OFFICE OF THE ATTORNEY GENERAL - DEPARTMENT OF JUSTICE

Primary Agency	yes/no	**Primary Reason for Contact**				**Civilian(s) who assaulted officer(s)**	number
ORI	CA0XXXXXX	Call for Service	** in custody event options			**Civilian(s) who experienced use of force**	number
NCIC		Pre-Planned Activity	In Transit			**Officer(s) who used force**	number
NIBRS Code		Welfare Check	Awaiting Booking			**Officer(s) assaulted**	number
Agency Name	name	In Custody Event**	Booked - No Charges Filed			**Officer(s) present on scene**	number
County	name	Vehicle/Bicycle/Boat Stop	Booked - Awaiting Trial				
Agency Report #		Pedestrian Stop	Out to Court			**Civilian Perceived Armed**	Firearm
Date	mm/dd/yyyy	Investigating suspicious circumstances	Sentenced				Knife, Blade or Stabbing Instrument
Time	0000 - 2400	Public Contact/Flag Down	Other				Other Dangerous Weapon
		Ambush - No Warning					Unknown
Location (Address)**	number, street, city, zip	Civil Disorder					No
***Did the incident happen on a K-12 campus?*	yes/no						
			Civilian Level of resistance	Cooperative			
		Underlying Incident Resulted in Arrest		Passive non-compliance		**Civilian Confirmed Armed With**	Firearm
		Yes No		Resistance			Firearm Replica
		Arrest/Custody Offense		Assaultive*			Knife, Blade or Stabbing Instrument
				Life-Threatening*			Other Dangerous Weapon
		Underlying Incident Resulted in Crime Report					Non-dangerous Object
			** If selected, indicate whether there was an attempt to disarm*	*Yes/No*			
		Yes No					None

INCIDENT TYPE — **USE OF FORCE/SHOOTING BY AN OFFICER OR ASSAULT BY A CIVILIAN**

Civilian Injury Severity	No injury		Officer Injury Severity	No injury	
	Minor injury			Minor injury	
	Injury			Injury	
	Serious bodily injury			Serious bodily injury	
	Death			Death	
	** If death selected, indicate whether it occurred as a result of force/shooting*	Yes/No		** If death selected, indicate whether it occurred as a result of force/shooting*	Yes/No
Type of force used by officer (check all that apply)	Officer Physical Contact		Type of force used by civilian (check all that apply)	Civilian Physical Contact	
		Control Hold/Takedown			Control Hold/Takedown
		Carotid Restraint Control Hold			Carotid Restraint Control Hold
		Other use of hands, fists, feet, etc.			Other use of hands, fists, feet, etc.
	Officer Vehicle Contact			Civilian Vehicle Contact	
	Blunt / Impact Weapon			Blunt / Impact Weapon	
	Chemical Spray (e.g., OC/CS)			Chemical Spray (e.g., OC/CS)	
	Electronic Control Device			Electronic Control Device	
	Impact Projectile			Impact Projectile	
	Knife, Blade or Stabbing Instrument			Knife, Blade or Stabbing Instrument	
	Discharge of firearm			Discharge of firearm	
		Handgun			Handgun
		Rifle			Rifle
		Shotgun			Shotgun
	Other Dangerous Weapon			Other Dangerous Weapon	
	K-9 Contact			Animal	

	Location(s) of force used (check all that apply)	Head (front) Head (side) Head (rear) Neck/throat Front upper torso/chest Rear upper torso/back Front lower torso/abdomen Rear lower torso/back Front below waist/groin area Rear below waist/buttocks Arms/hands Front legs/feet Rear legs			Location(s) of force used (check all that apply)	Head (front) Head (side) Head (rear) Neck/throat Front upper torso/chest Rear upper torso/back Front lower torso/abdomen Rear lower torso/back Front below waist/groin area Rear below waist/buttocks Arms/hands Front legs/feet Rear legs	
	Civilian Injury Type (check all that apply)	Unconsciousness Concussion Bone fracture Internal injury Abrasion/Laceration Obvious disfigurement Gunshot wound Stabbing wound			Officer Injury Type (check all that apply)	Unconsciousness Concussion Bone fracture Internal injury Abrasion/Laceration Obvious disfigurement Gunshot wound Stabbing wound	
	Medical Aid	No Medical Assistance or Refused Assistance Medical Assistance (Treated on Scene) Medical Assistance (at Facility & Released) Admitted to Hospital Admitted to Hospital with critical injuries			Medical Aid	No Medical Assistance or Refused Assistance Medical Assistance (Treated on Scene) Medical Assistance (at Facility & Released) Admitted to Hospital Admitted to Hospital with critical injuries	
CIVILIAN DEMOGRAPHICS	Gender	Race (check all that apply)	Age	**OFFICER DEMOGRAPHICS**	Gender	Race (check all that apply)	Age
	Female Male Transgender	American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian Other Other Asian Other Pacific Islander Samoan Vietnamese White	mm/dd/yyyy		Female Male Transgender Duty On Off Dress Patrol Uniform Tactical Utility Plainclothes	American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian Other Other Asian Other Pacific Islander Samoan Vietnamese White	mm/dd/yyyy
	Observed Civilian Behavior (check all that apply)						
	Erratic behavior* ** If yes selected, optional field to indicate any further details (can check all that apply)* Signs of mental disability Signs of developmental disability Signs of physical disability Signs of drug impairment Signs of alcohol impairment	yes/no					