



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

# YORKTOWN POLICE DEPARTMENT

## USE OF FORCE REPORT

DATE OF INCIDENT	TYPE OF INCIDENT			BLOTTER #
OFFICER NAME	SEX	RACE	AGE	ETHNICITY-CIRCLE ONE: HISPANIC/NOT HISPANIC
LOCATION OF INCIDENT				

NAME OF SUBJECT (PERSON ONLY)	INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES	VISIBLE: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____	MEDICAL: <input type="checkbox"/> NO <input type="checkbox"/> YES	RMA: <input type="checkbox"/> NO <input type="checkbox"/> YES
AGE:	RACE:	SEX:	ETHNICITY-CIRCLE ONE: HISPANIC/NOT HISPANIC	

USE OF FORCE CLASSIFICATION	TYPE OF FORCE USED <input type="checkbox"/> OR DISPLAYED <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, INJURY <input type="checkbox"/> CLASS 4 – DEADLY FORCE, FATAL <input type="checkbox"/> CLASS 5 – NON-DEADLY FORCE, NON-INJURY <input type="checkbox"/> CLASS 6 – DISPLAY A CHEMICAL AGENT**	<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

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

- \* Firearm serial numbers only needed when a firearm:**
- **Is 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

DESCRIBE INCIDENT-ALL CLASSIFICATIONS

\_\_\_\_\_  
(OFFICER'S SIGNATURE)

\_\_\_\_\_  
(SUPERVISOR'S SIGNATURE)

\_\_\_\_\_  
(SIGNATURE OF DIVISION COMMANDER)

