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				
NCIC		Pre-Planned Activity		In Transit		Officer(s) who used force	number			
NIBRS Code		Welfare Check		Awaiting Booking		Officer(s) assaulted	l 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	I Firearm			
Date	mm/dd/yyyy	Investigating suspicious circums	tances	Sentenced			Knife, Blade or Stabbing Instrument			
Гime	0000 - 2400	Public Contact/Flag Down Ambush - No Warning		Other			Other Dangerous Weapor Unknowr			
Location (Address)**	number, street, city, zip	Civil Disorder					No			
**Did the incident happen										
on a K-12 campus?	yes/no									
	722,000			Civilian Level of resistance	Cooperative					
		Underlying Incident Resulted in	Arrest		Passive non-compliance		n 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	Yes/No					
		Yes	No	disarm			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				* If death selected, indicate whether it				
		of force/shooting	Yes/No			occurred as a result of force/shooting	Yes/No			
	Type of force used by officer (che	eck all that apply)			Type of force used by civ	lian (check all that apply)				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Officer Physical Contact				Civilian Physical Contact				
		,	Control Hold/Tak	edown		•	Control Hold/Takedown			
			Carotid Restraint	Control Hold			Carotid Restraint Control Hold			
							Other use of hands, fists, feet, etc.			
			Other use of han	ds, fists, feet, etc.						
		Officer Vehicle Contact	Other use of han	ds, fists, feet, etc.		Civilian Vehicle Contact				
		Officer Vehicle Contact Blunt / Impact Weapon	Other use of han	ds, fists, feet, etc.		Civilian Vehicle Contact Blunt / Impact Weapon	, , ,			
			Other use of han	ds, fists, feet, etc.						
		Blunt / Impact Weapon	Other use of han	ds, fists, feet, etc.		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device				
		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS)	Other use of han	ds, fists, feet, etc.		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS)				
		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile Knife, Blade or Stabbing Instrum		ds, fists, feet, etc.		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile Knife, Blade or Stabbing Instrument				
		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile	ent	ds, fists, feet, etc.		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile				
		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile Knife, Blade or Stabbing Instrum	ent Handgun	ds, fists, feet, etc.		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile Knife, Blade or Stabbing Instrument	Handgun			
		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile Knife, Blade or Stabbing Instrum	ent Handgun Rifle	ds, fists, feet, etc.		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile Knife, Blade or Stabbing Instrument	Handgun Rifle			
		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile Knife, Blade or Stabbing Instrum	ent Handgun	ds, fists, feet, etc.		Blunt / Impact Weapon Chemical Spray (e.g., OC/CS) Electronic Control Device Impact Projectile Knife, Blade or Stabbing Instrument	Handgun			

		і шасарріу)			Location(s) or force t		
		Head (front)				Head (front)	
		Head (side)				Head (side)	
		Head (rear)				Head (rear)	
		Neck/throat				Neck/throat	
		Front upper torso/chest				Front upper torso/chest	
		Rear upper torso/back				Rear upper torso/back	
		Front lower torso/abdomen				Front lower torso/abdomen	
		Rear lower torso/back				Rear lower torso/back	
		Front below waist/groin area				Front below waist/groin area	
		Rear below waist/buttocks				Rear below waist/buttocks	
		Arms/hands				Arms/hands	
						•	
		Front legs/feet			Front legs/feet		
		Rear legs				Rear legs	
	Civilian Injury Type (check all that	apply)		Officer Injury Type (check all that apply)			
		Unconsciousness				Unconsciousness	
		Concussion				Concussion	
		Bone fracture				Bone fracture	
		Internal injury				Internal injury	
		Abrasion/Laceration				Abrasion/Laceration	
		Obvious disfigurement				Obvious disfigurement	
		Gunshot wound				Gunshot wound	
		Stabbing wound				Stabbing wound	
	Medical Aid				Medical Aid		
	THE GREAT FINA	No Medical Assistance or Refus	and Assistance		TVICATCAT / TIG	No Medical Assistance or Refused	Assistance
		Medical Assistance (Treated or	•			Medical Assistance (Treated on Sce	
		Medical Assistance (at Facility 8	& Released)			Medical Assistance (at Facility & Re	eleased)
		Admitted to Hospital				Admitted to Hospital	
		Admitted to Hospital Admitted to Hospital with critic	cal injuries			Admitted to Hospital Admitted to Hospital with critical ir	ijuries
			cal injuries				njuries
SWILLIAM DEMOCRAPHICS	Condo	Admitted to Hospital with critic	•	OFFICER DEMOCRAPHICS	Condor	Admitted to Hospital with critical in	
CIVILIAN DEMOGRAPHICS	<u>Gender</u>	Admitted to Hospital with critic	Age	OFFICER DEMOGRAPHICS	<u>Gender</u>	Admitted to Hospital with critical in Race (check all that apply)	Age
IVILIAN DEMOGRAPHICS	Female	Admitted to Hospital with critic Race (check all that apply) American Indian	•	OFFICER DEMOGRAPHICS	Female	Admitted to Hospital with critical in Race (check all that apply) American Indian	
IVILIAN DEMOGRAPHICS		Race (check all that apply) American Indian Asian Indian	Age	OFFICER DEMOGRAPHICS		Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian	Age
IVILIAN DEMOGRAPHICS	Female	Admitted to Hospital with critic Race (check all that apply) American Indian	Age	OFFICER DEMOGRAPHICS	Female	Admitted to Hospital with critical in Race (check all that apply) American Indian	Age
IVILIAN DEMOGRAPHICS	Female Male	Race (check all that apply) American Indian Asian Indian	Age	OFFICER DEMOGRAPHICS	Female Male	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian	Age
IVILIAN DEMOGRAPHICS	Female Male	Admitted to Hospital with critic Race (check all that apply) American Indian Asian Indian Black Cambodian	Age	OFFICER DEMOGRAPHICS	Female Male	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian	Age
IVILIAN DEMOGRAPHICS	Female Male	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese	Age	OFFICER DEMOGRAPHICS	Female Male	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese	Age
IVILIAN DEMOGRAPHICS	Female Male	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino	Age	OFFICER DEMOGRAPHICS	Female Male	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino	Age
VILIAN DEMOGRAPHICS	Female Male	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian	Age	OFFICER DEMOGRAPHICS	Female Male	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian	Age
IVILIAN DEMOGRAPHICS	Female Male	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian	Age	OFFICER DEMOGRAPHICS	Female Male	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian	Age
IVILIAN DEMOGRAPHICS	Female Male	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian	Age	OFFICER DEMOGRAPHICS	Female Male	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian	Age
CIVILIAN DEMOGRAPHICS	Female Male	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian	Age	OFFICER DEMOGRAPHICS	Female Male Transgender	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian	Age
	Female Male Transgender	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic	Age	OFFICER DEMOGRAPHICS	Female Male Transgender <u>Duty</u> On	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese	Age
Observed Civilian Behavior	Female Male Transgender (check all that apply)	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese	Age	OFFICER DEMOGRAPHICS	Female Male Transgender Duty	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic	Age
<u>Observed Civilian Behavior</u> Erratic behavior*	Female Male Transgender	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese	Age	OFFICER DEMOGRAPHICS	Female Male Transgender <u>Duty</u> On	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese	Age
Observed Civilian Behavior Erratic behavior* * If yes selected, optional	Female Male Transgender (check all that apply) yes/no	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese	Age	OFFICER DEMOGRAPHICS	Female Male Transgender <u>Duty</u> On	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese	Age
Observed Civilian Behavior Tratic behavior* If yes selected, optional Tield to indicate any further	Female Male Transgender (check all that apply) yes/no	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean	Age	OFFICER DEMOGRAPHICS	Female Male Transgender <u>Duty</u> On	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean	Age
Observed Civilian Behavior rratic behavior* If yes selected, optional ield to indicate any further	Female Male Transgender (check all that apply) yes/no	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese	Age	OFFICER DEMOGRAPHICS	Female Male Transgender <u>Duty</u> On	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese	Age
observed Civilian Behavior rratic behavior* If yes selected, optional ield to indicate any further etails (can check all that	Female Male Transgender (check all that apply) yes/no	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean	Age	OFFICER DEMOGRAPHICS	Female Male Transgender <u>Duty</u> On	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean	Age
ibserved Civilian Behavior rratic behavior* If yes selected, optional eld to indicate any further etails (can check all that	Female Male Transgender (check all that apply) yes/no Signs of mental disability	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean	Age	OFFICER DEMOGRAPHICS	Female Male Transgender <u>Duty</u> On	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean	Age
ibserved Civilian Behavior rratic behavior* If yes selected, optional eld to indicate any further etails (can check all that	Female Male Transgender (check all that apply) yes/no Signs of mental disability Signs of developmental disability	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean	Age	OFFICER DEMOGRAPHICS	Female Male Transgender <u>Duty</u> On	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean	Age
observed Civilian Behavior rratic behavior* If yes selected, optional ield to indicate any further letails (can check all that	Female Male Transgender (check all that apply) yes/no Signs of mental disability Signs of developmental disability Signs of physical disability	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian Other	Age	OFFICER DEMOGRAPHICS	Female Male Transgender Duty On Off	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian	Age
Observed Civilian Behavior Irratic behavior* If yes selected, optional ield to indicate any further letails (can check all that	Female Male Transgender (check all that apply) yes/no Signs of mental disability Signs of developmental disability Signs of physical disability Signs of drug impairment	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Cother Cother Other Asian	Age	OFFICER DEMOGRAPHICS	Female Male Transgender Duty On Off	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian Other Other Asian	Age
observed Civilian Behavior rratic behavior* If yes selected, optional ield to indicate any further letails (can check all that	Female Male Transgender (check all that apply) yes/no Signs of mental disability Signs of developmental disability Signs of physical disability	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian Other	Age	OFFICER DEMOGRAPHICS	Female Male Transgender Duty On Off	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian	Age
Observed Civilian Behavior Erratic behavior* * If yes selected, optional Tield to indicate any further details (can check all that	Female Male Transgender (check all that apply) yes/no Signs of mental disability Signs of developmental disability Signs of physical disability Signs of drug impairment	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Cother Cother Other Asian	Age	OFFICER DEMOGRAPHICS	Female Male Transgender Duty On Off	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian Other Other Asian	Age
<u>Dbserved Civilian Behavior</u> Erratic behavior* * If yes selected, optional field to indicate any further details (can check all that	Female Male Transgender (check all that apply) yes/no Signs of mental disability Signs of developmental disability Signs of physical disability Signs of drug impairment	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Chher Other Asian Other Pacific Islander	Age	OFFICER DEMOGRAPHICS	Female Male Transgender Duty On Off Dress Patrol Uniform Tactical	Admitted to Hospital with critical in Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian Other Other Asian Other Pacific Islander	Age
Observed Civilian Behavior Erratic behavior* * If yes selected, optional field to indicate any further details (can check all that apply)	Female Male Transgender (check all that apply) yes/no Signs of mental disability Signs of developmental disability Signs of physical disability Signs of drug impairment	Admitted to Hospital with critical Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Chher Other Asian Other Pacific Islander Samoan	Age	OFFICER DEMOGRAPHICS	Female Male Transgender Duty On Off Dress Patrol Uniform	Race (check all that apply) American Indian Asian Indian Black Cambodian Chinese Filipino Guamanian Hawaiian Hispanic Japanese Korean Laotian Other Other Asian Other Pacific Islander Samoan	Age

Location(s) of force used (check all that apply)

Location(s) of force used (check all that apply)