECINCT OTHER _____

TRANSPORTED TO HOSPITAL: NO YES _____
Name of Institution

DIGITAL PHOTOGRAPHS TAKEN BY: _____
Name & ID

NAME OF SHIFT COMMANDER NOTIFIED: _____

SUBMITTING OFFICER AND ID# _____ DATE _____

28. SUPERVISORY AND COMMAND REVIEW:

28A. TOTAL NUMBER OF FORMS 253 COMPLETED _____ TOTAL NUMBER OF MEMBERS USING FORCE _____
 SUPERVISOR _____ DATE _____

28B. USE OF FORCE PACKET REQUIRED: NO YES
 SHIFT/UNIT COMMANDER _____ DATE _____

28C. REQUIRES DIVISION COMMANDER/BUREAU EXECUTIVE OFFICER REVIEW: NO YES
 PRECINCT/SECTION COMMANDER _____ DATE _____

29. DIVISION COMMANDER/BUREAU EXECUTIVE OFFICER REVIEW (when required):
 DIVISION COMMANDER/BUREAU EXECUTIVE OFFICER _____ DATE _____

30. IAS REVIEW (when required):
 IAS COMMANDER _____ DATE _____