

FEDERAL LAW ENFORCEMENT TRAINING CENTER

Use of Force Incident Report



Homeland
Security

This Incident Report will be initiated and completed immediately following an exercise where a student discharged a firearm, employed intermediate weapons, or applied physical force. This report will be collected and filed the day of the incident with the exercise coordinator who will forward it to the Chief, Enforcement Operations Division (EOD), for review (FLETC Manual 91-01.A (3)).

The following exercises are exempt:

- (1) Live range firing
- (2) Judgment shooting applications (video simulator, situational response, interactive drills)
- (3) Training at the instructor direction (demonstrating the use of firearms, intermediate weapons, or physical force)
- (4) Other exercises and/or training as determined by the FLETC Program Manager

DATE _____ TIME _____ NAME _____ CLASS# _____

USE OF FORCE FACTORS:

FACTS:

1 WHAT WAS THE SEVERITY OF THE CRIME?

2 WAS THE SUBJECT AN IMMEDIATE THREAT TO THE SAFETY OF OFFICER(S)/OTHERS? HOW?

3 DID THE SUBJECT ACTIVELY RESIST ARREST OR SIEZURE? HOW?

4 DID THE SUBJECT ATTEMPT TO EVADE ARREST OR SIEZURE BY FLIGHT? HOW?

Officer/Subject Variables

NUMBER OF SUBJECTS INVOLVED: _____
 NUMBER OF OFFICERS INVOLVED: _____

Officer 1	Officer 2
Name: _____	Name: _____
Ht/Wt/Build: _____	Ht/Wt/Build: _____
Age: _____ Condition: _____	Age: _____ Condition: _____
Injuries: _____	Injuries: _____

Subject 1	Subject 2
Name: _____	Name: _____
Ht/Wt/Build: _____	Ht/Wt/Build: _____
Age: _____ Condition: _____	Age: _____ Condition: _____
Injuries: _____	Injuries: _____

Factors Known at the Time of the Incident	Factors Known at the Time of the Incident
Type of Crime: _____	Type of Crime: _____
Weapons: _____	Weapons: _____
Criminal History: _____	Criminal History: _____
Appeared Intoxicated: _____	Appeared Intoxicated: _____
Mental History: _____	Mental History: _____

Commands Given	Subject's Response	Commands Given	Subject's Response
What did the officer say/do?	What did the Subject say/do?	What did the officer say/do?	What did the Subject say/do?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Factors		Check all boxes that apply			
Pre-Assault Indicators		Situational Factors			
Body size disparity	<input type="checkbox"/>	Unstable Ground	<input type="checkbox"/>	Physical exhaustion	<input type="checkbox"/>
1000 yard Stare	<input type="checkbox"/>	Nighttime	<input type="checkbox"/>	Inability to disengage	<input type="checkbox"/>
Target glancing	<input type="checkbox"/>	Winter/snow/ice	<input type="checkbox"/>	Officer injured	<input type="checkbox"/>
Scanning the area	<input type="checkbox"/>	Steep or dangerous terrain	<input type="checkbox"/>	Lack of backup available	<input type="checkbox"/>
Verbalization of harm	<input type="checkbox"/>	Involvement of heights	<input type="checkbox"/>	Officer on the ground	<input type="checkbox"/>
Repetitive phrases	<input type="checkbox"/>	Evading arrest by stealth	<input type="checkbox"/>	Rapidly evolving situation	<input type="checkbox"/>
Sudden attack	<input type="checkbox"/>	Evading arrest by hiding	<input type="checkbox"/>	Subject pulling away	<input type="checkbox"/>
Known/perceived fighting ability	<input type="checkbox"/>	Presence of bystanders	<input type="checkbox"/>	Bloodborne pathogens	<input type="checkbox"/>
Clenching (hands, teeth)	<input type="checkbox"/>	Residential area	<input type="checkbox"/>	Close proximity to weapon	<input type="checkbox"/>
Illogical responses	<input type="checkbox"/>	Commercial area	<input type="checkbox"/>	Multiple subjects	<input type="checkbox"/>
Multiple subjects	<input type="checkbox"/>	High crime area	<input type="checkbox"/>	Inability to call for assistance	<input type="checkbox"/>
Weight shifting	<input type="checkbox"/>	Urban area	<input type="checkbox"/>	Armed subject(s)	<input type="checkbox"/>
Personal grooming behaviors	<input type="checkbox"/>	Rural/remote area	<input type="checkbox"/>		
Removing hat, watch, etc	<input type="checkbox"/>	Water environment	<input type="checkbox"/>		
Crossing the arms	<input type="checkbox"/>	Evading arrest by flight	<input type="checkbox"/>		
Hands above waistline	<input type="checkbox"/>	Involvement of speed/ vehicles	<input type="checkbox"/>		
Bladed/ boxer stance	<input type="checkbox"/>	Riot/mob	<input type="checkbox"/>		
Hands in pockets	<input type="checkbox"/>	Engaged in protest activity	<input type="checkbox"/>		
Ignoring the officer	<input type="checkbox"/>	Involvement of heights	<input type="checkbox"/>		
Tattoos (gang)	<input type="checkbox"/>	Water environment	<input type="checkbox"/>		
Remarks (Articulate facts above and any additional factors)					
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WITNESSES (Instructors & Students)

1. _____ 2. _____ 3. _____ 4. _____

NARRATIVE SUMMARY BY STUDENT

I certify that the above listed information is true and correct.

Signature of Officer

Date of Signature