



Defensive Tactics complete Sections 1,2, & 3. K-9 complete Sections 1 & 3. Firearm complete Section 1 only.

SECTION 1

DATE: 5/20/09	DATE OF INCIDENT:	DEPUTY'S NAME:	CASE #:
TIME OF INCIDENT:	LOCATION OF INCIDENT:		

If the type of force used was a firearm, do not write below this line.

SECTION 2

INSERT NUMBER BELOW USING THE DEFINITIONS AT THE RIGHT →		Definitions as defined in Training Bulletin 93-1	
Subject's	Deputy's	Resistance Level	Response Level
Resistance Level: # 3	Response Level: # 3	3 - Passive Physical	3 - Chemical Agent
		4 - Active Physical	3 - React Electronic Device
		5 - Aggressive Physical	4 - Intermediate Weapons
		6 - Aggravated Physical	5 - Incapacitation
			6 - Deadly Force
Type of Force Used Physical Force <input type="checkbox"/> Chemical Force <input type="checkbox"/> Electronic Force <input type="checkbox"/> Impact Weapon <input type="checkbox"/> Impact Munitions <input type="checkbox"/> Other <input type="checkbox"/>		Description of Force Used: _____ <i>This form shall be completed with any of the above Listed response levels or any other deputy response Level where injuries resulted from the arrest.</i>	
Medical Treatment: No <input type="checkbox"/> Treated & Released <input type="checkbox"/> Admitted <input type="checkbox"/> Refused <input type="checkbox"/>		Injuries Photographed: Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 3

NARRATIVE: _____

NAME (PRINT): _____ **SIGNATURE:** _____

SUPERVISOR'S COMMENTS

SUPERVISOR'S NAME (print) _____ **SUPERVISOR'S SIGNATURE:** _____

LIEUTENANT'S REVIEW

SECTOR CAPTAIN'S REVIEW

Within Policy <input type="checkbox"/> Further Investigation Requested <input type="checkbox"/>	Within Policy <input type="checkbox"/> Further Investigation Requested <input type="checkbox"/>
NAME (print):	NAME (print):
SIGNATURE:	SIGNATURE:

DIVISION MAJOR'S SIGNATURE: _____

NOTES: 1. A copy of the offense report **MUST** be attached.
 2. Use Incident Supplemental Report Form for additional space for comments if needed.