

# ANNE ARUNDEL COUNTY POLICE DEPARTMENT USE OF FORCE REPORT

INCIDENT DESCRIPTION				
Type of call:			Case #:	
Date:		Time:		Day of week:
Address of occurrence:			Weather/Lighting:	
Justification for using force: <input type="checkbox"/> To protect oneself or others from harm <input type="checkbox"/> To restrain or subdue a resistant individual <input type="checkbox"/> To bring an unlawful situation under control <input type="checkbox"/> Other (explain)				
SUSPECT INFORMATION				
Last name:		First name:		MI:
Address:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American			Height:	Weight:
Precise activity prior to use of force: (i.e. assaulting, fleeing, passive resistance, etc.)				
Weapon(s): <input type="checkbox"/> N/A <input type="checkbox"/> Knife <input type="checkbox"/> Vehicle <input type="checkbox"/> Bite  <input type="checkbox"/> Blunt object (type) _____ <input type="checkbox"/> Other: _____  <input type="checkbox"/> Hands/feet (technique) _____ <input type="checkbox"/> Firearm (type) _____  Under influence: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs _____ <input type="checkbox"/> Prescription _____ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Type of clothing worn: _____				
Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, describe)				
Treated by: <input type="checkbox"/> Officer <input type="checkbox"/> Fire department <input type="checkbox"/> Emergency room <input type="checkbox"/> Refused <input type="checkbox"/> N/A				
OFFICER INFORMATION				
Last name:		First name:		MI:
ID# :	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Duty assignment:	Age:	Height:	Weight:
Uniform: <input type="checkbox"/> Patrol uniform <input type="checkbox"/> Tactical <input type="checkbox"/> Plain clothes <input type="checkbox"/> Bike Patrol				
Duty status at time of incident: <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Light <input type="checkbox"/> Suspended <input type="checkbox"/> Secondary Employment				

(over)

PD: 401.1  
 Index code: 401 Appendix B  
 Effective date: 09-04-09  
 Proponent unit: Staff Inspection Unit

## USE OF FORCE REPORT (continued)

### OFFICER INFORMATION (continued)

Officer's precise activity at time of incident: (i.e. handcuffing, interviewing, etc.)

Weapon(s):  Firearm (type) \_\_\_\_\_  ASP

TASER (probe or drive stun)                      Number of TASER Cycles \_\_\_\_\_

Flashlight     OC spray     CS     Hands/feet(technique) \_\_\_\_\_

Canine         Baton         Less Than Lethal Projectile \_\_\_\_\_

Weapon of opportunity (type) \_\_\_\_\_

Describe impact locations: \_\_\_\_\_

Describe weapon usage: \_\_\_\_\_

Effectiveness of applied weapon(s): \_\_\_\_\_

Injured:  No     Yes (If yes, describe)

Reporting officer's signature/ ID & date:

Supervisor's name & ID:

Comments:

Required documents attached:  Photo-copy of officer's report documenting the use of force  
 TASER dataport download if applicable

Platoon/Unit commander's name & ID:

Comments:

### CHAIN OF COMMAND REVIEW

Reviewing official	In policy		Signature	Date
	Yes	No		
Supervisor				
Platoon/Unit Commander				
District/Division Commander				
Bureau Commander				

Forward to Staff Inspections Unit after review by Bureau Commander