TOWN OF ERVING
Department of Police
71 French King Highway
Erving, Massachusetts 01344
Phone (413) 423-3310 · Fax (413) 423-3340

USE OF FORCE REPORT

Officers must complete and submit this form prior to end of tour of duty

OFFICER INFORMATION

Agency Case Number	Date	Time	Offense Location

Primary Officer	Officer ID#	Secondary Officer	Officer ID#	On-Duty Supervisor

Officer Involved Officer	Officer ID#	Other Involved Officer	Officer ID#	Additional Personnel

SUBJECT INFORMATION

Last Name	First Name	Middle Name	Race	Sex

AT TIME OF ENCOUNTER WAS THE SUBJECT ;(CHECK ALL THAT APPLY)

- ☐ SUSPECTED UNDER THE INFLUENCE OF ALCOHOL AND/ OR DRUGS
- ☐ UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS
- ☐ MENTALLY IMPAIRED (SECTION 12 OR OTHERWISE)
- ☐ OTHER_____
- ☐ NONE

AT THE TIME OF THE ENCOUNTER WAS THE SUBJECT ARMED? ☐ YES ☐ NO

IF YES, (CHECK ALL THAT APPLY)

- ☐ FIREARM
- ☐ KNIFE
- ☐ CLUB/BLUNT OBJECT
- ☐ OTHER_____

SUBJECT'S ACTIONS

LEVELS OR RESISTANCE:(CHECK ALL THAT APPLY AND BREIFLY EXPLAIN IN SPACE PROVIDED BELOW)

- ☐ ASSAULT ON LAW ENFORCEMENT OFFICER AND/OR THIRD PARTY
- ☐ AGGRESSIVE ACTIONS (FIGHT, STRUGGLE, SHOVE, STRIKE, POSSESS WEAPON, ETC.)
- ☐ PASSIVE RESISTANCE (SITTING, LYING DOWN, REFUSE TO MOVE AND/OR COMPLY WITH INSTRUCTIONS)
- ☐ RESISTING, DELAYING AND/OR OBSTRUCTING A LAW ENFORCEMENT OFFICER

CHARGES

WAS SUBJECT IDENTIFIED AND ARRESTED ☐ YES ☐ NO IF SO, INDICATE CHARGES. IF NOT, EXPLAIN

OFFICER'S ACTIONS

LEVELS OF CONTROL (CHECK ALL THAT APPLY)

☐ PHYSICAL FORCE ☐ FIREARM ☐ BATON/IMPACT WEAPON ☐ OTHER_____

☐ CANINE ☐ CHEMICAL AGENT (OC) ☐ ELECTRONIC WEAPON (TASER)

INJURIES

DID OFFICER SUSTAIN ANY INJURIES AS A RESULT OF FORCE? ☐ YES ☐ NO If yes explain below

DID OFFICER REQUIRE MEDICAL ATTENTION? ☐ YES ☐ NO IF YES ☐ ON SCENE EMS ☐ HOSPITAL

DID SUBJECT SUSTAIN ANY INJURIES AS A RESULT OF THE USE OF FORCE? ☐ YES ☐ NO IF YES EXPLAIN BELOW

DID SUBJECT REQUIRE MEDICAL ATTENTION? ☐ YES ☐ NO IF YES ☐ ON SCENE EMS ☐ HOSPITAL

WITNESS INFORMATION

LAST NAME, FIRST NAME	ADDRESS	PHONE
LAST NAME, FIRST NAME	ADDRESS	PHONE
LAST NAME, FIRST NAME	ADDRESS	PHONE

NARRATIVE INSTRUCTIONS: THE NARRATIVE SHOULD REFLECT THE INCIDENT AS A CHRONOLOGICAL ACCOUNT OF FACTS AND RELEVANT EVENTS THAT OCCURRED AND RESULTED IN THE USE OF FORCE.

OFFICER NAME/ID# OFFICER SIGNATURE SUPERVISOR SIGNATURE

PATROL SUPERVISOR REVIEW

CHECK ONE OF THE FOLLOWING

☐ I CONCUR WITH WITH THE OFFICER'S ACTIONS AS DETAILED IN THIS "USE OF FORCE" REPORT AND THE FACTS CONTAINED HEREIN. THE OFFICER INVOLVED FOLLOWED THE ERVING POLICE DEPARTMENT "USE OF FORCE" POLICY.

☐ I DO NOT CONCUR WITH THE OFFICER'S ACTIONS AS DETAILED IN THIS "USE OF FORCE" REPORT AND THE FACTS CONTAINED HEREIN. AS A RESULT I HAVE SUBMITTED A LETTER ATTACHED TO THIS FORM WITH MY CONCERNS AND RECOMMENDATIONS TO THE APPROPRIATE AND AFFECTED COMMANDER FOR HIS REVIEW AND EVALUATION.

COMMENTS

REVIEWING SUPERVISOR/ID# DATE AND TIME RECEIVED SIGNATURE

CHIEF OF POLICE REVIEW

CHIEF OF POLICE DATE AND TIME REVIEWED