

# SPECIAL ORDER



DISTRICT OF COLUMBIA

Subject  
**Instructions for Completing the Use of Force Incident Report (UFIR: PD Forms 901-e and 901-f)**

Series	Number
<b>06</b>	<b>05</b>

Effective Date  
**April 7, 2006**

Related to  
**General Order RAR 901.07 (Use of Force)**  
**General Order RAR 901.08 (Use of Force Investigations)**  
**Special Order 06-06 [Instructions for Completing the Reportable Incident Form (PD Forms 901-g and 901-h)]**

Rescinds  
**Circular 02-13 (PD Form 901-e (Use of Force Incident Report), dated October 7, 2002**

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## I. BACKGROUND

To protect citizens and employees, the Metropolitan Police Department (MPD) remains committed to documenting and investigating employee (sworn, civilian, and Reserve Corps members) use of force incidents. The information is monitored and reported department-wide using the recently revised PD Form 901-e [Use of Force Incident Report (UFIR)]. This Special Order explains the procedures for completing the revised PD Form 901-e (UFIR). This Special Order also introduces the new PD Form 901-f (UFIR, Subject Supplement) that is used when more than one individual is the subject of a use of force incident (See Attachments A and B).

## II. DEFINITIONS

When used in this directive, the following terms shall have the meaning designated:

1. Contact Controls – Includes, but are not limited to, hand control procedures, firm grip, escort and control holds.
2. Cooperative Controls – Includes, but are not limited to, verbal persuasion.
3. Incident Summary (IS) – Previously identified as the Complainant Summary system (CS), the CS system is now referred to as the IS system. The procedures for requesting IS numbers from OPR remains unchanged.

4. Resisted Handcuffing – Occurs when a person actively resists being placed in handcuffs and the officer must use contact controls in order to forcibly move the person’s wrists or arms, or to physically maneuver the person’s body so that the handcuffs can be applied. The “resistance” may range from an active struggle to a person simply “locking” his/her arms to prevent their being moved to the handcuff position.
5. Serious Use of Force – Lethal and less than lethal actions by members including:
  - a. All firearm discharges by a member with the exception of range and training incidents, and discharges at animals;
  - b. All uses of force by a member resulting in a broken bone or an injury requiring hospitalization;
  - c. All head strikes with an impact weapon;
  - d. All uses of force by a member resulting in a loss of consciousness, or that create a substantial risk of death, serious disfigurement, disability or impairment of the functioning of any body part or organ;
  - e. All other uses of force by a member resulting in a death; and
  - f. All incidents where a person receives a bite from an MPD canine.
6. Unresisted Handcuffing – (Also referred to as “submissive” handcuffing) occurs when a person complies with the officer’s verbal instructions and/or passively allows the officer to move his/her arms to a position behind the back in order to apply the handcuffs. In an unresisted/submissive handcuffing situation, the officer may use either cooperative and/or contact controls to apply the handcuffs.
7. Use of Force Incident Indicating Potential Criminal Conduct by a Member – Includes, but is not limited to, all strikes, blows, kicks or other similar uses of force against a handcuffed subject and all accusations or complaints of excessive force made against the member.

### III. REGULATIONS

- A. Only those managers assigned to the Force Investigation Team (FIT) (the rank of Lieutenant or above) shall authorize the issuance of Reverse-Garrity warnings to members who decline to complete the PD Form 901-e (UFIR).

- B. All Reserve Corps members and sworn and civilian members of the Department are subject to, and shall act in accordance with, the provisions in this order.

#### IV. PROCEDURAL GUIDELINES

- A. Members shall immediately notify an official following any use of force.
- B. Use of PD Form 901-e (UFIR)
  - 1. Members shall complete the PD Form 901-e (UFIR) immediately following all use of force incidents, except for cooperative or contact controls (e.g. mere presence, verbal commands or submissive handcuffing), unless there has been a resulting injury, or the subject complains of pain following the use of cooperative or contact controls. (CALEA 1.3.6)
  - 2. Members shall complete the PD Form 901-e (UFIR) in all “resisted handcuffing” situations as defined in this order.
  - 3. Members shall NOT complete the PD Form 901-e (UFIR) in “unresisted handcuffing” situations as defined in this order.
  - 4. Members shall complete the PD Form 901-e (UFIR) immediately following all firearm discharges, including discharges at animals (discharges at animals are considered deadly use of force in accordance with GO-RAR-901.07 (Use of Force), and negligent discharges (except for discharges that occur during range and training incidents). (CALEA 1.3.6)
  - 5. Members shall complete one PD Form 901-f (UFIR, Subject Supplement) for each additional person on whom force was used.
  - 6. Regardless of the level of force used, if a person claims to be injured OR if an injury is observed, members must notify a supervisor immediately, and prepare a PD Form 901-e.
- C. Members must be able to articulate in specific detail the facts and circumstances surrounding the force used in any given situation.
- D. Members who are the subject of an allegation of excessive force, but who have not engaged in any use of force against the subject, shall immediately notify an official to respond to the scene in order to document the incident as a citizen complaint, and investigate the incident accordingly. (CALEA 52.1.1)
- E. Members who engage in a use of force incident requiring the completion of a PD Form 901-e (UFIR), but fail to notify an official and complete the form as outlined in this directive, shall be subject to disciplinary action.

- F. Supervisory Officials shall:
1. Upon being notified that a member has used force, immediately respond to the scene of the incident in accordance with GO-RAR-901.08 (Use of Force Investigations).
  2. When a member declines to complete the PD Form 901-e (UFIR) immediately following a use of force, take the following actions:
    - a. For a Serious Use of Force incident, or a "Use of Force Incident indicating Potential Criminal Conduct by a Member" as defined in Section II. (2):
      - (1) Ensure that the FIT is notified in accordance with GO-RAR-901.08 (Use of Force Investigations).
      - (2) Do **not** compel or order the subject member to make a statement, or complete the PD Form 901-e (UFIR).

NOTE: In these cases, the FIT shall be responsible for ensuring that a PD Form 901-e (UFIR) is voluntarily completed, **or** ensure that the PD Form 901-e (UFIR) is completed following a written declination from the United States Attorney's Office (USAO).
    - b. For All Other Use of Force incidents requiring completion of a PD Form 901-e (UFIR):
      - (1) Notify the element Watch Commander to respond to the scene.
      - (2) Do **not** compel, or order the subject member to make a statement, or complete the PD Form 901-e (UFIR) until one of the following occurs:
        - (a) The element Watch Commander receives approval by the FIT on-call manager (Lieutenant or above) to authorize a Reverse-Garrity warning;  
**OR**
        - (b) The USAO has issued a written criminal declination.
  3. Within one hour of learning of the use of force incident, notify the Office of Professional Responsibility (OPR) to obtain IS tracking numbers according to the following:

- a. OPR can be notified directly during normal weekday business hours (from 0700 – 1900); or
    - b. During non-business hours (from 1900 – 0700), notify the on-call OPR manager. The OPR manager may be contacted through the Synchronized Operations Command Center (SOCC).
  4. Review and sign the completed PD Form 901-e (UFIR). (CALEA 1.3.7)
  5. Prior to the end of the tour of duty, forward the signed, completed PD Form 901-e (UFIR) to the member's Watch Commander.
  6. When approving a charge of assault on a police officer (APO), ensure that the report narratives describe in detail the facts and circumstances surrounding the incident and subsequent arrest, to include specifically indicating whether or not force was used during the arrest. If force was used, the authorizing official shall ensure that the UFIR is completed, if required.
- G. The Watch Commander shall: (CALEA 1.3.7)
1. Respond to the scene of all use of force incidents. If the Watch Commander is unavailable, he/she shall designate a management official (lieutenant or above) to respond to the scene in his/her place.
  2. Upon receiving a PD Form 901-e (UFIR), ensure the following:
    - a. The member has completely filled out the form.
    - b. The form has been reviewed and signed by the supervisory official.
    - c. Review the PD Forms 163 (Prosecution Report), 251 (Incident-Based Event Report), 252 (Supplement Report), 901-e, and, if required, 313 (Arrestee Illness or Injury Report), to ensure that the use of force is reported accurately and completely, and that all information concerning the arrest is consistent in all reports. Where there are discrepancies between the reports, the Watch Commander shall make a further inquiry into the matter and, if necessary, return the reports to the originating officer and/or official for corrections, clarification, and review before final approval.
  3. Prior to the end of the tour of duty, sign the completed PD Form 901-e (UFIR), and fax the form to the attention of the FIT Commanding Officer.

4. Forward the original copy of the signed PD Form 901-e (UFIR), through channels, to the FIT Commanding Officer.
5. If the member refuses to complete a PD Form 901-e (UFIR) following a use of force:
  - a. For a Serious Use of Force Incident or a "Use of Force Incident Indicating Potential Criminal Conduct by a Member," ensure that the FIT is notified in accordance with GO-RAR-901.08 (Use of Force Investigations).

NOTE: In these cases, the FIT shall be responsible for ensuring that a PD Form 901-e (UFIR) is voluntarily completed, or that the PD Form 901-e (UFIR) is completed following a written declination from the USAO.

- b. For All Other Use of Force incidents requiring completion of a PD Form 901-e (UFIR):
  - (1) Upon notification that a member has declined to complete the PD Form 901-e (UFIR) immediately following a use of force, respond to the scene.
  - (2) Contact the SOCC and request that the on-call FIT manager (Lieutenant or above) be paged.
  - (3) Provide the SOCC with a telephone number and location where he/she can be contacted.
  - (4) When contacted by the FIT manager, provide a detailed summary of the incident.
  - (5) If the FIT manager **authorizes** the issuance of a Reverse-Garrity warning:

Issue a Reverse-Garrity warning to the member.

NOTE: Sample Reverse-Garrity Warning Language for use of force incidents:

"The PD Form 901-e concerns administrative matters relating to the official business of the MPD. This form is not intended for the purpose of instituting a criminal prosecution against you. During the course of completing the form, even if you disclose criminal conduct, neither self-incriminating statements nor the fruits of any self-incriminating statements will be used against you in any

criminal proceeding.

Since this is an administrative matter and any self-incriminating information you disclose will not be used against you in a court of law, you are required to fill out the form fully and truthfully. General Order 201.26 (Duties, Responsibilities and Conduct of Members of the Department), states in part, 'members shall respond truthfully when questioned by supervisory officers about matters relating to official business of the police department...'. Failure to fill out the form will result in disciplinary action."

- (6) If the FIT manager **does not authorize** the issuance of a Reverse-Garrity warning:
- (a) Prior to being relieved from duty, complete the "Use of Force Preliminary Investigation Template," which is required before OPR can submit to the USAO.
  - (b) Complete each item, and ensure the following information is included in the template:
    - i. Summary of the event, and member information;
    - ii. Documentation whether the member provided, or declined to provide, a statement/interview;
    - iii. Interviews with the first official on the scene, and the first member on the scene;
    - iv. Interviews with all non-subject members who were involved in the incident;
    - v. Interviews with all civilian eyewitnesses;
    - vi. As applicable, a completed PD Form 313, to include the portion filled out by the hospital physician, and a copy of the PD Form 42 (Injury or Illness Report);
    - vii. Documentation of injuries to the defendant;
    - viii. Documentation of defendant's statements, remarks, or complaints of misconduct; and

- ix. All arrest paperwork, to include the PD Forms 163, 251, 252 and/or 123.
- (7) Forward the completed "Use of Force Preliminary Investigation Template," through channels, to the Assistant Chief, OPR.
- H. Element Commanders/Directors shall ensure that all members under their command comply with the requirements of this Special Order.
- I. The FIT Commanding Officer shall ensure that hard copies of completed PD Forms 901-e (UFIR) and 901-f (UFIR, Subject Supplement) are maintained in a centralized file in the FIT Office.

## V. PROVISION

Where the provisions in this directive are in conflict with directives previously issued, the provisions in this directive shall prevail.

## VI. CROSS REFERENCES

- A. GO-PCA-701.03 (Handling Assaults on Police Officers)
- B. GO-RAR-901.07 (Use of Force)
- C. GO-RAR-901.08 (Use of Force Investigations)
- D. Teletype (TT 12-080-05), dated December 28, 2005

## VII. ATTACHMENTS

- 1. Attachment A: PD Form 901-e (Use of Force Incident Report)
- 2. Attachment B: PD Form 901-f (Use of Force Incident Report, Subject Supplement)

//SIGNED//  
Charles H. Ramsey  
Chief of Police

CHR:MJF:SOA:DAH:JAH:pas:mck

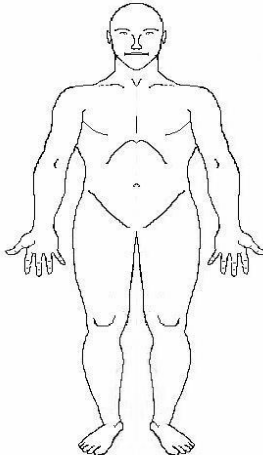
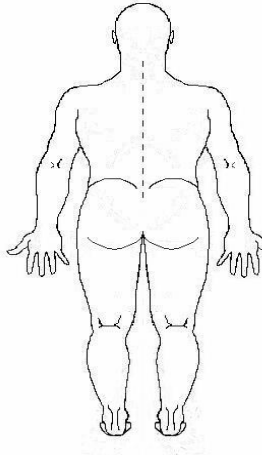


# METROPOLITAN POLICE DEPARTMENT USE OF FORCE INCIDENT REPORT (UFIR)

## A. REPORTING OFFICER

<b>CS NUMBER:</b>		<b>LAST NAME:</b>		<b>FIRST NAME</b>		<b>MI</b>	<b>RANK</b>
<b>CAD NO.</b>	<b>ELEMENT</b>	<b>ASSIGNMENT</b>	<b>PSA</b>	<b>SEX</b>	<b>RACE</b>	<b>HEIGHT</b>	
<b>WEIGHT</b>	<b>APPOINTMENT DATE</b>	<b>DUTY STATUS (CHECK ONE)</b>		<b>UNIFORM (CHECK ONE)</b>		<b>DOB</b>	
		<input type="checkbox"/> ON <input type="checkbox"/> OFF		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> PLAIN CLOTHES			
<b>SUPV. NOTIFIED</b>	<b>DATE</b>	<b>TIME</b>	<b>SUPERVISOR NOTIFIED LAST NAME</b>		<b>FIRST NAME</b>	<b>MI</b>	<b>RANK</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO							<b>CAD NO.</b>
<b>ON-SCENE SUPERVISOR LAST NAME</b>			<b>ON-SCENE SUPERVISOR FIRST NAME</b>			<b>MI</b>	<b>RANK</b>
							<b>CAD NO.</b>
<b>OFFICER INJURED OR COMPLAINT OF PAIN (IF YES, COMPLETE OFFICER INJURY SECTION)</b>							<input type="checkbox"/> YES <input type="checkbox"/> NO

## OFFICER INJURY

<b>OBSERVATIONS</b>		<b>BODY DIAGRAMS (INDICATE INJURY)</b>	
<input type="checkbox"/> NONE	<input type="checkbox"/> GUN SHOT WOUND		
<input type="checkbox"/> ABRASIONS	<input type="checkbox"/> UNCONSCIOUS		
<input type="checkbox"/> BRUISING	<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> LACERATIONS			
<input type="checkbox"/> STAB WOUND			
<b>COMPLAINTS</b>			
<input type="checkbox"/> NONE	<input type="checkbox"/> BURNING		
<input type="checkbox"/> NUMBNESS	<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> COMPLAINT OF PAIN, NO VISIBLE INJURIES			
<input type="checkbox"/> DIFFICULTY BREATHING			
<b>PHOTOS TAKEN</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

## B. EVENT INFORMATION

<b>INCIDENT DATE</b>	<b>INCIDENT TIME</b>	<b>DATE OF REPORT</b>	<b>TIME OF REPORT</b>	<b>CCN</b>	<b>DISTRICT</b>	<b>PSA</b>
<b>LOCATION OF INCIDENT</b>					<b>OTHER JURISDICTION</b>	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>LIGHTING CONDITIONS</b>			<b>GROUND CONDITIONS</b>			

## C. FORCE INFORMATION

<b>TYPE OF FORCE USED (CHECK ALL THAT APPLY)</b>		<b>FIREARM INFORMATION</b>	
<input type="checkbox"/> HANDS	<input type="checkbox"/> ASP-CONTROL	<input type="checkbox"/> POINTED AT PERSON	<input type="checkbox"/> DISCHARGED
<input type="checkbox"/> FEET-KICK	<input type="checkbox"/> ASP-STRIKE	<b>FIREARM TYPE</b>	
<input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> STUNGUN (ERT)	<input type="checkbox"/> HANDGUN	<input type="checkbox"/> SHOTGUN (CERTIFIED)
<input type="checkbox"/> CONTROL HOLDS	<input type="checkbox"/> TASER (ERT)	<input type="checkbox"/> RIFLE (ERT)	<input type="checkbox"/> AUTOMATIC WEAPON (ERT)
<input type="checkbox"/> JOINT LOCKS	<input type="checkbox"/> BEAN BAGS (ERT)	<b>OTHER</b>	
<input type="checkbox"/> PRESSURE POINTS	<input type="checkbox"/> STUNBAGS (ERT)	<input type="checkbox"/> MOUNTAIN BIKE SLIDE TAKEDOWN (CERTIFIED)	
<input type="checkbox"/> FISTS	<input type="checkbox"/> FLASHBANG (ERT)	<input type="checkbox"/> CANINE	
<input type="checkbox"/> TAKEDOWN – SOLO	<input type="checkbox"/> STINGBALL (CDU/ERT)	<b>OTHER FORCE USED :</b>	
<input type="checkbox"/> TAKEDOWN – TEAM	<input type="checkbox"/> CS CHEM. AGT. (CDU)		
<input type="checkbox"/> OC SPRAY	<input type="checkbox"/> BATON – CONTROL (CDU)		
	<input type="checkbox"/> BATON – STRIKE (CDU)		
<b>FIRST AID RENDERED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>QUALIFIED IN WEAPON USE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATE LAST CERTIFIED:</b>	

# METROPOLITAN POLICE DEPARTMENT USE OF FORCE INCIDENT REPORT (UFIR)

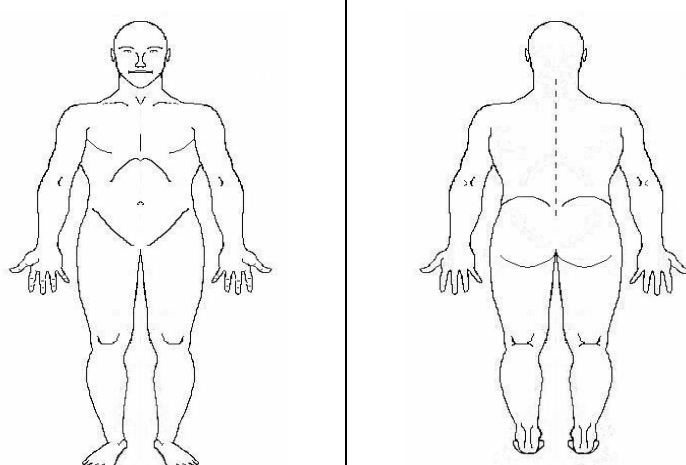
## D. SUBJECT INFORMATION

TOTAL NUMBER OF SUBJECTS ON WHOM FORCE WAS USED:		(COMPLETE PD 901-f FOR EACH ADDITIONAL SUBJECT)	
LAST NAME	FIRST NAME	MI	SSN
ADDRESS		CITY	STATE ZIP
PHONE		EMPLOYMENT/SCHOOL	
DOB	SEX	RACE	HEIGHT WEIGHT
SUBJECT INJURED OR COMPLAINT OF PAIN (IF YES, COMPLETE SUBJECT INJURY SECTION AND PD-313)			<input type="checkbox"/> YES <input type="checkbox"/> NO

SUBJECT ACTION (CHECK ONE)	
<input type="checkbox"/> COMPLIANT	<input type="checkbox"/> ASSAULTIVE (PHYSICAL INJURY)
<input type="checkbox"/> RESISTANT (PASSIVE)	<input type="checkbox"/> ASSAULTIVE (SERIOUS PHYSICAL INJURY / DEATH)
<input type="checkbox"/> RESISTANT (ACTIVE)	

SUBJECT ACTIVITY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> APO	<input type="checkbox"/> DISORDERLY CONDUCT	<input type="checkbox"/> HOSTAGE	<input type="checkbox"/> DANGEROUS ANIMAL
<input type="checkbox"/> ATTEMPT ARREST	<input type="checkbox"/> DEMONSTRATION	<input type="checkbox"/> LANDLORD/TENANT DISPUTE	<input type="checkbox"/> ROBBERY
<input type="checkbox"/> ADW	<input type="checkbox"/> DEFENDING AN ASSAULT	<input type="checkbox"/> SUICIDE ATTEMPT	<input type="checkbox"/> BURGLARY
<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> TRANSPORTING	<input type="checkbox"/> FOOT PURSUIT
<input type="checkbox"/> BARRICADE	<input type="checkbox"/> DRUGS	<input type="checkbox"/> TRAFFIC STOP	<input type="checkbox"/> VEHICLE PURSUIT
<input type="checkbox"/> CROWD CONTROL	<input type="checkbox"/> DUI	<input type="checkbox"/> OTHER (SPECIFY BELOW)	
OTHER SUBJECT ACTIVITY:			

SUBJECT WEAPON INFORMATION				
WEAPON	FIREARM	BLUNT WEAPON	EDGED WEAPON	OTHER WEAPON
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE:	TYPE:	TYPE:	TYPE:	TYPE:
RECOVERED	RECOVERED	RECOVERED	RECOVERED	RECOVERED
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION
DISCHARGED				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

OBSERVATIONS	SUBJECT INJURY BODY DIAGRAMS (INDICATE WHERE FORCE WAS USED)
<input type="checkbox"/> NONE <input type="checkbox"/> ABRASIONS <input type="checkbox"/> BRUISING <input type="checkbox"/> LACERATIONS <input type="checkbox"/> STAB WOUND <input type="checkbox"/> GUN SHOT WOUND <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> OTHER (SPECIFY)	
<b>COMPLAINTS</b> <input type="checkbox"/> NONE <input type="checkbox"/> NUMBNESS <input type="checkbox"/> COMPLAINT OF PAIN, NO VISIBLE INJURIES <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> BURNING <input type="checkbox"/> OTHER (SPECIFY)	
AMBULANCE NO: MEDIC NO:	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO



**METROPOLITAN POLICE DEPARTMENT  
USE OF FORCE INCIDENT REPORT (UFIR)  
SUBJECT SUPPLEMENT**

OFFICER LAST NAME	OFFICER FIRST NAME	MI	CAD NUMBER

**A. SUBJECT INFORMATION**

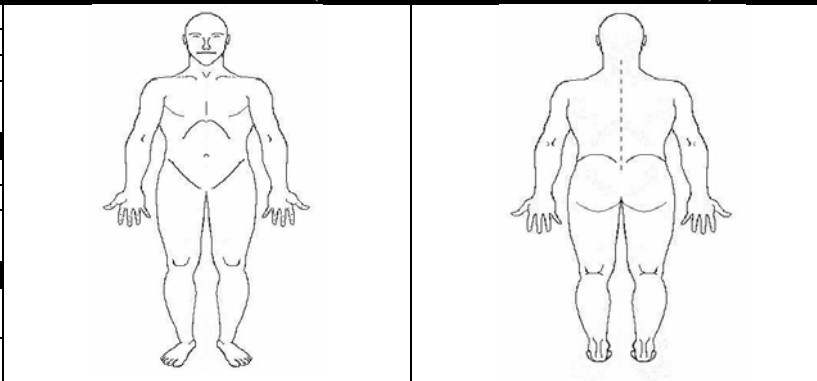
CS NUMBER: _____	DATE OF INCIDENT: _____	SUBJECT _____ OF _____ (TOTAL)	
LAST NAME	FIRST NAME	MI	SSN
ADDRESS	CITY	STATE	ZIP
PHONE	EMPLOYMENT/SCHOOL		
DOB	SEX	RACE	HEIGHT
SUBJECT INJURED OR COMPLAINT OF PAIN (IF YES, COMPLETE INJURY SECTION INJURY BELOW)			<input type="checkbox"/> YES <input type="checkbox"/> NO

SUBJECT ACTION (CHECK ONE)	
<input type="checkbox"/> COMPLIANT	<input type="checkbox"/> ASSAULTIVE (PHYSICAL INJURY)
<input type="checkbox"/> RESISTANT (PASSIVE)	<input type="checkbox"/> ASSAULTIVE (SERIOUS PHYSICAL INJURY / DEATH)
<input type="checkbox"/> RESISTANT (ACTIVE)	

SUBJECT ACTIVITY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> APO	<input type="checkbox"/> DISORDERLY CONDUCT	<input type="checkbox"/> HOSTAGE	<input type="checkbox"/> DANGEROUS ANIMAL
<input type="checkbox"/> ATTEMPT ARREST	<input type="checkbox"/> DEMONSTRATION	<input type="checkbox"/> LANDLORD/TENANT DISPUTE	<input type="checkbox"/> ROBBERY
<input type="checkbox"/> ADW	<input type="checkbox"/> DEFENDING AN ASSAULT	<input type="checkbox"/> SUICIDE ATTEMPT	<input type="checkbox"/> BURGLARY
<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> TRANSPORTING	<input type="checkbox"/> FOOT PURSUIT
<input type="checkbox"/> BARRICADE	<input type="checkbox"/> DRUGS	<input type="checkbox"/> TRAFFIC STOP	<input type="checkbox"/> VEHICLE PURSUIT
<input type="checkbox"/> CROWD CONTROL	<input type="checkbox"/> DUI	<input type="checkbox"/> OTHER (SPECIFY BELOW)	
OTHER SUBJECT ACTIVITY: _____			

SUBJECT WEAPON INFORMATION				
WEAPON	FIREARM	BLUNT WEAPON	EDGED WEAPON	OTHER WEAPON
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE:	TYPE:	TYPE:	TYPE:	TYPE:
RECOVERED	RECOVERED	RECOVERED	RECOVERED	RECOVERED
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION
DISCHARGED				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

**METROPOLITAN POLICE DEPARTMENT  
USE OF FORCE INCIDENT REPORT (UFIR)  
SUBJECT SUPPLEMENT**

OBSERVATIONS		SUBJECT INJURY	
<input type="checkbox"/> NONE	<input type="checkbox"/> GUN SHOT WOUND	<p align="center"><b>BODY DIAGRAMS (INDICATE WHERE FORCE WAS USED)</b></p> 	
<input type="checkbox"/> ABRASIONS	<input type="checkbox"/> UNCONSCIOUS		
<input type="checkbox"/> BRUISING	<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> LACERATIONS			
<input type="checkbox"/> STAB WOUND			
<b>COMPLAINTS</b>			
<input type="checkbox"/> NONE	<input type="checkbox"/> BURNING		
<input type="checkbox"/> NUMBNESS	<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> COMPLAINT OF PAIN, NO VISIBLE INJURIES			
<input type="checkbox"/> DIFFICULTY BREATHING			
AMBULANCE NO:			
MEDIC NO:	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO		

**B. REVIEW**

<b>OFFICER SIGNATURE</b>	<b>DATE</b>
<b>SUPERVISOR SIGNATURE</b>	<b>DATE</b>
<b>WATCH COMMANDER SIGNATURE</b>	<b>DATE</b>