



LOS ANGELES POLICE DEPARTMENT
CALIFORNIA USE OF FORCE REPORT

				Form Number		Report Number	
Date	Time	Postal	Location			Type of Incident	
Was Force Used to Effect an Arrest?			Total Number of Subjects Involved			Total Number of Officers on Scene	
OFFICER INFORMATION							
Officer Name			Badge Number		Agency LOS ANGELES POLICE DEPARTMENT		
Was the Officer Injured?		Injury Details (if applicable)				Medical Attention Received?	
SUBJECT INFORMATION							
Name: First			Middle			Last	
Residential Address			City		State	Postal	Phone Number
Gender	Eyes	Hair	Height	Weight	Date of Birth		Email Address
Was Suspect Injured?		Injury Details (if applicable)				Medical Aid Rendered?	
ADDITIONAL INFORMATION							
Types of Force Used (Check all that apply)							
<input type="checkbox"/> VERBAL COMMANDS		<input type="checkbox"/> EMPTY HAND CONTROL		<input type="checkbox"/> TAKEDOWN			
<input type="checkbox"/> HANDCUFFING		<input type="checkbox"/> OC SPRAY		<input type="checkbox"/> TASER			
<input type="checkbox"/> BATON		<input type="checkbox"/> LESS-LETHAL IMPACT		<input type="checkbox"/> FIREARM DISPLAYED			
<input type="checkbox"/> FIREARM DISCHARGED		<input type="checkbox"/> K9 DEPLOYMENT		<input type="checkbox"/> PRESSURE POINTS			
<input type="checkbox"/> RESTRAINT DEVICE		<input type="checkbox"/> VEHICLE RAM		<input type="checkbox"/> GRAPPLER DEPLOYMENT			
Reason for Use of Force (Check all that apply)							
<input type="checkbox"/> ACTIVE RESISTANCE		<input type="checkbox"/> ASSAULTIVE BEHAVIOR		<input type="checkbox"/> FLEEING SUSPECT			
<input type="checkbox"/> THREAT TO OFFICER		<input type="checkbox"/> THREAT TO OTHERS		<input type="checkbox"/> SUSPECT ARMED			
<input type="checkbox"/> SELF DEFENSE		<input type="checkbox"/> DEFENSE OF OTHERS		<input type="checkbox"/> PREVENT ESCAPE			
<input type="checkbox"/> EFFECT ARREST		<input type="checkbox"/> CROWD CONTROL		<input type="checkbox"/> SUICIDAL SUBJECT			
<input type="checkbox"/> INMATE NON-COMPLIANCE		<input type="checkbox"/> HIGH-RISK STOP					
Narrative							
OFFICER CERTIFICATION							
I certify upon reasonable grounds that the information provided in this Use of Force Report is true and accurate to the best of my knowledge. I have completed this report in accordance with agency guidelines and departmental procedures regarding the documentation and investigation of use of force incidents.							
Officer Name			Badge Number		Agency LOS ANGELES POLICE DEPARTMENT		Signature