

Nebraska State Patrol
Use of Force Report

Incident Number

1. Nature of Call:			2. Date of Incident:		
4. Subjects Name: (Last, First, Middle)			3. Time of Incident:		
7. Subject's Address: (Street, City, State Zip)			5. Date of Birth:		
10. Physical Description:			6. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Home Phone #:	
Height:	Weight:	Eyes:	Hair:	Race:	
11. Reason for use of force: (Check all that apply)					
Necessary to effect arrest: <input type="checkbox"/> Yes <input type="checkbox"/> No		Necessary to defend another: <input type="checkbox"/> Yes <input type="checkbox"/> No		To restrain for subject's safety: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Necessary to defend reporting officer: <input type="checkbox"/> Yes <input type="checkbox"/> No		To prevent a violent, forcible felony: <input type="checkbox"/> Yes <input type="checkbox"/> No		TVI Maneuver Used: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Subject injured: <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Subject rendered unconscious: <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Hospital/Clinic & Name of Physician:					
15. Nature of subject's injury:					
16. At time of arrest was subject: (Check all that apply)					
Under influence of chemical drug: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list:			
Suspected under the influence of chemical drug: <input type="checkbox"/> Yes <input type="checkbox"/> No		Under the influence of alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/>		%:	
Suspected mental illness: <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Number of officers present at time of arrest:		Number of subjects that resisted:	
18. Level of Resistance: (Check all that apply)					
A. Psychological Intimidation: <input type="checkbox"/> Explain:					
B. Verbal Non Compliance/Threats: <input type="checkbox"/> Explain:					
C. Passive Resistance: <input type="checkbox"/> Explain:					
D. Defensive Resistance: <input type="checkbox"/> Explain:					
E. Active Aggression: <input type="checkbox"/> Explain:					
F. Deadly Force Assaults: Type of Weapon: Explain:					
19. Level of Control Effected: (Check all that apply)					
A. Officer Presence: <input type="checkbox"/> Yes <input type="checkbox"/> No					
B. Verbal Direction: <input type="checkbox"/> Yes <input type="checkbox"/> No		Commands Given:			
C. Types of Empty Hand Control: (Check all that apply)					
Muscling Techniques: <input type="checkbox"/>		Location:			
Hand Strike: <input type="checkbox"/>		Number of Strikes		Location:	
Straight Armbar: <input type="checkbox"/>		Location:			
Shoulder Pin: <input type="checkbox"/>		Type/Level:			
Pressure Points: <input type="checkbox"/>		Location:			
Leg/Foot Strike: <input type="checkbox"/>		Number of Strikes		Location:	
Transport Wristlock: <input type="checkbox"/>		Location:			
Other: <input type="checkbox"/>		Explain:			
D. Intermediate Weapons: (Check all that apply)					
Chemical Agents: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type/Amount:		Location of Use:	
Impact Weapon: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type/Amount:		Location of Use:	
Taser Deployed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Cartridge Serial #		Number of strikes needed to affect arrest:	
Taser Deployed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Cartridge Serial #		Number of times	
Taser Deployed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Cartridge Serial #		Visual Compliance Yes <input type="checkbox"/> No <input type="checkbox"/>	

E. Lethal Force: Explain		
F. If Canine Use please check:		
Physical Apprehension: <input type="checkbox"/>	Detainment: <input type="checkbox"/>	Compliance During/After Verbal Announcement <input type="checkbox"/>
Officer Protection (See Canine Report)		
G. Was officer injured? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, extent of officer's injuries:		
20. SUPPLEMENTAL NARRATIVE:		
SEE ADDITIONAL CONTINUANCE REPORT ATTACHED: <input type="checkbox"/>		
Did the technique work as intended? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain:		
Witnesses Present (Sworn and Civilian):		
Name:	Address:	Phone:
Reporting Officer's Assignment:		
Traffic <input type="checkbox"/>	Executive Protection <input type="checkbox"/>	Criminal <input type="checkbox"/>
SWAT <input type="checkbox"/>	Drug <input type="checkbox"/>	Carrier <input type="checkbox"/>
Other (Explain):		

Reporting Officer _____
Signature Badge #

Supervisor _____
Signature Badge #

Commander _____
Signature Badge #

xc: Troop Area Defensive Tactics Coordinator
Troop/Division Commander
State Defensive Tactics Coordinator
Internal Affairs