



USE OF FORCE FORM

Supervisory Review

Event CC# _____

Officer 1: _____ Badge: _____ Assignment: _____ Car#: _____

Officer 2: _____ Badge: _____ Assignment: _____ Car#: _____

Officer 3: _____ Badge: _____ Assignment: _____ Car#: _____

Incident Location: _____ Date: _____ Time: _____

Suspect #1

Name: _____ Sex: _____ Race: _____ DOB: _____ SSN: _____

Suspect Charged With: _____

Suspect #2

Name: _____ Sex: _____ Race: _____ DOB: _____ SSN: _____

Suspect Charged With: _____

Type of Force Used: Chemical Spray Baton Taser
 Physical Force Firearm Other Weapon (specify) _____

Visible Injuries Sustained / Complaint of Injury:

Suspect #1: _____ Suspect #2: _____

Other Person: _____ Other Person: _____

Officer(s) Injured / Types of Injuries / Exposures: _____

Police Department Property Damaged: _____

Officers Personal Property Damaged: _____

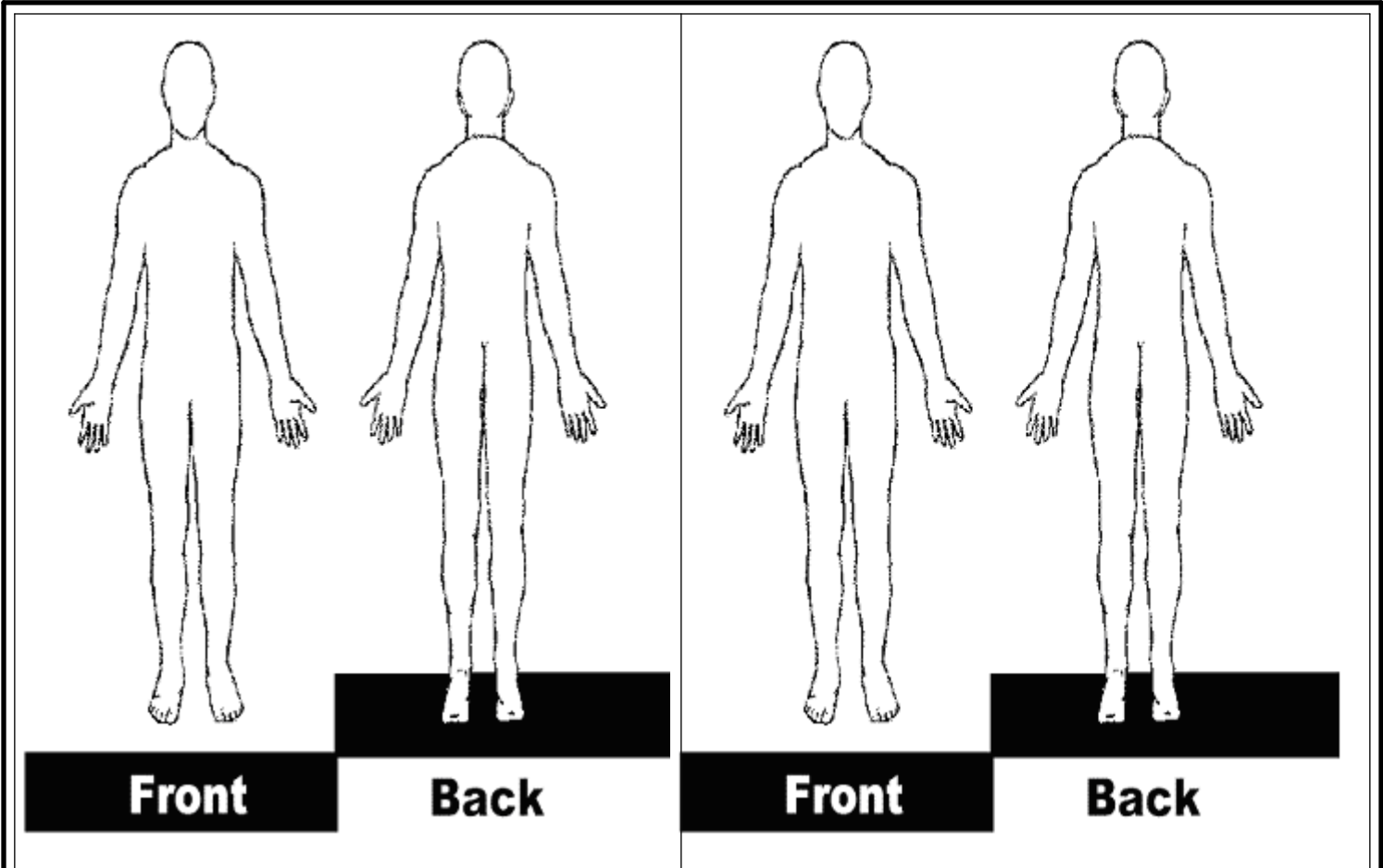
OSHA Form Completed? Yes No

In-Car Audio/Video Activated? Yes No

In-Car Audio/Video of Other Responding Units Reviewed for evidence? Yes No

Does Video show evidence related to Use of Force? Yes No

Suspect Visual Injury Diagram



Suspect # 1 _____

Suspect # 2 _____

** Please mark the approximate location of contact made with suspect**

Suspect Interviewed? Yes (Summary Below) No **Condition:** Sober HBD Intoxicated Drugs Suspected Mental Problems
If NO, provide explanation:

Suspect Statements:

Supervisor Incident Summary:

Civilian Witness(es) to Use of Force Incident: Attach a summary of each person's statement (including suspect). Include date, time, location interviewed, and state of sobriety. If more names than space provided, include on attached sheet.

1. Name: _____ Race: _____ Sex: _____ DOB: _____

Address: _____ Phone (H): _____

_____ Phone (W): _____

2. Name: _____ Race: _____ Sex: _____ DOB: _____

Address: _____ Phone (H): _____

_____ Phone (W): _____

3. Name: _____ Race: _____ Sex: _____ DOB: _____

Address: _____ Phone (H): _____

_____ Phone (W): _____

Civilian Witness(es) statements:

Civilian Witness(es) statements (continued):

LPD Witness(es) to Use of Force Incident:

- 1. Name: _____
- 2. Name: _____
- 3. Name: _____
- 4. Name: _____

- Badge #: _____
- Badge #: _____
- Badge #: _____
- Badge #: _____

Statement Attached?

- Yes No
- Yes No
- Yes No
- Yes No

Use of Force Form Completed?

- Yes No
- Yes No
- Yes No
- Yes No

LPD Witness(es) statements:

Large empty rectangular area for witness statements.

LPD Witness(es) statements (continued):

The information contained in this report and its attachments constitutes an ordered internal investigation statement for administrative use by the Lynchburg Police Department. This information is protected from other use under the Garrity v. New Jersey and Gardner v. Broderick court decisions.

This form was prepared by the Lynchburg Police Department solely for use in an internal review of employee performance and for administrative purposes. The information was not prepared for and is not intended for any other use, including criminal proceedings.

Investigating Supervisor: _____ Date: _____

Reviewing Supervisor: _____ Date: _____

Supervisor Review and Disciplinary Recommendations:

	Officer 1	Officer 2	Officer 3
Was original detention or subsequent arrest lawful?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was force application reasonable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was force reasonably de-escalated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of force was in compliance with policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suspect injured to an extent that the officer(s) should be receive mandatory counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Policy Review and Disciplinary Recommendations

Policy Review and Disciplinary Recommendations (continued)

Watch / Unit Commander: _____ Date: _____

Recommended Action: None Counseling / Remedial Training Disciplinary Action Other: _____

Bureau Commander: _____ Date: _____

Chief of Police: _____ Date: _____

Entered into Early Warning System? Yes No If yes, Date Entered: _____