

Use of Force

300.1 PURPOSE AND SCOPE

This policy provides guidelines on the reasonable use of force. While there is no way to specify the exact amount or type of reasonable force to be applied in any situation, every member of this department is expected to use these guidelines to make such decisions in a professional, impartial and reasonable manner.

300.1.1 DEFINITIONS

Definitions related to this policy include:

Deadly force - Force reasonably likely or intended to cause death or serious bodily injury.

Force - The application of physical techniques or tactics, chemical agents or weapons to another person. It is not a use of force when a person allows him/herself to be searched, escorted, handcuffed or restrained.

300.2 POLICY

The use of force by law enforcement personnel is a matter of critical concern, both to the public and to the law enforcement community. Officers are involved on a daily basis in numerous and varied interactions and, when warranted, may use reasonable force in carrying out their duties.

Officers must have an understanding of, and true appreciation for, their authority and limitations. This is especially true with respect to overcoming resistance while engaged in the performance of law enforcement duties.

The Department recognizes and respects the value of all human life and dignity without prejudice to anyone. Vesting officers with the authority to use reasonable force and to protect the public welfare requires monitoring, evaluation and a careful balancing of all interests.

300.2.1 DUTY TO INTERCEDE

Any officer present and observing another officer using force that is clearly beyond that which is objectively reasonable under the circumstances shall, when in a position to do so, intercede to prevent the use of unreasonable force. An officer who observes another employee use force that exceeds the degree of force permitted by law should promptly report these observations to a supervisor.

300.3 USE OF FORCE

Officers shall use only that amount of force that reasonably appears necessary given the facts and circumstances perceived by the officer at the time of the event to accomplish a legitimate law enforcement purpose.

The reasonableness of force will be judged from the perspective of a reasonable officer on the scene at the time of the incident. Any evaluation of reasonableness must allow for the fact that officers are often forced to make split-second decisions about the amount of force that reasonably

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appears necessary in a particular situation, with limited information and in circumstances that are tense, uncertain and rapidly evolving.

Given that no policy can realistically predict every possible situation an officer might encounter, officers are entrusted to use well-reasoned discretion in determining the appropriate use of force in each incident.

It is also recognized that circumstances may arise in which officers reasonably believe that it would be impractical or ineffective to use any of the tools, weapons or methods provided by the Department. Officers may find it more effective or reasonable to improvise their response to rapidly unfolding conditions that they are confronting. In such circumstances, the use of any improvised device or method must nonetheless be reasonable and utilized only to the degree that reasonably appears necessary to accomplish a legitimate law enforcement purpose.

While the ultimate objective of every law enforcement encounter is to avoid or minimize injury, nothing in this policy requires an officer to retreat or be exposed to possible physical injury before applying reasonable force.

300.3.1 USE OF FORCE TO EFFECT AN ARREST

A law enforcement officer may use reasonable force to arrest a person or execute a warrant. Additionally, a law enforcement officer making a lawful arrest may command the aid of any person, and such person shall have the same power as that of the law enforcement officer (Wis. Stat. § 968.07; Wis. Stat. 968.14).

300.3.2 FACTORS USED TO DETERMINE THE REASONABLENESS OF FORCE

When determining whether to apply force and evaluating whether an officer has used reasonable force, a number of factors should be taken into consideration, as time and circumstances permit. These factors include, but are not limited to:

- (a) Immediacy and severity of the threat to officers or others.
- (b) The conduct of the individual being confronted, as reasonably perceived by the officer at the time.
- (c) Officer/subject factors (age, size, relative strength, skill level, injuries sustained, level of exhaustion or fatigue, the number of officers available vs. subjects).
- (d) The effects of drugs or alcohol.
- (e) Subject's mental state or capacity.
- (f) Proximity of weapons or dangerous improvised devices.
- (g) The degree to which the subject has been effectively restrained and his/her ability to resist despite being restrained.
- (h) The availability of other options and their possible effectiveness.
- (i) Seriousness of the suspected offense or reason for contact with the individual.

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- (j) Training and experience of the officer.
- (k) Potential for injury to officers, suspects and others.
- (l) Whether the person appears to be resisting, attempting to evade arrest by flight or is attacking the officer.
- (m) The risk and reasonably foreseeable consequences of escape.
- (n) The apparent need for immediate control of the subject or a prompt resolution of the situation.
- (o) Whether the conduct of the individual being confronted no longer reasonably appears to pose an imminent threat to the officer or others.
- (p) Prior contacts with the subject or awareness of any propensity for violence.
- (q) Any other exigent circumstances.

300.3.3 PAIN COMPLIANCE TECHNIQUES

Pain compliance techniques may be effective in controlling a physically or actively resisting individual. Officers may only apply those pain compliance techniques for which they have successfully completed department-approved training. Officers utilizing any pain compliance technique should consider:

- (a) The degree to which the application of the technique may be controlled given the level of resistance.
- (b) Whether the person can comply with the direction or orders of the officer.
- (c) Whether the person has been given sufficient opportunity to comply.

The application of any pain compliance technique shall be discontinued once the officer determines that compliance has been achieved.

300.3.4 USE OF FORCE TO SEIZE EVIDENCE

In general, officers may use reasonable force to lawfully seize evidence and to prevent the destruction of evidence. However, officers are discouraged from using force solely to prevent a person from swallowing evidence or contraband. In the instance when force is used, officers should not intentionally use any technique that restricts blood flow to the head, restricts respiration or which creates a reasonable likelihood that blood flow to the head or respiration would be restricted. Officers are encouraged to use techniques and methods taught by the Beloit Police Department for this specific purpose.

300.4 DEADLY FORCE APPLICATIONS

Use of deadly force is justified in the following circumstances:

- (a) An officer may use deadly force to protect him/herself or others from what he/she reasonably believes would be an imminent threat of death or serious bodily injury.

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- (b) An officer may use deadly force to stop a fleeing subject when the officer has probable cause to believe that the person has committed, or intends to commit, a felony involving the infliction or threatened infliction of serious bodily injury or death, and the officer reasonably believes that there is an imminent risk of serious bodily injury or death to any other person if the subject is not immediately apprehended. Under such circumstances, a verbal warning should precede the use of deadly force, where feasible.

Imminent does not mean immediate or instantaneous. An imminent danger may exist even if the suspect is not at that very moment pointing a weapon at someone. For example, an imminent danger may exist if an officer reasonably believes any of the following:

1. The person has a weapon or is attempting to access one and it is reasonable to believe the person intends to use it against the officer or another.
2. The person is capable of causing serious bodily injury or death without a weapon and it is reasonable to believe the person intends to do so.

300.4.1 SHOOTING AT OR FROM MOVING VEHICLES

Officers should not place themselves in front of a vehicle to prevent escape and should move out of the path of an approaching vehicle instead of discharging their firearm at the vehicle or any of its occupants. An officer should only discharge a firearm at a moving vehicle or its occupants when the officer reasonably believes there are no other reasonable means available to avert the threat of the vehicle, or if deadly force other than the vehicle is directed at the officer or others.

Officers should not shoot at any part of a vehicle in an attempt to disable the vehicle. Shots fired at or from a moving vehicle are rarely effective.

300.5 REPORTING THE USE OF FORCE

Any use of force by a member of this department shall be documented promptly, completely and accurately in a Beloit Police Department Officer Use of Force Report. [See attachment: UOF - Officer Report](#) The officer should articulate the factors perceived and why he/she believed the use of force was reasonable under the circumstances. To collect data for purposes of training, resource allocation, analysis and related purposes, the Department may require the completion of additional report forms, as specified in department policy, procedure or law.

300.5.1 NOTIFICATION TO SUPERVISORS

Supervisory notification shall be made as soon as practicable following the application of force. A supervisor shall complete the Beloit Police Department Supervisory Use of Force Review Report for each use of force reported. [See attachment: UOF - Supervisor Review](#) A supervisor shall respond to the scene in any of the following circumstances:

- (a) The application caused a visible injury.
- (b) The application would lead a reasonable officer to conclude that the individual may have experienced more than momentary discomfort.
- (c) The individual subjected to the force complained of injury or continuing pain.

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- (d) The individual indicates intent to pursue litigation.
- (e) Any application of the CED or control device.
- (f) Any application of a restraint device other than handcuffs, shackles or belly chains.
- (g) The individual subjected to the force was rendered unconscious.
- (h) An individual was struck or kicked.
- (i) An individual alleges any of the above has occurred.

300.6 MEDICAL CONSIDERATION

Prior to booking or release, medical assistance shall be obtained for any person who exhibits signs of physical distress, who has sustained visible injury, expresses a complaint of injury or continuing pain, or who was rendered unconscious. Any individual exhibiting signs of physical distress after an encounter should be continuously monitored until he/she can be medically assessed.

Based upon the officer's initial assessment of the nature and extent of the subject's injuries, medical assistance may consist of examination by fire personnel, paramedics, hospital staff or medical staff at the jail. If any such individual refuses medical attention, such a refusal shall be fully documented in related reports and, whenever practicable, should be witnessed by another officer and/or medical personnel. If a recording is made of the contact or an interview with the individual, any refusal should be included in the recording, if possible.

The on-scene supervisor, or if not available, the primary handling officer shall ensure that any person providing medical care or receiving custody of a person following any use of force is informed that the person was subjected to force. This notification shall include a description of the force used and any other circumstances the officer reasonably believes would be potential safety or medical risks to the subject (e.g., prolonged struggle, extreme agitation, impaired respiration).

Persons who exhibit extreme agitation, violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics and imperviousness to pain (sometimes called "excited delirium"), or who require a protracted physical encounter with multiple officers to be brought under control, may be at an increased risk of sudden death. Calls involving these persons should be considered medical emergencies and officers should request medical assistance as soon as practicable.

300.7 SUPERVISOR RESPONSIBILITY

When a supervisor responds to an incident in which there has been a reported application of force, the supervisor shall advise the subject upon whom force was applied that he/she is conducting an administrative interview regarding the use of force and not questioning that person regarding criminal activity.

- (a) Obtain the basic facts from the involved officers. Absent an allegation of misconduct or excessive force, this will be considered a routine contact in the normal course of duties.
- (b) Ensure that any injured parties are examined and treated.

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- (c) When the supervisor conducts an administrative interview of the subject:
 - 1. The content of the interview should not be summarized or included in any related criminal charges.
 - 2. The fact that a recorded interview was conducted should be documented in the supervisor use of force review report.
 - 3. The recording of the interview should be distinctly marked for retention until all potential for civil litigation has expired.
- (d) Once any initial medical assessment has been completed or first aid has been rendered, ensure that photographs have been taken of any areas involving visible injury or complaint of pain, as well as overall photographs of uninjured areas. These photographs should be retained until all potential for civil litigation has expired.
- (e) Identify and interview any witnesses not already included in related reports.
- (f) Review and approve all related reports.
- (g) Determine if there is any indication that the subject may pursue civil litigation. If there is an indication of potential civil litigation, the supervisor should note this in the use of force review narrative. The Patrol Commander, upon review, will forward a copy of the report to the City Attorney's Office.
- (h) Complete a Supervisor Use of Force Review and forward to the Patrol Captain.
- (i) The Patrol Captain will evaluate the circumstances surrounding the incident and initiate an administrative investigation if there is a question of policy non-compliance or if for any reason further investigation may be appropriate.
- (j) The Patrol Captain will evaluate the circumstances surrounding the incident to determine if a DAAT instructor should review the incident and provide training.

In the extraordinary event that a supervisor is unable to respond to the scene of an incident involving the reported application of force, the supervisor is still expected to complete as many of the above items as circumstances permit and to ensure supervisory follow-up is completed on the following shifts.

300.7.1 SHIFT COMMANDER RESPONSIBILITY

The Shift Commander shall review each use of force by any personnel within his/her command to ensure compliance with this policy and to address any training issues, after consultation with the Captain of Patrol.

300.8 REVIEW

This policy shall be made available to the public at no charge upon request (Wis. Stat. § 66.0511(2)).

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300.9 TRAINING

Officers will receive periodic training on this policy and demonstrate their knowledge and understanding.

300.10 USE OF FORCE ANALYSIS

At least annually, the Patrol Captain should prepare an analysis report on use of force incidents. The report should be submitted to the Chief of Police. The report should not contain the names of officers, suspects or case numbers, and should include:

- (a) The identification of any trends in the use of force by members.
- (b) Training needs recommendations.
- (c) Equipment needs recommendations.
- (d) Policy revision recommendations.

Attachments

UOF - Supervisor Review.pdf



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SUPERVISOR USE OF FORCE REVIEW

Reporting Supervisor:		Date and Time Notified:	Responded to the Scene: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident Date and Time:	Call Type:	Arrest Offenses:		Location:
# of Resistive Subjects:		# of Officers Involved:	# of Officers Present:	
Reason(s) Force Employed: Check all that apply <input type="checkbox"/> TO EFFECT AN ARREST <input type="checkbox"/> LEGAL DETENTION <input type="checkbox"/> SUBJECT'S SAFETY <input type="checkbox"/> DEFENSE OF SELF OR ANOTHER <input type="checkbox"/> PREVENT ESCAPE <input type="checkbox"/> OTHER (explain): _____				
Levels Forced Used: <input type="checkbox"/> COMPLIANCE HOLD-1 <input type="checkbox"/> CONTROL DEVICE-2 <input type="checkbox"/> PASSIVE COUNTERMEASURE-3 <input type="checkbox"/> ACTIVE COUNTERMEASURE-4 <input type="checkbox"/> DIFFUSED STRIKE-5 <input type="checkbox"/> BATON-6 <input type="checkbox"/> LLIMS-7 <input type="checkbox"/> K-9 (8) <input type="checkbox"/> DEADLY FORCE-9 <input type="checkbox"/> DEADLY FORCE ANIMAL-10				
Degree of Stabilization Prior to Force: Check all that apply <input type="checkbox"/> NONE <input type="checkbox"/> PRESENCE <input type="checkbox"/> VERBAL <input type="checkbox"/> STANDING <input type="checkbox"/> WALL <input type="checkbox"/> GROUND <input type="checkbox"/> HANDCUFFED <input type="checkbox"/> SUPPLEMENTAL RESTRAINT (Explain) _____ <input type="checkbox"/> Other (Explain) _____				
FORCE RECIPIENT(S)				
#1 NAME (LAST, FIRST, MI)	CONDITION: <input type="checkbox"/> APPEARED NORMAL <input type="checkbox"/> UNDER THE INFLUENCE OF ALCOHOL OR DRUGS <input checked="" type="checkbox"/> MENTALLY OR EMOTIONALLY IMPAIRED <input type="checkbox"/> OTHER (EXPLAIN): _____			
	INJURIES: Check all that apply <input type="checkbox"/> NONE <input type="checkbox"/> CLAIMED <input type="checkbox"/> OBSERVED		PHOTOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DESCRIBE INJURIES CLAIMED OR OBSERVED: _____			
#2 NAME: (LAST, FIRST, MI)	CONDITION: <input type="checkbox"/> APPEARED NORMAL <input type="checkbox"/> UNDER THE INFLUENCE OF ALCOHOL OR DRUGS <input type="checkbox"/> MENTALLY OR EMOTIONALLY IMPAIRED <input type="checkbox"/> OTHER (EXPLAIN): _____			
	INJURIES: Check all that apply <input type="checkbox"/> NONE <input type="checkbox"/> CLAIMED <input type="checkbox"/> OBSERVED		PHOTOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DESCRIBE INJURIES CLAIMED OR OBSERVED: _____			
#3 NAME: (LAST, FIRST, MI)	CONDITION: <input type="checkbox"/> APPEARED NORMAL <input type="checkbox"/> UNDER THE INFLUENCE OF ALCOHOL OR DRUGS <input type="checkbox"/> MENTALLY OR EMOTIONALLY IMPAIRED <input type="checkbox"/> OTHER (EXPLAIN): _____			
	INJURIES: Check all that apply <input type="checkbox"/> NONE <input type="checkbox"/> CLAIMED <input type="checkbox"/> OBSERVED		PHOTOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DESCRIBE INJURIES CLAIMED OR OBSERVED: _____			
OFFICERS WHO EMPLOYED FORCE				
OFFICER NAME:	INJURED?	LEVELS OF FORCE USED #	FORCE RECIPIENT #	COMMENTS:
1.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
WITNESSES – INCLUDING OFFICERS (LIST FIRST)				
WITNESS NAME:	SEX/RACE:	DOB:	ADDRESS:	PHONE NUMBER:
1.				
2.				
3.				
4.				
NOTES:				

NOTES:

UOF - Officer Report.pdf

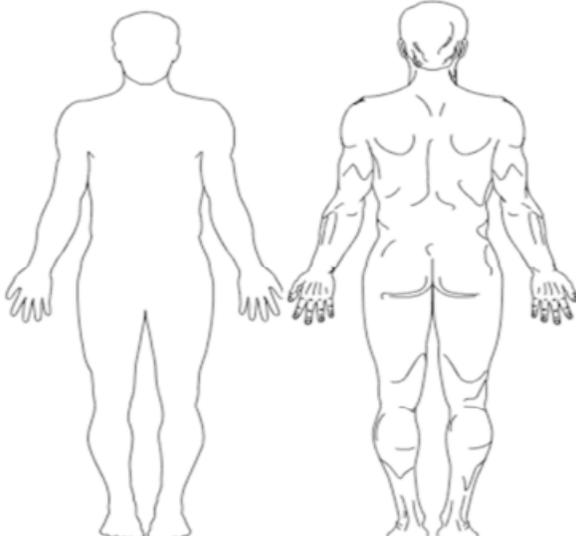


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OFFICER USE OF FORCE REPORT

INCIDENT INFORMATION					
Reporting Officer:			Name of Supervisor Notified: (Supervisor Use of Force needed)		
Officer Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No (LEOKA form to be filled out if Officer injury was caused with intent by subject)					
Other Officer(s) Involved in Use of Force: (Use of Force Form needed)			Other Officer(s) Present during Use of Force:		
Date:	Time:	Location:	Offense(s):	Disposition:	
SUBJECT INFORMATION					
Last Name:		First Name:		MI:	
Sex:	Race:	Date of Birth:	Age:	Height:	Weight:
Home Address:				Phone Number:	
Reason for Force Deployed: Check all that apply			Was subject resisting arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> TO EFFECT AN ARREST		<input type="checkbox"/> LEGAL DETENTION	<input type="checkbox"/> SUBJECT'S SAFETY		<input type="checkbox"/> OTHER (explain): _____
<input type="checkbox"/> DEFENSE OF SELF OR ANOTHER		<input type="checkbox"/> PREVENT ESCAPE			
Subjects Condition: Check all that apply			<input type="checkbox"/> APPEARED NORMAL		
<input type="checkbox"/> UNDER THE INFLUENCE OF ALCOHOL		<input type="checkbox"/> SUSPECTED UNDER THE INFLUENCE OF ALCOHOL			
<input type="checkbox"/> UNDER THE INFLUENCE OF DRUGS		<input type="checkbox"/> SUSPECTED UNDER THE INFLUENCE OF DRUGS			
<input type="checkbox"/> MENTALLY OR EMOTIONALLY IMPAIRED (see indicators)		<input type="checkbox"/> OTHER(explain): _____			
Injuries claimed by subject:			Possible injuries observed by Officer:		
Photos of claimed or observed injuries taken by:					
Medical Treatment Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Medical Waiver Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Place of Treatment:		Transported by:		Attending Physician:	
Result of Treatment:					
# of Resistive Subjects: _____ (fill out a Use of Force Report for each individual subject and each Officer involved)					
Special Circumstances? (explain): _____					
CHECK ALL THE FOLLOWING THAT APPLY:					
EARLY WARNING SIGNS:		PRE-ATTACK POSTURES:		WEAPON CONTROL FACTORS:	
<input type="checkbox"/> CONSPICUOUSLY IGNORES		<input type="checkbox"/> FIGHTING STANCE		<input type="checkbox"/> SUBJECT IS ARMED	
<input type="checkbox"/> EXCESSIVE EMOTIONAL ATTENTION		<input type="checkbox"/> HANDS SET		<input type="checkbox"/> HAVE INFO SUBJECT IS ARMED	
<input type="checkbox"/> CEASES ALL MOVEMENT		<input type="checkbox"/> SHOULDER SHIFT		<input type="checkbox"/> SUBJECT'S HANDS NOT VISIBLE	
<input type="checkbox"/> KNOWN VIOLENT HISTORY		<input type="checkbox"/> TARGET GLANCE		<input type="checkbox"/> YOUR WEAPON ACCESSIBLE TO SUBJECT	
		<input type="checkbox"/> THOUSAND YARD STARE			
INDICATORS OF MENTAL ILLNESS, EMOTIONAL DISTURBANCE OR MEDICALLY SIGNIFICANT BEHAVIOR:					
<input type="checkbox"/> ABRUPT ONSET					
<input type="checkbox"/> EXTREME AGITATION OR EXCITEMENT					
<input type="checkbox"/> CONFUSION/IMPAIRED THINKING OR PERCEPTION					
<input type="checkbox"/> BIZARRE, OFTEN VIOLENT BEHAVIOR DIRECTED TOWARDS OBJECTS, ESPECIALLY GLASS					
<input type="checkbox"/> EXTREMELY HIGH BODY TEMPERATURE/PROFUSE SWEATING/REMOVES CLOTHING					
DEGREE OF STABILIZATION PRIOR TO FORCE:					
<input type="checkbox"/> NONE <input type="checkbox"/> PRESENCE <input type="checkbox"/> VERBAL <input type="checkbox"/> STANDING <input type="checkbox"/> WALL <input type="checkbox"/> GROUND					
<input type="checkbox"/> HANDCUFFED <input type="checkbox"/> SUPPLEMENTAL RESTRAINT					
LEVELS OF RESISTANCE BY SUBJECT:					
<input type="checkbox"/> NON-RESPONSIVE (IGNORING)		<input type="checkbox"/> DEAD WEIGHT TACTICS (INTENTIONAL)			
<input type="checkbox"/> RESISTIVE TENSION (TIGHTENS MUSCLES)		<input type="checkbox"/> DEFENSIVE RESISTANCE (PULLS AWAY/FLEES)			
<input type="checkbox"/> AGGRESSIVE RESISTANCE (APPROACHING OFFICER)		<input type="checkbox"/> PHYSICAL ASSAULT (HANDS/FEET)LEOKA FORM NEEDED			
<input type="checkbox"/> GREAT BODILY HARM ASSAULT - LEOKA FORM NEEDED		<input type="checkbox"/> LIFE THREATENING ASSAULT - LEOKA FORM NEEDED			
<input type="checkbox"/> LIFE THREATENING WEAPON ASSAULT - LEOKA FORM NEEDED					
POST FORCE RESTRAINTS:					
<input type="checkbox"/> NONE <input type="checkbox"/> HANDCUFFS <input type="checkbox"/> LEG RESTRAINTS <input type="checkbox"/> FLEX CUFFS <input type="checkbox"/> HOBBLE STRAPS <input type="checkbox"/> PROTECTIVE HELMET					
<input type="checkbox"/> OTHER (explain): _____					

LEVELS OF CONTROL BY OFFICER: (Presence Assumed) Check all that apply <input type="checkbox"/> DIALOG/TACTICAL COMMUNICATIONS <input type="checkbox"/> COMPLIANCE HOLDS <input type="checkbox"/> WRIST COMPRESSION(1) <input type="checkbox"/> PRESSURE POINT(2) <input type="checkbox"/> CONTROL DEVICE <input type="checkbox"/> CONTROL ENERGY DEVICE(3) <input type="checkbox"/> OC SPRAY(4) <input type="checkbox"/> PASSIVE COUNTERMEASURE(5) <input type="checkbox"/> ACTIVE COUNTERMEASURE <input type="checkbox"/> HANDS(6) <input type="checkbox"/> FEET(7) <input type="checkbox"/> FOREARM(8) <input type="checkbox"/> KNEE(9) <input type="checkbox"/> STUN(10) <input type="checkbox"/> DIFFUSED STRIKE <input type="checkbox"/> FRONTAL APPLICATION(11) <input type="checkbox"/> REAR APPLICATION(12) <input type="checkbox"/> INTERMEDIATE WEAPON <input type="checkbox"/> BATON(13) <input type="checkbox"/> LLIMS(14) <input type="checkbox"/> OTHER(15) (explain): _____ <input type="checkbox"/> K-9 BITE(16) (Name of K-9): _____ <input type="checkbox"/> DEADLY FORCE(17)	FORCE APPLICATION AREAS: Use assigned numbers from levels of control by Officer to indicate type and location of force. 
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CONDUCTED ENERGY DEVICE (CED)

CED SERIAL #:	DEPLOYMENT TYPE: <input type="checkbox"/> PROBE <input type="checkbox"/> DRIVE STUN	# OF CYCLES:	DEPLOYMENT DISTANCE: _____	PROBE SPREAD DISTANCE: _____
SUBJECT CLOTHING: <input type="checkbox"/> HEAVY <input type="checkbox"/> LIGHT <input type="checkbox"/> LOOSE FIT		PROBE SKIN PENETRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EFFECTIVENESS OF CED: <input type="checkbox"/> TOTAL INCAPACITATION <input type="checkbox"/> PARTIAL INCAPACITATION <input type="checkbox"/> NO EFFECT/MISS				
<input type="checkbox"/> FURTHER CONTROL METHODS NEEDED (explain): _____				
PROBES REMOVED BY: _____				

OC SPRAY

DISPERSION TYPE: <input type="checkbox"/> STREAM <input type="checkbox"/> MIST/FOG <input type="checkbox"/> FOAM	# OF BURSTS:	SPRAY DISTANCE(S): 1 ST _____ 2 ND _____ 3 RD _____ 4 TH _____ 5 TH _____		
EYE EFFECTS: <input type="checkbox"/> NONE <input type="checkbox"/> CLOSURE <input type="checkbox"/> TEARS	NOSE EFFECTS: <input type="checkbox"/> NONE <input type="checkbox"/> DISCHARGE <input type="checkbox"/> IRRITATION	SKIN EFFECTS: <input type="checkbox"/> NONE <input type="checkbox"/> REDNESS <input type="checkbox"/> BURNING	LUNG EFFECTS: <input type="checkbox"/> NONE <input type="checkbox"/> COUGHING <input type="checkbox"/> LABORED BREATHING	
EFFECTIVENESS OF OC SPRAY: <input type="checkbox"/> STOPPED RESISTANCE <input type="checkbox"/> REDUCED RESISTANCE <input type="checkbox"/> NO EFFECT/MISS				
<input type="checkbox"/> FURTHER CONTROL METHODS NEEDED (explain): _____				
TREATMENT TYPE: <input type="checkbox"/> MEDICAL <input type="checkbox"/> COOL WATER <input type="checkbox"/> AIR/FAN <input type="checkbox"/> NONE		RECOVERY TIME: _____		

LESS LETHAL IMPACT MUNITIONS (LLIMS)

PROJECTILE TYPE:	WEAPON SERIAL #:	ROUNDS DEPLOYED:	DISTANCE(S) (feet): 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ 5 th _____
EFFECTIVENESS OF LLMS: <input type="checkbox"/> TOTAL INCAPACITATION <input type="checkbox"/> PARTIAL INCAPACITATION <input type="checkbox"/> NO EFFECT/MISS			
<input type="checkbox"/> FURTHER CONTROL METHODS NEEDED (explain): _____			
LESS LETHAL COVER OFFICER : _____			

FIREARM DEADLY FORCE AGAINST ANIMAL CHECKLIST

TYPE OF CALL: <input type="checkbox"/> DOG BITE <input type="checkbox"/> VICIOUS DOG <input type="checkbox"/> LOOSE DOG <input type="checkbox"/> BARKING DOG <input type="checkbox"/> OTHER: _____			
BREED:	SIZE:	SEX:	DEGREE OF CONTAINMENT: <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE
THREAT PERCEPTIONS (Check all that apply): <input type="checkbox"/> BITING <input type="checkbox"/> GROWLING <input type="checkbox"/> SHOWING TEETH <input type="checkbox"/> CHARGING <input type="checkbox"/> HOLDING GROUND <input type="checkbox"/> FOAMING MOUTH <input type="checkbox"/> HEAVY DROOLING <input type="checkbox"/> BACK HAIR UP <input type="checkbox"/> CONFUSED/DISORIENTED <input type="checkbox"/> KNOWN VIOLENT HISTORY <input type="checkbox"/> INJURIES <input type="checkbox"/> OTHER: _____			
LOCATION: (yard, driveway, field, road, porch, etc.)		OTHER TRAFFIC: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER ANIMALS	
PRECLUDED OTHER OPTIONS: <input type="checkbox"/> Yes <input type="checkbox"/> No		TARGET REQUIREMENTS: <input type="checkbox"/> ACQUISITION <input type="checkbox"/> IDENTIFICATION <input type="checkbox"/> ISOLATION	
		TARGET FACTORS: <input type="checkbox"/> STATIONARY <input type="checkbox"/> MOVING	
DESCRIBE BACKSTOP:	INITIAL SHOT DISTANCE:	ROUNDS DEPLOYED:	CASINGS RECOVERED:
COLLATERAL DAMAGE:		CARCASS REMOVED BY:	