

MASSACHUSETTS POST COMMISSION USE OF FORCE REPORTING FORM

1. REPORT BASICS

Reporting Officer	
Agency Name	
Report Date	

2. INCIDENT BASICS

Incident/Case Number	
Incident Date	
Incident Time	
Location Address	
Location Type	☐ Indoor ☐ Outdoor ☐ Station ☐ Residence ☐ Business ☐ Hospital ☐ Other _____

3. INVOLVED OFFICER(S)

Officer Name	
Arrival Uniform	☐ Full ☐ Partial ☐ Plainclothes
If Plainclothes, Describe Visual Police Identification:	
Duty Status	☐ On Duty ☐ Off Duty
Involvement	☐ Used Force ☐ Intervened [If Intervened, submit Supervisor Report with Officer Statement included]
Officer Injured	☐ No ☐ Minor ☐ Serious Injury ☐ Death
Describe Injuries:	

4. INVOLVED SUBJECT(S)

Name	
DOB	
Race/Ethnicity (select all that apply)	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Hispanic or Latino(a) ☐ Middle Eastern or North African (MENA) ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unknown
Gender	☐ Female ☐ Male ☐ Other
Height	
Weight	
Subject Injured	☐ None Reported ☐ Minor ☐ Serious Injury ☐ Death
Describe Injuries:	

5. INCIDENT DETAILS

Type of Incident (select all that apply)

- ☐ Investigative/Terry Stop ☐ Effect an Arrest ☐ Warrant Service ☐ Response to Suspicious Activity
☐ Motor Vehicle Stop ☐ Barricaded ☐ Welfare Check ☐ Domestic Violence ☐ School Disturbance
☐ Mass Demonstration ☐ Cell Check

☐ Medical/Mental Health Incident ☐ Incident Involving Suspected or Known Alcohol or Drug Impairment

☐ Other, Describe: _____

Was Subject a Direct Threat to Officer or Another

☐ Yes, Describe: _____ ☐ No

Subject Weapon (select all that apply)

- ☐ Blunt Object ☐ Knife/Cutting Instrument ☐ Firearm ☐ Vehicle ☐ Body Part, Describe: _____
☐ Other, Describe: _____

De-escalation

☐ Attempted/Failed ☐ Not Feasible

Force Type (select all that apply)

☐ Deadly/Lethal ☐ Non-deadly/Non-lethal

Officer Weapon/Implement and Usage (select all that apply)

☐ Personal Weapons/Empty Hand Control (select all that apply)

☐ Pressure Point/Control Method ☐ Takedown ☐ Hand/Fist Strike

☐ Elbow/Arm Strike ☐ Foot Strike ☐ Knee Strike ☐ Head Strike ☐ Other, Describe: _____

☐ Impact Weapon Use/Baton Strike/Less-Lethal Munitions

☐ OC Spray Deployment

☐ Electronic Control Weapon (select all that apply)

☐ Pointed ☐ Laser Only ☐ Warning Arc ☐ Drive-Stun ☐ Probe Deployment

☐ Firearm

☐ Pointed Only ☐ Discharged

☐ Other Weapon Usage: Describe: _____

6. OUTCOME

(Select all that apply)

☐ Citation ☐ Arrest ☐ Protective Custody ☐ Section 12 ☐ Release/No Enforcement Action

☐ Summons ☐ Other, Describe: _____

☐ **Medical Care Provided or Requested (select all that apply)**

☐ For Officer

☐ For Subject

☐ Provided by Officer(s) ☐ Provided by Medical Personnel

☐ Refusal

☐ Other, Describe: _____

7. INCIDENT NARRATIVE

Narrative may be included below or added as an attachment. If adding as an attachment, note report number. Remember to include the reasons that force was used including the subject's resistance and/or actions, as well as any de-escalation tactics used and/or attempted and failed or why de-escalation tactics were not feasible.

☐ Narrative Attached; Report #: _____

8. OTHER

Known Video Footage Available (select all that apply)

☐ None ☐ BWC ☐ Dashcam ☐ Cell phone ☐ Commercial CCTV ☐ Residential CCTV ☐ Drone

☐ Other, Describe: _____

Supervisor/Senior Officer Notified Before and/or During Incident: ☐ Yes ☐ No

If yes, Name/Rank: _____

Supervisor/Senior Officer Responded to Scene: ☐ Yes ☐ No

If yes, Name/Rank: _____

Other Officer(s) Present: ☐ Yes ☐ No

Name, Rank	Agency
Name, Rank	Agency
Name, Rank	Agency

Other Witnesses Present: ☐ Yes ☐ No

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

9. SUPERVISOR REVIEW (Supervisor not directly involved in incident)

Supervisor Name	
Officer Report Properly Completed and Completed by End of Shift or Granted Extension	☐ Yes ☐ No
Evidence Preserved	☐ Yes ☐ No
Clear Violation of Law and/or Agency Policy & Procedures	☐ Yes ☐ No ☐ Unknown If yes, Describe: _____
Date	
Signature	