

ANGLETON POLICE DEPARTMENT

Use of Force Supplement

Date: _____ Time: _____ Am/Pm Day of Week: _____ Shift: Night/Days Case.# _____
 Primary Officer Using Force: _____ Time on Dept: _____ Years _____ Mos. _____
 Location: _____ Type Premises: _____
 Subject Name: _____ Race: _____ Sex: _____ DOB: _____ Age: _____
 Address: _____ Hgt: _____ Wgt: _____
 Subject Injured: No Yes: _____
 Transported to: _____ Amb. Refused Treatment
 Officer Injury: No Yes: _____
 Transported to: _____ Amb. Refused Treatment

Reason for Use of Force:
 To Effect Arrest To Defend Another Officer To Prevent Offense
 To Defend Self To Defend Another Person Restrain for Subject Safety
 Other: _____

Subject's Actions:
 Nonverbal cues indicating physical resistance Number of Suspects Resisting: _____
 Verbal threats, non-compliance with officer direction
 Dead weight, clinging to objects, preventing custody Appeared or Known Under the Influence
 Pulling, pushing, running away, to avoid control, not harming officer Alcohol
 Assault, grabbing, pushing, kicking, striking officer or another Drugs
 Assault with intent and ability to cause death or SBI Mental issues
 Assault or threats with deadly weapon Other: _____
 Other: _____

Officer Actions: (Check all that apply, if more than one type of force used, number in order of use.)
 Verbal Direction Less Lethal Munitions (Bean bag, stinger, rubber)
 Soft Weaponless Control (Muscling, joint locks, pressure points) Pointed Taser (Laser)
 Hard Weaponless Control (Hard strikes, leg strikes, shoulder pin) Discharged Taser
 OC Spray Pointed Firearm
 Asp/Baton Discharged Firearm
 Non-Lethal (Pepper ball) Other: _____

Physical Control:
 Not Used Pressure Points Takedown Hobble
 Muscling (grip, push, pull) Joint Lock Handcuffing Other: _____
 Effective: Yes No: _____

OC Spray:
 OC Spray: Not Used Attempted Used Distance: _____ - _____ ft. Duration: 1: _____ 2: _____ 3: _____
 Effective: Yes No: _____

ASP / Baton:
 ASP / Baton: Not Used Used Number of Strikes: _____ Location: _____
 Effective: Yes No: _____

Non Lethal / Less Lethal Munitions: (insert number of rounds fired / hits)
 Non/Less lethal Munitions: Not Used Used Bean Bag: _____ Stinger: _____ Rubber: _____ Pepperball: _____
 Location of Hits: _____
 Effective: Yes No: _____

TASER:

Not Used Pointed Taser Only (Laser) Discharged Taser Drive Stun
 Distance Fired: _____ ft. Cycles Discharged: _____ Probes Penetrate Skin Yes No
 Taser Number: _____ Cartridge Numbers: _____ Placed in Evidence: Yes No
 Effective: Yes No: _____

Firearm:

Not Used Pointed Firearm Only Discharged Firearm
 Weapon: Sidearm Shotgun Patrol Rifle Backup / Off Duty Distance Fired: _____ ft.
 Rounds Discharged: _____ Number Hits on Target: _____ Weapon Serial Number: _____
 Effective: Yes No: _____

Environmental Conditions:

Hot (Little or thin clothing) Daylight
 Warm Dawn / Dusk
 Cool Darkness
 Cold (Heavy clothing) Other: _____

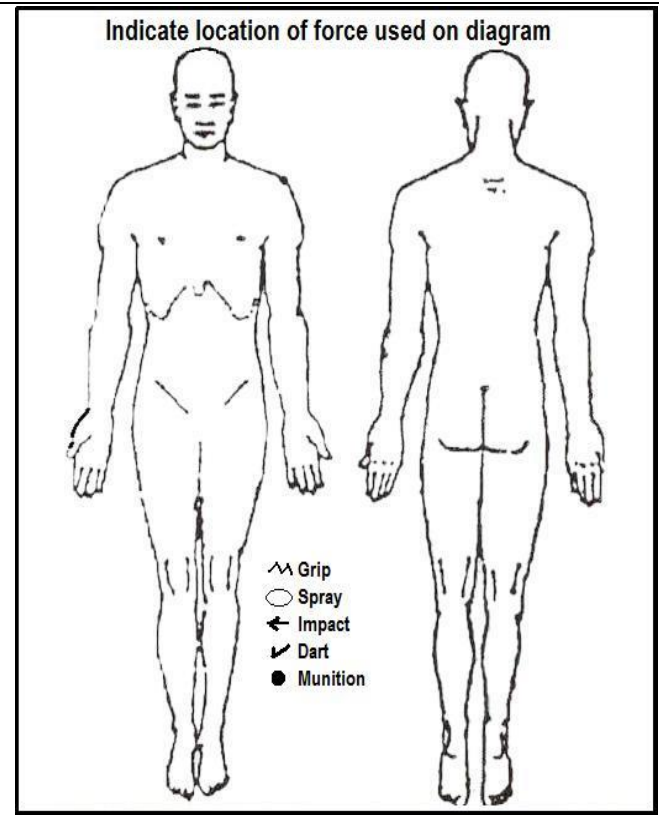
Situational Conditions:

Multiple Suspects Indoors
 Hostile Environment Outdoors
 Threats to Officer(s) In Vehicle
 Confined Space Other: _____

Officer Summary:

Type of force ultimately successful in Control of Subject:

Officer comments on regarding force effectiveness:



*** Full Narrative of Use of Force in Arrest or Offense Report - Attach Copy to this Supplement **

Supervisor:

Number of officers at scene and available when force used: _____

Video Reviewed

Comments: _____

Supervisor: _____

In Compliance with Policy
 Further Investigation Needed

Reviewed: _____
 Patrol Lieutenant

In Compliance Investigation Needed

Reviewed: _____
 Office of Professional Integrity and Transparency

In Compliance Investigation Needed

Reviewed: _____
 Chief of Police

In Compliance Investigation Needed