

SUMMARY REPORT USE OF FORCE

NAME OF AGENCY: _____

NAME OF INDIVIDUAL COMPLETING REPORT: _____

TIME PERIOD COVERED BY REPORT: _____

Total number of incidents that necessitated the Use of Force		
Total number of persons against whom force was used		
Total number of incidents involving officer Use of Physical Force		
Total number of incidents involving officer Use of Mechanical Force		
Total number of incidents involving officer Use of Deadly Force		
Total number of incidents involving officer Use of Physical Force & Mechanical Force		
Total number of incidents involving officer Use of Physical Force & Deadly Force		
Total number of incidents involving officer Use of Mechanical Force & Deadly Force		
Total number of incidents involving officer Use of Physical Force & Mechanical Force & Deadly Force		

Notes: