



# USE OF FORCE REPORT

Name:	DOC number:	Date:
Facility/location:	Living unit/cell:	Time: ____ hours

EMPLOYEES/CONTRACT STAFF DIRECTLY INVOLVED		
Name	Title/position	Involvement

DETAILED DESCRIPTION OF INCIDENT
(include actions occurring before, during, and after force was used)

DESCRIPTION OF TYPE OF FORCE USED
(include the level of resistance, exact force options used/considered)

Oleoresin Capsicum used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Electronic Control Device used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Restraints used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type? _____
Firearm used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, model and serial number? _____
Number of rounds fired? _____	Estimate destination of each round: _____

INCARCERATED INDIVIDUAL'S COMMENTS

WITNESS COMMENTS

