

# Ohio Use of Force Report

## Training Manual

The image displays two overlapping copies of the 'OHIO USE OF FORCE REPORT' form. The front page includes sections for 'IDENTIFY THE INCIDENT', 'ADDITIONAL INFORMATION', 'SUBJECT INFORMATION', and 'OFFICER INFORMATION'. The back page, labeled 'FORCE REPORT - PAGE 2', contains detailed checkboxes for 'OFFENSES', 'INVESTIGATION', and 'DISPOSITION'. The forms are tilted to show their layout and content.



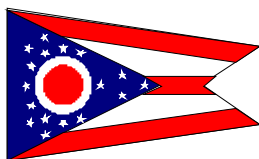
Ohio  
Incident  
Based  
Reporting  
System

78901234567890123456789012345678901234567  
 456789012345678901234567890123456789012  
 99012345678901234567890123456789012  
 567890123456789012345678901234567  
 12345678901234567890123456789012

February 2018







## Table of Contents

### Ohio Use of Force Report Forms

<b>Definition of a Use of Force Incident Reported to OIBRS</b> .....	7
<b>Administrative Section</b> .....	8
<b>Subject Section</b> .....	12
<b>Reporting Officer Information Section</b> .....	19
<b>Officer Section (Report Form page 2)</b> .....	20
<b>Witnesses Section (Report Form page 2)</b> .....	33
<b>Narrative Page</b> .....	34

### Supplement Forms

<b>Subject Supplement</b> .....	35
<b>Officer Supplement</b> .....	36
<b>Witness Supplement</b> .....	37

<b>Appendix A – Contact Information</b> .....	A1-A2
---	-------



AGENCY NAME <b>1</b>	USE OF FORCE REPORT NUMBER <b>2</b>
<b>OHIO USE OF FORCE REPORT</b>	
INCIDENT DATE/TIME MONTH DAY YEAR TIME	
<b>3</b>	<b>4</b>
<b>5</b>	<b>6</b>

INITIAL CONTACT CIRCUMSTANCES (Enter one or more 14-011ER CIRCUMSTANCES, EXPLAIN :

01 Domestic Disturbance	07 Routine Patrol/On-view (Other than Traffic)	13 Handling/Transporting/Custody of Prisoners
02 Responding to Other Unlawful or Suspicious Activity	08 Traffic Stop	14 Other Circumstances
03 Mass Demonstration/Civil Disorder (Riot/Mass Disobedience)	09 Service of a Court Order	P Pending further Investigation
04 Follow-up Investigation	10 Warrant Service	U Unknown and is unlikely to ever be known
05 Medical (Other than Mental Health) or Welfare Assistance	11 Raid	
06 Request for Handling Person(s) with Mental Illness	12 Standoff with Subject Inside a Building or Residence	

ADMINISTRATIVE

WAS THIS AN AMBUSH INCIDENT?  YES  NO  PENDING FURTHER INVESTIGATION  UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN **8**

DID THE OFFICER(S) APPROACH THE SUBJECT?  YES  NO  PENDING FURTHER INVESTIGATION  UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN **9**

IF THE USE OF FORCE WAS IN RESPONSE TO OR OBSERVATION OF "UNLAWFUL OR SUSPICIOUS ACTIVITY," WHAT WERE THE MOST SERIOUS OBSERVED OFFENSES COMMITTED BY THE SUBJECT PRIOR TO OR AT THE TIME OF THE INCIDENT? **10**  PENDING FURTHER INVESTIGATION  UNKNOWN/NOT REPORTED

CRIMINAL REPORT INCIDENT NUMBER (IF APPLICABLE) <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN/NOT REPORTED <b>11</b>	NUMBER OF OFFICERS FROM OUTSIDE OF YOUR AGENCY WHO APPLIED FORCE _____ <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN <b>13</b>
OTHER LAW ENFORCEMENT AGENCIES ORI AND USE OF FORCE INCIDENT NUMBERS (IF APPLICABLE) <b>14</b>	
ORI NUMBER	USE OF FORCE REPORT NUMBER

WAS A SUPERVISOR OR SENIOR OFFICER ACTING IN A SIMILAR CAPACITY (PRESENT OR CONSULTED PRIOR TO WHEN FORCE WAS USED IN THE INCIDENT)?  
 YES  
 NO  
 PENDING FURTHER INVESTIGATION  
 UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN **12**

SUBJECT

NO.	TOTAL SUBJECTS	SUBJECT NAME (Last, First, Middle)	
<b>1</b>	<b>2</b>	<b>3</b>	
AGE/D.O.B.	<b>4</b>	SEX <b>5</b>	RACE/ETHNICITY <b>6</b> (Select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> Pending
ADDRESS (Street, Apt., City, State, Zip)	<b>10</b>	RCT <b>7</b>	WCT <b>8</b> SSN <b>9</b>
PHONE	<b>11</b>		

WAS THE THREAT BY THE SUBJECT PERCEIVED BY THE OFFICER(S) TO BE DIRECTED TO LAW ENFORCEMENT OR ANOTHER PARTY?  LE  Both  Pending  Unknown **12**

DID THE SUBJECT RESIST THE OFFICER(S)?  YES  NO  PENDING FURTHER INVESTIGATION  UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN **13**

WAS SUBJECT ARMED OR BELIEVED TO BE ARMED WITH A WEAPON?  YES  NO  PENDING FURTHER INVESTIGATION  UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN **14**

SUBJECT'S LEVEL OF RESISTANCE OR WEAPON INVOLVED OR BELIEVED TO BE INVOLVED (Select all that apply) **15**

<input type="checkbox"/> 01 Nonviolent passive resistance	<input type="checkbox"/> 10 Punching/kicking officer or another	<input type="checkbox"/> 19 Chemical agent used against an officer or another
<input type="checkbox"/> 02 Failing to comply with verbal commands	<input type="checkbox"/> 11 Verbally threatening officer	<input type="checkbox"/> 20 Electronic control weapon used against officer or another
<input type="checkbox"/> 03 Psychological Intimidation (nonverbal threatening cues)	<input type="checkbox"/> 12 Verbally threatening others	<input type="checkbox"/> 21 Barricading self
<input type="checkbox"/> 04 Deadweight	<input type="checkbox"/> 13 Threatening self	<input type="checkbox"/> 22 Using an edged weapon against an officer or another
<input type="checkbox"/> 05 Attempt to escape/flee from custody	<input type="checkbox"/> 14 Resisting being handcuffed or arrest	<input type="checkbox"/> 23 Throwing an article or object at an officer
<input type="checkbox"/> 06 Pulling away	<input type="checkbox"/> 15 Reaching for officer's weapon	<input type="checkbox"/> 24 Other weapon displayed at an officer or another
<input type="checkbox"/> 07 Pushing officer or another	<input type="checkbox"/> 16 Gain possession of officer's weapon	<input type="checkbox"/> 25 Other weapon used at an officer or another
<input type="checkbox"/> 08 Intentionally spitting or bleeding on an officer	<input type="checkbox"/> 17 Firearm displayed at an officer or another	<input type="checkbox"/> 26 Directing vehicle at an officer or another
<input type="checkbox"/> 09 Wrestling officer or another	<input type="checkbox"/> 18 Firearm fired at an officer or another	<input type="checkbox"/> N None
		<input type="checkbox"/> P Pending further Investigation
		<input type="checkbox"/> U Unknown and unlikely to ever be known

SUBJECT INJURY TYPE (Select all that apply) <b>16</b>	WAS THERE AN APPARENT OR KNOWN IMPAIRMENT IN THE MENTAL OR PHYSICAL CONDITION OF THE SUBJECT? <b>17</b>
<input type="checkbox"/> 00 None	<input type="checkbox"/> YES
<input type="checkbox"/> 01 Apparent Broken Bones	<input type="checkbox"/> NO
<input type="checkbox"/> 02 Possible Internal Injury	<input type="checkbox"/> PENDING FURTHER INVESTIGATION
<input type="checkbox"/> 03 Severe Laceration/Puncture Wound	<input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN
<input type="checkbox"/> 04 Loss of Teeth	
<input type="checkbox"/> 05 Unconsciousness	IF YES, select all that apply
<input type="checkbox"/> 06 Other Major Injury	<input type="checkbox"/> Alcohol Impairment
<input type="checkbox"/> 07 Apparent Minor Injury	<input type="checkbox"/> Drug Impairment
<input type="checkbox"/> 08 Gunshot Wound	<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/> 09 Canine Bite	<input type="checkbox"/> Pending further Investigation
<input type="checkbox"/> 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc.	<input type="checkbox"/> Unknown and unlikely to ever be known
<input type="checkbox"/> 11 Possible Cardiac Event	
<input type="checkbox"/> D Death	
<input type="checkbox"/> P Pending further Investigation	
<input type="checkbox"/> U Unknown and is unlikely to ever be known	

REPORTING OFFICER <b>1</b>	RADGE NO. <b>2</b>	DATE <b>3</b>
REVIEWING SUPERVISOR OR SENIOR OFFICER <b>4</b>	RADGE NO. <b>5</b>	DATE <b>6</b>
ADDITIONAL SUPPLEMENTS <input type="checkbox"/> SUBJECT WITNESS <b>7</b>	FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE RECORDS <b>8</b>	SPECIAL COPIES <b>9</b>

USE OF FORCE REPORT NUMBER

# USE OF FORCE REPORT – PAGE 2

USE OF FORCE REPORT NUMBER	1
INCIDENT DATETIME	2

<b>OFFICER</b>	NO.	TOTAL OFFICERS	OFFICER NAME (Last, First, Middle)						BADGE NO.
	1	2	3						4
	AGE	SEX	RACE/ETHNICITY	(Select all that apply)	HGT	WG1	TOTAL YRS OF SERVICE	OFFICER FULL-TIME	OFFICER/SUBJECT LINK
	5	6	7	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> Pending	8	9	10	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	1. 12 2.
	WAS THE OFFICER READILY IDENTIFIABLE BY CLOTHING OR INSIGNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN								13
	WAS THE OFFICER ON DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN								14
	OFFICER'S RESPONSE (Select all that apply)						OFFICER INJURY TYPE (Select all that apply)		
	<input type="checkbox"/> 01 Restraining Hold <input type="checkbox"/> 02 Pressure Point <input type="checkbox"/> 03 Balance Displacement <input type="checkbox"/> 04 Take Down <input type="checkbox"/> 05 Other Empty Hand Technique Used <input type="checkbox"/> 06 Chemical Agent/Spray (Oleoresin Capsicum, Pepper, etc.) <input type="checkbox"/> 07 Baton <input type="checkbox"/> 08 Flashlight or Other Blunt Instrument Used <input type="checkbox"/> 09 Canine Used <input type="checkbox"/> 10 Electronic Control Device (ECD) Discharged <input type="checkbox"/> 11 Rubber Bullets Used <input type="checkbox"/> 12 Bean Bags Used						<input type="checkbox"/> 00 None <input type="checkbox"/> 01 Apparent Broken Bones <input type="checkbox"/> 02 Possible Internal Injury <input type="checkbox"/> 03 Severe Laceration/Puncture Wound <input type="checkbox"/> 04 Loss of Teeth <input type="checkbox"/> 05 Unconsciousness <input type="checkbox"/> 06 Other Major Injury <input type="checkbox"/> 07 Apparent Minor Injury		
	<input type="checkbox"/> 13 Other Impact Projectile Used <input type="checkbox"/> 14 Flash Bang Used <input type="checkbox"/> 15 Vehicle Used <input type="checkbox"/> 16 Handgun Fired <input type="checkbox"/> 17 Rifle Fired <input type="checkbox"/> 18 Shotgun Fired <input type="checkbox"/> 19 Other Firearm Fired <input type="checkbox"/> 20 Other Weapon (non-firearm) Used <input type="checkbox"/> 21 Explosive Device Used <input type="checkbox"/> 22 Other Force Type Used <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and is unlikely to ever be known						<input type="checkbox"/> 08 Gunshot Wound <input type="checkbox"/> 09 Canine Bite <input type="checkbox"/> 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc. <input type="checkbox"/> D Death <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and unlikely to ever be known		
	LOCATION TYPE CODE						CRIMINAL REPORT NUMBER DETAILING LOGS (IF APPLICABLE)		
USE OF FORCE LOCATION ADDRESS (Street, City, State, Zip)						JUSTIFIABLE HOMICIDE CIRCUMSTANCES			

<b>OFFICER</b>	NO.	TOTAL OFFICERS	OFFICER NAME (Last, First, Middle)						BADGE NO.
	1	2	3						4
	AGE	SEX	RACE/ETHNICITY	(Select all that apply)	HGT	WG1	TOTAL YRS OF SERVICE	OFFICER FULL-TIME	OFFICER/SUBJECT LINK
	5	6	7	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> Pending	8	9	10	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	1. 12 2.
	WAS THE OFFICER READILY IDENTIFIABLE BY CLOTHING OR INSIGNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN								13
	WAS THE OFFICER ON DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN								14
	OFFICER'S RESPONSE (Select all that apply)						OFFICER INJURY TYPE (Select all that apply)		
	<input type="checkbox"/> 01 Restraining Hold <input type="checkbox"/> 02 Pressure Point <input type="checkbox"/> 03 Balance Displacement <input type="checkbox"/> 04 Take Down <input type="checkbox"/> 05 Other Empty Hand Technique Used <input type="checkbox"/> 06 Chemical Agent/Spray (Oleoresin Capsicum, Pepper, etc.) <input type="checkbox"/> 07 Baton <input type="checkbox"/> 08 Flashlight or Other Blunt Instrument Used <input type="checkbox"/> 09 Canine Used <input type="checkbox"/> 10 Electronic Control Device (ECD) Discharged <input type="checkbox"/> 11 Rubber Bullets Used <input type="checkbox"/> 12 Bean Bags Used						<input type="checkbox"/> 00 None <input type="checkbox"/> 01 Apparent Broken Bones <input type="checkbox"/> 02 Possible Internal Injury <input type="checkbox"/> 03 Severe Laceration/Puncture Wound <input type="checkbox"/> 04 Loss of Teeth <input type="checkbox"/> 05 Unconsciousness <input type="checkbox"/> 06 Other Major Injury <input type="checkbox"/> 07 Apparent Minor Injury		
	<input type="checkbox"/> 13 Other Impact Projectile Used <input type="checkbox"/> 14 Flash Bang Used <input type="checkbox"/> 15 Vehicle Used <input type="checkbox"/> 16 Handgun Fired <input type="checkbox"/> 17 Rifle Fired <input type="checkbox"/> 18 Shotgun Fired <input type="checkbox"/> 19 Other Firearm Fired <input type="checkbox"/> 20 Other Weapon (non-firearm) Used <input type="checkbox"/> 21 Explosive Device Used <input type="checkbox"/> 22 Other Force Type Used <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and is unlikely to ever be known						<input type="checkbox"/> 08 Gunshot Wound <input type="checkbox"/> 09 Canine Bite <input type="checkbox"/> 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc. <input type="checkbox"/> D Death <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and unlikely to ever be known		
	LOCATION TYPE CODE						CRIMINAL REPORT NUMBER DETAILING LOGS (IF APPLICABLE)		
USE OF FORCE LOCATION ADDRESS (Street, City, State, Zip)						JUSTIFIABLE HOMICIDE CIRCUMSTANCES			

<b>WITNESSES</b>	WITNESS NAME (Last, First, Middle) <small>Including witnessing officers not involved in response</small>	ADDRESS (Street, Apt., City, State, Zip)	PHONE
	1	2	3

## ***DEFINITION OF A USE OF FORCE INCIDENT REPORTED TO OIBRS***

Ohio's IBR program defines a Use of Force incident for state reporting purposes as follows:

A use of force incident to be reported through OIBRS is defined as an incident when a law enforcement or corrections officer uses any empty hand technique on a person, uses a less than lethal weapon or other object used as a less than lethal weapon on a person, discharges a firearm at or in the direction of a person, or uses any other lethal weapon or object used as a lethal weapon. Empty hand techniques do not include standard handcuffing procedures on a compliant person or escort position to a vehicle or holding area. This data collection to the Ohio IBR program does not include un-holstering a firearm and pointing it at a person or displaying any other type of lethal or less than lethal weapon or device.

Although the Ohio IBR program defines what is collected at the state level for statistical reporting purposes, law enforcement agencies can collect use of force incident data for more scenario types based on what their individual agency policies require.

The Ohio Incident-Based Reporting System (OIBRS) is Ohio's version of a combination of the FBI's NIBRS and Use of Force data collection programs. The Ohio Use of Force Report forms are designed based on the OIBRS reporting guidelines. The OIBRS data is electronically reported to the Ohio Department of Public Safety's Office of Criminal Justice Services (OCJS) through records management systems used by law enforcement agencies throughout the State. OCJS then electronically forwards the use of force data to the FBI in their format. More information on OIBRS crime and use of force statistics can be found at <http://ocjs.ohio.gov/oibrs/>.

The use of these forms are optional. Law enforcement agencies may use these forms as they are or customize them to meet their specific agency needs.

## **ADMINISTRATIVE SECTION**

The Administrative Section of the Ohio Use of Force Report is the first section of the reporting form. The purpose of this section is to assist the investigating law enforcement agency in tracking the agency's response to the incident and to record preliminary information regarding the incident. Only one Administrative Section should be completed for each use of force incident, regardless of the number of subjects and/or officers involved. Block titles with an asterisk are fields that apply to the Ohio Incident-Based Reporting System (OIBRS) data collection guidelines.

- Block # 1     **AGENCY NAME** - Enter the reporting agency name in a written character or in abbreviated format.
- Block # 2     **USE OF FORCE REPORT NUMBER\*** - Enter the use of force report number. This should be a unique number assigned by the law enforcement agency that identifies the use of force incident. This field can be up to twelve characters long, and can be letters, numbers, or dashes.
- Block # 3     **MONTH INCIDENT OCCURRED\*** - Enter the month when the interaction between law enforcement and the subject occurred.
- Block # 4     **DAY INCIDENT OCCURRED\*** - Enter the date of the month when the interaction between law enforcement and the subject occurred.
- Block # 5     **YEAR INCIDENT OCCURRED\*** - Enter the year the when the interaction between law enforcement and the subject occurred.
- Block # 6     **TIME INCIDENT OCCURRED\*** - Enter the time when the interaction between law enforcement and the subject occurred. The time should be recorded according to military standards. "2400" is not a valid time, "0000" should be entered and the incident date should appear as if the incident occurred at one minute past midnight. The time of the incident should reflect your best estimate of when use of force between law enforcement and the subject occurred. If the exact time is not known, round the time to the nearest hour.
- Block # 7     **INITIAL CONTACT CIRCUMSTANCES\*** - Enter the initial type of either call for service or self-initiated law enforcement activity that brought the officer(s) and subject(s) in contact with one another or circumstances upon arrival at the scene. This can also include instances when law enforcement is called on to respond to a call for medical or mental health assistance, as well as transporting the subject to medical or mental health facilities.



**POSSIBLE SELECTIONS:**

<b>01</b>	Domestic disturbance
<b>02</b>	Responding to other unlawful or suspicious activity
<b>03</b>	Mass demonstration/civil disorder (riot/mass disobedience)
<b>04</b>	Follow-up investigation
<b>05</b>	Medical (other than mental health) or welfare assistance
<b>06</b>	Request for/handling person(s) with mental illness
<b>07</b>	Routine patrol/on-view (other than traffic)
<b>08</b>	Traffic stop
<b>09</b>	Service of a court order
<b>10</b>	Warrant service
<b>11</b>	Raid
<b>12</b>	Standoff with subject inside a building or residence
<b>13</b>	Handling/transporting/custody of prisoners
<b>14</b>	Other circumstances
<b>P</b>	Pending further investigation
<b>U</b>	Unknown and is unlikely to ever be known

Block # 8

**WAS THIS AN AMBUSH INCIDENT?\*** - An ambush is a situation where an officer is assaulted, unexpectedly, as the result of premeditated design by the subject, or where an unsuspecting officer was targeted or lured into danger as the result of conscious consideration and planning by the subject.

If information is unknown because the investigation is still incomplete, record **Pending further investigation.**

If the information is not known and is unlikely to ever be known, record **Unknown and is unlikely to ever be known.**

Block # 9

**DID THE OFFICER(S) APPROACH THE SUBJECT?\*** - The purpose of this question is to help distinguish self-initiated law enforcement activities and contact from instances where the subject initiated contact with the law enforcement officer.

If information is unknown because the investigation is still incomplete, record **Pending further investigation.**

If the information is not known and is unlikely to ever be known, record **Unknown and is unlikely to ever be known.**

Block # 10

**IF THE USE OF FORCE WAS IN RESPONSE TO OR OBSERVATION OF “UNLAWFUL OR SUSPICIOUS ACTIVITY,” WHAT WERE THE MOST SERIOUS OBSERVED OFFENSES COMMITTED BY THE SUBJECT PRIOR TO OR AT THE TIME OF THE INCIDENT?\*** - The purpose of this item is to identify the alleged criminal offenses committed by the subject(s) that led to the initial contact with the police. This question should only be answered if the reason for initial contact between officer and subject was recorded as ‘*domestic disturbance*’ or ‘*responding to other unlawful or suspicious activity*’.

Please record the most serious reported offenses by the ORC offense designation (up to 3 offenses). Please rank order of offenses in terms of the degree of severity.

If information is unknown because the investigation is still incomplete, record **Pending further investigation.**

If the information is not known or not reported, record **Unknown/Not Reported.**

Block # 11

**CRIMINAL REPORT INCIDENT NUMBER (IF APPLICABLE)\*** - This should be the same unique id that is used to track the incident in your agency’s records management system, as well as the unique id used to report the incident to the state’s OIBRS Program.

If information is unknown because the investigation is still incomplete, record **Pending further investigation.**

If the information is not known or not reported, record **Unknown/Not Reported.**

Block # 12

**WAS A SUPERVISOR OR SENIOR OFFICER ACTING IN A SIMILAR CAPACITY PRESENT OR CONSULTED PRIOR TO WHEN FORCE WAS USED IN THE INCIDENT?\*** - The purpose of this question is to assess whether a supervisor or another officer acting in a supervisory capacity provided feedback to the law enforcement response to this incident.

The supervisor did not need to be present, but could have provided guidance over the radio or telephone.

If information is unknown because the investigation is still incomplete, record **Pending further investigation.**

If the information is not known and is unlikely to ever be known, record **Unknown and is unlikely to ever be known.**

Block # 13 **NUMBER OF OFFICERS FROM OUTSIDE OF YOUR AGENCY WHO APPLIED FORCE\*** - Only report here the number of officers that are not employed by your agency who also were present at any time during the contact between officer(s) and the subject, and who directly engaged at least one subject with a use of force.

Your agency will not report a specific Officer segment for officers that are not employed by your agency.

If information is unknown because the investigation is still incomplete, record **Pending further investigation.**

If the information is not known and is unlikely to ever be known, record **Unknown and is unlikely to ever be known.**

Block # 14 **OTHER LAW ENFORCEMENT AGENCIES ORI AND USE OF FORCE INCIDENT NUMBERS (IF APPLICABLE)\*** - There are instances when multiple agencies respond to an incident or are conducting a law enforcement activity. In these instances, you would only be responsible for reporting information on officers employed by your agency. However, it is still the intent of the national UCR Program to pull together information provided by other agencies to create a comprehensive picture of the single event. The inclusion of the ORIs and case numbers from the other agencies will assist in this effort.

If this information is unknown although officers from outside of your agency also applied force, leave blank or write *Unknown*.

## ***SUBJECT SECTION***

The Subject Section of the Ohio Use of Force Report is the section designed for law enforcement agencies to record information associated with each subject. Please complete the following fields from this section for each individual who was subject to force by officers **from your agency** in the course of this incident. Do not include in this section any witnesses or bystanders who were not the subject of force applied by law enforcement.

The Subject Section can be completed for up to 99 subjects involved in a particular incident. If there is more than one subject involved in the incident, a Subject Supplement form should be used.

A separate Subject Section should be completed for each subject of the incident.

Block titles with an asterisk are fields that apply to the Ohio Incident-Based Reporting System (OIBRS) data collection guidelines.

Block # 1     **SUBJECT SEQUENCE NUMBER\*** - Enter Sequence number 1-99 for each subject in the incident. List sequentially starting with 1. You may enter up to 99 subjects.

Block # 2     **TOTAL SUBJECTS** - Enter the total number of subjects involved in the incident. This number should be the same for each subject section.

Block # 3     **SUBJECT NAME** - Enter last name, first name and middle name or initial.

Block # 4     **AGE\*/DATE OF BIRTH** - Enter the subject's date of birth and age when the incident occurred. If the exact age is unknown, an approximate age may be reported. Also, an age range may be entered.

If the age or age range is an estimate, mark as **E** (Estimate) in this field as well.

**POSSIBLE ENTRIES:**

<b>NN</b>	Under 24 Hours
<b>NB</b>	1 to 6 Days
<b>BB</b>	7 to 364 Days
<b>01-98</b>	Exact Age in Years
<b>99</b>	Over 98 Years Old
<b>P</b>	Pending further investigation
<b>U</b>	Unknown and is unlikely to ever be known

Block # 5 **SEX OF SUBJECT\*** - Enter the sex/gender of the subject.

<b>M</b>	Male
<b>F</b>	Female
<b>P</b>	Pending further investigation
<b>U</b>	Unknown/Not reported

Block # 6 **RACE/ETHNICITY OF SUBJECT\*** - Select all that apply for the race/ethnicity identifiers of the subject.

**POSSIBLE SELECTIONS:**

<b>A</b>	<b>Asian</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<b>B</b>	<b>Black or African American</b> - A person having origins in any of the black racial groups of Africa.
<b>H</b>	<b>Hispanic or Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
<b>I</b>	<b>American Indian or Alaskan Native</b> - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<b>P</b>	<b>Native Hawaiian or Other Pacific Islander</b> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, e.g., individuals who are Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese. NOTE: The term “Native Hawaiian” does not include individuals who are native to the state of Hawaii simply by virtue of being born there.

<b>W</b>	<b>White</b> -A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<b>F</b>	<b>Pending Further Investigation</b> - If information is unknown because the investigation is still incomplete.
<b>U</b>	<b>Unknown/Not Reported</b> - If the information is not known/not reported.

Block # 7 **HEIGHT OF SUBJECT\*** - Enter the exact height or height range of the subject (e.g., 5'9" or 5'6"-5'8"). If the height or height range is an estimate, mark as **E** (Estimate) in this field as well.

If information is unknown because the investigation is still incomplete, record **P** (Pending further investigation).

If the information is not known and is unlikely to ever be known, record **U** (Unknown and is unlikely to be known).

Block # 8 **WEIGHT OF SUBJECT\*** - Enter the exact weight or weight range of the subject (e.g., 125 or 120 -140). If the weight or weight range is an estimate, mark as **E** (Estimate) in this field as well.

If information is unknown because the investigation is still incomplete, record **P** (Pending further investigation).

If the information is not known and is unlikely to ever be known, record **U** (Unknown and is unlikely to be known).

Block # 9 **SOCIAL SECURITY NUMBER** - Enter the nine digit SSN number of the subject.

Block # 10 **ADDRESS** - Enter the Street number, Street name, Apartment number, City, State and Zip Code where subject resides.

Block # 11 **PHONE NUMBER** - Enter the area code and telephone number of the subject if known.

Block # 12 **WAS THE THREAT BY THE SUBJECT PERCEIVED BY THE OFFICER(S) TO BE DIRECTED TO LAW ENFORCEMENT OR ANOTHER PARTY?\*** - The purpose of this question is to identify which party or parties the subject threatened just prior to the use of force. Select the one box that applies.

**POSSIBLE SELECTIONS:**

<b>LE</b>	Threatened law enforcement.
<b>Another</b>	Threatened another party other than law enforcement.
<b>Both</b>	Threatened both law enforcement and another party.
<b>Pending</b>	Information is unknown because the investigation is still incomplete.
<b>Unknown</b>	Information is not known and unlikely to ever be known.

Block # 13 **DID THE SUBJECT RESIST THE OFFICER(S)?\*** - If the subject used, attempted to use a weapon, or exhibit an effort to resist the actions of the law enforcement officer(s) present, record **Yes**. The purpose of this question is to describe behaviors exhibited by the subject during the events that led to the use of force by law enforcement.

If information is unknown because the investigation is still incomplete, record **Pending further investigation**.

If the information is not known and is unlikely to ever be known, record **Unknown and is unlikely to ever be known**.

Block # 14 **WAS THE SUBJECT ARMED OR BELIEVED TO BE ARMED WITH A WEAPON?\*** - If the subject was armed or believed to be armed with a weapon, record **Yes**. The purpose of this question is to indicate if the subject was in possession or believed to be in possession of a weapon, regardless of whether the subject used the weapon in a threatening or assaultive way against either law enforcement officers or other persons.

If information is unknown because the investigation is still incomplete, record **Pending further investigation**.

If the information is not known and is unlikely to ever be known, record **Unknown and is unlikely to ever be known**.

Block # 15 **SUBJECT'S LEVEL OF RESISTANCE OR WEAPON INVOLVED OR BELIEVED TO BE INVOLVED\*** - A weapon can generally include, but are not limited to, firearm; BB or pellet gun; knife; other cutting instrument or edged weapon; electronic control weapon; explosive device; blunt instrument; chemical agent (e.g. acid, gasoline, pepper or oleoresin capsicum (OC) spray, etc.). Under certain circumstances motor vehicles or other objects could also be considered weapons if used or displayed in a threatening manner. Please select all that apply.

*Nonviolent passive resistance* used here includes, for example, a subject that is holding on to a fixed object or locking arms to another during a protest or demonstration.

**POSSIBLE SELECTIONS:**

<b>01</b>	Nonviolent passive resistance
<b>02</b>	Failing to comply with verbal commands
<b>03</b>	Psychological intimidation (nonverbal threatening cues)
<b>04</b>	Deadweight
<b>05</b>	Attempt to escape/flee from custody
<b>06</b>	Pulling away
<b>07</b>	Pushing officer or another
<b>08</b>	Intentionally spitting or bleeding on an officer
<b>09</b>	Wrestling officer or another
<b>10</b>	Punching/kicking officer or another
<b>11</b>	Verbally threatening officer
<b>12</b>	Verbally threatening others
<b>13</b>	Threatening self
<b>14</b>	Resisting being handcuffed or arrest
<b>15</b>	Reaching for officer's weapon
<b>16</b>	Gain possession of officer's weapon
<b>17</b>	Firearm displayed at an officer or another
<b>18</b>	Firearm fired at an officer or another
<b>19</b>	Chemical agent used against an officer or another
<b>20</b>	Electronic control weapon used against officer or another
<b>21</b>	Barricading self
<b>22</b>	Using an edged weapon against an officer or another
<b>23</b>	Throwing an article or object at an officer
<b>24</b>	Other weapon displayed at an officer or another
<b>25</b>	Other weapon used at an officer or another



<b>26</b>	Directing vehicle at an officer or another
<b>N</b>	None
<b>P</b>	Pending further investigation
<b>U</b>	Unknown and unlikely to ever be known

Block # 16 **SUBJECT INJURY TYPE\*** - Record any injuries sustained by the subject as a result of the use of force by law enforcement. Please select all that apply.

Please record all gunshot wounds regardless of whether they are penetrating or grazing as gunshot wound.

Please record all instances of unconsciousness regardless of its duration or length of time.

Examples of *possible internal injury* are internal bleeding, brain damage, concussion, coma, paralysis.

Examples of *other major injury* are neck injury, eye damage, burns.

**POSSIBLE SELECTIONS:**

<b>00</b>	None
<b>01</b>	Apparent broken bones
<b>02</b>	Possible internal injury
<b>03</b>	Severe laceration/puncture wound
<b>04</b>	Loss of teeth
<b>05</b>	Unconsciousness
<b>06</b>	Other major injury
<b>07</b>	Apparent minor injury
<b>08</b>	Gunshot wound
<b>09</b>	Canine bite
<b>10</b>	Loss or partial loss of finger, toe, arm, leg, etc.
<b>11</b>	Possible cardiac event
<b>D</b>	Death

<b>P</b>	Pending further investigation
<b>U</b>	Unknown and unlikely to ever be known

Block # 17

**WAS THERE AN APPARENT OR KNOWN IMPAIRMENT IN THE MENTAL OR PHYSICAL CONDITION OF THE SUBJECT?\*** - Please answer **Yes** if there is any indication that the subject was impaired by drugs, alcohol, or mental health condition. The purpose of this question is to describe behaviors exhibited by the subject during the events that led to the use of force by law enforcement. This information should indicate the perceptions of the officers, not the results of a medical report.

If information is unknown because the investigation is still incomplete, record **Pending further investigation.**

If the information is not known and is unlikely to ever be known, record **Unknown and is unlikely to ever be known.**

If **Yes**, please mark all impairments in the mental or physical conditions that apply.

**POSSIBLE SELECTIONS:**

Alcohol Impairment
Drug Impairment
Mental Health Condition
Pending further investigation
Unknown and is unlikely to ever be known

## **REPORTING OFFICER INFORMATION SECTION**

The Reporting Officer Information section of the report is also used as an administrative aid for the law enforcement agency. This section assists the agency by tracking the officer that reported the incident and identifying the supervisor or senior officer that reviewed the report. Additionally this section is used to record the supplemental forms that have been used to complete the report and the agency departments and outside sources that have received a copy.

- Block # 1     **REPORTING OFFICER** - Sign rank, first and last name.
- Block # 2     **BADGE NUMBER** - Enter reporting officer's unit number.
- Block # 3     **DATE SIGNED** - Enter month-day-year reporting officer signed report.
- Block # 4     **REVIEWING SUPERVISOR OR SENIOR OFFICER** - Sign rank, first and last name.
- Block # 5     **BADGE NUMBER** - Enter reviewing supervisor's or senior officer's unit number.
- Block # 6     **DATE SIGNED** - Enter month-day-year the reviewing supervisor or senior officer reviewed the report.
- Block # 7     **ADDITIONAL SUPPLEMENTS** -  Check the appropriate box(s) if additional supplements were completed.
- Block # 8     **FORM RECEIVED BY** -  Check who is to receive the report.
- Block # 9     **SPECIAL COPIES** - Any copies distributed outside of the agency. For example, media, prosecutor, etc.

## ***USE OF FORCE REPORT – PAGE 2***

- Block #1     **USE OF FORCE REPORT NUMBER** - Same as original use of force report number on the "Administrative" section.
- Block #2     **INCIDENT DATE/TIME** - Enter in military standards, the month, date, year and time, (MM-DD-YY-TTTT) of the incident.

### ***OFFICER SECTION***

The Officer Section of the Ohio Use of Force Report is the section designed for law enforcement agencies to record information associated with each officer who applied force during the incident. Please complete the following fields from this section for each officer that used **from your agency** in the course of this incident. Do not include in this section any witnessing officers who did not apply force.

The Officer Section can be completed for up to 99 of your agency's officers who used force in a particular incident. If there is more than two officers involved in the incident, an Officer Supplement form should be used.

A separate Officer Section should be completed for each officer of the incident.

Block titles with an asterisk are fields that apply to the Ohio Incident-Based Reporting System (OIBRS) data collection guidelines.

- Block # 1     **OFFICER SEQUENCE NUMBER\*** - If there was more than one officer reported in the incident, enter a consecutive number for each officer. If there is more than two officers that used force, enter additional officers on the Officer Supplement.
- Block # 2     **TOTAL OFFICERS** - Enter the total number of your officers that used force in the incident. This number should be the same for each officer section.
- Block # 3     **OFFICER NAME** - Enter last name, first name and middle name or initial.
- Block # 4     **BADGE NUMBER** - Enter the officer's unit number.
- Block # 5     **AGE\*** - Enter the age of the officer at the time of the incident.

If information is unknown because the officer is unavailable for interview or if the information should become available after investigation, record **P** (Pending further investigation).

Block # 6 **SEX OF OFFICER\*** - Enter the sex/gender of the officer.

**POSSIBLE SELECTIONS:**

<b>M</b>	Male
<b>F</b>	Female
<b>P</b>	Pending further investigation
<b>U</b>	Unknown/Not reported

Block # 7 **RACE/ETHNICITY OF OFFICER\*** - Select all that apply for the race/ethnicity identifiers of the officer.

**POSSIBLE SELECTIONS:**

<b>A</b>	<b>Asian</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<b>B</b>	<b>Black or African American</b> - A person having origins in any of the black racial groups of Africa.
<b>H</b>	<b>Hispanic or Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
<b>I</b>	<b>American Indian or Alaskan Native</b> - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<b>P</b>	<b>Native Hawaiian or Other Pacific Islander</b> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, e.g., individuals who are Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese. NOTE: The term “Native Hawaiian” does not include individuals who are native to the state of Hawaii simply by virtue of being born there.

<b>W</b>	<b>White</b> -A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<b>F</b>	<b>Pending Further Investigation</b> - If information is unknown because the investigation is still incomplete.
<b>U</b>	<b>Unknown/Not Reported</b> - If the information is not known/not reported.

Block # 8 **HEIGHT OF OFFICER\*** - Enter the height of the officer (e.g., 6’0”).

If information is unknown because the officer is unavailable for interview or if the information should become available after investigation, record **P** (Pending further investigation).

Block # 9 **WEIGHT OF OFFICER\*** - Enter the weight of the officer (e.g., 190).

If information is unknown because the officer is unavailable for interview or if the information should become available after investigation, record **P** (Pending further investigation).

Block # 10 **TOTAL YEARS OF SERVICE\*** - This number should include all years of service across multiple agencies.

If the officer has less than one year of service, record **LY** (Less than a year).

If information is unknown because the officer is unavailable for interview or if the information should become available after investigation, record **P** (Pending further investigation).

Block # 11 **OFFICER FULL-TIME\*** - Record whether the officer works full-time (35 or more hours per week).

If information is unknown because the officer is unavailable for interview or if the information should become available after investigation, record **P** (Pending further investigation).

If the information is not known and is unlikely to ever be known, record **U** (Unknown and is unlikely to ever be known).

Block # 12 **OFFICER TO SUBJECT LINK\*** - Record up to three the applicable subject sequence number(s) the officer used force on during the incident.

Block # 13 **WAS THE OFFICER READILY IDENTIFIABLE BY CLOTHING OR INSIGNIA?\*** - **Yes** should be recorded if the officer was in uniform or wearing any other clothing or insignia that clearly identified the individual as a law enforcement or corrections officer.

If information is unknown because the officer is unavailable for interview or if the information should become available after investigation, record **Pending further investigation.**

If the information is not known and is unlikely to ever be known, record **Unknown and is unlikely to ever be known.**

Block # 14 **WAS THE OFFICER ON DUTY?\*** - The purpose of this question is to assess whether the officer was scheduled and had reported to work at the time of the incident.

If information is unknown because the officer is unavailable for interview or if the information should become available after investigation, record **Pending further investigation.**

If the information is not known and is unlikely to ever be known, record **Unknown and is unlikely to ever be known.**

Block # 15 **VIDEO\*** - Record whether a body worn and/or vehicle dashboard video camera was used by the officer during the incident. If both a body worn camera and dashboard camera were used, select both options. If an agency has both body worn cameras and dashboard cameras, but only one of the two options were used, the other not used/not available can be applicably marked as well. For example, Body can be selected as well as Not Working to indicate a body worn camera was used but a vehicle dashboard camera was not working at the time of the incident.

**POSSIBLE SELECTIONS:**

<b>Body</b>	Officer body worn camera used.
<b>Dashboard</b>	Vehicle dashboard camera used.
<b>Not Provided</b>	Video recording device(s) not provided by agency.
<b>Unavailable</b>	Video recording device(s) provided by agency, but not used at the time of the incident. Either not enough devices for all officers and/or vehicles or not turned on.
<b>Not Working</b>	Video recording device(s) provided by agency and available during the incident, but not working due to a technical malfunction.

<b>Pending further investigation</b>	If information is unknown because the officer is unavailable for interview or if the information should become available after investigation.
--------------------------------------	---

Block # 16

**OFFICER’S RESPONSE\*** - Record any weapons or other force types used by the officer. In addition, the weapon or other device type should be recorded if it was discharged by an officer at or in the direction of the subject regardless of whether the subject was struck.

Multiple types of use of force used may be recorded.

**POSSIBLE SELECTIONS:**

<b>01</b>	Restraining hold
<b>02</b>	Pressure point
<b>03</b>	Balance displacement
<b>04</b>	Take down
<b>05</b>	Other empty hand technique used
<b>06</b>	Chemical agent/spray (Oleoresin Capsicum, Pepper, etc.)
<b>07</b>	Baton
<b>08</b>	Flashlight or other blunt instrument used
<b>09</b>	Canine used
<b>10</b>	Electronic control device (ECD) discharged
<b>11</b>	Rubber bullets used
<b>12</b>	Bean bags used
<b>13</b>	Other impact projectile used
<b>14</b>	Flash bang used
<b>15</b>	Vehicle used
<b>16</b>	Handgun fired
<b>17</b>	Rifle fired
<b>18</b>	Shotgun fired
<b>19</b>	Other firearm fired
<b>20</b>	Other weapon (non-firearm) used



<b>21</b>	Explosive device used
<b>22</b>	Other force type used
<b>P</b>	Pending further investigation
<b>U</b>	Unknown and is unlikely to ever be known

Block # 17 **OFFICER INJURY TYPE\*** - Record any injuries sustained by the officer as a result of his or her actions with one or more of the subjects. Please select all that apply.

Please record all gunshot wounds regardless of whether they are penetrating or grazing as gunshot wound.

Please record all instances of unconsciousness regardless of its duration or length of time.

Examples of *possible internal injury* are internal bleeding, brain damage, concussion, coma, paralysis.

Examples of *other major injury* are neck injury, eye damage, burns.

**POSSIBLE SELECTIONS:**

<b>00</b>	None
<b>01</b>	Apparent broken bones
<b>02</b>	Possible internal injury
<b>03</b>	Severe laceration/puncture wound
<b>04</b>	Loss of teeth
<b>05</b>	Unconsciousness
<b>06</b>	Other major injury
<b>07</b>	Apparent minor injury
<b>08</b>	Gunshot wound
<b>09</b>	Canine bite
<b>10</b>	Loss or partial loss of finger, toe, arm, leg, etc.
<b>D</b>	Death

<b>P</b>	Pending further investigation
<b>U</b>	Unknown and unlikely to ever be known

Block # 18

**CRIMINAL REPORT NUMBER DETAILING LEOKA (IF APPLICABLE)\*** - For any applicable offense report detailing assault or homicide of an officer, record the incident number here. This number should be the same unique ID that is used to track the incident in your agency's records management system, as well as the unique ID used to report the incident to the state's OIBRS program.

This incident number will be encrypted by the FBI prior to any release to the public, but will not be encrypted by the state's OIBRS program.

If information is unknown because the officer is unavailable for interview or if the information should become available after investigation, record **P** (Pending further investigation).

If the information is not known or not reported, record **U** (Unknown/Not Reported).

Block # 19

**JUSTIFIABLE HOMICIDE CIRCUMSTANCES\*** - This field is only used if a subject's injury type is D (Death) from an officer(s) use of force, and through the reporting agency's investigation it was determined to be a justifiable homicide or I (Investigation Pending) can be reported until there is a determination.

The value U (Unable to Determine/Not Enough Information) is an indication that the reporting agency has determined the incident to be a justifiable homicide, but were unable to determine/not enough information to further describe the circumstances of the justifiable homicide.

If this field does not apply, leave it blank.

**POSSIBLE ENTRIES:**

<b>01</b>	Criminal attacked officer and that officer killed criminal
<b>02</b>	Criminal attacked officer and that criminal killed by another officer
<b>03</b>	Criminal attacked civilian
<b>04</b>	Criminal attempted flight from crime
<b>05</b>	Criminal killed in commission of crime
<b>06</b>	Criminal resisted arrest

<b>U</b>	Unable to determine/Not enough information
<b>I</b>	Investigation Pending

Block # 20     **LOCATION TYPE CODE\*** - Record the type of location/premise where the use of force incident took place. If more than one location type could apply to the same location, report the more general of the two. For example, if a use of force incident occurs on a college campus at a McDonald’s restaurant, “09” (College) should be entered as the location type, not “28” (Restaurant).

**POSSIBLE ENTRIES:**

**RESIDENTIAL STRUCTURE CODES**

<b>01</b>	<b>SINGLE FAMILY HOME</b> -A private residential building designed for occupancy by a single family unit that is not physically attached to any other dwelling unit; includes large manufactured homes that are not mobile.
<b>02</b>	<b>MULTIPLE DWELLING</b> -A private residence which is one of two or more dwelling units contained within a single structure; includes apartment, duplex, condominium, housing project and town house.
<b>03</b>	<b>RESIDENTIAL FACILITY</b> -A building used primarily for long term congregate living; may or may not include individual cooking facilities and toilets; includes nursing home, rooming houses, and dormitories.
<b>04</b>	<b>OTHER RESIDENTIAL</b> -A structure used for individual, family, or congregate housing on a temporary or mobile basis, including shelters and missions, as well as mobile trailers, truck campers, motor homes, and houseboats used for residential purposes; <u>EXCLUDES</u> hotels and motels.
<b>05</b>	<b>GARAGE/SHED</b> -A structure designed for storage of automobiles or other personal property adjacent or attached to a dwelling; includes barns and other outbuildings on residential property.

**PUBLIC ACCESS BUILDING CODES**

<b>06</b>	<b>TRANSIT FACILITY</b> - A building or structure used primarily to shelter air/bus/train passengers in transit; includes stations, terminals, token booths, ticket counters, platforms, and waiting areas.
<b>07</b>	<b>GOVERNMENT OFFICE</b> - A building or structure that primarily houses offices of a local, state, or the federal government; includes post office, and courthouse, but <u>EXCLUDES</u> schools/colleges and libraries.

<b>08</b>	<b>SCHOOL</b> - A building or structure used to provide primary and secondary education; includes day care facility, nursery school and grades K through 12, both public and private.
<b>09</b>	<b>COLLEGE</b> - A building or structure used to provide post-secondary education or training; includes trade and technical schools, junior colleges, universities and vocational schools.
<b>67</b>	<b>LIBRARY</b> - A building or structure used primarily to contain material to borrow for reading, viewing, listening, studying, or for reference. <u>EXCLUDES</u> a library within a school or college.
<b>10</b>	<b>CHURCH</b> - A building or structure used primarily as a place of religious worship; includes Synagogue, Temple, Cathedral, and Mosque.
<b>11</b>	<b>HOSPITAL</b> - A building or structure used for treatment and care of injured persons; includes clinics and psychiatric centers.
<b>12</b>	<b>JAIL/PRISON</b> - A building or structure used as a correctional or detention facility; includes lock-up, penitentiary, and work camp.
<b>13</b>	<b>PARKING GARAGE</b> - A building or structure designed primarily for the parking or storage of motor vehicles; includes private, public, and commercial parking facilities.
<b>68</b>	<b>COMMUNITY CENTER</b> - A building or structure where members of the community may gather for social, educational, or cultural activities.
<b>14</b>	<b>OTHER PUBLIC ACCESS BUILDING</b>

**COMMERCIAL SERVICE LOCATION CODES**

<b>15</b>	<b>AUTO SHOP</b> - A service business primarily engaged in the repair of vehicles; includes body and fender, muffler, brake, and transmission shops.
<b>16</b>	<b>FINANCIAL INSTITUTION</b> - A service business processing financial transactions; includes commercial banks, savings and loan associations, credit unions, finance companies, and check cashing services.
<b>17</b>	<b>BARBER/BEAUTY SHOP</b> - A service business engaged primarily in the cutting and styling of hair.
<b>18</b>	<b>HOTEL/MOTEL</b> - A service establishment primarily engaged in the rental of sleeping accommodations on a short-term basis.
<b>19</b>	<b>DRY CLEANERS/LAUNDRY</b> - A service establishment offering laundering and/or dry cleaning and pressing of clothing and other articles.
<b>20</b>	<b>PROFESSIONAL OFFICE</b> - A business office engaged primarily in providing legal, accountancy, engineering, architectural, or similar services.
<b>21</b>	<b>DOCTOR'S OFFICE</b> - A business office engaged primarily in providing medical services.

22	<b>OTHER BUSINESS OFFICE</b> - A business office, other than those above, dealing with the creation and/or distribution of goods and services, may or may not deal directly with the general public; for example, brokerage house, travel agency, real estate or insurance offices.
23	<b>RECREATION/ENTERTAINMENT CENTER</b> - A service establishment primarily engaged in providing recreation or entertainment; includes bowling alley, pool hall, movie theater, and video or pinball arcade.
54	<b>AMUSEMENT PARK</b> - Indoor or outdoor commercial enterprises that offer rides, games, and other entertainment.
24	<b>RENTAL STORAGE FACILITY</b> - A service establishment primarily engaged in the rental of secure, relatively small storage spaces of various sizes to the public, <u>EXCLUDING</u> large leased locations under the control of a single firm or individual such as warehouses or shipping terminals.
25	<b>OTHER COMMERCIAL SERVICE LOCATION</b> - For example, photo finishing or free standing key making shops.
56	<b>ATM MACHINE SEPARATE FROM BANK</b> - Machines that provide the ability to make deposits and/or withdrawals using a bank card. If located at a banking facility, use 16 = Financial Institution.
59	<b>DAYCARE FACILITY</b> - Child or adult care. Facilities designed to provide supervision, recreation, and/or meals during the daytime for adults or children.

### RETAIL LOCATION CODES

26	<b>BAR</b> - A retail location serving alcoholic beverages by the drink; may also serve limited menu food and provide entertainment; includes tavern, saloon, nightclub.
27	<b>BUY/SELL/TRADE SHOP</b> - A retail establishment primarily engaged in the sale and purchase of used personal property; includes coin and stamp dealers, precious metal dealers, pawn shops, second hand stores and "flea markets."
28	<b>RESTAURANT</b> - A retail location which serves fully prepared food for consumption on the premises, and which may or may not sell food to take out; includes cafeteria, diner, fast food locations, restaurants and coffee shops inside hotels, hospitals, department stores, etc.
29	<b>GAS STATION</b> - A retail location selling primarily gasoline, which may or may not also sell other automotive products and may or may not also perform auto repairs.
30	<b>AUTO SALES LOT</b> - A retail location primarily engaged in selling either new or used motor vehicles, may or may not include service facilities.
31	<b>JEWELRY STORE</b> - A retail location selling primarily jewelry; includes watch sellers.

32	<b>CLOTHING STORE</b> - A retail location selling primarily personal apparel; includes furriers, shoe, and lingerie stores.
33	<b>DRUGSTORE</b> - A retail store containing a pharmacy where prescription drugs can be obtained, which usually sells a variety of non-prescription medications and hygiene products as well; <b><u>EXCLUDES</u></b> drugstores that are inside supermarkets, thrift, and department stores.
34	<b>LIQUOR STORE</b> - A retail store selling primarily beer, wine, spirits, and other alcoholic beverages. Includes beer, wine drive-thrus and carryout stores.
35	<b>SHOPPING MALL</b> - A grouping of retail stores in one or more buildings having common ownership, shared maintenance, and surrounded by or adjacent to a common parking facility for the use of customers; includes all common areas but not the parking lots or the stores themselves.
36	<b>SPORTING GOODS</b> - A retail location selling primarily sporting or recreational equipment, may or may not include sports-oriented apparel and service and repair facilities; includes gun shop, boat, bait, and tackle stores.
37	<b>GROCERY/SUPERMARKET</b> - A retail store selling a wide variety of fresh and processed food items; includes food markets, corner grocery stores, but <b><u>EXCLUDES</u></b> specialized food outlets such as delicatessen, bakery, and ice cream parlor.
38	<b>VARIETY/CONVENIENCE STORE</b> - A retail store selling a relatively restricted selection of basic, popular food and non-food items, usually open extended hours, may or may not sell gasoline; includes Stop-n-Go, Convenient Stores, Dairy Farmers (UDF), and Seven-Eleven stores.
39	<b>DEPARTMENT/DISCOUNT STORE</b> - A retail store selling a wide variety of goods, organized into departments by the type of goods; examples: K Mart and Hills.
40	<b>OTHER RETAIL STORE</b> - For example, butcher shop, hardware store, appliance store and furniture store.
41	<b>FACTORY/MILL/PLANT</b> - A business location engaged in the manufacture of goods or the performance of services, separate from the locations at which these are made available to the public.
42	<b>OTHER BUILDING</b> - An indoor location that cannot be assigned to the residential, public access, or commercial location categories.

**OUTSIDE LOCATION CODES**

43	<b>YARD</b> - An outside location adjacent to residential property; includes private walks and driveways.
----	---

44	<b>CONSTRUCTION SITE</b> - An outside location that is under active development; residential building not yet occupied, commercial structure not yet in business.
45	<b>LAKE/WATERWAY</b> - A body of water; includes stream, creek, pond, river, reservoir, canal, marsh, and swamp.
46	<b>FIELD/WOODS</b> - An outside location including private farmland, as well as undeveloped public park land.
47	<b>STREET</b> - An outside location used primarily for pedestrian or vehicular traffic; includes public sidewalk, highway, road, and alley.
48	<b>PARKING LOT</b> - An outside location used primarily to store motor vehicles; includes private, public, and commercial places but <u>EXCLUDES</u> street parking.
49	<b>PARK/PLAYGROUND</b> - An outside location developed for recreational use; including schoolyard, playing fields, and golf courses.
50	<b>CEMETERY</b> - An outside location used primarily for the burial of human remains, may or may not include erected memorials or mausoleums.
51	<b>PUBLIC TRANSIT VEHICLE</b> - An outside location, (usually street) in which an incident occurs aboard a bus, streetcar, or taxi.
70	<b>OTHER VEHICLE</b> - An outside location (usually driveway, street, or parking lot) in which an incident occurs within a vehicle, other than a public transit vehicle.
57	<b>CAMP/CAMPGROUND</b> - Areas used for setting up camps, including tent and recreational vehicle campsites.
64	<b>REST AREA</b> - Designated areas, usually along a highway, where motorists can stop.
52	<b>OTHER OUTSIDE LOCATION</b> - An outside location that cannot be assigned to any of the outside location listed above.

**MISCELLANEOUS LOCATION CODE**

53	<b>ABANDONED/CONDEMNED STRUCTURE</b> - Buildings or structures which are completed but have been abandoned by the owner and are no longer being used.
55	<b>ARENA/STADIUM/FAIRGROUNDS/COLISEUM</b> - Open-air or enclosed amphitheater-type areas designed and used for the presentation of sporting events, concerts, assemblies, etc.
58	<b>CARGO CONTAINER</b> - Containers specifically designed to hold freight.
60	<b>DOCK/WHARF/FREIGHT/MODAL TERMINAL</b> - Platforms in which trucks, ships, or trains load or unload cargo.

<b>61</b>	<b>FARM FACILITY</b> - Facilities designed for agricultural production or devoted to the raising and breeding of animals, areas of water devoted to aquaculture, and/or all building or storage structures located there. Includes grain bins.
<b>62</b>	<b>GAMBLING FACILITY/CASINO/RACE TRACK</b> - Indoor or outdoor facilities used to legally bet on uncertain outcomes of games of chance, contests, and/or races.
<b>63</b>	<b>MILITARY INSTALLATION</b> - Locations specifically designed and used for military operations.
<b>65</b>	<b>SHELTER-MISSION/HOMELESS</b> - Establishments that provide temporary housing for homeless individuals and/or families.
<b>66</b>	<b>TRIBAL LANDS</b> - Native American reservations, communities, and/or trust lands.
<b>77</b>	<b>OTHER LOCATION</b> - A location that cannot be assigned to any of the locations listed above.
<b>P</b>	<b>PENDING FURTHER INVESTIGATION</b>
<b>U</b>	<b>UNKNOWN AND UNLIKELY TO EVER BE KNOWN</b>

Block # 21     **USE OF FORCE LOCATION ADDRESS\*** - Please identify your best estimate of the location of the use of force incident either by its address, approximate location (i.e. street intersection, neighborhood), or by geographic coordinates. The agency can provide one or the other, both are not necessary.

If information is unknown because the investigation is still incomplete, record **P** (Pending further investigation).

If the information is not known and is unlikely to ever be known, record **U** (Unknown and is unlikely to ever be known).



## **WITNESSES SECTION**

This section of the Ohio Use of Force Report form is used to record any known witnesses of the incident, including witnessing officers not involved in the response/did not apply force.

Block # 1      **WITNESS NAME** - Enter the last name, first name, and middle name or initial.

Block # 2      **ADDRESS** - Enter the Street number, Street name, Apartment number, City, State and Zip Code of the witness. For witnessing officers leave this field blank or use the law enforcement agency's address.

Block # 3      **PHONE** - Enter the area code and telephone number of the witness. For witnessing officers leave this field blank or use the law enforcement agency's phone number.



# SUBJECT SUPPLEMENT

This form is used to record additional subjects. If there is more than one subject involved in an incident, than this supplement form should be completed. The format of this form is consistent with the Subject Section of the Ohio Use of Force Report form.

USE OF FORCE REPORT - SUBJECT SUPPLEMENT								USE OF FORCE REPORT NUMBER						
SUBJECT								INCIDENT DATE/TIME						
NO.	TOTAL SUBJECTS	SUBJECT NAME (Last, First, Middle)												
AGE/ D.O.B.	SEX	RACE/ ETHNICITY	(Select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> Pending			HGT	WGT	SSN						
ADDRESS (Street, Apt., City, State, Zip)								PHONE						
WAS THE THREAT BY THE SUBJECT PERCEIVED BY THE OFFICER(S) TO BE DIRECTED TO LAW ENFORCEMENT OR ANOTHER PARTY? <input type="checkbox"/> LE <input type="checkbox"/> Another <input type="checkbox"/> Both <input type="checkbox"/> Pending <input type="checkbox"/> Unknown														
DID THE SUBJECT RESIST THE OFFICER(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN														
WAS SUBJECT ARMED OR BELIEVED TO BE ARMED WITH A WEAPON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN														
SUBJECT	SUBJECT'S LEVEL OF RESISTANCE OR WEAPON INVOLVED OR BELIEVED TO BE INVOLVED (Select all that apply)													
	<input type="checkbox"/> 01 Nonviolent passive resistance <input type="checkbox"/> 02 Failing to comply with verbal commands <input type="checkbox"/> 03 Psychological Intimidation (nonverbal threatening cues) <input type="checkbox"/> 04 Deadweight <input type="checkbox"/> 05 Attempt to escape/flee from custody <input type="checkbox"/> 06 Pulling away <input type="checkbox"/> 07 Pushing officer or another <input type="checkbox"/> 08 Intentionally spitting or bleeding on an officer <input type="checkbox"/> 09 Wrestling officer or another					<input type="checkbox"/> 10 Punching/kicking officer or another <input type="checkbox"/> 11 Verbally threatening officer <input type="checkbox"/> 12 Verbally threatening others <input type="checkbox"/> 13 Threatening self <input type="checkbox"/> 14 Resisting being handcuffed or arrest <input type="checkbox"/> 15 Reaching for officer's weapon <input type="checkbox"/> 16 Gain possession of officer's weapon <input type="checkbox"/> 17 Firearm displayed at an officer or another <input type="checkbox"/> 18 Firearm fired at an officer or another					<input type="checkbox"/> 19 Chemical agent used against an officer or another <input type="checkbox"/> 20 Electronic control weapon used against officer or another <input type="checkbox"/> 21 Barricading self <input type="checkbox"/> 22 Using an edged weapon against an officer or another <input type="checkbox"/> 23 Throwing an article or object at an officer <input type="checkbox"/> 24 Other weapon displayed at an officer or another <input type="checkbox"/> 25 Other weapon used at an officer or another <input type="checkbox"/> 26 Directing vehicle at an officer or another <input type="checkbox"/> N None <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and unlikely to ever be known			
SUBJECT INJURY TYPE (Select all that apply) <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Apparent Broken Bones <input type="checkbox"/> 02 Possible Internal Injury <input type="checkbox"/> 03 Severe Laceration/Puncture Wound <input type="checkbox"/> 04 Loss of Teeth <input type="checkbox"/> 05 Unconsciousness <input type="checkbox"/> 06 Other Major Injury <input type="checkbox"/> 07 Apparent Minor Injury					<input type="checkbox"/> 08 Gunshot Wound <input type="checkbox"/> 09 Canine Bite <input type="checkbox"/> 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc. <input type="checkbox"/> 11 Possible Cardiac Event <input type="checkbox"/> D Death <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and is unlikely to ever be known					WAS THERE AN APPARENT OR KNOWN IMPAIRMENT IN THE MENTAL OR PHYSICAL CONDITION OF THE SUBJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN  IF YES, select all that apply <input type="checkbox"/> Alcohol Impairment <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Drug Impairment <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and unlikely to ever be known				
NO.	TOTAL SUBJECTS	SUBJECT NAME (Last, First, Middle)												
AGE/ D.O.B.	SEX	RACE/ ETHNICITY	(Select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> Pending			HGT	WGT	SSN						
ADDRESS (Street, Apt., City, State, Zip)								PHONE						
WAS THE THREAT BY THE SUBJECT PERCEIVED BY THE OFFICER(S) TO BE DIRECTED TO LAW ENFORCEMENT OR ANOTHER PARTY? <input type="checkbox"/> LE <input type="checkbox"/> Another <input type="checkbox"/> Both <input type="checkbox"/> Pending <input type="checkbox"/> Unknown														
DID THE SUBJECT RESIST THE OFFICER(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN														
WAS SUBJECT ARMED OR BELIEVED TO BE ARMED WITH A WEAPON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN														
SUBJECT	SUBJECT'S LEVEL OF RESISTANCE OR WEAPON INVOLVED OR BELIEVED TO BE INVOLVED (Select all that apply)													
	<input type="checkbox"/> 01 Nonviolent passive resistance <input type="checkbox"/> 02 Failing to comply with verbal commands <input type="checkbox"/> 03 Psychological Intimidation (nonverbal threatening cues) <input type="checkbox"/> 04 Deadweight <input type="checkbox"/> 05 Attempt to escape/flee from custody <input type="checkbox"/> 06 Pulling away <input type="checkbox"/> 07 Pushing officer or another <input type="checkbox"/> 08 Intentionally spitting or bleeding on an officer <input type="checkbox"/> 09 Wrestling officer or another					<input type="checkbox"/> 10 Punching/kicking officer or another <input type="checkbox"/> 11 Verbally threatening officer <input type="checkbox"/> 12 Verbally threatening others <input type="checkbox"/> 13 Threatening self <input type="checkbox"/> 14 Resisting being handcuffed or arrest <input type="checkbox"/> 15 Reaching for officer's weapon <input type="checkbox"/> 16 Gain possession of officer's weapon <input type="checkbox"/> 17 Firearm displayed at an officer or another <input type="checkbox"/> 18 Firearm fired at an officer or another					<input type="checkbox"/> 19 Chemical agent used against an officer or another <input type="checkbox"/> 20 Electronic control weapon used against officer or another <input type="checkbox"/> 21 Barricading self <input type="checkbox"/> 22 Using an edged weapon against an officer or another <input type="checkbox"/> 23 Throwing an article or object at an officer <input type="checkbox"/> 24 Other weapon displayed at an officer or another <input type="checkbox"/> 25 Other weapon used at an officer or another <input type="checkbox"/> 26 Directing vehicle at an officer or another <input type="checkbox"/> N None <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and unlikely to ever be known			
SUBJECT INJURY TYPE (Select all that apply) <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Apparent Broken Bones <input type="checkbox"/> 02 Possible Internal Injury <input type="checkbox"/> 03 Severe Laceration/Puncture Wound <input type="checkbox"/> 04 Loss of Teeth <input type="checkbox"/> 05 Unconsciousness <input type="checkbox"/> 06 Other Major Injury <input type="checkbox"/> 07 Apparent Minor Injury					<input type="checkbox"/> 08 Gunshot Wound <input type="checkbox"/> 09 Canine Bite <input type="checkbox"/> 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc. <input type="checkbox"/> 11 Possible Cardiac Event <input type="checkbox"/> D Death <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and is unlikely to ever be known					WAS THERE AN APPARENT OR KNOWN IMPAIRMENT IN THE MENTAL OR PHYSICAL CONDITION OF THE SUBJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN  IF YES, select all that apply <input type="checkbox"/> Alcohol Impairment <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Drug Impairment <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and unlikely to ever be known				

# OFFICER SUPPLEMENT

This form is used to record additional officers. If there is more than two officers that used force, than this supplement form should be completed. The format of this form is consistent with the Officer Section of the Ohio Use of Force Report form.

USE OF FORCE REPORT – OFFICER SUPPLEMENT										USE OF FORCE REPORT NUMBER			
SUBJECT								INCIDENT DATE/TIME					
OFFICER	NO.	TOTAL OFFICERS	OFFICER NAME (Last, First, Middle)						BADGE NO.				
	AGE	SEX	RACE/ETHNICITY (Select all that apply)		HGT	WGT	TOTAL YRS OF SERVICE	OFFICER FULL-TIME	OFFICER/SUBJECT LINK	1. ____ 2. ____ 3. ____			
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> Pending									
	WAS THE OFFICER READILY IDENTIFIABLE BY CLOTHING OR INSIGNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN												
	WAS THE OFFICER ON DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN								VIDEO <input type="checkbox"/> Body <input type="checkbox"/> Dashboard <input type="checkbox"/> Not provided <input type="checkbox"/> Unavailable <input type="checkbox"/> Not Working <input type="checkbox"/> Pending further investigation				
OFFICER'S RESPONSE (Select all that apply) <input type="checkbox"/> 01 Restraining Hold <input type="checkbox"/> 02 Pressure Point <input type="checkbox"/> 03 Balance Displacement <input type="checkbox"/> 04 Take Down <input type="checkbox"/> 05 Other Empty Hand Technique Used <input type="checkbox"/> 06 Chemical Agent/Spray (Oleoresin Capsicum, Pepper, etc.) <input type="checkbox"/> 07 Baton <input type="checkbox"/> 08 Flashlight or Other Blunt Instrument Used <input type="checkbox"/> 09 Canine Used <input type="checkbox"/> 10 Electronic Control Device (ECD) Discharged <input type="checkbox"/> 11 Rubber Bullets Used <input type="checkbox"/> 12 Bean Bags Used						<input type="checkbox"/> 13 Other Impact Projectile Used <input type="checkbox"/> 14 Flash Bang Used <input type="checkbox"/> 15 Vehicle Used <input type="checkbox"/> 16 Handgun Fired <input type="checkbox"/> 17 Rifle Fired <input type="checkbox"/> 18 Shotgun Fired <input type="checkbox"/> 19 Other Firearm Fired <input type="checkbox"/> 20 Other Weapon (non-firearm) Used <input type="checkbox"/> 21 Explosive Device Used <input type="checkbox"/> 22 Other Force Type Used <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and is unlikely to ever be known		OFFICER INJURY TYPE (Select all that apply) <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Apparent Broken Bones <input type="checkbox"/> 02 Possible Internal Injury <input type="checkbox"/> 03 Severe Laceration/Puncture Wound <input type="checkbox"/> 04 Loss of Teeth <input type="checkbox"/> 05 Unconsciousness <input type="checkbox"/> 06 Other Major Injury <input type="checkbox"/> 07 Apparent Minor Injury <input type="checkbox"/> 08 Gunshot Wound <input type="checkbox"/> 09 Canine Bite <input type="checkbox"/> 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc. <input type="checkbox"/> D Death <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and unlikely to ever be known					
LOCATION TYPE CODE		USE OF FORCE LOCATION ADDRESS (Street, City, State, Zip)								CRIMINAL REPORT NUMBER DETAILING LEOKA (IF APPLICABLE)		JUSTIFIABLE HOMICIDE CIRCUMSTANCES	
OFFICER	NO.	TOTAL OFFICERS	OFFICER NAME (Last, First, Middle)						BADGE NO.				
	AGE	SEX	RACE/ETHNICITY (Select all that apply)		HGT	WGT	TOTAL YRS OF SERVICE	OFFICER FULL-TIME	OFFICER/SUBJECT LINK	1. ____ 2. ____ 3. ____			
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> Pending									
	WAS THE OFFICER READILY IDENTIFIABLE BY CLOTHING OR INSIGNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN												
	WAS THE OFFICER ON DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN								VIDEO <input type="checkbox"/> Body <input type="checkbox"/> Dashboard <input type="checkbox"/> Not provided <input type="checkbox"/> Unavailable <input type="checkbox"/> Not Working <input type="checkbox"/> Pending further investigation				
OFFICER'S RESPONSE (Select all that apply) <input type="checkbox"/> 01 Restraining Hold <input type="checkbox"/> 02 Pressure Point <input type="checkbox"/> 03 Balance Displacement <input type="checkbox"/> 04 Take Down <input type="checkbox"/> 05 Other Empty Hand Technique Used <input type="checkbox"/> 06 Chemical Agent/Spray (Oleoresin Capsicum, Pepper, etc.) <input type="checkbox"/> 07 Baton <input type="checkbox"/> 08 Flashlight or Other Blunt Instrument Used <input type="checkbox"/> 09 Canine Used <input type="checkbox"/> 10 Electronic Control Device (ECD) Discharged <input type="checkbox"/> 11 Rubber Bullets Used <input type="checkbox"/> 12 Bean Bags Used						<input type="checkbox"/> 13 Other Impact Projectile Used <input type="checkbox"/> 14 Flash Bang Used <input type="checkbox"/> 15 Vehicle Used <input type="checkbox"/> 16 Handgun Fired <input type="checkbox"/> 17 Rifle Fired <input type="checkbox"/> 18 Shotgun Fired <input type="checkbox"/> 19 Other Firearm Fired <input type="checkbox"/> 20 Other Weapon (non-firearm) Used <input type="checkbox"/> 21 Explosive Device Used <input type="checkbox"/> 22 Other Force Type Used <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and is unlikely to ever be known		OFFICER INJURY TYPE (Select all that apply) <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Apparent Broken Bones <input type="checkbox"/> 02 Possible Internal Injury <input type="checkbox"/> 03 Severe Laceration/Puncture Wound <input type="checkbox"/> 04 Loss of Teeth <input type="checkbox"/> 05 Unconsciousness <input type="checkbox"/> 06 Other Major Injury <input type="checkbox"/> 07 Apparent Minor Injury <input type="checkbox"/> 08 Gunshot Wound <input type="checkbox"/> 09 Canine Bite <input type="checkbox"/> 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc. <input type="checkbox"/> D Death <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and unlikely to ever be known					
LOCATION TYPE CODE		USE OF FORCE LOCATION ADDRESS (Street, City, State, Zip)								CRIMINAL REPORT NUMBER DETAILING LEOKA (IF APPLICABLE)		JUSTIFIABLE HOMICIDE CIRCUMSTANCES	
OFFICER	NO.	TOTAL OFFICERS	OFFICER NAME (Last, First, Middle)						BADGE NO.				
	AGE	SEX	RACE/ETHNICITY (Select all that apply)		HGT	WGT	TOTAL YRS OF SERVICE	OFFICER FULL-TIME	OFFICER/SUBJECT LINK	1. ____ 2. ____ 3. ____			
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> Pending									
	WAS THE OFFICER READILY IDENTIFIABLE BY CLOTHING OR INSIGNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN												
	WAS THE OFFICER ON DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING FURTHER INVESTIGATION <input type="checkbox"/> UNKNOWN AND IS UNLIKELY TO EVER BE KNOWN								VIDEO <input type="checkbox"/> Body <input type="checkbox"/> Dashboard <input type="checkbox"/> Not provided <input type="checkbox"/> Unavailable <input type="checkbox"/> Not Working <input type="checkbox"/> Pending further investigation				
OFFICER'S RESPONSE (Select all that apply) <input type="checkbox"/> 01 Restraining Hold <input type="checkbox"/> 02 Pressure Point <input type="checkbox"/> 03 Balance Displacement <input type="checkbox"/> 04 Take Down <input type="checkbox"/> 05 Other Empty Hand Technique Used <input type="checkbox"/> 06 Chemical Agent/Spray (Oleoresin Capsicum, Pepper, etc.) <input type="checkbox"/> 07 Baton <input type="checkbox"/> 08 Flashlight or Other Blunt Instrument Used <input type="checkbox"/> 09 Canine Used <input type="checkbox"/> 10 Electronic Control Device (ECD) Discharged <input type="checkbox"/> 11 Rubber Bullets Used <input type="checkbox"/> 12 Bean Bags Used						<input type="checkbox"/> 13 Other Impact Projectile Used <input type="checkbox"/> 14 Flash Bang Used <input type="checkbox"/> 15 Vehicle Used <input type="checkbox"/> 16 Handgun Fired <input type="checkbox"/> 17 Rifle Fired <input type="checkbox"/> 18 Shotgun Fired <input type="checkbox"/> 19 Other Firearm Fired <input type="checkbox"/> 20 Other Weapon (non-firearm) Used <input type="checkbox"/> 21 Explosive Device Used <input type="checkbox"/> 22 Other Force Type Used <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and is unlikely to ever be known		OFFICER INJURY TYPE (Select all that apply) <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Apparent Broken Bones <input type="checkbox"/> 02 Possible Internal Injury <input type="checkbox"/> 03 Severe Laceration/Puncture Wound <input type="checkbox"/> 04 Loss of Teeth <input type="checkbox"/> 05 Unconsciousness <input type="checkbox"/> 06 Other Major Injury <input type="checkbox"/> 07 Apparent Minor Injury <input type="checkbox"/> 08 Gunshot Wound <input type="checkbox"/> 09 Canine Bite <input type="checkbox"/> 10 Loss or Partial Loss of Finger, Toe, Arm, Leg, Etc. <input type="checkbox"/> D Death <input type="checkbox"/> P Pending further investigation <input type="checkbox"/> U Unknown and unlikely to ever be known					
LOCATION TYPE CODE		USE OF FORCE LOCATION ADDRESS (Street, City, State, Zip)								CRIMINAL REPORT NUMBER DETAILING LEOKA (IF APPLICABLE)		JUSTIFIABLE HOMICIDE CIRCUMSTANCES	



**APPENDIX A**  
**CONTACT INFORMATION**

Please direct questions to:

Office of Criminal Justice Services  
Ohio Department of Public Safety  
Attn: OIBRS  
1970 West Broad Street  
Columbus, OH 43223  
(614) 466-7782 (phone)  
(614) 466-0308 (fax)

<http://ocjs.ohio.gov/oibrs/>