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   -verbal non-compliance   -passive resistance
    -active aggression   -deadly force assault

-Describe level of control:
    -officer presence   -verbal direction   -soft empty hand
    -hard empty hand   -intermediate weapons   -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: _____

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---**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**---
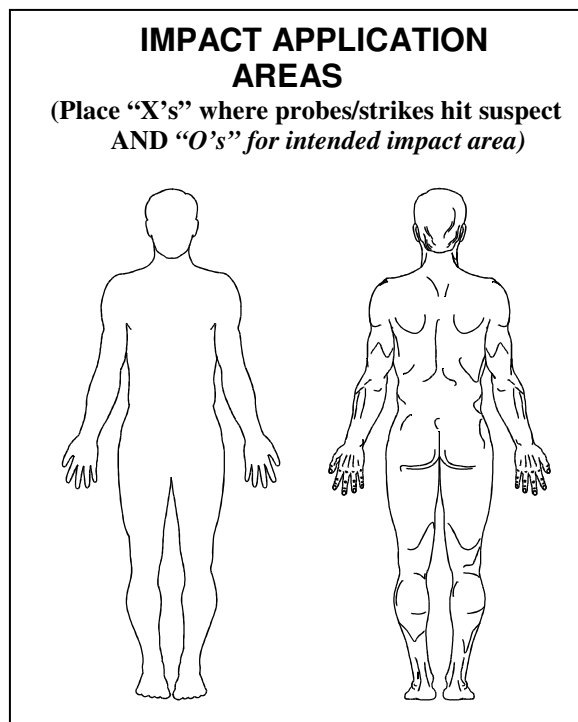
TASER use: ___Successful ___Unsuccessful

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?	__	__

IMPACT APPLICATION AREAS
(Place "X's" where probes/strikes hit suspect AND "O's" for intended impact area)

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.

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