

**University of North Alabama Police Department**  
Use of Force Form - Officer Report

Date of Incident	Officer's Name & Rank	Case No.
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**Officer Status:**  On Duty  Off Duty  Uniform  Plainclothes  Other

**Location of Incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Initial Reason for Contact:** \_\_\_\_\_

**Force Used Against:**  Individual  Property  Animal

Name of Person Force was Used Against	Sex	Race	Date of Birth	Ht.	Wt.

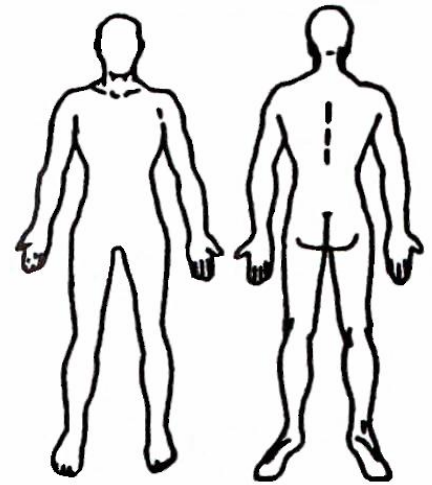
**Address:** \_\_\_\_\_

**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.

Location on Body

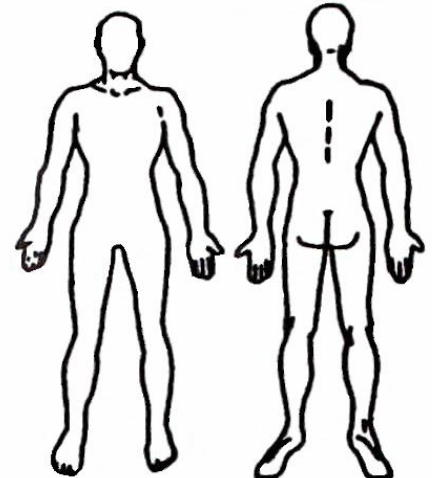
<input type="checkbox"/> Physical			_____
<input type="checkbox"/> Taser	of deployments	<input type="checkbox"/>	_____
<input type="checkbox"/> Pepper Spray			_____
<input type="checkbox"/> Flashlight			_____
<input type="checkbox"/> ASP			_____
<input type="checkbox"/> Canine			_____
<input type="checkbox"/> Other			_____



**SECONDARY FORCE: Type of Force used (Check all that apply below)**

Location on Body

<input type="checkbox"/> Physical			_____
<input type="checkbox"/> Taser	# of deployments	<input type="checkbox"/>	_____
<input type="checkbox"/> Pepper Spray			_____
<input type="checkbox"/> Flashlight			_____
<input type="checkbox"/> ASP			_____
<input type="checkbox"/> Canine			_____
<input type="checkbox"/> Other			_____



**Subject Armed:**  YES  NO      **If Armed, Check Weapon Type:**  Knife  Club  Firearm  Other: Describe \_\_\_\_\_

Subject Charged: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If Arrests or Charges are Made, List Below</b>
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<b>List Witnesses to incident including any police personnel</b>
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Name: Address	Phone

**Was Subject Under Influence:**  
 YES    NO    Unable to Determine

**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

<b>Narrative Instructions</b>
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. <i>(can type below, or copy and paste narrative in box below or attach to this form)</i>

<b>Original to:</b> Chief of Police
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<b>Officer's Name:</b> _____	<b>Date:</b> _____
Reviewed and Approved by: _____	Date: _____
_____ Immediate Supervisor	

<b>Immediate Supervisor</b>
<input type="checkbox"/> <b>I concur</b> with the officer's action as detailed in this Use of Force Report and the facts contained herein.
<input type="checkbox"/> <b>I do not concur</b> 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.
Name of Supervisor _____ Date _____

<b>This Use of Force Report has been review and approved by:</b>
Chief of Police: _____ Date: _____

**University of North Alabama Police Department**  
Use of Force Form - Officer Report Continuation

**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)*