



For reporting a Level 4 force incident, use a
Level 4 Use of Force Report (TF-967g)

USE OF FORCE REPORT
Oakland Police Department

TF-967 (Rev. May 10)

FORCE LEVELS

Indicate the highest force level used.

Investigations shall be conducted at the highest level when multiple levels of force are used.

- Face Sheet Only to IAD
- IAD Tracking Copy
- Risk Management Advisement

Check One	<input type="checkbox"/> Level 1 Force	<input type="checkbox"/> Level 2 Force	<input type="checkbox"/> Level 3 Force
Incident Number	RD Number	Use of Force Control No.	IAD Case No.

Part 1 – (List additional Subjects on a Use of Force Continuation Report)

Incident Date	Day	Time	Location	CP Beat
#1 Subject's Name				DOB
Address		<input type="checkbox"/> Oakland	City/Zip	Contact Number
#2 Subject's Name				DOB
Address		<input type="checkbox"/> Oakland	City/Zip	Contact Number
#3 Subject's Name				DOB
Address		<input type="checkbox"/> Oakland	City/Zip	Contact Number

Part 2 - List all involved members/employees, indicate the subject(s), and all the Force Type(s) used by numeric identifier (Chart on back page). (List additional Members/Employees on a Use of Force Continuation Report)

Member/Employee	Serial No.	Force Type #	Subject # Force Used on	Regularly Assigned Supervisor	Regularly Assigned Division Commander
#1					
#2					
#3					
#4					

Part 3 - List all witnesses to the use of force. (If more space is needed or to list additional witnesses on a Use of Force Continuation Report)

List members and employees before private person witnesses. If there are no known private person witnesses, specify "NO KNOWN WITNESSES" in the "#1 Witness Name" box.

Witness Information (Include Rank & Serial No., or Agency Affiliation if appropriate)				
#1 Witness Name				DOB
Address OR Agency Affiliation		<input type="checkbox"/> Oakland	City/Zip	Contact Number
#2 Witness Name				DOB
Address OR Agency Affiliation		<input type="checkbox"/> Oakland	City/Zip	Contact Number
#3 Witness Name				DOB
Address OR Agency Affiliation		<input type="checkbox"/> Oakland	City/Zip	Contact Number
#4 Witness Name				DOB
Address OR Agency Affiliation		<input type="checkbox"/> Oakland	City/Zip	Contact Number

Part 4

UOF Report Prepared By	Serial No.	Date of Report	Supervisor Notified	Serial No.	Date / Time Notified
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Part 2a
Numeric Identifiers - Type of Force Used

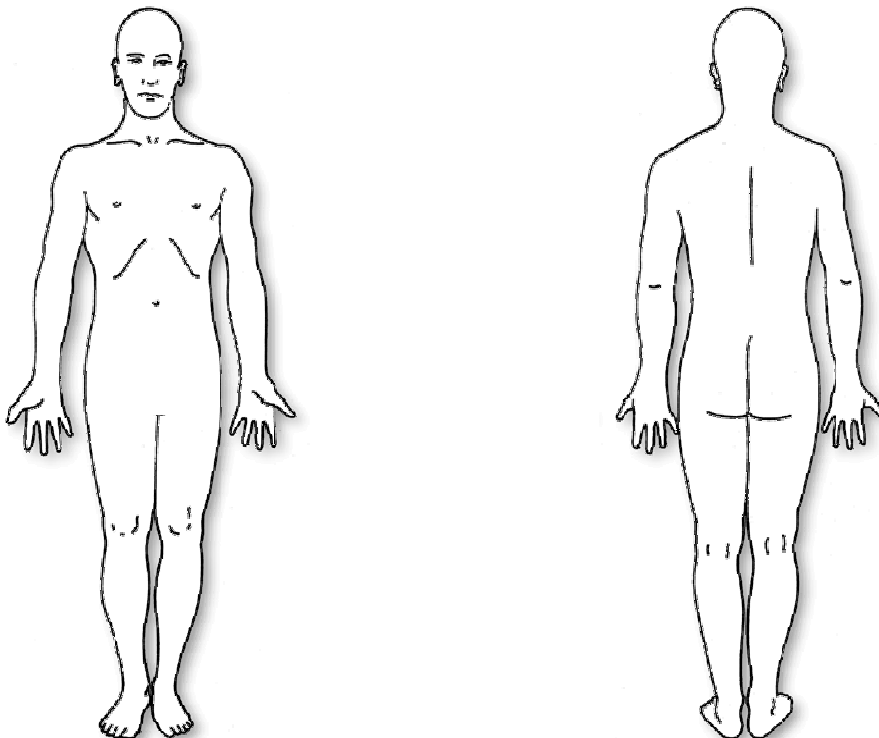
(Chart Rev. 1/09)

Use the appropriate numeric identifier and document the reasons for elevating an investigation in the Use of Force Report Narrative for any force investigation elevated to a higher level.

Level 1 Force Type			
1	Lethal Firearm Discharge	5	Unintentional Firearm Discharge Regardless of Injury
2	Force Resulting in Death	6	Force Results in SBI (Defined by DGO K-4) Other than Carotid Restraint
3	Force Creating Substantial Risk of Causing Death	7	Carotid Restraint with Loss of Consciousness
4	Intentional Strike to Head w/ Impact Weapon– Regardless of Injury	8	Other: (Describe in Narrative)
Level 2 Force Type			
9	Strike to the Head - Other than an Intentional Strike to Head with an Impact Weapon	12	Impact/Impromptu Weapon with Contact - Regardless of Injury
		13	Any Use of Force Resulting in Injury (Other than a Level 1 Force Type)
10	Carotid Restraint without Loss of Consciousness	14	Police Patrol Canine Bites Clothing, Skin, or Injures a Person
27	Unintentional Firearm Discharge Not Resulting in Injury	15	Other (Describe in Narrative)
Level 3 Force Type			
11	Taser® Probes Impact Clothing, Penetrates Skin, or Push Stun	18	Taser Fired but Probes Miss
16	Weaponless Defense Technique Other than Control Hold	19	Non-Striking Use of Baton
17	O/C Applied to a Person	20	Attempted Impact Weapon Strike, but Misses
17a	Other Chemical Agent Deployed / Applied to a Person	21	On-Duty Firearm Discharge at Animal Other than to Dispatch an Injured Animal
Level 4 Force Type			
22	Intentionally Pointing a Firearm at a Person	25	A Weaponless Defense Technique Control Hold is applied: Escort (elbow); Twist lock; Arm-bar; or Bent-wrist.
23	Weaponless Defense Technique applied to a vulnerable area, excluding strikes (e.g., hair grab, pressure to mastoid, shoulder grab)		
24	On-Duty Firearm Discharge to Dispatch an Injured Animal	26	A level 3 use of force incident meeting the criteria to be reported as a Level 4 AND reviewed and approved by supervisor or commander. (Indicate the Level 3 force type used in the Narrative.).

Use the diagrams below, if appropriate, and mark with an “X” and the numeric identifier. Indicate where on the body the force (Level 1-3) was used. (e.g., X--17 to indicate OC spray) Double-click on body

Subject #1





**USE OF FORCE
NARRATIVE REPORT
Oakland Police Department**
TF-967a (Rev. May 10)

Date of Incident	Incident No./RD No. /	
# 1 Member/Employee's Name	Serial No.	#1 Subject's Name

Part 5 – Assessment and Compliance – To be completed by the preparer of the Use of Force or In-Custody Death Report

Assessment Issues:

Conduct a thorough review of all documents, interviews, and evidence to be included in the Use of Force Report packet to ensure completeness, accuracy, and quality and assess the following:

- Yes No Was the original detention or subsequent arrest lawful?
- Yes No Was the type and amount of force objectively reasonable and used proportional to the resistance encountered?
- Yes No Was the type and amount of force related to a legitimate law-enforcement objective the member/employee was attempting to achieve?
- Yes No Was the force reasonably de-escalated?
- Yes No Was verbal persuasion used to attempt to resolve the situation without force?

Any "NO" response requires an explanation in the Narrative Section.

The following recommendation is based on the facts revealed by the use of force investigation.

Check the appropriate box and document the analysis in the Narrative (Part 6).

- The use of force was **IN Compliance OR**
- The use of force was **OUT of Compliance**
- Misconduct – IAD Notified.
 - Criminal Misconduct – The investigation revealed criminal misconduct and the appropriate commander has been notified in accordance with the provisions of DGO M-4.1.

Training and/or Tactical Issues

- I considered and discussed, as necessary, any training/tactical issues involving the availability and practicality of other force options with involved personnel and documented the issues in the Narrative below.
- Yes No – **Recommendations/Comments**
- The investigation revealed training and/or tactical issues.
- If a Level 1-2 incident, document for review by the appropriate Board.
 - If a Level 3 incident, Division Commander shall ensure training is conducted and/or training is requested from the Training Section when it cannot be accomplished at the division level. (Document the circumstances, and the person and date of referral to the Training Section in the Narrative Section).

Part 6 - Narrative - To include an analysis of the investigation. For additional space, use a Use of Force Continuation Report (TF-967b) (List additional involved and witness personnel, other witnesses, and evidence before the narrative.) Document risk management issues in the Narrative Section below.

SUGGESTED HEADERS (Delete headers and text as necessary)

- I. ADDITIONAL PERSONNEL** (If applicable)
On scene at the time of the use of force incident but not involved in or a witness to the use of force
- II. ADDITIONAL WITNESSES** (If space is needed)
To the use of force – List OPD personnel first
- III. PERSONNEL ASSIGNED TO ASSIST**
At the scene
- IV. ADDITIONAL PERSONS NOT A WITNESS** (If applicable)
- V. EMERGENCY PERSONNEL**
List AMR, OFD, and hospital personnel
- VI. NOTIFICATIONS**
Document date/time commander notified and face sheet notification emailed.

Reporting Member	Serial No.	Date of Report	Supervisor	Serial No.	Page 3 of 5
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**USE OF FORCE
CONTINUATION REPORT
Oakland Police Department**

TF-967b (Rev. May 10)

Date of Incident	Incident No./RD No. /		
# 1 Member/Employee's Name	Serial No.	#1 Subject's Name	

Narrative – Continued

VII. DESCRIPTION OF INCIDENT SCENE

Describe where the incident occurred. Include lighting, visibility, and weather conditions.

VIII. SUMMARY OF INCIDENT

The summary is intended to give reviewers an overall picture of the incident, the actions of all involved parties contemporaneous to the incident. Do not summarize each interview and/or statement.

IX. INVESTIGATION

What you did and directed, and what happened when you arrived; such as separating officers prior to interviewing.

X. CIVILIAN WITNESS STATEMENT(S) / CANVASS

Detailed description of what was seen and by whom. Discuss the results of a canvass or why one was not conducted.

XI. SUMMARY OF EVIDENCE

*Provide a summary and analysis of evidence collected. Document who took photos at the scene. Provide a description (or document if photos taken) of the **presence** or **absence** of injuries to the subject or any OPD personnel involved in the use of force incident. Photos must be taken of the subject of the force and involved officers regardless of injury, other evidence collected (clothing, weapons, biological), electronic weapon download information, etc. Document electronic weapon download, if applicable. Document the reason why no evidence was collected.*

XII. INJURIES / MEDICAL CARE OR TREATMENT PROVIDED

*Describe injuries and who sustained them. Describe hospital treatment performed (include medical release documents, if available). **Indicate by an affirmative statement that no one was injured.***

XIII. DISCREPANCIES

*Discuss discrepancies discovered during the investigation, and whether they were resolved or remain unresolved. **Indicate by an affirmative statement that no discrepancies were encountered.***

XIV. ANALYSIS OF USE OF FORCE

Based on the evidence, witness statement(s), and officer statement(s), document whether the force was within policy. Indicate whether the force was de-escalated or stopped when resistance de-escalated or stopped. Evaluate whether the force was consistent with injuries and compare electronic weapon download to electronic weapon information reported by officers.

XV. TRAINING POINT(S)

Discuss how personnel could have improved the outcome of the incident by utilizing alternative force or tactical options. Indicate what corrective action was administered and/or recommended to address the Training Point(s). **Indicate by an affirmative statement that no training points were discovered.***

*Document any supervisor initiated field-level corrective action in the member/employee's Supervisory Notes File.

Reporting Member	Serial No.	Date of Report	Supervisor	Serial No.	Page 4 of 5
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USE OF FORCE CHECKLIST
Oakland Police Department
 TF-967d (Rev. May 10)

Date of Incident	Incident No.	RD No.
Subject Member/Employee		Serial No.
Investigating Supervisor		Serial No.

This checklist is to be used by preparers. Complete and attach this checklist to the **FRONT** of Level 2 & 3 Use of Force Report packets.

Investigators shall check the appropriate box to indicate a "Task" has been completed and/or documented in the Offense/Supplemental or Use of Force Report or included in the Use of Force packet.

Check the appropriate box. **Detail any "No" response in the Comment Section or any clarification, when necessary, in the Narrative, as indicated.**

Part 1 - INVESTIGATIVE STEPS REQUIRED FOR AN ON-SCENE SUPERVISOR/COMMANDER/INVESTIGATOR FOR LEVEL 2-3 INCIDENTS

1. <input type="checkbox"/> Yes <input type="checkbox"/> No Responded to the use of force incident scene. (Level 2-3)	9. <input type="checkbox"/> Yes <input type="checkbox"/> No Witness statements taken (Level 2-3) <input type="checkbox"/> N/A
2. <input type="checkbox"/> Yes <input type="checkbox"/> No Determined the appropriate reporting level. (All Levels)	10. <input type="checkbox"/> Yes <input type="checkbox"/> No Ensured involved and witness personnel submitted the required Offense or Supplemental Reports.
3. <input type="checkbox"/> Yes <input type="checkbox"/> No All uses of force, documented in Offense and Supplemental Reports, are listed on UOF Face Sheet.	11. <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries If yes, to whom: <input type="checkbox"/> OPD personnel <input type="checkbox"/> Subject(s)
4. <input type="checkbox"/> Yes <input type="checkbox"/> No Available private person witnesses were identified and interviewed. (Level 2-3) <input type="checkbox"/> No Known witnesses	12. <input type="checkbox"/> Yes <input type="checkbox"/> No Medical service requested.
5. <input type="checkbox"/> Yes <input type="checkbox"/> No Separated and interviewed involved and witness personnel. (Level 2-3)	13. <input type="checkbox"/> Yes <input type="checkbox"/> No Ensured subject was transported to a medical facility for medical evaluation when a carotid restraint was applied. <input type="checkbox"/> N/A
6. <input type="checkbox"/> Yes <input type="checkbox"/> No Ensured a reasonable canvas was conducted. (Level 2)	14. <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence collected. <input type="checkbox"/> None
7. <input type="checkbox"/> Yes <input type="checkbox"/> No Interviewed the subject(s) of the use of force.	15. <input type="checkbox"/> Yes <input type="checkbox"/> No Technician on scene.
8. <input type="checkbox"/> Yes <input type="checkbox"/> No Identified involved and witness personnel.	16. <input type="checkbox"/> Yes <input type="checkbox"/> No Photos taken? <input type="checkbox"/> Digital <input type="checkbox"/> Film
	17. <input type="checkbox"/> Yes <input type="checkbox"/> No Communications Section contacted to ensure the incident is reported on the IAD Daily Incident Log.

Part 2 - REPORT DOCUMENTATION

Yes **OFFENSE AND SUPPLEMENTAL REPORTS REVIEWED FOR COMPLETENESS, ACCURACY, AND QUALITY. NO "BOILERPLATE" OR "PAT" LANGUAGE WITHOUT DESCRIPTIVE OR EXPLANATORY DETAILS OF THE ACTION.**

NOTE: DOCUMENT ANY INVESTIGATIVE ELEMENTS INTENTIONALLY NOT DOCUMENTED IN THE COMMENT SECTION.

Part 2a - OFFENSE/SUPPLEMENTAL OR USE OF FORCE REPORT SHALL INCLUDE THE FOLLOWING DETAILS

1. <input type="checkbox"/> Yes <input type="checkbox"/> No Summary of the incident.	6. <input type="checkbox"/> Yes <input type="checkbox"/> No Summary of evidence collected.
2. <input type="checkbox"/> Yes <input type="checkbox"/> No Summary of pertinent statements.	7. <input type="checkbox"/> Yes <input type="checkbox"/> No Detail injuries and medical treatment. <input type="checkbox"/> N/A
3. <input type="checkbox"/> Yes <input type="checkbox"/> No Summary of interviews when statement not taken	8. <input type="checkbox"/> Yes <input type="checkbox"/> No Original reason for police presence.
4. <input type="checkbox"/> Yes <input type="checkbox"/> No Description of the use of force.	9. <input type="checkbox"/> Yes <input type="checkbox"/> No Circumstances or precipitating acts that lead to the use of force.
5. <input type="checkbox"/> Yes <input type="checkbox"/> No When OC is used, the number of bursts, duration of each burst, the approximate distance from the subject, and the location of spray contact. <input type="checkbox"/> N/A	10. <input type="checkbox"/> Yes <input type="checkbox"/> No Arrest approval properly documented on CAR and in Offense Report.

Part 2b - USE OF FORCE REPORT DOCUMENTATION SHALL INCLUDE THE FOLLOWING DETAILS (See RWM U-1 for inclusive list)

1. <input type="checkbox"/> Yes <input type="checkbox"/> No Analysis of evidence.	3. <input type="checkbox"/> Yes <input type="checkbox"/> No Discrepancies Found (Detail in Narrative)
2. <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewed documentation for discrepancies.	If Yes, detail how resolved or if unresolved in Narrative

Part 3 - REQUIRED FOR THE UOF REPORT PACKET - The preparer and reviewers shall ensure the UOF Report packet is complete.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No Original UOF Report	8. <input type="checkbox"/> Yes <input type="checkbox"/> No Field Contact Card <input type="checkbox"/> N/A
2. <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of Offense/Supplemental reports	9. <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Report <input type="checkbox"/> N/A
3. <input type="checkbox"/> Yes <input type="checkbox"/> No Statements	10. <input type="checkbox"/> Yes <input type="checkbox"/> No Other documents pertinent to the investigation. Describe in Comment Section.
4. <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of C.A.R.	11. <input type="checkbox"/> Yes <input type="checkbox"/> No Photos <input type="checkbox"/> Digital - Include photo CD in packet <input type="checkbox"/> Film - Requested to develop to CD
5. <input type="checkbox"/> Yes <input type="checkbox"/> No Daily Detail	12. <input type="checkbox"/> Yes <input type="checkbox"/> No Technician Report <input type="checkbox"/> Included <input type="checkbox"/> Requested
6. <input type="checkbox"/> Yes <input type="checkbox"/> No CAD purge	
7. <input type="checkbox"/> Yes <input type="checkbox"/> No Taser download information. <input type="checkbox"/> N/A	

Part 4 - TRACKING - Report preparer shall forward only the UOF FACE SHEET to the following as indicated:

<input type="checkbox"/> IAD (Level 2 & 3)	<input type="checkbox"/> BFO Admin (Level 2 & 3)
<input type="checkbox"/> Div. Cmdr. (Level 2 & 3)	<input type="checkbox"/> Deputy Chief (Level 2 & 3)