



**\*\*ADMIN ONLY\*\***  
 SENT TO DCJS VIA PORTAL

# YORKTOWN POLICE DEPARTMENT

## USE OF FORCE/BRANDISH REPORT

DATE OF INCIDENT	TYPE OF INCIDENT			BLOTTER #	
OFFICER NAME	SEX	RACE	AGE	ETHNICITY-CIRCLE ONE: HISPANIC/NOT HISPANIC	
LOCATION OF INCIDENT			TOUR SUPERVISOR NOTIFIED <input type="checkbox"/> NO <input type="checkbox"/> YES RESPONDED TO SCENE <input type="checkbox"/> NO <input type="checkbox"/> YES		

NAME OF SUBJECT (PERSON ONLY)		INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY TYPE: _____ <input type="checkbox"/> PHOTOGRAPHS TAKEN	MEDICAL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DECLINED  REQUESTED BY: <input type="checkbox"/> PD <input type="checkbox"/> SUBJECT	TRANSPORTED: <input type="checkbox"/> NO <input type="checkbox"/> YES
AGE:	RACE:	SEX:	ETHNICITY-CIRCLE ONE: HISPANIC/NOT HISPANIC	

ADDITIONAL SUBJECT INFORMATION CONTINUED ON BACK OF FORM

USE OF FORCE CLASSIFICATION	TYPE OF FORCE USED <input type="checkbox"/> OR BRANDISH <input type="checkbox"/>
<input type="checkbox"/> CLASS 1 – NON-INJURY, UNINTENTIONAL DISCHARGE, ANIMAL* <input type="checkbox"/> CLASS 2 – NON-DEADLY FORCE, INJURY <input type="checkbox"/> CLASS 3 – DEADLY FORCE, NON-FATAL <input type="checkbox"/> CLASS 4 – DEADLY FORCE, FATAL <input type="checkbox"/> CLASS 5 – NON-DEADLY FORCE, NON-INJURY <input type="checkbox"/> CLASS 6 – BRANDISHED ONLY**	<input type="checkbox"/> FIREARM <input type="checkbox"/> VEHICLE <input type="checkbox"/> BATON – OR OTHER IMPACT WEAPON <input type="checkbox"/> BODILY – INDICATE _____ <input type="checkbox"/> O.C. <input type="checkbox"/> OTHER _____ <input type="checkbox"/> TASER/CEW <input type="checkbox"/> CHOKE HOLD <input type="checkbox"/> BOLAWRAP

WEAPON TYPE OR DEVICE:

SERVICE PISTOL     O.C.  
 SHOTGUN             BOLAWRAP  
 BATON \_\_\_\_\_     OTHER: \_\_\_\_\_  
 PATROL RIFLE        \_\_\_\_\_

**\* Firearm/CEW/BolaWrap serial numbers only needed:**

- **When Fired at a person**
- **Causes injury to a person or damages property**
- **Is unintentionally discharged**

MAKE	MODEL	* SERIAL #
TYPE OF ANIMAL	NUMBER OF ROUNDS FIRED	CALIBER
AMMUNITION TYPE OR DEVICE CARTRIDGE #		

DESCRIBE INCIDENT-ALL CLASSIFICATIONS		

OFFICER'S SIGNATURE	SUPERVISOR'S SIGNATURE	DIVISION COMMANDER SIGNATURE
---------------------	------------------------	------------------------------

