

conducted by the Chief to:

1. Conduct a review of each discharge of firearm incident to determine whether the LEOs involved were acting within the scope of Florida law and Department policy.
2. Evaluate the incident for purposes of recommending classification of any internal inquiry allegations or to recommend changes of firearms policy and/or training programs.
3. Provide a final report to the President and the Administrator of Business Services.

FLORIDA SCHOOL FOR THE DEAF & THE BLIND CAMPUS POLICE

USE OF FORCE INCIDENT REPORT

INSTRUCTIONS

This form is to be completed by the immediate supervisor of a Law Enforcement Officer (LEO) that:

- Discharges a firearm while taking enforcement action; or
 - Is involved in a use of force/struggle which results in subject injury/death; or
 - Is alleged to have caused a subject's injury/death by a use of force; or
 - Uses any of the following on a subject (regardless of injury):
 - Pain Compliance (e.g. pressure points)
 - Counter Moves (e.g. striking or kicking)
 - OC Aerosol, ASP Baton, Less-Lethal Munition (e.g. bean bag round), or Impact Weapon
 - Incapacitation Technique (i.e. subject rendered unconscious or stunned)
 - Deadly Force, With or Without a Firearm
- Complete a separate form for each LEO using force and send a copy to the Chief.

LEO INFORMATION			
Name	SSN	Case No.	Serial No.
Injured? Y* <input type="checkbox"/> N <input type="checkbox"/>	Medical Treatment? Y* <input type="checkbox"/> N <input type="checkbox"/>	Hospitalized? Y* <input type="checkbox"/> N <input type="checkbox"/>	Location <input type="checkbox"/> N <input type="checkbox"/>

*Provide Details in Narrative Section

SUBJECT INFORMATION					
1. Name	Sex	Race/Ethnic	DOB	Height	
Weight	Address	Phone			
Injured? Y* <input type="checkbox"/> N <input type="checkbox"/>	Medical Treatment? Y* <input type="checkbox"/> N <input type="checkbox"/>	Refused <input type="checkbox"/>	Hospitalized? Y* <input type="checkbox"/> N <input type="checkbox"/>	Location <input type="checkbox"/>	N <input type="checkbox"/>
2. Name	Sex	Race/Ethnic	DOB	Height	
Weight	Address	Phone			
Injured? Y* <input type="checkbox"/> N <input type="checkbox"/>	Medical Treatment? Y* <input type="checkbox"/> N <input type="checkbox"/>	Refused <input type="checkbox"/>	Hospitalized? Y* <input type="checkbox"/> N <input type="checkbox"/>	Location <input type="checkbox"/>	N <input type="checkbox"/>

*Provide Details in Narrative Section.

OTHER LAW ENFORCEMENT PERSONNEL					
1. Name	Agency				
Injured? Y* <input type="checkbox"/> N <input type="checkbox"/>	Medical Treatment? Y* <input type="checkbox"/> N <input type="checkbox"/>	Hospitalized? Y* <input type="checkbox"/> N <input type="checkbox"/>	Location <input type="checkbox"/>		N <input type="checkbox"/>
2. Name	Agency				
Injured? Y* <input type="checkbox"/> N <input type="checkbox"/>	Medical Treatment? Y* <input type="checkbox"/> N <input type="checkbox"/>	Hospitalized? Y* <input type="checkbox"/> N <input type="checkbox"/>	Location <input type="checkbox"/>		N <input type="checkbox"/>
3. Name	Agency				
Injured? Y* <input type="checkbox"/> N <input type="checkbox"/>	Medical Treatment? Y* <input type="checkbox"/> N <input type="checkbox"/>	Hospitalized? Y* <input type="checkbox"/> N <input type="checkbox"/>	Location <input type="checkbox"/>		N <input type="checkbox"/>

*Provide Details in Narrative Section.

WITNESSES		
1. Name	Address	Phone
2. Name	Address	Phone
3. Name	Address	Phone
4. Name	Address	Phone

ADDITIONAL INFORMATION			
Date/Time of Incident	Location		
Name of Supervisor Notified	Date/Time Supervisor Notified		
Photos Taken of Subject? Y <input type="checkbox"/> N <input type="checkbox"/>	by	Date/Time Taken	
Photos Taken of Injured LEO(s)? Y <input type="checkbox"/> N <input type="checkbox"/>	by	Date Time Taken	

ADDENDUM 7.01-1

INCIDENT INFORMATION	
Type of Enforcement Action: Arrest <input type="checkbox"/> Search Warrant <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
Offense(s)	
Number of Subjects Present/Involved	Subject(s) Armed? Y <input type="checkbox"/> N <input type="checkbox"/> Weapon Type
Does Subject Have a History of Violence? Y <input type="checkbox"/> N <input type="checkbox"/> Specify	Number of Law Enforcement Personnel Present/Involved

RESISTANCE/THREAT OFFERED BY SUSPECT

Check all that are applicable: Verbal Passive Physical Resistance (refused to comply or respond)
Active Physical Resistance (evasive/avoidance movements, bracing/tensing, pulling away)
Aggressive Physical Resistance (hostile attacking movements threatening injury)
Aggravated Physical Resistance (threatens death or serious physical injury)

FORCE USED BY THE LEO

Check all that were utilized: Pain Compliance Technique(s) Utilized
Counter Moves Specify
OC Aerosol ASP Baton Less-Lethal Munition
Other Impact Weapon Specify
Incapacitation Technique Specify
Deadly Force Firearm Other Weapon/Technique Specify

NARRATIVE

Briefly describe the incident, the force used, the resistance or threat being offered by the subject when the force was used and any injuries and medical treatment to subjects, LEOs or other persons:

Supervisor Completing Report

Date

ADDENDUM 7.01-1