

ANGLETON POLICE DEPARTMENT

Use of Force Supplement

Control Log #:

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: _____

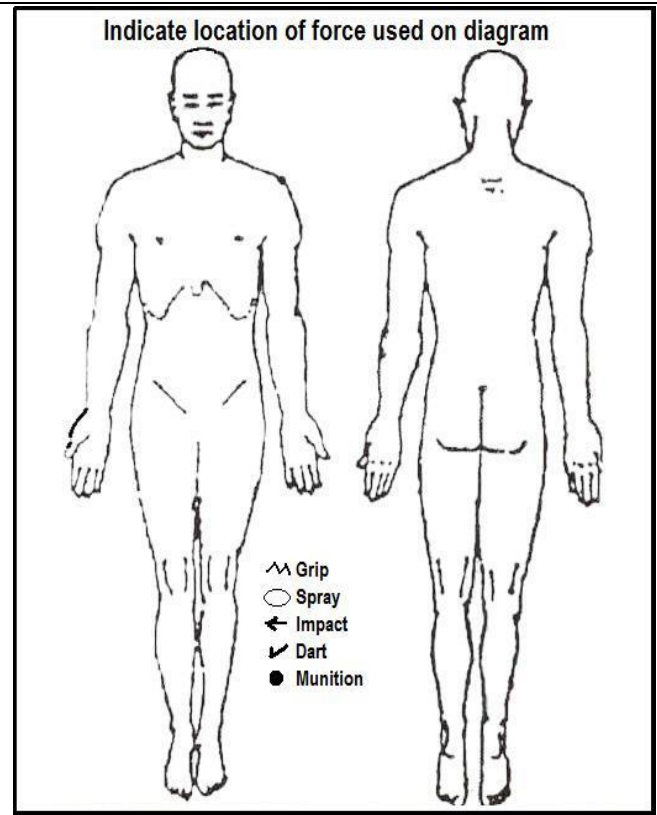
Situational Conditions:

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 ***

Supervisor:

Number of officers at scene and available when force used: _____ BWC/UNIT #:

Comments: _____

 Supervisor: _____

Video Reviewed
 In Compliance with Policy
 Further Investigation Needed

Reviewed		In Compliance	Investigation Needed	Other
	Patrol Commander			
Reviewed		In Compliance	Investigation Needed	Other
	Professional Standards			
Reviewed		In Compliance	Investigation Needed	Other
	Assistant Chief of Police			