USE OF FORCE REPORT

Name:  
DOC number:  
Date:  

Facility/location:  
Living unit/cell:  
Time: _____ hours

EMPLOYEES/CONTRACT STAFF DIRECTLY INVOLVED

<table>
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<tr>
<th>Name</th>
<th>Title/position</th>
<th>Involvement</th>
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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? Yes ☐ No ☐
Electronic Control Device used? Yes ☐ No ☐
Restraints used? Yes ☐ No ☐
If yes, what type? __________________________
Firearm used? Yes ☐ No ☐
If yes, model and serial number? __________________________
Number of rounds fired? __________
Estimate destination of each round: __________________________

INCARCERATED INDIVIDUAL’S COMMENTS

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WITNESS COMMENTS

________________________________________________________________________

DOC 21-424 (Rev. 08/30/19)    Page 1 of 2    DOC 410.205, DOC 410.210, DOC 420.375, DOC 410.200, DOC 630.540, DOC 780.200, DOC 830.180
Data classification category 1
□ Employee  □ Contract staff  □ Volunteer  □ Incarcerated individual  □ Civilian

Civilian contact information: ____________________________________________
Street address  City  Zip  ( ) Phone number

MEDICAL SERVICES
Employee/Contract staff?  □ Yes  □ No  Medical facility, if applicable: ______________________________
Incarcerated individual?  □ Yes  □ No  Medical facility, if applicable: ______________________________
Incarcerated individual checked by Health Services?  □ Yes  □ No  Time: ______________
Health Services employee/contract staff name(s): __________________________________________

MISCELLANEOUS
Law enforcement involved incident?  □ Yes  □ No  □ N/A
Agency: ____________________________ Officer name: ____________________________
Reported to: Duty Officer  □ Yes  □ No  □ N/A  Date: ____________ Time: ________ hours
Law enforcement/report number: ________________  □ Yes  □ No  □ N/A  Date: ____________ Time: ________ hours

Documented in:
Incident Management Reporting System (IMRS)  □ Yes  □ No  □ N/A
Photographs taken?  □ Yes  □ No  Photographer’s name: ______________________________
Video recorded?  □ Yes  □ No  Camera operator’s name: ______________________________
If no, reason: ______________________________________________________________
Property damage  □ Yes  □ No  Description: __________________________________________

GARRITY WARNING
My employer, the Department of Corrections, is directing me to provide truthful information at this time in this report under threat of discipline if I do not provide the information. My employer has advised me that truthful information I provide will not be used against me in a criminal proceeding.

Employee/Contract staff  Signature  Date
Comments: ______________________________________________________

Supervisor/Shift Commander  Signature  Date
Comments: ______________________________________________________

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution:  ORIGINAL - Appointing Authority  COPY - Supervisor/Shift Commander, Employee