



USE OF FORCE FORM
Officer's Report

Event CC#: _____

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

Incident Location: _____ Date: _____ Time: _____

(1) Suspect #1

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

Home Address: _____ Home Phone: _____

Business Address: _____ Work Phone: _____

Suspect Charged With: _____

Suspect #2

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

Home Address: _____ Home Phone: _____

Business Address: _____ Work Phone: _____

Suspect Charged With: _____

State suspect(s)' actions which resulted in the use of force:

(2) Type of Force Used: Chemical Spray Baton Taser

Physical Force Firearm Other Weapon (specify) _____

Describe how force was used:

(3) Firearm Used Less-Lethal Weapon Used

Type: _____ Make: _____

Weapon Serial #: _____

Ammunition Caliber: _____ Type: _____

of Shots Fired/Cycles: _____ Direction: _____

Less-Lethal Muniton Lot #: _____

Less-Lethal Muniton Serial #: _____

Dist. from Target: _____

Point of Aim: _____

Point of Impact: _____

Projectiles not located: _____

(4) Chemical Agent Used

Type: _____

Serial #: _____

Approximate duration of spray (in seconds): _____

Number of sprays: _____

Subject informed of flushing technique: Yes No

If yes, informed by whom? _____

Subject offered materials to flush area? Yes No

Did subject accept offer? Yes No

Additional first aid care required? Yes No

If yes, who administered first aid? _____

(5) First Aid (Other than chemical spray):

Requested by Civilian? Yes No If yes, by whom? _____ Date: _____ Time: _____

Offered by Officer? Yes No Officer: _____ Date: _____ Time: _____

First aid accepted? Yes No First aid rendered: _____

Responding first aid agency: _____

Attendant(s) Name(s): _____

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.

Officer Completing Form: _____ Date: _____

Investigating Supervisor: _____ Date: _____

Reviewing Supervisor: _____ Date: _____

Watch / Unit Commander: _____ Date: _____

Bureau Commander: _____ Date: _____

Chief of Police: _____ Date: _____