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| | | MT. SAN ANTONIO COLLEGE PD | | | | | | | | | | Page 1 | | | |
| | | 1100 NORTH GRAND AVENUE, WALNUT, CA 91789 | | | | | | | | | | Case | | | |
| USE OF FORCE REPORT | | | | | | | | | | | | | | | |
| INFO | Date of Incident | | | Day of Week | | | Time of Incident | | | Location of Incident | | | | | |
| | Call Type | | | | | | Officer's Assigned Station/Area | | | | Station/Area of Occurrence | | | | |
| | Source of Activity <input type="checkbox"/> OBSERVED <input type="checkbox"/> RADIO CALL <input type="checkbox"/> CITIZEN CALL <input type="checkbox"/> STATION CALL <input type="checkbox"/> OTHER: | | | | | | | | | | | | | | |
| SUBJECT | Last Name, First Name, M.I. | | | | D.O.B. | | Age | Sex | Race | Height | Weight | Booking No. | | | |
| | Under the Influence? <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NONE APPARENT | | | | | | | | | | | | | | |
| | Charge(s) | | | | | | | | | | | | | | |
| DE-ESCALATION | De-escalation Attempted? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Briefly explain. | | | | | | | | | | | | |
| LEVEL OF RESISTANCE | Chose all that apply: <input type="checkbox"/> Did not respond to verbal commands. <input type="checkbox"/> Verbally or physically signaled intention to avoid detention or custody. <input type="checkbox"/> Physically evasive movements to defeat control, including bracing, tensing, and running away. <input type="checkbox"/> Attempted to or threatened to assault/batter the officer or another person. <input type="checkbox"/> Use of personal body weapons (e.g., hands, fists, elbows, knees, feet, etc.). <input type="checkbox"/> Armed with a club or similar weapon and threatened or attacked officer or another person. <input type="checkbox"/> Armed with a knife or similar weapon and threatened or attacked an officer or another person. <input type="checkbox"/> Armed with a firearm and brandished or threatened officer or another person. <input type="checkbox"/> Armed with a firearm and shot at an officer or another person. <input type="checkbox"/> Other: | | | | | | | | ADDITIONAL NOTES | | | | | | |
| FACTORS | Chose all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dangerous offense. <input type="checkbox"/> Officer was alone or outnumbered. <input type="checkbox"/> Need for immediate control. </div> <div> <input type="checkbox"/> Known propensity for violence. <input type="checkbox"/> High risk for escape. <input type="checkbox"/> Emotionally disturbed person. <input type="checkbox"/> Potential for injury to others. </div> <div> <input type="checkbox"/> Large crowd. <input type="checkbox"/> Resisted despite being restrained. <input type="checkbox"/> Proximity of weapons. <input type="checkbox"/> Other: </div> </div> | | | | | | | | | | | | | Warning given prior to use of force? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN: | |
| OFFICER FACTORS | Officer's Age | | | Officer's Height | | | | Officer's Weight | | | | | | | |
| | Other Officer Factors (e.g., existing injuries, skill level) | | | | | | | | | | | | | | |
| OFFICER WITNESS | Officer Witness 1 Name | | | | | I.D. No. | | | Officer Witness 2 Name | | | | | I.D. No. | |
| | Officer Witness 3 Name | | | | | I.D. No. | | | Officer Witness 4 Name | | | | | I.D. No. | |
| CITIZEN WITNESS | Citizen Witness 1 Name | | | D.O.B. | | Contact No. | | | Citizen Witness 2 Name | | | D.O.B. | | Contact No. | |
| | Citizen Witness 3 Name | | | D.O.B. | | Contact No. | | | Citizen Witness 4 Name | | | D.O.B. | | Contact No. | |
| Prepared By _____ I.D. No. _____ Date _____ Assisted By _____ I.D. No. _____ Date _____ | | | | | | | | | | | | | | | |

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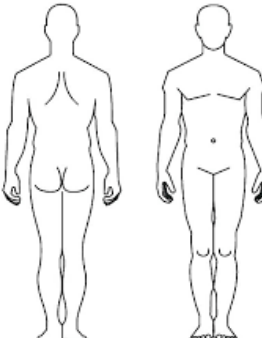
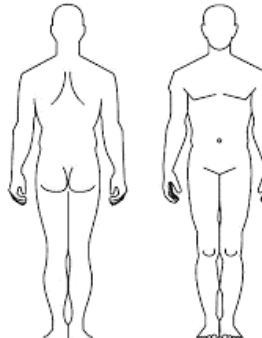
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1100 NORTH GRAND AVENUE, WALNUT, CA 91789

Case

USE OF FORCE REPORT

| | | | | | | |
|--|--|--|---|--|--|---|
| TYPE OF FORCE USED (check all that apply) | Motion <input type="checkbox"/> N/A <input type="checkbox"/> FIRM GRIP/C-GRIP <input type="checkbox"/> PUSH <input type="checkbox"/> KICK <input type="checkbox"/> BATON TECHNIQUE <input type="checkbox"/> LIFTING/CARRYING <input type="checkbox"/> BLOCK <input type="checkbox"/> TAKEDOWN <input type="checkbox"/> LEG SWEEP <input type="checkbox"/> BODYWEIGHT <input type="checkbox"/> PUNCH <input type="checkbox"/> OTHER PHYSICAL FORCE: | | | | Joint Locks <input type="checkbox"/> N/A <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> TWIST LOCK <input type="checkbox"/> OTHER: | |
| | Impact Device <input type="checkbox"/> N/A <input type="checkbox"/> SIDE-HANDLE BATON <input type="checkbox"/> EXPANDABLE BATON <input type="checkbox"/> STRAIGHT BATON <input type="checkbox"/> OTHER: | | Area Impacted <input type="checkbox"/> ARMS / HANDS <input type="checkbox"/> TORSO <input type="checkbox"/> CHEST / BACK <input type="checkbox"/> LEGS / FEET <input type="checkbox"/> HEAD / NECK <input type="checkbox"/> OTHER: | Chemical Agent <input type="checkbox"/> N/A BRAND: MODEL: MANUFACTURE DATE: EXPIRATION DATE: | Distance 1 st : _____ ft. 2 nd : _____ ft. 3 rd : _____ ft. | Duration _____ _____ _____ Was spray effective? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN: |
| | Conducted Energy Device <input type="checkbox"/> N/A BRAND: MODEL: SERIAL No.: | | Application <input type="checkbox"/> DISPLAY ONLY <input type="checkbox"/> DISPLAY AND LASER <input type="checkbox"/> DISPLAY AND ARC <input type="checkbox"/> DRIVE-STUN <input type="checkbox"/> PROBE CONTACT | Skin Penetrated? <input type="checkbox"/> YES <input type="checkbox"/> NO No. of Cycles Duration Between Cycles | No. Cartridges Fired Cycle Duration 1 st : _____ ft. 2 nd : _____ ft. 3 rd : _____ ft. | Distance from Suspect Was device effective? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN: Approx. Distance Between Probes |
| | Handgun <input type="checkbox"/> N/A <input type="checkbox"/> POINTED AT SUBJECT <input type="checkbox"/> FIRED AT SUBJECT <input type="checkbox"/> DEPLOYED | | | Rifle <input type="checkbox"/> N/A <input type="checkbox"/> POINTED AT SUBJECT <input type="checkbox"/> FIRED AT SUBJECT <input type="checkbox"/> DEPLOYED | | |
| | Restraint Device(s) <input type="checkbox"/> N/A <input type="checkbox"/> LEG HOBBLE <input type="checkbox"/> BODY WRAP <input type="checkbox"/> OTHER: Was the subject placed in an upright seated position? <input type="checkbox"/> YES <input type="checkbox"/> NO, EXPLAIN: | | | Part of Body Restrained <input type="checkbox"/> ANKLES <input type="checkbox"/> KNEES <input type="checkbox"/> ELBOWS <input type="checkbox"/> OTHER: | | |
| INJURIES | Subject | Officer | Observations | Subject Mark "X" for all injuries. | | Officer Mark "X" for all injuries. |
| | <input type="checkbox"/> | <input type="checkbox"/> | No visible injury. |  | |  |
| | <input type="checkbox"/> | <input type="checkbox"/> | No visible injury, complaint of minor pain, no medical treatment required. | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Minor visible injury (e.g., redness, swelling, abrasion), no medical treatment required beyond Emergency Medical Services. | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Injury requiring outpatient medical treatment (e.g., stitches, X-rays, medical examination at a hospital). | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Injury requiring hospitalization. | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Death. | | | |
| Subject's Injuries UNRELATED to the Use of Force (e.g., traffic collision; check all that apply) <input type="checkbox"/> VERIFIED BY EMS <input type="checkbox"/> OBSERVED BY OFFICER <input type="checkbox"/> REPORTED BY SUSPECT INJURY: | | | | | | |
| Cleared Medically? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Medically Cleared By: <input type="checkbox"/> HOSPITAL <input type="checkbox"/> PARAMEDIC – UNIT NO.: | | Hospitalized? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Admitted to hospital for psychiatric? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Photos / Video <input type="checkbox"/> Photos of subject taken. <input type="checkbox"/> Body-Worn Camera Recorded <input type="checkbox"/> Photos of officer taken. <input type="checkbox"/> Surveillance Video Recorded <input type="checkbox"/> Other Photo/Video: | | | | Finding by Reviewer <input type="checkbox"/> Reviewer Narrative Attached. <input type="checkbox"/> The level of force used was within Department policy and guidelines. <input type="checkbox"/> Assigned for follow-up internal investigation. <input type="checkbox"/> Actions of officer indicate need for additional training. | | |
| Prepared By | | | I.D. No. | Date | Reviewed By | |
| | | | | | | |

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