Use of Force Form

Person making the Report: _____

Unit Assigned: _____

Shift: _____

Supervisor: _____

Date of Incident & Incident #: _____

TYPE OF INCIDENT: (Check one or more)

Threat:

- ☐ **Communicated directly to victim**
- ☐ **Communicated to another person**
- ☐ **Other (Specify)** _____

_____

- ☐ **Verbal**
- ☐ **Mail**
- ☐ **Note**
- ☐ **E-Mail**

Location:

- ☐ **Back of Ambulance**
- ☐ **On-Scene (outdoors)**
- ☐ **Inside patient's home**
- ☐ **Other (Specify)** _____

Physical Attack:

- ☐ **Hitting, fighting, pushing, or shoving**
- ☐ **Use of object as weapon**
- ☐ **Use of weapon such as gun or knife**
- ☐ **Other (Specify)** _____

Property Damage:

- ☐ **Damage to City Property**
- ☐ **Damage to personal property**
- ☐ **Other (Specify)** _____

VICTIM INFORMATION:

If victim sustained physical or traumatic/emotional injury indicate the action/response of victims in each of the following categories:

- _____ **Physical injury**
- _____ **Medical care required**
- _____ **Workers' Compensation claim(s) filed**
- _____ **Trauma/Emotional injury**
- _____ **EAP/Psychological care provided**
- _____ **Attended Trauma Debriefing**

VICTIM INFORMATION CONTINUED

Sex:

- ☐ Male
- ☐ Female

Race:

- ☐ White
- ☐ Black
- ☐ Native American
- ☐ Hispanic
- ☐ Asian American
- ☐ Other

Age:

- ☐ 18-21
- ☐ 22-29
- ☐ 30-39
- ☐ 40-55
- ☐ Over 55

Classification of Member: (check all that apply)

- ☐ Firefighter
- ☐ Engineer
- ☐ Captain
- ☐ Battalion Chief
- ☐ Paramedic
- ☐ EMT
- ☐ Other Agency

_____

_____

Length of employment:

- ☐ Less than 1 year
- ☐ 1 - 5 years
- ☐ 5 - 10 years
- ☐ 10 - 15 years
- ☐ 15 - 20 years
- ☐ 20+ years

PERPETRATOR INFORMATION: (If known)

- ☐ Employee
- ☐ Supervisor
- ☐ Former Employee
- ☐ Customer's Spouse/Family Member
- ☐ Customer/Client/Patient
- ☐ Stranger/Bystander

Sex:

- ☐ Male
- ☐ Female

Race:

- ☐ White
- ☐ Black
- ☐ Native American
- ☐ Hispanic
- ☐ Asian American
- ☐ Other

Age:

- ☐ 18-21
- ☐ 22-29
- ☐ 30-39
- ☐ 40-55
- ☐ Over 55

Reason for Incident: (If known, check all that apply)

- ☐ Family/domestic dispute
- ☐ Alcohol/drugs
- ☐ Mental health problems
- ☐ Racial tension
- ☐ Gang related
- ☐ Head Injury
- ☐ Hypoglycemia
- ☐ ALOC
- ☐
- ☐
- ☐ Other _____

INITIAL RESPONSE: (Check all that apply)

Use of Force Form

- ☐ **Situation defused**
- ☐ **Security called**
- ☐ **Police called**
- ☐ **Other (Specify)** _____
- ☐ **Defensive tactics used (If checked please describe the actions in the narration)**
- ☐ **Physical Restraints used**
- ☐ **Chemical Restraints Used**

IF PATIENT WAS RESTRAINED: (Check all that apply)

- ☐ **ALS Present at all times**
- ☐ **Continuously monitored patient's vitals**
- ☐ **Monitored Circulation of Extremities**
- ☐ **Position of restrained patient** _____
- ☐ **Patient response to application of restraint** _____
- ☐ **Other (Specify)** _____
- ☐ **Applied Cardiac Monitor & Ran Strip**
- ☐ **Applied Pulse Oximetry**

POST INCIDENT ACTION TAKEN (Check all that apply)

- ☐ **Charges filed**
- ☐ **Member treated at the scene**
- ☐ **Member transported and treated at hospital**
- ☐ **Member sent to EAP**
- ☐ **No treatment required**
- ☐ **Other action taken: (Specify)** _____

Narration:

_____
_____
_____
_____
_____
_____
_____
_____