\*\*ADMIN ONLY\*\*

USENT TO DCJS VIA PORTAL

BLOTTER #



TYPE OF INCIDENT

DATE OF INCIDENT

## YORKTOWN POLICE DEPARTMENT USE OF FORCE/BRANDISH REPORT

OFFICER NAME				Sex Race		A	\GE	ETHNICITY-CIRCLE ONE:					
								HISPANIC/N	OT HISPANIC				
LOCATION OF INC	IDENT					7	OUR SUPE	DVICOR					
LOCATION OF INC	IDENT							NO □YES					
RESPONDED TO SCENE UNO UYES													
NAME OF SUBJECT	CT (PERSON C	)NLY)		JURY:	·			MEDICAL: TRANSPORTED: ☐ NO ☐ YES ☐ NO					
				□ No □ YES				□ No					
				COMPLAINT OF PAIN			☐ DECLINED ☐ YES						
				□VISIBLE INJURY TYPE:			REQUESTED BY:						
				PHOTOGRAPHS TAKEN			□PD □SUBJECT						
AGE: RACE:				Sex:			ETHNICITY-CIRCLE ONE:						
AGE.				J = 1			HISPANIC/NOT HISPANIC						
☐ ADDITIONAL SUBJECT INFORMATION CONTINUED ON BACK OF FORM													
	IAL OUDS!		AIIOI	0011111	iold (	JIY DAG		<b>21 (14)</b>					
Use of For	DOE CLAG	CCITIC ATION	. <b>T</b>		Typ	E OE EO	DOE I	CED OR PR	ANDICH D				
USE OF FOI	RCE CLAS	SIFICATION	4		TYPE OF FORCE USED ☐ OR BRANDISH ☐								
☐ CLASS 1	– Non-In ii	JRY, UNINTENT	TONAL		🗖 г	IREARM							
- CLASS I		GE, ANIMAL*	IOIVAL			/EHICLE							
☐ CLASS 2	ADLY FORCE, II	VJURY											
☐ CLASS 3 — DEADLY FORCE, NON-FATAL ☐ BODILY — INDICATE													
☐ CLASS 4 — DEADLY FORCE, FATAL ☐ O.C.													
☐ CLASS 5 — Non-Deadly Force, Non-Injury ☐ Other													
☐ CLASS 6 — BRANDISHED ONLY**													
☐ CHOKE HOLD													
□ BOLAWRAP													
******	• • • • • • • • • • •	•••••	•••••	• • • • • • • •	*****	******	• • • • • • • •	• • • • • • • • • • • • • • • • • • •	•••••				
	_		.L ==	. ,	<b>6</b> =14//								
WEAPON TYPE			_ * Fi	rearm/	CEW/I	Bolawra	ip seria	al numbers or	ny needed:				
□ SERVICE PISTOL □ O.C. • When Fired at a person													
SHOTGUN				• Ca	IIISAS	iniury t	o a ner	son or damad	ies nronerty				
	d DATON d OTHER.												
☐ PATROL RIF	<u></u>	<del></del>		• IS	unint	entiona	ily alsc	narged					
F						_							
MAKE			Mode	L		* SERIAL #							
TYPE OF ANI	MAL	NUMBER OF		CALII	BER	AMMUN	Т иогты	YPE OR DEVICE	CARTRIDGE #				
		ROUNDS											
		FIRED											
		DES	CRIBE IN	CIDENT	ALL CL	ASSIFICA	TIONS						
		<del></del>											
OFFICER'S SIGNATURE SUPE			SUPERVISO	r's Signa	TURE		DIVISION COMMANDER SIGNATURE						

Name of Subj	ECT (PERSON ONLY)	□COMPLAINT □VISIBLE INJU TYPE:	☐ NO ☐ YES ☐COMPLAINT OF PAIN ☐VISIBLE INJURY		EAL:  DYES  CLINED  ESTED BY:  DSUBJECT	TRANSPORTED: ☐ NO ☐ YES					
AGE:	RACE:		SEX:		ETHNICITY-CIRCLE ONE: HISPANIC/NOT HISPANIC						
Name of Subject (Person Only)		□VISIBLE INJU TYPE:	□ NO □ YES □COMPLAINT OF PAIN □VISIBLE INJURY		CAL:  O YES  CLINED  ESTED BY:  USUBJECT	TRANSPORTED: ☐ NO ☐ YES					
AGE:	RACE:		SEX:		ETHNICITY-CIRCLE ( HISPANIC/NOT HI						
Name of Subject (Person Only)		INJURY:  NO YES COMPLAINT VISIBLE INJU TYPE: PHOTOGRA	OF PAIN RY REQU		CAL:  O YES  CLINED  ESTED BY:  USUBJECT	TRANSPORTED: ☐ NO ☐ YES					
AGE:	RACE:		SEX:		ETHNICITY-CIRCLE ( HISPANIC/NOT HI						
BODY DIAGRAM (Shade area(s) of injury.)											
		BACK									
	USE OF FORCE REVIEW BO		M WITH DEPAR	TMENT	POLICY, A WRITTE!	N EXPLANATION					