

DEPARTMENT BULLETIN

A 17-006 1/9/17

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 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

Interim Chief of Police

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

Step by Step Form Completion Guide

INCIDENT NUM	ИBER:		ate:	Time:	Day of Wk:	
SFPD CAD#:		Type of Inciden	t:			
On View	Dispatch	Critical Incident	/Special Ev	ent:	BEET SALWE	
Location of Oc	currence:			District of Oc	currence:	

1	INCIDENT 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	Monday through Sunday						
5	SFPD CAD#:	Enter SFPD CAD#					
6	Type of Incident:	Main Title Used for Police Report (i.e. Robbery w/Handgun)					
		Choose whether the incident began as:					
7	On View/Dispatch	On View (if officer on viewed the incident prior to force being used)					
,	On View/Dispatch:	Dispatch (the incident originated from a 911 caller that dispatch relayed to					
		officer's involved.)					
0	Cuitical Incident/Special Events	This section should only be filled out if force was used at a particular event or					
8	Critical Incident/Special Event:	crtical incident (i.e. World Series Event, Pride Parade, Demo)					
9	Location of Occurrence:	Exact address where force was used (Specify if outside of SF)					
10	District of Occurrence:	District where the use of force occurred, even if different from station the					
10	District of Occurrence:	officer is assigned. (Ex. Co A, Co B, Co C)					

Use of Force Time Line Section

Use of Force Time Line (Use 24 Hou	r Format)
Supervisory Officer Rank, Name & Star No.:	Broadcast Time of Use of Force:
DVOR LESY CAND SET MERW. TEST NO.	Supervisor On Scene Time:
	Officer Initial Contact Time:
Did Supervisor Respond to Scene: Y N N If No, wh	hy?

11	Supervisory Officer Rank, Name and Star No.:	Q50, Smith, Jane, 1234					
12	Broadcast Time of Use of Force:	Use CAD to determine when officer made dispatch aware that force was used.					
13	Supervisor On Scene Time:	Use the time the first supervisor arrived on scene, does not need to be supervisor who is completing the form.					
14	Officer Initial Contact Time:	This is the time the officer(s) first made contact with the Subject who force was used against.					
15	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 (specific call))					

Subject # 1 Section

	Subject #1 Subject Name:	au (1868) C.E., EUGA TANA	DOB:					
	Race (Choose only one): Asian	Black White						
		Language:	Height: Weight:					
	Complaint of Pain: Y \(\square\) N \(\square\)		Serious Bodily Injury*: Y 🗌 N 🗍 Death: Y 🗍 N 🗍					
	Photo Taken of Injury: Y 🗌 💮 🛚		Injuries Description:					
	Photo Taken By:		Evaluation (By Doctor): Y N N					
	Medical Treatment: Y	Treating Physician Name:						
	Assessment (Paramedic/EMT):	\square N \square	Reason for Use of Force (DGO 5.01):					
	Hospital Name:		To effect a lawful arrest, detention, or search					
	Subject Armed: Type of Wea	pon:	To overcome resistance or to prevent escape					
	Y N D Firearm		To prevent the commission of a public offense					
	Subject Homeless: Replica Fi		In defense of others or in self-defense					
		er Edged Weapon	To gain compliance with a lawful order					
	Charges: Blunt Obj	ect	To prevent a person from injuring himself/herself,					
	Other		when the person also poses an imminent danger of					
			death or serious bodily injury to another person or officer					
	At the time of incident, the subje	t appeared to be und	er the influence of alcohol and/or drugs? Y N N					
6	Subject Name:	Person who force wa	as used on (Ex. Doe, John). Last name, First name					
	DOB:		ject (Format: Mo/Day/Year)					
•			s box for the following race as it states on their driver's					
0	Page	license (A =Asian, B= Black, W=White, H=Hispanic, I=Native American,						
ð	Race:							
		U=Unknown)						
	Sex:	Check box M for Mal						
0	LEP:		ndicate Limited English Proficiency					
1	Language:	Native language if LE						
2	Height:	Use height as listed of	on Driver's License or approximate (Ex. 5'06)					
3	Weight:	Use weight as listed	on Driver's License or approximate (Ex. 150)					
		If the subject has stated he has pain or was asked if he has pain and responded						
4	Complaint of Pain:	YES then- check appropriate box. If there was no complaint of pain, check box						
		NO						
5	Injured:	If subject is injured, i	no matter how slight, check YES box.					
	jaroar		2(d) of the CA Government Code: "a bodily injury that					
		involves a substantial risk of death, unconsciousness, protracted and obvious						
6	Serious Bodily Injury:							
	X	disfigurement, or protracted loss or impairment of the function of a bodily						
		member or organ." Check Yes or No.						
.7	Death:	Check Yes or No						
8	Photo Taken of Injury:	Check Yes or No						
9	Photo Taken By:	Person who takes th	e photo (Ex. Smith, Jane, 1234) Last name, First name, Star					
.5	Prioto Taken by.	number.						
0	Medical Treatment:	Check Yes or No						
1	Injuries Description	Describe injuries						
	Medical Evaluation (By	Check Yes or No						
2	Doctor):	A STATE OF THE STA						
	Doctory.	Medical doctor who	diagnoses the subject. (Ex. Taylor, Jones) Last name, First					
33	Treating Physician Name:		anaghoses the subject (Ext. raylor, solies) East hame, thete					
		name.						

Assessment (Paramedic/EMT/ Ambulance:	Check Yes or No
Hospital Name:	Hospital the subject is treated
Subject Armed:	Check Yes or No
37 Subject Homeless:	Check Yes or No
Charges:	If arrested for multiple offenses, enter only the most serious offense.
Type of Weapon:	Check appropriate box. If check the box of Other, describe the type of weapon.
Reason for Use of Force (DGO 5.01):	Check appropriate box.
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

Officer #1	Officer Name:	2007 1000 2000	l.b	Unit ID:		
Star:	Station/A	ssignment:	Video/	BWC Available: Y N N		
	ce: Rar			ėх: МД FД : :		
Race (Choose	only one): Asi	an 🔲 : Black 🔲 : White	Hispanic Nati	ve American 🔲 : Unknown 🗀 : :		
Injured: Y 🗌		Death: Y N N	Identification:	Plainclothes Identification:		
Medical Treat		N 🗌	Uniform	☐ Verbally		
	Paramedic/EMT)		☐ Plain clothes	Display of Star		
	ation (By Doctor		,	Raid Jacket		
Photo of Injur	Contract Con	Photo Taken By:		(1),5 (1),1		
		ubject number on which f				
Firearm Ol	-	T.	Chemical Agent	11/7 1 0		
Firearm Po		- - -	Physical Control Ho	old/Take Down		
	bj. (personal boo	ay weapon]/Fist	☐ Spike Strips ☐ Vehicle Interventio	n (Deflection)		
☐ Impact We ☐ ERIW	apon		☐ K-9 Bite	n (Deflection)		
LIERIVV			Other:			
*			BASE ANY-LOSS CHE ANY LOSS CHECKER MINISTER CHECKER CONTROL CO	According to the second		
		Person who used force	ce (Ex. Smith, Jean)			
Officer Name	:	Last name, First name				
		,				
Unit ID:		Call sign. (Ex. 3B5A o	r 3B14D)			
Star:		Officer's star number	(Ex. 1234)			
		Choose Station or Ass	signment. (Ex. If the offi	cer works in one of the ten		
Station or As	signment:	districts, choose Stati	on. If the officer works	in Narcotics, choose Assignment.		
Video/BWC A	Available:	Check Yes or No				
Year of Servi	ce:	Total year of service a	as a San Francisco Police	Officer. (Ex. 15)		
Rank:	,	Officer's rank number	r (Ex. Q50)	*		
Age:		Officer's age (Ex. 38)		£		
Sex:		Check box M for Male	e or F for Female			
				ce as it states on their driver's		
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)	z, ** *****************************	2,		
			2 -f F	SFPD 575A (01/2		
*		Page	e 3 of 5	2FPD 272A (0)		

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.
	Type of Force Used (Specify	Check appropriate box of the type of force used. Specify the Subject Number in
61	Subject Number on which force was used	the blank line field corresponding to the checked boxes.

Preliminary Findings of Supervisory Evaluation Section

Prelim	inary Finding	s of Supervisor	ry Evaluation		
INCIDENT NUMBER:					
Does the Use of Force Appear to	be reasonable?	Υ□ N□			
If No, Notify a Superior Offic					
Submit for Commanding Off	icers Approval Pri	or to Reporting Off	-Duty.		
Name of Supervisor Comple	ting Evaluation:	Rank:	Date:		
Traine of Supervisor comple	ing Evaluation	Star:			
		Starr	4		
Name of Lieutenant Reviewi	ng:		Date:		
Name of Captain Approving:			Date:		
, and a supramiting					
		,			
INCIDENT NUMBER:	9 Digit SFPD Case #	‡			
Does the Use of Force Appear			y a Superior Officer. Submit for		
to be reasonable:	Commanding Officers Approval prior to reporting off-duty.				
Name of Supervisor	Person who completes the evaluation form. Print First and Last name and sign.				
Completing Evaluation:	Enter Rank, Star, and Date (Ex, Q50, 1234, 05/30/2016).				
Name of Lieutenant	Person who reviews the evaluation form. Print First and Last Name. Sign and				
Reviewing:	date.				
Name of Cantain Approving	Person who appro	ves the evaluation fo	rm. Print First and Last Name. Sign and		
Name of Captain Approving:	date.				

Additional Subject(s) Form

Additional Subject Form



San Francisco Police Department Supervisory Use of Force Evaluation



	me.				DOB:			
Subject #: Subject Nar Race (Choose only one): As	sian Black	White 🗌	Hispanic 🗌	Native American	<u> </u>			
Sex: M \square F \square LEP: Y \square		winte _	Thispathic _	Height:	Weight:			
		N Se	Serious Bodily Injury*: Y N Death: Y N N					
Photo Taken of Injury: Y		njuries Des	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is	y . 1 IN	Death. I II IV			
			aluation (By Doct	or): Y N				
Photo Taken By:				01). 1 🗀 🕦				
Medical Treatment: Y		Treating Physician Name: Reason for Use of Force (DGO 5.01):						
Assessment (Paramedic/EMT): Y	To overcome resistance or to prevent escape						
Hospital Name:	Warner							
Subject Armed: Type of	To prevent the commission of a public offense							
Y N D Firea				hers or in self-defe				
	ca Firearm		The second contract of					
	Other Edged Wear		-	nce with a lawful o				
	Object			rson from injuring				
Othe				lso poses an immi				
	1.1			odily injury to anot				
At the time of incident, the s	ubject appeared to	be under t	ne influence of a	iconoi and/or dru	gs? Y L N L			
	p 20							
Subject #:			additional subje					
All other fields	Follow steps 1	16 - 41 to c	complete all oth	er information				
Additional Officer Form	San Fran	cisco Po	lice Departn	nent				
SF	247		lice Departn f Force Evalu	No.	4			
INCIDENT NUMBER:	247		•	No.				
SF	Supervisor		•	No.				
INCIDENT NUMBER: Officer #: Officer Name	Supervisor		f Force Evalu	ation 💚	ole: Y □ N □			
INCIDENT NUMBER: Officer #: Officer Nar Star: Station/ Years of Service: Re	Supervisor me: /Assignment:	ry Use o	f Force Evalu	Unit ID:	•(E•□•(•)•(•)•(•)•)•			
INCIDENT NUMBER: Officer #: Officer Nar Star: Station/	Supervisor me: /Assignment:	ry Use o	f Force Evalu	Unit ID:	*(f .·□•(•(•)•)•(•)•(•)•			
INCIDENT NUMBER: Officer #: Star: Star: Station/ Years of Service: Race (Choose only one): Assertable As	Supervisor me: /Assignment:	ry Use o	f Force Evalu	Unit ID: //ideo/BWC Availab Sex: M	•(E•□•(•)•(•)•(•)•)•			
INCIDENT NUMBER: Officer #: Star: Star: Station/ Years of Service: Race (Choose only one): Assertable As	Supervisor me: /Assignment: ank: sian Black	ry Use o	f Force Evalu	Unit ID: //ideo/BWC Availab Sex: M	F. Unknown Unknown Unknown			
INCIDENT NUMBER: Officer #: Star: Star: Years of Service: Race (Choose only one): As Injured: Y \(\) \(\) \(\) \(\)	Supervisor Me: Assignment: ank: Sian Black Neath: Y Neath: Nea	ry Use o	f Force Evaluation:	Unit ID: /ideo/BWC Availab Sex: M Native Americai Plaincloth Verball	F. Unknown Unknown Unknown Unknown Unknown			
INCIDENT NUMBER: Officer #: Officer Name Star: Station/ Years of Service: Reace (Choose only one): Assembly one Injured: Y N Down Medical Treatment: Y D	Supervisor Me: /Assignment: ank: sian Black N eath: Y N N T): Y N	ry Use o	f Force Evaluate Value Va	Unit ID: /ideo/BWC Availab Sex: M Native Americai Plaincloth Verball	F. Unknown Laboration: y of Star			
INCIDENT NUMBER: Officer #: Star: Station/ Years of Service: Race (Choose only one): As Injured: Y \(\) N \(\) Do Medical Treatment: Y \(\) Assessment (Paramedic/EMT)	Supervisor Me: /Assignment: ank: Sign	ry Use o	f Force Evaluate Value Va	Unit ID: //ideo/BWC Availab Sex: M Native Americal Plaincloth Verball Display	F. Unknown Laboration: y of Star			
INCIDENT NUMBER: Officer #: Star: Star: Station/ Years of Service: Race (Choose only one): Assessment (Paramedic/EMT) Medical Evaluation (By Doctor	Supervisor Me: Assignment: ank: Black N N N T): Y N Photo Taken	ry Use o	f Force Evaluate Hispanic Identification: Uniform Plain clothes	Unit ID: //ideo/BWC Availab Sex: M Native Americal Plaincloth Verball Display	F. Unknown Unk			
INCIDENT NUMBER: Officer #: Star: Station/ Years of Service: Race (Choose only one): Asinjured: Y \(\bar{\text{N}} \) N \(\bar{\text{D}} \) Medical Treatment: Y \(\bar{\text{M}} \) Medical Evaluation (By Doctor Photo of Injury: Y \(\bar{\text{N}} \) N	Supervisor Me: Assignment: ank: Black N N N T): Y N Photo Taken	ry Use o	f Force Evaluate Hispanic Identification: Uniform Plain clothes	Unit ID: /ideo/BWC Availab // Sex: M	F. Unknown Unk			
INCIDENT NUMBER: Officer #: Officer Name Star: Station/ Years of Service: Reace (Choose only one): As Injured: Y N Do Medical Treatment: Y De Assessment (Paramedic/EMT Medical Evaluation (By Doctor Photo of Injury: Y N Type of Force Used (Specify	Supervisor Me: Assignment: ank: Black N N N T): Y N Photo Taken	ry Use o	Hispanic	Unit ID: /ideo/BWC Availab // Sex: M	F. Unknown Unknown Unes Identification: y of Star cket			
INCIDENT NUMBER: Officer #: Star: Station/ Years of Service: Race (Choose only one): Assessment (Paramedic/EMT) Medical Treatment: Y Assessment (Paramedic/EMT) Medical Evaluation (By Doctor Photo of Injury: Y Type of Force Used (Specify Firearm OIS	Supervisor Me: Assignment: Assign Black eath: Y N N T): Y N Or): Y N Photo Taken subject number on	ry Use o	Hispanic	Unit ID: /ideo/BWC Availab Sex: M Native Americai Plaincloth Verball Display Raid Ja	F. Unknown Unknown Unes Identification: y of Star cket			
INCIDENT NUMBER: Officer #: Star: Station/ Years of Service: Race (Choose only one): Assessment (Paramedic/EMT) Medical Evaluation (By Doctor Photo of Injury: Y N Type of Force Used (Specify Firearm Pointing	Supervisor Me: Assignment: Assign Black eath: Y N N T): Y N Or): Y N Photo Taken subject number on	ry Use o	representations Hispanic Identifications Uniform Plain clothes representation Chemical Ago Physical Com Spike Strips	Unit ID: /ideo/BWC Availab Sex: M Native Americai Plaincloth Verball Display Raid Ja	es Identification: y of Star cket			
INCIDENT NUMBER: Officer #: Star: Station/ Years of Service: Race (Choose only one): Assume Assessment (Paramedic/EMT) Medical Evaluation (By Doctor Photo of Injury: Y N Type of Force Used (Specify Firearm OIS Firearm Pointing Strike by Obj. (personal both	Supervisor Me: Assignment: Assign Black eath: Y N N T): Y N Or): Y N Photo Taken subject number on	ry Use o	representations Hispanic Identifications Uniform Plain clothes representation Chemical Ago Physical Com Spike Strips	Unit ID: /ideo/BWC Availab · · · Sex · · M · □ · · · · Native Americal Plaincloth □ Verball □ Display □ Raid Ja ent trol Hold/Take Dov	es Identification: y of Star cket			
INCIDENT NUMBER: Officer #: Star: Station/ Years of Service: Race (Choose only one): Astinjured: Y N Do Medical Treatment: Y D Assessment (Paramedic/EMT Medical Evaluation (By Doctor Photo of Injury: Y N Type of Force Used (Specify Firearm OIS Firearm Pointing Strike by Obj. (personal be	Supervisor Me: Assignment: Assign Black eath: Y N N T): Y N Or): Y N Photo Taken subject number on	ry Use o	re Hispanic Hispanic	Unit ID: /ideo/BWC Availab · · · Sex · · M · □ · · · · Native Americal Plaincloth □ Verball □ Display □ Raid Ja ent trol Hold/Take Dov	es Identification: y of Star cket			
INCIDENT NUMBER: Officer #: Star: Station/ Years of Service: Race (Choose only one): Astinjured: Y N Do Medical Treatment: Y D Assessment (Paramedic/EMT Medical Evaluation (By Doctor Photo of Injury: Y N Type of Force Used (Specify Firearm OIS Firearm Pointing Strike by Obj. (personal botor Impact Weapon ERIW	Supervisor me: /Assignment: sian Black eath: Y N N T): Y N Or): Y N Subject number on ody weapon)/Fist	Age White	re: Hispanic Identification: Uniform Plain clothes Ce was used): Chemical Ago Physical Con Spike Strips Vehicle Inter K-9 Bite Other:	Unit ID: /ideo/BWC Availab // Sex: M Native Americal Plaincloth	es Identification: y of Star cket			
INCIDENT NUMBER: Officer #: Star: Station/ Years of Service: Race (Choose only one): Assessment (Paramedic/EMT Medical Evaluation (By Doctor Photo of Injury: Y N Type of Force Used (Specify Firearm OIS Firearm Pointing Strike by Obj. (personal bottor) Impact Weapon	Supervisor Me: /Assignment: ank: Black N N T): Y N Or): Y N Photo Taken subject number on Cody weapon)/Fist Enter 2, 3, or	Age of the	re was used): Chemical Aga Physical Con Spike Strips Vehicle Inter K-9 Bite	Unit ID: /ideo/BWC Availab	es Identification: y of Star cket			



San Francisco Police Department Supervisory Use of Force Evaluation



INCIDENT NUMBER: Date:			Time:	Day of Wk:			
SFPD CAD#:	Type of Incident:						
On View Dispatch	Critical Incident/Spe	ecial Event:	Event: USE OP. ORDER NAME				
Location of Occurrence:			District of Occ	urrence:			
Use of Force Time Line	(Use 24 H	our Form	at)				
Supervisory Officer Rank, Name &	Star No.:		Broadcast Time of Use of Force:				
RANK, LAST NAME, FIRST NAME, STAR NO.			Supervisor On Scene Time:				
			Officer Initial Contact Time:				
Did Supervisor Respond to Scene:	Y N If No,	why?	/hy?				
Subject #1 Subject Name:	ST NAME, FIRST NAM	VIE		DOB:			
Race (Choose only one): Asian	Black White	e 🗌 Hisp	☐ Hispanic ☐ Native American ☐ Unknown ☐				
Sex: M \square F \square LEP: Y \square N \square	Language:		Heigh	t: Weight:			
Complaint of Pain: Y 🗌 N 🔲 In	jured: Y 🔲 N 🔲	Serious Bo	dily Injury*: Y	□ N □ Death: Y □ N □			
Photo Taken of Injury: Y 🗌 N	☐ Injuries I	Description	:				
Photo Taken By: LAST, FIRST, STA			(By Doctor): Y	√			
Medical Treatment: Y 🗌 N 🗌	Treating	Physician N		*			
Assessment (Paramedic/EMT): Y	□ N □		Use of Force (I				
Hospital Name:				t, detention, or search			
Subject Armed: Type of Weap	on:			e or to prevent escape			
Y N D Firearm		Annual Control of the		sion of a public offense			
Subject Homeless: Replica Fire		☐ In defen	ise of others or	in self-defense			
	r Edged Weapon			h a lawful order			
Charges: Blunt Object	ct			om injuring himself/herself,			
Other _				es an imminent danger of			
				ury to another person or officer			
At the time of incident, the subject	appeared to be unde	er the influe					
Officer #1 Officer Name:	IST NAME, FIRST NAM	VIE .					
Star: Station/Assign	nment:	·		WC Available: Y N N			
Years of Service: Rank:	<u> </u>	Age: ·		x; : M 🗆 : : - F 🗀 : : : : : : : : : : : : : : : : : :			
		The second second		e American · 🔲 · · · · Unknown · 🔲 · · · ·			
	h: Y 🗌 N 🗌		tification:	Plainclothes Identification:			
Medical Treatment: Y N			niform	☐ Verbally			
Assessment (Paramedic/EMT): Y		□PI	ain clothes	Display of Star			
Medical Evaluation (By Doctor):	Y N N			☐ Raid Jacket			
Photo of Injury: Y \(\square\) N \(\square\)	Photo Taken By: 🕍	and the same of th		AR NO.			
Type of Force Used (Specify subjection	ct number on which f						
Firearm OIS SUBJECT#			nical Agent <u>SU</u>				
☐ Firearm Pointing SUBJECT #			ical Control Hol	•			
Strike by Obj. (personal body we	eapon)/Fist S <u>UBJEC</u> T		Spike Strips SUBJECT#				
☐ Impact Weapon SUBJEC7 #		Street, St.	cle Intervention				
□ERIW S <u>UBJEC</u> T#		☐ K-9 B					
	* *	Othe	r:	SUBJECT #			

*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."

Preliminary Finding	s of Supe	rvisory Evalu	uation	
INCIDENT NUMBER:				
Does the Use of Force Appear to be reasonable?	Υ□ N			*
If No, Notify a Superior Officer.	. 5			
Submit for Commanding Officers Approval Pri	or to Report	ting Off-Duty.		
Name of Supervisor Completing Evaluation:	Rank:		Date:	
Name of Supervisor completing Evaluation.	Star:			
Name of Lieutenant Reviewing:		-1	Date:	
Name of Captain Approving:			Date:	
		*		
Commanding Officers:				
Forward original to Commanding Office	r of Risk M	anagement		
Copies to:				
Commanding Officer of Training Division				
Members Bureau Chief (Through the Chain of Comm	and)			



San Francisco Police Department Supervisory Use of Force Evaluation



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



San Francisco Police Department Supervisory Use of Force Evaluation



INCIDENT NUMBER:		
Officer #: Officer Name: LAST NAME, FIRST N	AME	Unit ID:
Star: Station/Assignment:	Video	o/BWC Available: Y \ \ \ \ \ \ \ \
Years of Service: Rank:	Age:	Sex: M· 🗆 · · · · F · 🖂 · · · · · · · · · · · · · · · · ·
Race (Choose only one): Asian . Black . White		
Injured: Y \(\Boxed{\omega} \) N \(\Boxed{\omega} \) Death: Y \(\Data \) N \(\Boxed{\omega}	Identification:	Plainclothes Identification:
Medical Treatment: Y ☐ N ☐	□Uniform	□Verbally
Assessment (Paramedic/EMT): Y \(\subseteq \text{N} \subseteq \text{N} \subseteq	☐ Plain clothes	☐ Display of Star
Medical Evaluation (By Doctor): Y ☐ N ☐		☐ Raid Jacket
Photo of Injury: Y N N Photo Taken By:	ST NAME, FIRST NAME	, STAR #
Type of Force Used (Specify subject number on which for	orce was used):	
Firearm OIS SUBJECT #	☐ Chemical Agent	SUBJECT #
☐ Firearm Pointing SUBJECT #	☐ Physical Control	Hold/Take Down <u>SUBJEC</u> T#
Strike by Obj. (personal body weapon)/Fist SUBJECT	# Spike Strips <u>SU</u>	BJECT#
☐ Impact Weapon SUBJECT #	☐ Vehicle Intervent	ion (Deflection) SUBJECT #
ERIW SUBJECT #	☐ K-9 Bite SUBJE	II W
	Other:	SUBJECT :
Officer #: Officer Name: LAST NAME, FIRST N	AME .	Unit ID:
Star: Station/Assignment:	Vide	o/BWC Available: Y \ \ \ \ \ \ \ \
	Age:	Sex; : M : □ : : - F : □ : : : : : : : : : : : : : : : : :
Race (Choose only one): Asian . Black . White		ațive American 🔲 🗀 Unknown 🗀 \cdots
Injured: Y \(\subseteq \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Identification:	Plainclothes Identification:
Medical Treatment: Y N N	□Uniform	□Verbally
Assessment (Paramedic/EMT): Y \(\square\) N \(\square\)	☐ Plain clothes	☐ Display of Star
Medical Evaluation (By Doctor): Y N		☐ Raid Jacket
Photo of Injury: Y N N Photo Taken By:	ST NAME, FIRST NAME	, STAR #
Type of Force Used (Specify subject number on which for	orce was used):	
Firearm OIS SUBJECT #	☐ Chemical Agent	SUBJECT #
☐ Firearm Pointing SUBJECT #	☐ Physical Control	Hold/Take Down SUBJECT #
Strike by Obj. (personal body weapon)/Fist SUBJECT	Spike Strips 51	BJECY#
☐ Impact Weapon SUBJECT #		tion (Deflection) SUBJECT #
□ ERIW SUBJECT #	K-9 Bite SUBJE	CT #
9	Other:	SUBJECT :
72		



Commanding

Officer's Signature:

eporting Period Beginning:	End	ling:
	MM/DD/YYYY	MM/DD/YYYY

REPORTS TO COMMANDING OFFICER OF RISK MANAGEMENT AND TRAINING DIVISION ON

SFPD 128 (Rev. 01/17)

ATE:	CASE NUMBER:	REVI	EWING SU	PERVIS)к:					
	Name	Age	Race *	Sex	Complaint of Pain	Injured	Туре	of Force Used		
Subject		×	-		YES NO	YES NO	Firearm – OIS Firearm – Pointing Strike by Obj. (personal body	☐ Chemical Agent☐ Physical Control☐ Hold/Take Down☐ Spike Strips		
Officer/ Star #							weapon)/Fist			
– American India	an, A – Asian or Pacific Islander, B – Black, H – Hispanic,	U – Unknown, W –	White	(4)						
ATE:	CASE NUMBER:	REVI	EWING SU	PERVIS	DR:					
	Name	Age	Race *	Sex	Complaint of Pain	Injured	Туре	of Force Used		
Subject		,			☐ YES ☐ NO	YES NO	Firearm – OIS Firearm – Pointing Strike by Obj. (personal body	☐ Chemical Agent☐ Physical Control☐ Hold/Take Down☐ Spike Strips		
Officer/ Star #						YES NO	weapon)/Fist			
– American India	an, A – Asian or Pacific Islander, B – Black, H – Hispanic,	U – Unknown, W –	White							
ATE:	CASE NUMBER:	REVI	EWING SU	PERVIS	DR:					
i = = = = i = i = = = = = = = = = = = =	Name	Age	Race *	Sex	Complaint of Pain	Injured	Туре	of Force Used		
Subject				di .	YES NO	☐ YES ☐ NO	Firearm – OIS Firearm – Pointing Strike by Obj. (personal body	☐ Chemical Agent☐ Physical Control☐ Hold/Take Down☐ Spike Strips		
Officer/ Star #		*				☐ YES ☐ NO	weapon)/Fist Vehicle Intervention Impact Weapon (Deflection) ERIW K-9 Bite Comments: Other			

THE MONDAY OF EACH WEEK.