**University of North Alabama Police Department**

Use of Force Form - Officer Report

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| Date of Incident | | | | | | | | | | | | | | | | |  | | | Officer’s Name & Rank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Incident No. | | | | | | | | | | | |
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| **Officer Status**: | | | | | | | | | | | | |  | | On Duty | | | | | | | | | | | |  | | | | Off Duty | | | | | |  | | | | Uniform | | | | | | |  | | | | | | | Plainclothes | | | | | | | | | | |  | | Other | | | | |
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| **Location of Incident:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Time:** | | | | | | |  | | | | | |
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| **Initial Reason for Contact**: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Force Used Against**: | | | | | | | | | | | | | | | | | | |  | | | | **Individual** | | | | | | | | | | |  | | | **Property** | | | | | | | | | |  | | | | **Animal** | | | | | | | | | | | | | | | | | | | | | |
| **Name of Person Force was Used Against** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Sex** | | | | | **Race** | | | | | | | | | | | **Date of Birth** | | | | | | | | | | | | | **Ht.** | | **Wt.** | | | |
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| **Address:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **INITIAL FORCE: Type of Force used (Check all that apply below)**  Indicate below and on diagram the location on the persons body force was used. Diagrams are not to take place of photos. At least three (3) photos are to be taken of injuries and submitted to Evidence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Physical | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |
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|  | | Taser | | | | | # of deployments | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | | | |
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| **SECONDARY FORCE: Type of Force used (Check all that apply below)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Physical | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | |
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|  | | Taser | | | | | # of deployments | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | |
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|  | | Flashlight | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | |
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| **Subject Armed:** | | | | | | | | | | | | | | | | | | **If Armed, Check Weapon Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | YES | | | |  | | | | | NO | | | | | | | |  | | | Knife | | | | | | | | |  | | Club | | |  | | | | Firearm | | | | |  | | | | | | Other: Describe | | | | | | | | | | | | | | |  | | | | | | | |
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| Subject Charged: | | | | | | | | | | | | | | | | | | If Arrests or Charges are Made, List Below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | YES | | | |  | | | | | NO | | | | | | | |
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| List Witnesses to incident including any police personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | | | | | |
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| **Was Subject Under Influence:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | YES | | | | |  | | | | | | NO | | | | | |  | | | **Unable to** **Determine** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Restraints Used** | | | | | | | | | | | | | |  | | | | | **YES** | | | | | | | |  | | | | **NO TYPE OF RESTRAINT USED:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Prisoner Searched Prior To Transport** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Comments:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| If injuries were incurred as a result of the use of force, including any officers and or other persons, provide the information below: If additional space is required, please include a separate attachment to this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injury Type | | | | | | | | | Name of Person Injured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hospital or Treatment Facility | | | | | | | | | | | | | | | | | | | | Dr. or Physician’s Name | | | | | | | | | | |
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| Narrative Instructions The narrative should reflect the incident as a chronological account of facts and relevant events that occurred and resulted in the use of force. If additional details and or space are required, attach the additional information as an attachment to this form. Attachments are to be titled “Use of Force Attachment for Case # “, with the reporting officer’s name and date of the report. *(can type below, or copy and paste narrative in box below or attach to this form)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Original to:** Chief of Police | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Officer’s Signature**: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | |  | | | | | | | | | | | | | | |  | |
| Reviewed and Approved by: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | Immediate Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
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| **Immediate Supervisor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **I concur** with the officer’s action as detailed in this Use of Force Report and the facts contained herein. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **I do not concur** with the officer’s actins as detailed in the Use of Force report and the facts contained herein. As a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Result, I have submitted a letter attached to this form with my concerns and recommendations to the appropriate and affected Commander for his/her review and evaluation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature of Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **This Use of Force Report has been review and approved by:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chief of Police: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | | | | | | | | | | | | |
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