

Washingtonville Police Department Use of Force Report -Annex A

Case Type: _____ Case No. _____ - _____ Blotter No. _____ - _____

Date: ____/____/____ Time: ____:____ Location: _____

Officer: _____ Sh # _____

Injured: Y / N _____ Medical Treatment Provided Y / N _____ Refused Treatment

Transported to Hospital: Y / N _____ Where: _____ By: Ambulance Police Car

Nature of Injuries: _____

Defendant: _____ Age: _____ DOB: ____/____/____

Sex: _____ Race: _____ Ethnicity: _____

Defendants Condition: Sober Had been drinking Intox (alcohol) Intox (drugs) Mental Problem

Charges: _____

Injured: Y / N _____ Medical Treatment Provided: Y / N _____ Refused Treatment

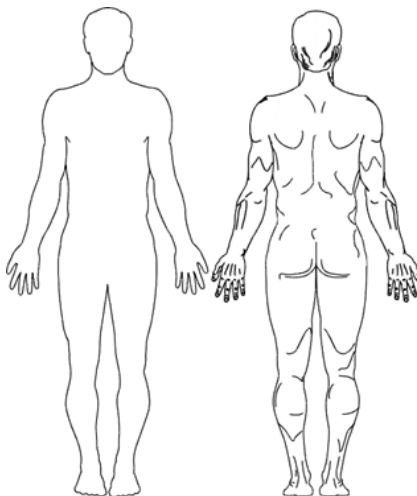
(Refusal of Medical Treatment EMS must be contacted and documented)

Transported to Hospital: Y / N _____ Where: _____ By: Ambulance Police Car

Nature of Injuries: _____

Photographs Taken Y / N _____

Affected Area – Points of Contact



NOTE: Fully describe reason forced used & what type forced was used in narrative of case.

Type of Force Used: Hands Feet Oleoresin Capsicum Baton Taser CEW Firearm K9
 Other (describe) _____

If Taser CEW was deployed:

Taser Serial Number _____

Approximate target distance at the time of the dart launch: _____

Did dart contacts penetrate the subject's skin? Y / N _____

Need for follow-up drive stun? Y / N _____

Need for additional applications? Y / N _____ How many _____

Taser Download provided and attached by: _____

Names of Witnesses and Police Officers at the Scene: (Include full address and phone numbers in Case Report.)

_____ Sh# _____
Officer Signature

_____ Sh# _____
Shift Supervisor Signature

FOR USE BY USE OF FORCE REVIEW DESIGNEE(S)

Was use of force used consistent with Departmental policies? YES NO

If NO internal investigation must take place.

Reviewed by: _____

Date: _____