LAWSON STATE POLICE DEPARTMENT

Use of Force Information and Statement Report

(To be completed by each Officer/Immediate Supervisor involved in the use of force)

Case Number _____-_____

1. Date of Incident_____ Time_____ Day of the Week_____
   Campus_____ Building_____ Floor_____ Room#_____
   Type of Location_____

2. Type of Incident: (describe nature/purpose of initial contact):_____
3. Number of Involved: Officers_____ Suspects_____ Witnesses_____
4. Was an arrest made? ☐Yes ☐No Were charges filed? ☐Yes ☐No
   Is subject in custody? ☐Yes ☐No
5. If so, what charges? _____ If so, where? _____
6. Officer Information: Name: _____ Employee ID# _____
   Race:_____ Sex:_____ Age:_____ Height:_____ Weight:_____
7. Officer Injury (check all that apply): ☐Limb ☐Torso ☐Head/Neck ☐None
   Required Treatment? ☐Yes ☐No
   Describe injury, if any, and treatment required: _____
8. Officer weapon(s) used (check all that apply) ☐Firearm ☐Flashlight ☐Mace ☐Weapons
   ☐Taser ☐K-9 ☐Hands, Feet, Fist, Elbow, Knee
   If firearm was used, indicate whether: ☐Discharged
   Taser Serial Number_____ Cartridge Number_____
9. When use of Force occurred, was Officer? ☐On Duty ☐Off Duty
   Was use of Force effective? ☐Yes ☐No
10. Suspects Name: _____ Race:____ Sex:____ Age:___ Height:____ Weight:____
11. Suspect Injury (check all that apply): ☐Limb ☐Torso ☐Head/Neck ☐None
    Required Treatment? ☐Yes ☐No
    Describe injury, if any, and treatment required: _____
12. Suspect weapon(s) used (check all that apply): ☐Firearm ☐Knife ☐Bludgeoning Device
    ☐Mace ☐Hands, Feet, Fist, Elbow, Knee
13. Was suspect impaired by alcohol or other drugs? ☐Yes ☐No ☐Unable to Determine
14. Was suspect taken to a medical facility or otherwise treated by medical personnel? ☐Yes ☐No
    If yes, what hospital? _____ What physician/nurse? _____
15. Narrative of Incident:

_____ _____ _____ _____

Officer Signature Date of Hire Date Time

Was the level of force appropriate to resistance? ☐Yes ☐No If no, explain:

_____

_____

_____ _____ _____

Reviewing Supervisor Signature Date Time

(The supervisor shall see that all parts are completed and forwarded through the chain of command to I.A.D)

16. Continuation of Narrative:

_____ _____ _____ _____

Officer Signature Date of Hire Date Time

Was the level of force appropriate to resistance? ☐Yes ☐No If no, explain:

_____

_____

_____ _____ _____

Reviewing Supervisor Signature Date Time

(The supervisor shall see that all parts are completed and forwarded through the chain of command to I.A.D)