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## Supervisory Use of Force Evaluation Form

(Supersedes DB 15-237, Amends DGO 5.01)

The purpose of this bulletin is to outline the new legislative mandate regarding the collection of certain biographical data on reportable use of force incidents as well as inform them of the new Supervisory Use of Force Evaluation form that will be used in addition to the current Use of Force Log.

Every reportable use of force incident *shall* require a supervisor to respond to the scene and conduct a Supervisory Use of Force Evaluation unless a response is impractical, poses a danger, or where officers' continued presence creates a risk. (DGO 5.01 Rev. 12/21/16) The evaluation shall be filled out in its entirety for each use of force incident. If more than one subject or officer is involved in the incident, a supervisor shall utilize the Additional Subject(s) or Additional Officer(s) forms.

Once the supervisor has completed the Supervisory Use of Force Evaluation Form (SFPD 575B), it must be signed by the completing supervisor and submitted to the on-duty platoon commander by the end of watch. The platoon commander shall review the form and forward it to their captain for approval. The captain, or his/her designee is responsible for scanning the completed Use of Force Evaluation Form and emailing it to [sfpdeisadmin@sfgov.org](mailto:sfpdeisadmin@sfgov.org) by the end of their watch except on weekend or holidays.

Commanding officers shall forward the original completed Supervisory Use of Force Evaluation Form(s) to the commanding officer of Risk Management and one copy to the commanding officer of the Training Division and another to the officer's Bureau Deputy Chief no later than the end of the watch. A hard copy or electronic copy shall be kept at each station/unit where the force occurred for future reference.

Supervisors shall ensure that a separate entry for each reportable use of force is made to the Use of Force Log for each subject involved. On the Monday of each week, unless a holiday, and then on Tuesday, commanding officers shall sign the Use of Force Log and send it, along with one copy of the incident report, to their respective Bureau Deputy Chief and one copy of the Use of Force Log with copies of the incident reports to the commanding officers of the Training Division and Risk Management.

The officer completing the incident report shall document in the narrative which supervisor responded to the scene and completed the Supervisory Use of Force Evaluation Form and made entry into the Use of Force Log. **Do not attach a copy of the Supervisory Use of Force Evaluation form to the police report.**

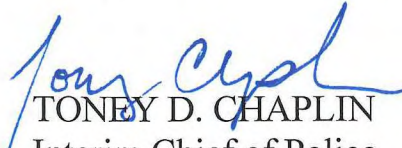
A copy of the new Supervisory Use of Force Evaluation form (SFPD Form 575B) can be located in the desktop file "SFPD Forms" and is attached to this bulletin along with a step by step completion guide (SFPD 575A) as well as an updated Use of Force Log (SFPD 128 Rev. 01/17).

### Reference:

DGO 5.01 Use of Force

DGO 5.21 The Crisis Intervention Team (CIT) Response to Person in Crisis Calls for Service

San Francisco Administrative Code 96A - Mandating Data Collection and Reporting of Detentions and Traffic Stops

  
TONEY D. CHAPLIN  
Interim Chief of Police

*Per DB 15-141, both sworn and non-sworn members are required to electronically acknowledge this Department Bulletin in HRMS.*

*Complies with DOJ recommendation #8.1.*





# San Francisco Police Department Supervisory Use of Force Evaluation



## Step by Step Form Completion Guide

<b>INCIDENT NUMBER:</b>	<b>Date:</b>	<b>Time:</b>	<b>Day of Wk:</b>
<b>SFPD CAD#:</b>	<b>Type of Incident: --</b>		
<b>On View</b> <input type="checkbox"/> <b>Dispatch</b> <input type="checkbox"/>	<b>Critical Incident/Special Event:</b>		
<b>Location of Occurrence:</b>		<b>District of Occurrence:</b>	

1	<b>INCIDENT NUMBER:</b>	SFPD Case #
2	<b>Date:</b>	Date of the actual incident. Date of format: MM/DD/YY. (Ex. 05/30/16)
3	<b>Time:</b>	Time the form is being completed (Ex. Use 24 hour format)
4	<b>Day of Week:</b>	Monday through Sunday
5	<b>SFPD CAD#:</b>	Enter SFPD CAD#
6	<b>Type of Incident:</b>	Main Title Used for Police Report (i.e. Robbery w/Handgun)
7	<b>On View/Dispatch:</b>	Choose whether the incident began as: <i>On View</i> (if officer on viewed the incident prior to force being used) <i>Dispatch</i> (the incident originated from a 911 caller that dispatch relayed to officer's involved.)
8	<b>Critical Incident/Special Event:</b>	This section should only be filled out if force was used at a particular event or critical incident (i.e. World Series Event, Pride Parade, Demo)
9	<b>Location of Occurrence:</b>	Exact address where force was used (Specify if outside of SF)
10	<b>District of Occurrence:</b>	District where the use of force occurred, even if different from station the officer is assigned. (Ex. Co A, Co B, Co C...)

## Use of Force Time Line Section

Use of Force Time Line (Use 24 Hour Format)	
Supervisory Officer Rank, Name & Star No.:	<b>Broadcast Time of Use of Force:</b>
	<b>Supervisor On Scene Time:</b>
	<b>Officer Initial Contact Time:</b>
Did Supervisor Respond to Scene: Y <input type="checkbox"/> N <input type="checkbox"/> If No, why?	

11	<b>Supervisory Officer Rank, Name and Star No.:</b>	Q50, Smith, Jane, 1234
12	<b>Broadcast Time of Use of Force:</b>	Use CAD to determine when officer made dispatch aware that force was used.
13	<b>Supervisor On Scene Time:</b>	Use the time the first supervisor arrived on scene, does not need to be supervisor who is completing the form.
14	<b>Officer Initial Contact Time:</b>	This is the time the officer(s) first made contact with the Subject who force was used against.
15	<b>Did Supervisor Respond to Scene:</b>	Did a supervisor (Sergeant rank or above) respond to the scene. If no, please describe why (Ex. Responded to hospital with officer, stuck on another call (specific call) )



## Subject # 1 Section

<b>Subject #1</b>		Subject Name:			DOB:		
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>							
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		LEP: Y <input type="checkbox"/> N <input type="checkbox"/>		Language:		Height:	
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/>		Injured: Y <input type="checkbox"/> N <input type="checkbox"/>		Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>		Death: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>			Injuries Description:				
Photo Taken By:			Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>				
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>			Treating Physician Name:				
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>			<b>Reason for Use of Force (DGO 5.01):</b>				
Hospital Name:			<input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another person or officer				
<b>Subject Armed:</b>		<b>Type of Weapon:</b>					
Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Firearm					
<b>Subject Homeless:</b>		<input type="checkbox"/> Replica Firearm					
Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Knife/Other Edged Weapon					
<b>Charges:</b>		<input type="checkbox"/> Blunt Object					
		<input type="checkbox"/> Other _____					
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>							

16	<b>Subject Name:</b>	Person who force was used on (Ex. Doe, John). Last name, First name
17	<b>DOB:</b>	Date of Birth for subject (Format: Mo/Day/Year)
18	<b>Race:</b>	Check corresponding box for the following race as it states on their driver's license (A =Asian, B= Black, W=White, H=Hispanic, I=Native American, U=Unknown)
19	<b>Sex:</b>	Check box M for Male or F for Female
20	<b>LEP:</b>	Check Yes or No to indicate Limited English Proficiency
21	<b>Language:</b>	Native language if LEP checked Yes.
22	<b>Height:</b>	Use height as listed on Driver's License or approximate (Ex. 5'06)
23	<b>Weight:</b>	Use weight as listed on Driver's License or approximate (Ex. 150)
24	<b>Complaint of Pain:</b>	If the subject has stated he has pain or was asked if he has pain and responded YES then- check appropriate box. If there was no complaint of pain, check box NO
25	<b>Injured:</b>	If subject is injured, no matter how slight, check YES box.
26	<b>Serious Bodily Injury:</b>	As defined in 12525.2(d) of the CA Government Code: "a bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member or organ." Check Yes or No.
27	<b>Death:</b>	Check Yes or No
28	<b>Photo Taken of Injury:</b>	Check Yes or No
29	<b>Photo Taken By:</b>	Person who takes the photo (Ex. Smith, Jane, 1234) Last name, First name, Star number.
30	<b>Medical Treatment:</b>	Check Yes or No
31	<b>Injuries Description</b>	Describe injuries
32	<b>Medical Evaluation (By Doctor):</b>	Check Yes or No
33	<b>Treating Physician Name:</b>	Medical doctor who diagnoses the subject. (Ex. Taylor, Jones) Last name, First name.



34	Assessment (Paramedic/EMT/Ambulance):	Check Yes or No
35	Hospital Name:	Hospital the subject is treated
36	Subject Armed:	Check Yes or No
37	Subject Homeless:	Check Yes or No
38	Charges:	If arrested for multiple offenses, enter only the most serious offense.
39	Type of Weapon:	Check appropriate box. If check the box of Other, describe the type of weapon.
40	Reason for Use of Force (DGO 5.01):	Check appropriate box.
41	At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs:	Check Yes or No

### Officer # 1 Section

<b>Officer #1</b>	Officer Name:	Unit ID:	
Star:	Station/Assignment:	Video/BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>	
Years of Service:	Rank:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	Death: Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Identification:</b>	<b>Plainclothes Identification:</b>
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Uniform	<input type="checkbox"/> Verbally
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes	<input type="checkbox"/> Display of Star
Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>			<input type="checkbox"/> Raid Jacket
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Photo Taken By:		
<b>Type of Force Used (Specify subject number on which force was used):</b>			
<input type="checkbox"/> Firearm OIS _____	<input type="checkbox"/> Chemical Agent _____		
<input type="checkbox"/> Firearm Pointing _____	<input type="checkbox"/> Physical Control Hold/Take Down _____		
<input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist _____	<input type="checkbox"/> Spike Strips _____		
<input type="checkbox"/> Impact Weapon _____	<input type="checkbox"/> Vehicle Intervention (Deflection) _____		
<input type="checkbox"/> ERIW _____	<input type="checkbox"/> K-9 Bite _____		
	<input type="checkbox"/> Other: _____		

42	Officer Name:	Person who used force (Ex. Smith, Jean) Last name, First name
43	Unit ID:	Call sign. (Ex. 3B5A or 3B14D)
44	Star:	Officer's star number (Ex. 1234)
45	Station or Assignment:	Choose Station or Assignment. (Ex. If the officer works in one of the ten districts, choose Station. If the officer works in Narcotics, choose Assignment.)
46	Video/BWC Available:	Check Yes or No
47	Year of Service:	Total year of service as a San Francisco Police Officer. (Ex. 15)
48	Rank:	Officer's rank number (Ex. Q50)
49	Age:	Officer's age (Ex. 38)
50	Sex:	Check box M for Male or F for Female
51	Race:	Check corresponding box for the following race as it states on their driver's license (A =Asian, B= Black, W=White, H=Hispanic, I=Native American, U=Unknown)

52	Injured:	Check Yes or No
53	Death:	Check Yes or No
54	Medical Treatment:	Check Yes or No
55	Assessment (Paramedic/EMT/Ambulance):	Check Yes or No
56	Medical Evaluation (By Medical Doctor):	Check Yes or No
57	Identification:	check box Uniform or Plain clothes
58	Plainclothes Identification:	Check box of Verbally, Display of Star, or Raid Jacket
59	Photo Taken of Injury:	Check Yes or No
60	Photo Taken By:	Person who takes the photo (Ex. Smith, Jane, 1234) Last name, First name, Star number.
61	Type of Force Used (Specify Subject Number on which force was used)	Check appropriate box of the type of force used. Specify the Subject Number in the blank line field corresponding to the checked boxes.

### Preliminary Findings of Supervisory Evaluation Section

Preliminary Findings of Supervisory Evaluation		
<b>INCIDENT NUMBER:</b>		
Does the Use of Force Appear to be reasonable?      Y <input type="checkbox"/> N <input type="checkbox"/>		
If No, Notify a Superior Officer. Submit for Commanding Officers Approval Prior to Reporting Off-Duty.		
Name of Supervisor Completing Evaluation:	Rank: Star:	Date:
Name of Lieutenant Reviewing:		Date:
Name of Captain Approving:		Date:

62	<b>INCIDENT NUMBER:</b>	9 Digit SFPD Case #
63	<b>Does the Use of Force Appear to be reasonable:</b>	Check Yes or No. If No is checked, notify a Superior Officer. Submit for Commanding Officers Approval prior to reporting off-duty.
64	<b>Name of Supervisor Completing Evaluation:</b>	Person who completes the evaluation form. Print First and Last name and sign. Enter Rank, Star, and Date (Ex, Q50, 1234, 05/30/2016).
65	<b>Name of Lieutenant Reviewing:</b>	Person who reviews the evaluation form. Print First and Last Name. Sign and date.
66	<b>Name of Captain Approving:</b>	Person who approves the evaluation form. Print First and Last Name. Sign and date.



## Additional Subject(s) Form

Additional Subject Form



**San Francisco Police Department  
Supervisory Use of Force Evaluation**



<b>INCIDENT NUMBER:</b>			
<b>Subject #:</b> <input style="width: 50px;" type="text"/>		<b>Subject Name:</b> _____	
			<b>DOB:</b> _____
<b>Race (Choose only one):</b> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/>		<b>LEP:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Language:</b> _____		<b>Height:</b> _____	
<b>Weight:</b> _____			
<b>Complaint of Pain:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Injured:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Serious Bodily Injury*:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Death:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Photo Taken of Injury:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Injuries Description:</b> _____	
<b>Photo Taken By:</b> _____		<b>Medical Evaluation (By Doctor):</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Medical Treatment:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Treating Physician Name:</b> _____	
<b>Assessment (Paramedic/EMT):</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Reason for Use of Force (DGO 5.01):</b>	
<b>Hospital Name:</b> _____			
<b>Subject Armed:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> To effect a lawful arrest, detention, or search	
<b>Type of Weapon:</b>		<input type="checkbox"/> To overcome resistance or to prevent escape	
Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> To prevent the commission of a public offense	
<b>Subject Homeless:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> In defense of others or in self-defense	
Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> To gain compliance with a lawful order	
<b>Charges:</b>		<input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another life or officer	
_____		_____	
_____		_____	
<b>At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs?</b> Y <input type="checkbox"/> N <input type="checkbox"/>			

- |    |                         |  |
|----|-------------------------|--|
| 67 | <b>Subject #:</b>       | Enter 2, 3, or 4, etc. for additional subject(s)       |
| 68 | <b>All other fields</b> | Follow steps 16 - 41 to complete all other information |

## Additional Officer(s) Form

Additional Officer Form



**San Francisco Police Department  
Supervisory Use of Force Evaluation**



<b>INCIDENT NUMBER:</b>			
<b>Officer #:</b> <input style="width: 50px;" type="text"/>		<b>Officer Name:</b> _____	
			<b>Unit ID:</b> _____
<b>Star:</b> _____		<b>Station/Assignment:</b> _____	
		<b>Video/BWC Available:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Years of Service:</b> _____		<b>Rank:</b> _____	
<b>Age:</b> _____		<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/>	
<b>Race (Choose only one):</b> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
<b>Injured:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Death:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Medical Treatment:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Identification:</b>	
<b>Assessment (Paramedic/EMT):</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Uniform	
<b>Medical Evaluation (By Doctor):</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes	
<b>Photo of Injury:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Plainclothes Identification:</b>	
<b>Photo Taken By:</b> _____		<input type="checkbox"/> Verbally	
		<input type="checkbox"/> Display of Star	
		<input type="checkbox"/> Raid Jacket	
<b>Type of Force Used (Specify subject number on which force was used):</b>			
<input type="checkbox"/> Firearm OIS _____		<input type="checkbox"/> Chemical Agent _____	
<input type="checkbox"/> Firearm Pointing _____		<input type="checkbox"/> Physical Control Hold/Take Down _____	
<input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist _____		<input type="checkbox"/> Spike Strips _____	
<input type="checkbox"/> Impact Weapon _____		<input type="checkbox"/> Vehicle Intervention (Deflection) _____	
<input type="checkbox"/> ERIW _____		<input type="checkbox"/> K-9 Bite _____	
		<input type="checkbox"/> Other: _____	

- |    |                         |  |
|----|-------------------------|--|
| 69 | <b>Officer #:</b>       | Enter 2, 3, or 4, etc. for additional officer(s)       |
| 70 | <b>All other fields</b> | Follow steps 42 - 61 to complete all other information |





# San Francisco Police Department Supervisory Use of Force Evaluation



<b>INCIDENT NUMBER:</b>		<b>Date:</b>	<b>Time:</b>	<b>Day of Wk:</b>
<b>SFPD CAD#:</b>		<b>Type of Incident: --</b>		
<b>On View</b> <input type="checkbox"/>	<b>Dispatch</b> <input type="checkbox"/>	<b>Critical Incident/Special Event:</b> <span style="color: gray;">USE OP. ORDER NAME</span>		
<b>Location of Occurrence:</b>		<b>District of Occurrence:</b>		
<b>Use of Force Time Line (Use 24 Hour Format)</b>				
<b>Supervisory Officer Rank, Name &amp; Star No.:</b> <span style="color: gray;">RANK, LAST NAME, FIRST NAME, STAR NO.</span>		<b>Broadcast Time of Use of Force:</b>		
		<b>Supervisor On Scene Time:</b>		
		<b>Officer Initial Contact Time:</b>		
Did Supervisor Respond to Scene: Y <input type="checkbox"/> N <input type="checkbox"/> If No, why?				
<b>Subject #1</b>	<b>Subject Name:</b> <span style="color: gray;">LAST NAME, FIRST NAME</span>			<b>DOB:</b>
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>				
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		LEP: Y <input type="checkbox"/> N <input type="checkbox"/>		Language: _____
Height: _____		Weight: _____		
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/>		Injured: Y <input type="checkbox"/> N <input type="checkbox"/>		Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>
Death: Y <input type="checkbox"/> N <input type="checkbox"/>				
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Injuries Description: _____		
Photo Taken By: <span style="color: gray;">LAST, FIRST, STAR NO.</span>		Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>		
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Treating Physician Name: _____		
<b>Assessment (Paramedic/EMT):</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Reason for Use of Force (DGO 5.01):</b>		
<b>Hospital Name:</b> _____		<input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another person or officer		
<b>Subject Armed:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Type of Weapon:</b>			
	<input type="checkbox"/> Firearm			
<b>Subject Homeless:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Replica Firearm			
	<input type="checkbox"/> Knife/Other Edged Weapon			
<b>Charges:</b> _____	<input type="checkbox"/> Blunt Object			
	<input type="checkbox"/> Other _____			
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>				
<b>Officer #1</b>	<b>Officer Name:</b> <span style="color: gray;">LAST NAME, FIRST NAME</span>			<b>Unit ID:</b>
<b>Star:</b>	<b>Station/Assignment:</b>		<b>Video/BWC Available:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Years of Service:</b> _____	<b>Rank:</b> _____	<b>Age:</b> _____	<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/>	
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>				
Injured: Y <input type="checkbox"/> N <input type="checkbox"/>		Death: Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Identification:</b>
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Uniform
Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>		Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes
Photo Taken By: <span style="color: gray;">LAST NAME, FIRST NAME, STAR NO.</span>		<b>Plainclothes Identification:</b>		
		<input type="checkbox"/> Verbally		
		<input type="checkbox"/> Display of Star		
		<input type="checkbox"/> Raid Jacket		
<b>Type of Force Used (Specify subject number on which force was used):</b>				
<input type="checkbox"/> Firearm OIS <span style="color: gray;">SUBJECT #</span>		<input type="checkbox"/> Chemical Agent <span style="color: gray;">SUBJECT #</span>		
<input type="checkbox"/> Firearm Pointing <span style="color: gray;">SUBJECT #</span>		<input type="checkbox"/> Physical Control Hold/Take Down <span style="color: gray;">SUBJECT #</span>		
<input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <span style="color: gray;">SUBJECT #</span>		<input type="checkbox"/> Spike Strips <span style="color: gray;">SUBJECT #</span>		
<input type="checkbox"/> Impact Weapon <span style="color: gray;">SUBJECT #</span>		<input type="checkbox"/> Vehicle Intervention (Deflection) <span style="color: gray;">SUBJECT #</span>		
<input type="checkbox"/> ERIW <span style="color: gray;">SUBJECT #</span>		<input type="checkbox"/> K-9 Bite <span style="color: gray;">SUBJECT #</span>		
		<input type="checkbox"/> Other: _____ <span style="color: gray;">SUBJECT #</span>		

\*Serious bodily injury, as defined in 12525.2(d) of the California Government Code, means "a bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member or organ."





Additional Subject Form



San Francisco Police Department  
Supervisory Use of Force Evaluation



<b>INCIDENT NUMBER:</b>			
<b>Subject #:</b> <input type="text"/>		<b>Subject Name:</b> LAST NAME, FIRST NAME	
<b>DOB:</b>			
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		LEP: Y <input type="checkbox"/> N <input type="checkbox"/>	
Language:		Height:	
Weight:			
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/>		Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	
Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>		Death: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Injuries Description:	
Photo Taken By: LAST, FIRST, STAR NO.		Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Treating Physician Name:	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Reason for Use of Force (DGO 5.01):</b>	
Hospital Name:		<input type="checkbox"/> To effect a lawful arrest, detention, or search	
<b>Subject Armed:</b>		<input type="checkbox"/> To overcome resistance or to prevent escape	
Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> To prevent the commission of a public offense	
<b>Type of Weapon:</b>		<input type="checkbox"/> In defense of others or in self-defense	
<input type="checkbox"/> Firearm		<input type="checkbox"/> To gain compliance with a lawful order	
<b>Subject Homeless:</b>		<input type="checkbox"/> To prevent a person from injuring himself/herself,	
Y <input type="checkbox"/> N <input type="checkbox"/>		when the person also poses an imminent danger of	
<b>Charges:</b>		death or serious bodily injury to another life or officer	
<input type="checkbox"/> Replica Firearm			
<input type="checkbox"/> Knife/Other Edged Weapon			
<input type="checkbox"/> Blunt Object			
<input type="checkbox"/> Other _____			
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>			
<b>Subject #:</b> <input type="text"/>		<b>Subject Name:</b> LAST NAME, FIRST NAME	
<b>DOB:</b>			
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		LEP: Y <input type="checkbox"/> N <input type="checkbox"/>	
Language:		Height:	
Weight:			
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/>		Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	
Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>		Death: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Injuries Description:	
Photo Taken By: LAST, FIRST, STAR NO.		Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Treating Physician Name:	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Reason for Use of Force (DGO 5.01):</b>	
Hospital Name:		<input type="checkbox"/> To effect a lawful arrest, detention, or search	
<b>Subject Armed:</b>		<input type="checkbox"/> To overcome resistance or to prevent escape	
Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> To prevent the commission of a public offense	
<b>Type of Weapon:</b>		<input type="checkbox"/> In defense of others or in self-defense	
<input type="checkbox"/> Firearm		<input type="checkbox"/> To gain compliance with a lawful order	
<b>Subject Homeless:</b>		<input type="checkbox"/> To prevent a person from injuring himself/herself,	
Y <input type="checkbox"/> N <input type="checkbox"/>		when the person also poses an imminent danger of	
<b>Charges:</b>		death or serious bodily injury to another life or officer	
<input type="checkbox"/> Replica Firearm			
<input type="checkbox"/> Knife/Other Edged Weapon			
<input type="checkbox"/> Blunt Object			
<input type="checkbox"/> Other _____			
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>			



Additional Officer Form



San Francisco Police Department  
Supervisory Use of Force Evaluation



**INCIDENT NUMBER:**

<b>Officer #:</b> <input type="text"/>	<b>Officer Name:</b> LAST NAME, FIRST NAME	<b>Unit ID:</b>
<b>Star:</b>	<b>Station/Assignment:</b>	<b>Video/BWC Available:</b> Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Years of Service:</b>	<b>Rank:</b>	<b>Age:</b>
<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/>		
<b>Race (Choose only one):</b> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>		
<b>Injured:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Death:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Identification:</b>
<b>Medical Treatment:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Uniform
<b>Assessment (Paramedic/EMT):</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes
<b>Medical Evaluation (By Doctor):</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Plainclothes Identification:</b>
<b>Photo of Injury:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Verbally
<b>Photo Taken By:</b> LAST NAME, FIRST NAME, STAR #		

**Type of Force Used (Specify subject number on which force was used):**

<input type="checkbox"/> Firearm OIS <u>SUBJECT #</u>	<input type="checkbox"/> Chemical Agent <u>SUBJECT #</u>
<input type="checkbox"/> Firearm Pointing <u>SUBJECT #</u>	<input type="checkbox"/> Physical Control Hold/Take Down <u>SUBJECT #</u>
<input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <u>SUBJECT #</u>	<input type="checkbox"/> Spike Strips <u>SUBJECT #</u>
<input type="checkbox"/> Impact Weapon <u>SUBJECT #</u>	<input type="checkbox"/> Vehicle Intervention (Deflection) <u>SUBJECT #</u>
<input type="checkbox"/> ERIW <u>SUBJECT #</u>	<input type="checkbox"/> K-9 Bite <u>SUBJECT #</u>
	<input type="checkbox"/> Other: <u>SUBJECT #</u>

<b>Officer #:</b> <input type="text"/>	<b>Officer Name:</b> LAST NAME, FIRST NAME	<b>Unit ID:</b>
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<b>Star:</b>	<b>Station/Assignment:</b>	<b>Video/BWC Available:</b> Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Years of Service:</b>	<b>Rank:</b>	<b>Age:</b>
<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/>		
<b>Race (Choose only one):</b> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>		
<b>Injured:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Death:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Identification:</b>
<b>Medical Treatment:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Uniform
<b>Assessment (Paramedic/EMT):</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes
<b>Medical Evaluation (By Doctor):</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Plainclothes Identification:</b>
<b>Photo of Injury:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Verbally
<b>Photo Taken By:</b> LAST NAME, FIRST NAME, STAR #		

**Type of Force Used (Specify subject number on which force was used):**

<input type="checkbox"/> Firearm OIS <u>SUBJECT #</u>	<input type="checkbox"/> Chemical Agent <u>SUBJECT #</u>
<input type="checkbox"/> Firearm Pointing <u>SUBJECT #</u>	<input type="checkbox"/> Physical Control Hold/Take Down <u>SUBJECT #</u>
<input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <u>SUBJECT #</u>	<input type="checkbox"/> Spike Strips <u>SUBJECT #</u>
<input type="checkbox"/> Impact Weapon <u>SUBJECT #</u>	<input type="checkbox"/> Vehicle Intervention (Deflection) <u>SUBJECT #</u>
<input type="checkbox"/> ERIW <u>SUBJECT #</u>	<input type="checkbox"/> K-9 Bite <u>SUBJECT #</u>
	<input type="checkbox"/> Other: <u>SUBJECT #</u>





# USE OF FORCE LOG

SAN FRANCISCO POLICE DEPARTMENT

Reporting Period Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

DATE: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ REVIEWING SUPERVISOR: \_\_\_\_\_

	Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used
<b>Subject</b>					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm – OIS <input type="checkbox"/> Firearm – Pointing <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="checkbox"/> Impact Weapon <input type="checkbox"/> ERIW Comments: _____
<b>Officer/Star #</b>						<input type="checkbox"/> YES <input type="checkbox"/> NO	

\* I – American Indian, A – Asian or Pacific Islander, B – Black, H – Hispanic, U – Unknown, W – White

DATE: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ REVIEWING SUPERVISOR: \_\_\_\_\_

	Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used
<b>Subject</b>					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm – OIS <input type="checkbox"/> Firearm – Pointing <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="checkbox"/> Impact Weapon <input type="checkbox"/> ERIW Comments: _____
<b>Officer/Star #</b>						<input type="checkbox"/> YES <input type="checkbox"/> NO	

\* I – American Indian, A – Asian or Pacific Islander, B – Black, H – Hispanic, U – Unknown, W – White

DATE: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ REVIEWING SUPERVISOR: \_\_\_\_\_

	Name	Age	Race *	Sex	Complaint of Pain	Injured	Type of Force Used
<b>Subject</b>					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Firearm – OIS <input type="checkbox"/> Firearm – Pointing <input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <input type="checkbox"/> Impact Weapon <input type="checkbox"/> ERIW Comments: _____
<b>Officer/Star #</b>						<input type="checkbox"/> YES <input type="checkbox"/> NO	

\* I – American Indian, A – Asian or Pacific Islander; B – Black, H – Hispanic, U – Unknown, W – White

Commanding Officer's Signature: \_\_\_\_\_ Unit: \_\_\_\_\_

FORWARD ONE COPY TO BUREAU DEPUTY CHIEF. FORWARD A COPY OF LOG AND INCIDENT REPORTS TO COMMANDING OFFICER OF RISK MANAGEMENT AND TRAINING DIVISION ON THE MONDAY OF EACH WEEK. SFPD 128 (Rev. 01/17)