Use Of Force Report

Name (Last, First, MI)	Title	Date	OAKS ID

Incident Date	Incident Time	Incident Location

Inmate(s) Involved:

Type of Force:

☐ Reactive ☐ Planned/TAC Force ☐ Witness

Did you call for assistance?

☐ Yes ☐ No If No, Why?

Did you use OC? If yes, how many grams?

☐ Yes ☐ No Amount: _____

Did you use a baton (i.e.PR-24)?

☐ Yes ☐ No

Did you utilize a less lethal device?

☐ Yes ☐ No If Yes, What Type: _____

Did you utilize a firearm?

☐ Yes ☐ No If Yes, make, model, serial # _____

Summarize the totality of the circumstances leading up to the Use of Force incident:

Describe the "immediate threat" present requiring force:

Describe the offender's ability and opportunity to cause harm to you or others:

Describe any and all reasonable efforts made to preclude the situation:

Describe your specific actions during the Use of Force:

Did you call for assistance?

☐ Yes ☐ No If No, Why?

Did you use OC? If yes, how many grams?

☐ Yes ☐ No Amount: _____

Did you use a baton (i.e.PR-24)?

☐ Yes ☐ No

Did you utilize a less lethal device?

☐ Yes ☐ No If Yes, What Type: _____

Did you utilize a firearm?

☐ Yes ☐ No If Yes, Make, Model, Serial #: _____

Was a certified first responder utilized:

☐ CRT ☐ HNT ☐ CIT ☐ Other ☐ UNK ☐ If No, Why: _____

Was a video camera with audio capabilities utilized:

☐ Yes ☐ No If No, Why: _____

Did you give the offender(s) a final order to comply?

☐ Yes ☐ No If No, Why: _____

Describe the circumstances requiring force:

Describe any and all reasonable efforts made to preclude the situation:

Summarize actions taken to resolve the incident:

Explain in detail what you observed during this Use of Force Incident:

Signature:	Date:

Action Taken:

Signature of Managing Officer:	Date:

Distribution: ALL COPIES TO MANAGING OFFICER who will distribute appropriately.

Use of Force Report
Instructions

Name: Last, First, MI

Work Location: Specific correctional facility

Date: Date of report

Oaks ID: Please enter your Oaks ID number

Incident Date: Date of incident

Incident Time: Time of incident

Incident Location: Location of incident

Inmate(s) Involved: Please list the inmates involved during the UOF incident by name and inmate number.

Type of Force: Was the type of force utilized reactive in nature, planned or force used to achieve compliance, or did you witness force being utilized?

Did you call for assistance: If you did NOT call for assistance, please explain the circumstances that prohibited you from calling for assistance.

Did you use OC: Yes or No **If Yes:** How many grams of OC did you use?

Did you use a baton: Either a PR-24 or MEB

Did you utilize a less lethal device: If Yes, please explain what type (e.g. pepperball launcher, stingball grenade, etc.).

Did you utilize a firearm: If Yes, please provide the make, model and serial # of the weapon utilized.

Was a certified first responder utilized: If Yes, mark the one that applies. If No, describe the circumstances that prevented one from being utilized.

Was a video cameral with audio capabilities utilized: If No, describe the circumstances that prevented one from being utilized.

Did you give the offender(s) a final order to comply: If No, describe the circumstances that prevented one from being given.

Describe the circumstances requiring force: Describe the totality of the circumstances, in detail, that required force to be utilized.

Describe any and all reasonable efforts made to preclude the situation: Describe any efforts made to deescalate the situation prior to the utilization of force.

Summarize actions taken to resolve the incident: Describe, in detail, the use of force technique(s) utilized to resolve the incident.