



A
18-171
10/03/18

Updated Supervisory Use of Force Evaluation Form

(Supersedes DB 17-006, Amends DGO 5.01)

The purpose of this bulletin is to outline the procedures for completing the updated Supervisory Use of Force Evaluation Form SFPD 575B (Rev. 09/18). The Step by Step Form Completion Guide SFPD 575A (Rev. 09/18) has also been updated to reflect the changes made to the form. Please contact the EIS Unit at 415-837-7150 for additional help or questions.

The following items have been added to the form:

- **Heading**

1. CAD Advised Armed

- When a member responds to a call for service, they may be advised over the air or in the text of the CAD that the reportee advised a weapon was seen. This knowledge can change not only the type of response, but the tactics used in responding to the call for service. When a supervisor completes this section of the evaluation, they shall mark “Yes” or “No” if responding members were made aware of a possible weapon prior to arrival. If the incident was an on view by the member, the supervisor can mark “N/A”.

2. Weapon CAD Advised

- If the type of weapon involved was broadcast or put into CAD, the supervisor shall mark the appropriate box for the type of weapon if it was a “Firearm” or an “Edged Weapon” such as a knife. All other types of weapons shall be marked as “Other”.

- **Subject**

1. SF Resident

- The SF Resident box shall be marked “Yes” if the subject resides or is currently homeless within San Francisco. This information can be obtained verbally or from the subject’s identification.

2. Sex of Subject - “U” Unknown and “X” Nonbinary

- When force is used by a member, there are situations such as during a demonstration that a member may use force but the subject flees into the crowd before the member could identify them. In these types of situations, the supervisor shall mark “U” for unknown if the member does not know the gender of the subject.
- See Department Bulletin 18-032 regarding using “X” for a subject whose gender is nonbinary.

3. Unrelated – Complaint of Pain/Injured
 - During the course of a supervisor’s evaluation, they may find that the subject has a complaint of pain or is injured from an unrelated incident which happened prior to the use of force. In this case, a supervisor should mark “Unrelated” if the complaint of pain or injury was not due to the member’s use of force.
4. Admitted – Medical Treatment
 - If a subject is admitted to the hospital after a use of force incident, the supervisor shall mark “Admitted” under the Medical Treatment box, even if the reason for being admitted was not directly from the use of force.
5. Levels of resistance – Sequenced
 - When a subject resists arrest they can go through various types of resistance. A subject may be compliant with the member before becoming assaultive. A supervisor should mark numerically the levels of resistance in the order the subject resisted arrest. For example, if a subject strikes a member with their fist and then pulls out a knife, a supervisor would enter a “1” next to “Assaultive” and then a “2” next to “Life Threatening” to show the sequence and escalation of resistance against the member.

- **Officer**

1. Admitted
 - If a member is admitted to the hospital after a use of force incident, the supervisor shall mark “Admitted” under the Medical Treatment box.
2. Verbal commands issued before force used
 - If there was an opportunity for a member to issue verbal commands to the subject prior to using force, the supervisor should mark the appropriate box.
3. Verbal warnings issued before Firearm, Impact Weapon, ERIW and Chemical Agent
 - DGO 5.01 states that a member shall give a warning when feasible prior to using a firearm, impact weapon, ERIW or chemical agent. If this warning was given by the member, the supervisor shall mark the appropriate box.
4. Specify sequence of force used
 - When a member uses force in an incident, they may have to transition to a different type of force. The supervisor shall sequence the force used by the member. For example, if a member used a take down or control hold and then transitioned to a personal body weapon such as their fist, the supervisor should place a “1” next to “Physical Control Hold/Take Down” and then a “2” next to “Strike by object/fist” to show the sequence and escalation of force used by the member.
5. Determination Pending Investigation
 - After a supervisor has completed the evaluation there may be instances where the investigation is referred to an investigative unit such as Homicide or the IAD OIS Team. In these instances, the supervisor should not make a

determination if the use of force was within department policy. The supervisor should check "Determination Pending Investigation" and submit the evaluation as instructed. This will need to be done for each officer who uses force.

- **Preliminary Findings**

1. Supervisor Completing Evaluation

- The supervisor who responds to a use of force incident and fills out the Supervisory Use of Force Evaluation may not always be the same supervisor who completes the use of force investigation. For example, if the use of force incident has not concluded by the responding supervisor's end of watch, a supervisor from another watch can be briefed on the incident and instructed to review or sign off on the use of force incident report. The reviewing supervisor shall then review the BWC (if available) and the incident report before signing off on the evaluation and submitting the form to the OIC.

2. Reviewing Supervisor

- The supervisor who reviews and signs the use of force incident report shall review the BWC before submitting the evaluation to the OIC. If the supervisor who responded to the scene completes the entire use of force evaluation, they shall enter their name in both the "Supervisor Completing Evaluation" as well as "Name of Reviewing Supervisor" designated areas.

3. Reviewed BWC

- BWC shall be reviewed by the reviewing supervisor and the OIC on any use of force that results in serious bodily injury.

4. Other Video Available

- In instances where a use of force that resulted in serious bodily injury occurred in front of a location with video cameras, the supervisor should make an attempt to view the video if it is readily available. The supervisor should mark yes or no if the video is available and then state if they were able to view it prior to the completion of the Supervisory Use of Force Evaluation Form.

Supervisory Use of Force Evaluation Form:

Once the supervisor has completed the Supervisory Use of Force Evaluation Form (SFPD 575B), it must be signed by the completing supervisor, reviewing supervisor and submitted to the on-duty platoon commander by the end of watch. The platoon commander shall review the Supervisory Use of Force Evaluation Form, Use of Force Log as well as the incident report before forwarding it to their captain for approval. The captain, or his/her designee is responsible for scanning the completed Supervisory Use of Force Evaluation Form by the end of their watch except on weekends or holidays and emailing it to:

Department	Email
Risk Management Office	[REDACTED]
Training Division	[REDACTED]
Field Operations Bureau	[REDACTED]

Commanding officers are no longer required to forward the original completed hardcopy of the Supervisory Use of Force Evaluation Form(s) to the Risk Management Office, Training Division or their Bureau's Deputy Chief. The original copy or an electronic copy shall be kept at each station/unit where the force occurred.

Use of Force Log:

Supervisors shall ensure that a separate entry for each reportable use of force is made into 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, scan the log and email it, along with a scanned copy of the incident report(s), to their respective Bureau Deputy Chief, Training Division and Risk Management Office at the above listed email addresses. The original copy or an electronic copy shall be kept at each station/unit where the force occurred.

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 updated Supervisory Use of Force Evaluation form (SFPD Form 575B Rev. 09/18) and Step by Step Form Completion Guide (SFPD 575A Rev. 09/18) can be located in the desktop file "SFPD Forms" and is attached to this bulletin. The Use of Force Log (SFPD Form 128 Rev. 03/17) can also be found in the SFPD Forms folder.

References:

- 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
- California's Racial and Identity Profiling Act of 2015 (Assembly Bill 953)
- DB 18-032 Nonbinary is Legally Recognized as a 3rd Gender Category


WILLIAM SCOTT
 Chief of Police

Per DB 17-080, both sworn and non-sworn members are required to electronically acknowledge receipt and review of this Department Bulletin in HRMS.

Please use
Adobe Acrobat



San Francisco Police Department Supervisory Use of Force Evaluation



REPORT NUMBER:		Date:	Time:	Day of Wk:
Call Type: --			On View <input type="checkbox"/>	Dispatch <input type="checkbox"/>
Location of Occurrence:				
District of Occurrence:		SFPD CAD#:		
CAD Advised Armed? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		Weapon CAD Advised: Firearm <input type="checkbox"/> Edged Weapon <input type="checkbox"/> Other <input type="checkbox"/>		
Critical Incident/Special Event: <small>USE OP, ORDER NAME</small>				
Supervisory Officer Rank, Name & Star No.: <small>RANK, LAST NAME, FIRST NAME, STAR NO.</small>				
Did Supervisor Respond to Scene: Y <input type="checkbox"/> N <input type="checkbox"/> If No, why?				
Subject	Subject Name: <small>LAST NAME, FIRST NAME</small>			DOB:
Gender: F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> X <input type="checkbox"/>		Race: Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unk <input type="checkbox"/>		
Ht:	Wt:	LEP: Y <input type="checkbox"/> N <input type="checkbox"/>	Language:	SF Resident: Y <input type="checkbox"/> N <input type="checkbox"/> Homeless: Y <input type="checkbox"/> N <input type="checkbox"/>
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"/>				
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/> Unrelated <input type="checkbox"/>		Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Unrelated <input type="checkbox"/>		Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>
Injuries Description:				Death: Y <input type="checkbox"/> N <input type="checkbox"/>
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Photo Taken By: <small>LAST NAME, STAR NO.</small>		Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>
Medical Eval (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>			Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>	
Hospital Name:		Treating Physician Name:		Subject Armed: Y <input type="checkbox"/> N <input type="checkbox"/>
Type of Weapon: Firearm <input type="checkbox"/> Replica Firearm <input type="checkbox"/> Blunt Object <input type="checkbox"/>		Charge: <small>(most serious only)</small>		
Knife/Other Edged Weapon <input type="checkbox"/> Other <input type="checkbox"/>		Disposition: --		
Levels of Resistance: <small>(Label sequence of resistance numerically)</small> ___ Compliant ___ Passive Non-Compliance ___ Active Resistance ___ Assaultive ___ Life Threatening				
Officer	Officer Name: <small>LAST NAME, FIRST NAME</small>			Star:
Station/Assignment:		Unit ID:	BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>	
Identification: Uniform <input type="checkbox"/> Plain clothes <input type="checkbox"/>		Plainclothes ID: Display of Star <input type="checkbox"/> Raid Jacket <input type="checkbox"/> Verbally <input type="checkbox"/>		
Injured: Y <input type="checkbox"/> N <input type="checkbox"/>		Injuries Description:		
Death: Y <input type="checkbox"/> N <input type="checkbox"/>		Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		Med Eval (By doctor): Y <input type="checkbox"/> N <input type="checkbox"/>
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>			Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo Taken By: <small>LAST NAME, FIRST NAME, STAR NO.</small>			Verbal commands issued before force used: Y <input type="checkbox"/> N <input type="checkbox"/>	
Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent: Y <input type="checkbox"/> N <input type="checkbox"/>				
Use of Force	Officer:		Subject:	
Reason for Use of Force (DGO 5.01):		Type of Force Used (Specify sequence of force):		
<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		___ Firearm OIS ___ Firearm Pointing ___ Strike by Obj. (personal body weapon)/Fist ___ Impact Weapon ___ ERIW ___ Chemical Agent ___ Physical Control Hold/Take Down ___ Spike Strips ___ Vehicle Intervention (Deflection) ___ K-9 Bite ___ Other: _____		
Was UOF within department policy?				
Y <input type="checkbox"/> N <input type="checkbox"/> Determination Pending Investigation <input type="checkbox"/> <small>(Any UOF incident referred to an investigative unit)</small>				
<small>If No or Determination Pending Investigation, notify a superior officer. Submit for Commanding Officer's approval prior to reporting off-duty.</small>				

*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."

Add Additional Uses of Force

Add Additional Officers

Add Additional Subjects



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



Preliminary Findings of Supervisory Evaluation

REPORT NUMBER: _____

Name of Supervisor Completing Evaluation: _____ Rank: _____ Star: _____ Date: _____
 On scene: Briefed reviewing supervisor:
 Entered into UOF log: Reviewed incident report:

Name of Reviewing Supervisor: _____ Rank: _____ Star: _____ Date: _____
 Reviewed BWC: Y N (Required for all serious bodily injury incidents as defined in DGO 5.01 II G.)
 If no, why? _____
 Other video available?: Y N Other video viewed?:
 Reviewed incident report:

Name of Lieutenant Reviewing: _____ Star: _____ Date: _____
 Reviewed BWC: Y N (Required for all serious bodily injury incidents as defined in DGO 5.01 II G.)
 If no, why? _____
 Reviewed UOF log: Y N Reviewed incident report:

Name of Captain Reviewing: _____ Star: _____ Date: _____
 Reviewed incident report:

Commanding Officers:

Email to:

- Field Operations Bureau: \$ _____
- Risk Management Office: \$ _____
- Training Division: _____



San Francisco Police Department Supervisory Use of Force Evaluation



Step by Step Form Completion Guide

REPORT NUMBER:	Date:	Time:	Day of Wk:
Call Type: --	On View <input type="checkbox"/> Dispatch <input type="checkbox"/>		
Location of Occurrence:			
District of Occurrence:	SFPD CAD#:		
CAD Advised Armed? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Weapon CAD Advised: Firearm <input type="checkbox"/> Edged Weapon <input type="checkbox"/> Other <input type="checkbox"/>		
Critical Incident/Special Event: <small>USE OF ORDER NAME</small>			
Supervisory Officer Rank, Name & Star No.: <small>RANK, LAST NAME, FIRST NAME, STAR NO.</small>			
Did Supervisor Respond to Scene: Y <input type="checkbox"/> N <input type="checkbox"/> If No, why?			

1	REPORT NUMBER:	SFPD Case #
2	Date:	Date of the actual incident. Date of format: MM/DD/YY. (Ex. 05/30/16)
3	Time:	Time the form is being completed (Ex. Use 24 hour format)
4	Day of Wk:	Monday through Sunday
5	Call Type:	Main Title Used for Police Report (i.e. Robbery w/Handgun)
6	On View/Dispatch:	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.)
7	Location of Occurrence:	Exact address where force was used (Specify if outside of SF)
8	District of Occurrence:	District where the use of force occurred, even if different from station the officer is assigned. (Ex. Co A, Co B, Co C....)
9	SFPD CAD#:	Enter SFPD CAD#
10	CAD Advised Armed?	Select Y, N, or N/A, depending on what CAD advised.
11	Weapon CAD Advised:	Select Firearm, Edged Weapon, or Other, if CAD advised the subject was armed.
12	Critical Incident/Special Event:	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)
13	Supervisory Officer Rank, Name and Star No.:	Q50, Smith, Jane, 1234
14	Did Supervisor Respond to Scene:	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. Specify the call.)

Subject Section

Subject	Subject Name: LAST NAME, FIRST NAME	DOB:
Gender: F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> X <input type="checkbox"/>	Race: Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unk <input type="checkbox"/>	
Ht:	Wt:	LEP: Y <input type="checkbox"/> N <input type="checkbox"/> Language:
		SF Resident: Y <input type="checkbox"/> N <input type="checkbox"/> Homeless: Y <input type="checkbox"/> N <input type="checkbox"/>
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"/>		
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/> Unrelated <input type="checkbox"/>		Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Unrelated <input type="checkbox"/>
		Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>
Injuries Description:		Death: Y <input type="checkbox"/> N <input type="checkbox"/>
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Photo Taken By: LAST, STAR NO.	Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>
Medical Eval (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>		Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>
Hospital Name:	Treating Physician Name:	Subject Armed: Y <input type="checkbox"/> N <input type="checkbox"/>
Type of Weapon: Firearm <input type="checkbox"/> Replica Firearm <input type="checkbox"/> Blunt Object <input type="checkbox"/>		Charge: (most serious only)
Knife/Other Edged Weapon <input type="checkbox"/> Other <input type="checkbox"/>		Disposition: --
Levels of Resistance: (Label sequence of resistance numerically) ___ Compliant ___ Passive Non-Compliance		
___ Active Resistance ___ Assaultive ___ Life Threatening		

15	Subject Name:	Person who force was used on (Ex. Doe, John). Last name, First name
16	DOB:	Date of Birth for subject (Format: Mo/Day/Year)
17	Gender:	Check box F for Female, M for Male, U for Unknown, and X for Nonbinary
18	Race:	Check corresponding box for the following race as it states on their driver's license (A =Asian, B= Black, H=Hispanic, I=Native American, W=White, U=Unknown)
19	Ht:	Use height as listed on Driver's License or approximate (Ex. 5'06)
20	Wt:	Use weight as listed on Driver's License or approximate (Ex. 150)
21	LEP:	Check Yes or No to indicate Limited English Proficiency
22	Language:	Native language if LEP checked Yes.
23	SF Resident:	Check Y or N to indicate SF Residency
24	Homeless:	Check Yes or No
25	At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs:	Check Yes or No
26	Complaint of Pain:	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. If pain is unrelated to the incident, check Unrelated.
27	Injured:	If subject is injured, no matter how slight, check YES box. Check unrelated if the injury is unrelated to the incident.
28	Serious Bodily Injury:	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.
29	Injuries Description	Describe injuries
30	Death:	Check Yes or No
31	Photo Taken of Injury:	Check Yes or No
32	Photo Taken By:	Person who takes the photo (Ex. Smith, Jane, 1234) Last name, First name, Star number.
33	Assessment (Paramedic/ EMT):	Check Yes or No
34	Medical Evaluation (By Doctor):	Check Yes or No
35	Medical Treatment:	Check Yes or No. Click Admitted if admitted to a hospital.

36	Hospital Name:	Hospital the subject is treated
37	Treating Physician Name:	Medical doctor who diagnoses the subject. (Ex. Taylor, Jones) Last name, First name.
38	Subject Armed:	Check Yes or No
39	Type of Weapon:	Check appropriate box. If check the box of Other, describe the type of weapon.
40	Charge:	If arrested for multiple offenses, enter only the most serious offense.
41	Disposition	Choose from dropdown menu
42	Levels of Resistance:	Number the sequence of resistance in the order of occurrence.

Officer Section

Officer	Officer Name: LAST NAME, FIRST NAME	Star:
Station/Assignment:		Unit ID:
BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>		
Identification: Uniform <input type="checkbox"/> Plain clothes <input type="checkbox"/> Plainclothes ID: Display of Star <input type="checkbox"/> Raid Jacket <input type="checkbox"/> Verbally <input type="checkbox"/>		
Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Injuries Description:		
Death: Y <input type="checkbox"/> N <input type="checkbox"/> Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/> Med Eval (By doctor): Y <input type="checkbox"/> N <input type="checkbox"/>		
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>		Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>
Photo Taken By: LAST NAME, FIRST NAME, STAR NO		Verbal commands issued before force used: Y <input type="checkbox"/> N <input type="checkbox"/>
Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent: Y <input type="checkbox"/> N <input type="checkbox"/>		

43	Officer Name:	Person who used force (Ex. Smith, Jean). Last name, First name.
44	Star:	Officer's star number (Ex. 1234)
45	Station/Assignment:	Add name of 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	Unit ID:	Call sign. (Ex. 3B5A or 3B14D)
47	BWC Available:	Check Yes or No
48	Identification:	Check box Uniform or Plain clothes
49	Plainclothes ID:	Check box of Verbally, Display of Star, or Raid Jacket
50	Injured:	Check Yes or No
51	Injuries Description:	Add a short description of injury
52	Death:	Check Yes or No
53	Assessment (Paramedic/EMT):	Check Yes or No
54	Med Eval (By doctor):	Check Yes or No
55	Medical Treatment:	Check Yes, No, Admitted
56	Photo of Injury:	Check Yes or No
57	Photo Taken By:	Person who takes the photo (Ex. Smith, Jane, 1234) Last name, First name, Star number
58	Verbal commands issued before force used:	Check Yes or No
59	Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent:	Check Yes or No

Use of Force Section

Use of Force Officer: Reason for Use of Force (DGO 5.01): <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 Was UOF within department policy? Y <input type="checkbox"/> N <input type="checkbox"/> Determination Pending Investigation <input type="checkbox"/> <small>(Any UOF incident referred to an investigative unit)</small> <small>If No or Determination Pending Investigation, notify a superior officer. Submit for Commanding Officer's approval prior to reporting off-duty.</small>	Subject: Type of Force Used (Specify sequence of force): ___ Firearm OIS ___ Firearm Pointing ___ Strike by Obj. (personal body weapon)/Fist ___ Impact Weapon ___ ERIW ___ Chemical Agent ___ Physical Control Hold/Take Down ___ Spike Strips ___ Vehicle Intervention (Deflection) ___ K-9 Bite ___ Other: _____
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60	Officer	This will auto-fill once. Officer fields in subsequent UOF sections will have to be filled manually.
61	Subject	This will auto-fill once. Subject fields in subsequent UOF sections will have to be filled manually.
62	Reason for Use of Force (DGO 5.01):	Check appropriate box and specify the officer/s using force. Please start with 1 for the first officer, and then 2, 3...
63	Type of Force Used (Specify sequence of force used):	Specify the sequence of force used. Specify the Subject Number in the blank line field corresponding to the checked boxes.
64	Was Use of Force within department policy?	Add the name of each officer and subject and then check Yes, No, or Determination Pending Investigation. If No or Determination Pending Investigation is checked, notify a Superior Officer. Submit for Commanding Officers Approval prior to reporting off-duty.

Add Additional Uses of Force/Officers/Subjects

*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."

Add Additional Uses of Force

Add Additional Officers

Add Additional Subjects

SFPD 575B (06/18)

65	Add Additional Uses of Force	Click this button to add additional uses of force. A new page will appear at the end. You may add as many pages as necessary.
66	Add Additional Officers	Click this button to add additional officers involved in the UOF incident. A new page will appear at the end. You may add as many pages as necessary.
67	Add Additional Subjects	Click this button to add additional subjects involved in the UOF incident. A new page will appear at the end. You may add as many pages as necessary.

Additional Subjects Form

Additional Subject Form



San Francisco Police Department
Supervisory Use of Force Evaluation



Delete Page

REPORT NUMBER:	
Subject	Subject Name: LAST NAME, FIRST NAME
DOB:	
Gender: F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> X <input type="checkbox"/>	Race: Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unk <input type="checkbox"/>
Ht:	Wt:
LEP: Y <input type="checkbox"/> N <input type="checkbox"/>	Language:
SF Resident: Y <input type="checkbox"/> N <input type="checkbox"/>	Homeless: Y <input type="checkbox"/> N <input type="checkbox"/>
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"/>	
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/> Unrelated <input type="checkbox"/>	Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Unrelated <input type="checkbox"/>
Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>	
Injuries Description:	
Death: Y <input type="checkbox"/> N <input type="checkbox"/>	
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Photo Taken By: LAST NAME, FIRST NAME
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>	
Hospital Name:	Treating Physician Name:
Subject Armed: Y <input type="checkbox"/> N <input type="checkbox"/>	
Type of Weapon: Firearm <input type="checkbox"/> Replica Firearm <input type="checkbox"/> Blunt Object <input type="checkbox"/>	Charge: (most serious only)
Knife/Other Edged Weapon <input type="checkbox"/> Other <input type="checkbox"/>	Disposition: --
Levels of Resistance: (Label sequence of resistance numerically)	
<input type="checkbox"/> Active Resistance	<input type="checkbox"/> Compliant
<input type="checkbox"/> Assaultive	<input type="checkbox"/> Passive Non-Compliance
<input type="checkbox"/>	<input type="checkbox"/> Life Threatening

68	Delete Page	Click this button if you created this page in error.
69	REPORT NUMBER	This will auto-fill when you mouse over this field.
70	All other fields	Follow previously described steps to complete all other information

Additional Officers Form

Additional Officer Form



San Francisco Police Department
Supervisory Use of Force Evaluation



Delete Page

REPORT NUMBER:	
Officer	Officer Name: LAST NAME, FIRST NAME
Star:	
Station/Assignment:	Unit ID:
BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>	
Identification: Uniform <input type="checkbox"/> Plain clothes <input type="checkbox"/>	Plainclothes ID: Display of Star <input type="checkbox"/> Raid Jacket <input type="checkbox"/> Verbally <input type="checkbox"/>
Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Injuries Description:	
Death: Y <input type="checkbox"/> N <input type="checkbox"/>	Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>
Med Eval (By doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>	Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>
Photo Taken By: LAST NAME, FIRST NAME, STAR NO	Verbal commands issued before force used: Y <input type="checkbox"/> N <input type="checkbox"/>
Verbal warnings issued before Firearm OIS, Impact Weapon, ERIW, and Chemical Agent: Y <input type="checkbox"/> N <input type="checkbox"/>	

71	Delete Page	Click this button if you created this page in error
72	REPORT NUMBER	This will auto-fill when you scroll over the field.
73	All other fields	Follow previously described steps to complete all other information

Additional Uses of Force Form

Additional Uses of Force



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



Delete Page

REPORT NUMBER: _____	
Use of Force	Officer: _____
Reason for Use of Force (DGO 5.01):	Subject:
<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	Type of Force Used (Specify sequence of force): <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 <input type="checkbox"/> Chemical Agent <input type="checkbox"/> Physical Control Hold/Take Down <input type="checkbox"/> Spike Strips <input type="checkbox"/> Vehicle Intervention (Deflection) <input type="checkbox"/> K-9 Bite <input type="checkbox"/> Other: _____
Was UOF within department policy?	
Y <input type="checkbox"/> N <input type="checkbox"/> Determination Pending Investigation <input type="checkbox"/> <small>(Any UOF incident referred to an investigative unit)</small>	
<small>If No or Determination Pending Investigation, notify a superior officer. Submit for Commanding Officer's approval prior to reporting off-duty.</small>	

74	Delete Page	Click this button if you created this page in error
75	REPORT NUMBER	This will auto-fill when you scroll over the field.
76	All other fields	Follow previously described steps to complete all other information

Preliminary Findings of Supervisory Evaluation Section

Preliminary Findings of Supervisory Evaluation	
REPORT NUMBER:	
Name of Supervisor Completing Evaluation:	Rank: _____ Star: _____ Date: _____ On scene: <input type="checkbox"/> Briefed reviewing supervisor: <input type="checkbox"/> Entered into UOF log: <input type="checkbox"/> Reviewed incident report: <input type="checkbox"/>
Name of Reviewing Supervisor:	Rank: _____ Star: _____ Date: _____ Reviewed BWC: Y <input type="checkbox"/> N <input type="checkbox"/> <small>(Required for all serious bodily injury incidents as defined in DGO 5.01 II G.)</small> If no, why? _____ Other video available?: Y <input type="checkbox"/> N <input type="checkbox"/> Other video viewed?: <input type="checkbox"/> Reviewed incident report: <input type="checkbox"/>
Name of Lieutenant Reviewing:	Star: _____ Date: _____ Reviewed BWC: Y <input type="checkbox"/> N <input type="checkbox"/> <small>(Required for all serious bodily injury incidents as defined in DGO 5.01 II G.)</small> If no, why? _____ Reviewed UOF log: Y <input type="checkbox"/> N <input type="checkbox"/> Reviewed incident report: <input type="checkbox"/>
Name of Captain Reviewing:	Star: _____ Date: _____ Reviewed incident report: <input type="checkbox"/>
Commanding Officers:	
Email to:	
<ul style="list-style-type: none"> • Field Operations Bureau: _____ • Risk Management Office: _____ • Training Division: _____ 	

77	Report Number:	9 Digit SFPD Case #. This will auto-fill when you hover your mouse over the blank space.
78	Name of Supervisor Completing Evaluation:	Person who completes the evaluation form. Print First and Last name and sign. Enter Rank, Star, and Date (Ex, Q50, 1234, 05/30/2016). Check if supervisor was on scene, entered the UOF log, briefed a reviewing supervisor if necessary, and reviewed the incident report.
79	Name of Reviewing Supervisor:	Reviewing supervisor should enter Rank, Star, Date. Check whether BWC was reviewed. If not, explain why. Indicate if other video is available and if that video was viewed. Check if reviewed the incident report. Reviewing Supervisor should sign here.
80	Name of Lieutenant Reviewing:	Person who reviews the evaluation form. Print First and Last Name. Check if reviewed the BWC. If not, explain why. Check if reviewed the incident report. Sign and date.
81	Name of Captain Reviewing:	Person who approves the evaluation form. Print First and Last Name. Check if reviewed the incident report. Sign and date.
82	Commanding Officers:	Digital copies of the evaluation form should be emailed to the Field Operations Bureau, Risk Management Office, and Training Division at the email addresses listed.