

OFFICE OF THE ATTORNEY GENERAL - DEPARTMENT OF JUSTICE

Primary Agency	yes/no	Primary Reason for Contact		Civilian(s) who assaulted officer(s)	number
ORI	CAOXXXXXX	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
Location (Address)**	number, street, city, zip	Ambush - No Warning			Unknown
**Did the incident happen on a K-12 campus?	yes/no	Civil Disorder			No
			Civilian Level of resistance	Cooperative	
		<u>Underlying Incident Resulted in Arrest</u>		Passive non-compliance	Civilian Confirmed Armed With
		Yes No		Resistance	Firearm
		Arrest/Custody Offense		Assaultive*	Firearm Replica
				Life-Threatening*	Knife, Blade or Stabbing Instrument
		<u>Underlying Incident Resulted in Crime Report</u>			Other Dangerous Weapon
			<i>* If selected, indicate whether there was an attempt to disarm</i>	Yes/No	Non-dangerous Object
		Yes No			None

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

Civilian 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

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

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

CIVILIAN DEMOGRAPHICS

Gender

- Female
- Male
- Transgender

Race (check all that apply)

- American Indian
- Asian Indian
- Black
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hispanic
- Japanese
- Korean

Age

mm/dd/yyyy

Observed Civilian Behavior (check all that apply)

Erratic behavior* yes/no

** 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

Laotian

- Other
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White

OFFICER DEMOGRAPHICS

Gender

- Female
- Male
- Transgender

Race (check all that apply)

- American Indian
- Asian Indian
- Black
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hawaiian
- Hispanic
- Japanese
- Korean

Age

mm/dd/yyyy

Duty

- On
- Off

Laotian

- Other
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White

Dress

- Patrol Uniform
- Tactical
- Utility
- Plainclothes