

LPD OFFICER USE OF CONTROL INCIDENT REPORT WRITING GUIDE

(Reference G.O. 1510, 1550, 2050 and PPCT manual)

I. Background Information

- | | | |
|-----------------------------------|------------------------------|-----------------------|
| -Date, time, location of incident | -Nature of original incident | -Dispatch updates? |
| -Weather conditions | -Lighting conditions | -Known weapons? |
| -Known alcohol/drugs? | -Audio/video available | -Witnesses? |
| -Other agencies present? | -other officers present | -initial observations |

II. Suspect Information

- | | | |
|-----------------------------------|--|--------------------------|
| -Known prior to contact? | -Personal experience w/ suspect | -Prior violent behavior? |
| -Known flags in system? | -Substance abuse problems? | -Mental conditions? |
| -Height and weight | -Demeanor and body language (e.g., combative gestures) | |
| -Language barriers? Disabilities? | -Suspect statements (e.g., "I'm not going back to jail") | |

III. Officer Information

- | | | |
|--------------------------------|---|--------------------|
| -Scheduled shift and team | -Years of experience | -Height and weight |
| -Uniform with badge displayed? | -Traffic vest? | -Patrol car (#) |
| -Equipment on belt | -Enhanced training (DT instructor, etc.)? | |

IV. Incident Information

- | | | |
|---|---|-------------------------------------|
| -Reason for contact | -Reason for detention/custody | -Describe commands |
| -Describe level of resistance:
-psychological intimidation
-active aggression | -verbal non-compliance
-deadly force assault | -passive resistance |
| -Describe level of control:
-officer presence
-hard empty hand | -verbal direction
-intermediate weapons | -soft empty hand
-lethal control |

V. Injuries and Medical Attention

- | | | |
|---|----------------------------------|------------------------|
| -Prior injuries to police contact? | -Observed injuries after contact | -Medical summoned? |
| -Transported to hospital? Where? How (ambulance or patrol vehicle)? | | -Medical unit #? |
| -When did suspect injuries become known to officer? | | -Decontamination? |
| -Medical release obtained? | -Officer injuries/treatment? | -Significant exposure? |

VI. Documentation

- Injuries photographed
- Audio/video processed and logged
- Follow-up photographs of both suspect and officer, if necessary

VII. Report Verbiage—CONSIDER USING LANGUAGE/PHRASES FROM PPCT MANUALS

- Describe **suspect's** and **officer's** actions in detail
- Describe in detail how the suspect failed to comply with a lawful order or resisted arrest
- Explain specifically why the use of control was "**reasonable**" under the circumstances
- If the level of control escalated, explain why the earlier level was "ineffective" or how the "subject escalated the resistance"
- Describe how the use of control was "**de-escalated**" as the subject was brought under control
- If a technique not taught by the department was used, strongly consider providing an explanation for why the technique was reasonable given the circumstances and your experience/training

AVOID VAGUE DESCRIPTIONS—Examples of commonly used vague descriptions:

VAGUE: "The suspect resisted arrest."

SPECIFIC: "The suspect jerked both of his arms away from me as I attempted to place him in handcuffs."

VAGUE: "The suspect was taken to the ground."

SPECIFIC: "I placed the suspect on the ground using a straight arm bar takedown."

VAGUE: "I used a hard-empty hand technique."

SPECIFIC: "I delivered a PPCT straight punch directed at the suspect's abdomen to create distance between the suspect and me."

VAGUE: "I used a soft-empty hand technique to control the suspect."

SPECIFIC: "I applied downward pressure to the suspect's jugular notch nerve pressure point until he sat down, at which point I de-escalated the use of control by removing pressure."

USE OF CONTROL TECHNIQUE REPORT

CASE NUMBER: _____ REPORTS: INCIDENT REPORT SUPP
DATE: _____ PROPERTY REPORT ACI
TIME: _____ CITATIONS BOOK-IN
RELATED CASE # _____ OTHER GENERATED: VIDEO AUDIO
 PHOTOGRAPHS/DIGITAL IMAGES
Video/Audio/Image Property #: _____

Officer applying control technique: _____
(Use additional form for **each** officer applying technique)
Location: _____ Original call type: _____

Suspect name: _____ Lodged in jail: YES NO
(Use additional form for **each** suspect control was used)
Age: _____ DOB: _____ Sex: _____ Race: _____ Height: _____ Weight: _____
mm/dd/year
Other Physical description: _____

Type of Control Used (Check all that apply): Physical Baton Impact Munitions Canine
 Chemical Firearm TASER Shoulder Pin Other

Effectiveness: No effect Partial effect Immobilized Defective equipment Attempt Missed

Suspect handcuffed at ANY TIME during contact? YES NO

List witnesses (if applicable): _____

Summary of Incident

-----Injuries-----

Known injuries prior to police contact: _____

Known injuries after police contact: _____

Admitted to Hospital for Injuries?: YES NO Admitted for mental health?: YES NO

Medical Exam?: YES NO Medical Facility: _____ Doctor: _____

Contributing factors suspected: Alcohol Drugs Mental Illness Violent History

Was an officer/law enforcement employee injured? YES NO Nature of Injury: _____

Medical Attention? YES NO Medical Facility: _____ Doctor: _____

-----**Chemical Agent**-----

Chemical Agent used: OC CS CN Other Decontaminated: YES NO
Method: _____

-----**Shoulder Pin**-----

Level used? Level 1 (Rear neck lock) Level 2 (Mechanical pressure applied) Level 3 (to unconscious)

-----**Canine**-----

Bite was: Accidental Intentional Was Canine Bite form completed? YES NO

-----**TASER**-----

TASER use: Successful Unsuccessful

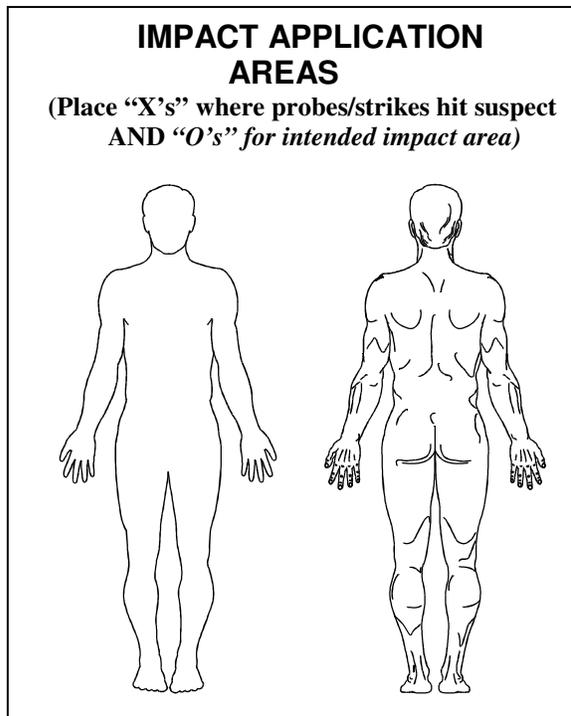
TASER Serial #: _____
TASER MODEL: _____

Number of Cartridges fired _____
Number of cycles applied: _____
TASER Cartridge Type(s): _____ 25-ft XP

Approximate distance from subject
at time of deployment? _____ feet

YES NO

TASER verbal announcement given?
Suspect wearing heavy or loose clothes?
Is this a dart probe contact?
Is this a drive stun contact?
Did probes penetrate the subject's skin?
Probes removed at scene?
TASER secured prior to data download?



Other Agency Involved? Yes No Agency: _____ OPS Case # _____

Other Officers Present: _____

Report Completed by: _____ Duty C.O. Review: _____

General Comments: _____

-----**ROUTING of FORM (Two Copies)**-----

- ____ (1.) Employee's Commanding Officer (Review to determine compliance with G.O. 1510)
- ____ (2.) Assistant Chief: (Forwards A/C copy to)
 - ____ (a.) Management Services: (Provides a copy to)
 - ____ (i.) E & P
 - ____ (ii.) Legal Advisor
 - ____ (iii.) I.A.