

State of Connecticut Use of Force Reporting Guide

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On behalf of
Criminal Justice Policy and Planning Division within the Office of Policy and Management
And
Police Officer Standards and Training Council

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Background

The Police Officer Standards and Training Council (POSTC) and Criminal Justice Policy Planning Division of the Office of Policy and Management (CJPPD) worked in conjunction with the Criminal Justice Information System (CJIS) and Institute for Municipal and Regional Policy (IMRP) to develop a standard use of force and electronic defense weapon reporting form pursuant to Connecticut General Statute 7-282e and 54-1t. The state form adopted by POSTC must be completed for all incidents that meet the reporting requirements of either statute. No other use of force or electronic defense weapon report will be accepted.

Connecticut General Statute 7-282e requires each law enforcement unit to report a record of any use of force incident that meets the following criteria:

1. When a police officer witnesses another police officer use what the witnessing officer objectively knows to be unreasonable, excessive, or illegal use of force or is otherwise aware of such force by another police officer.
2. When a police officer uses physical force that is likely to cause serious physical injury, as defined in C.G.S. 53a-3¹, to another person or the death of another person, including, but not limited to:
 - a. Striking another person with an open or closed hand, elbow, knew, club, or baton
 - b. Kicking another person
 - c. Using pepper spray, or an electronic defense weapon, as defined in C.G.S. 53a-3², or less lethal projectile on another person
 - d. Using a chokehold or other method of restraint applied to the neck area or that otherwise impedes the ability to breathe or restricts blood circulation to the brain of another person
 - e. Discharges a firearm, except during a training exercise or in the course of dispatching an animal.

Connecticut General Statute 54-1t requires each law enforcement unit to report a record of any incident involving the use of an electronic defense weapon.

¹ "Serious physical injury" means physical injury which creates a substantial risk of death, or which causes serious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ.

² "Electronic Defense Weapon" means a weapon which by electronic impulse or current is capable of immobilizing a person temporarily, but is not capable of inflicting death or serious physical injury, including a stun gun or other conductive energy devices.

POSTC Guidance: Incidents that require submission

The purpose of this guidance is to aid Connecticut law enforcement in the preparation of the State mandated Use of Force Reporting Form. In being consistent with the application of the policy we can assure that there will be an accurate reporting of use of force events as mandated by C.G.S. 7-282e and 54-1t.

Questions have recently arisen on what type of conduct/activity would require reporting to the state? Although agencies may maintain more detailed internal records, this document will simply address when a use of force incident form needs to be submitted to the state.

Incidents that require state reporting:

1. Any incident where an officer uses the following force actions should be reported to the state:
 - a. Striking another person with an open or closed hand, elbow, knee, club, or baton
 - b. Kicking another person
 - c. Using pepper spray, or electronic defense weapon, as defined in C.G.S. 53a-3, or a less-lethal projectile on another person
 - d. Using a chokehold or other method of restraint applied to the neck area or that otherwise impeded the ability to breathe or restricts blood circulation to the brain of another person
 - e. Discharging a firearm, except during a training exercise or in the course of dispatching an animal
2. Any incident where a police officer uses physical force that is likely to cause serious physical injury, as defined in C.G.S. 53a-3, to another person or the death of another person.

Frequently Asked Questions

What if an officer displays a firearm?

One area of concern was the reporting by an officer on the drawing of a firearm. As explicitly written in Section 10, Line #4. A use of force report does not need to be prepared at the mere drawing of a firearm. For example, if a firearm is held at the low ready position or while conducting a building search, these circumstances in and of themselves, would not require reporting. A report would be required when a firearm is actually pointed at an individual.

What if an officer displays a C.E.W.?

A use of force report does not need to be prepared at the mere drawing of a C.E.W., i.e. one held at the low ready position. A report would be necessary in the instance where the C.E.W. is drawn and the laser sight is activated and pointed at an individual.

Do I need to report using a simple control hold on a subject while handcuffing them?

No, mere force to control the arms of an individual would not require a report. However, if the officer is required to strike the individual in order to gain control or use another force action listed, then that would require a report.

What if the force action taken isn't listed but causes a serious physical injury on the subject?

If an officer uses any force, whether listed or not, on a subject and the force causes serious physical injury, the incident must be reported.

Completing the Use of Force Report

One form must be completed for each officer that uses force during an incident. It is recommended that each officer utilizing force in an incident complete their own use of force report. In instances where an officer is unable or unwilling to complete such a report, it is recommended that a supervisor complete the report in their place. It is recommended that supervisors, and not officers, submit completed reports to the state.

Overview

The Use of Force Report contains six (6) segments including:

- Case and subject information
- Pre-incident information
- Officer assessment of scene and situation
- Application of force narrative
- Post-incident information
- Incident analysis and summary

Case and Subject Information

CASE AND SUBJECT INFORMATION SECTION			
Police Department Information		Subject's Information	
Case Number #	PD Town	Agency #	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Report	Date of Birth		Last Name
<input type="text"/>	<input type="text"/>		<input type="text"/>
Incident Information		Apt/Unit #	
Date of Inc.	T.O.D.	Address Street	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Incident Apt/Unit #		Address City	State
<input type="text"/>		<input type="text"/>	<input type="text"/>
Incident Street Address		Race	Hispanic
<input type="text"/>		<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
Incident City	State	Subject Height & Weight	
<input type="text"/>	CT	<input type="text"/> Feet <input type="text"/> Inches <input type="text"/> Pounds	
		Sex	
		<input type="radio"/> Male <input type="radio"/> Female	

Police Department Information

Case Number

Indicate the unique internal agency case number assigned to the incident

Note: This field will be used to link reports on the same incident. Ensure adherence to your agency case number nomenclature.

PD Town

Indicate the police department town or agency name (i.e. Hartford, CCSU, CSP)

Agency Number

Indicate the ORI number assigned to the agency

Date of Report

Indicate the date the report was completed by typing in the date or using the calendar pop-up.

Note: Format the date as MM/DD/YY. You must type the "/" in the date.

Date of Incident

Indicate the date of the incident by typing in the date or using the calendar pop-up.

Note: Format the date as MM/DD/YY. You must type the "/" in the date.

T.O.D. (Time of Incident)

Indicate the time of the incident.

Note: Time must include the colon (":") to be valid.

Incident Apartment or Unit Number

If applicable: indicate the apartment or unit number.

Incident Street Address

Indicate the street address.

Note: use as precise a location as possible. For example 100 Main Street.

Incident City

Indicate the town or city where the location occurred.

State

This field is automatically set to "CT".

Subject's Information

Subject's First Name

Indicate the subject's first name as it appears on legal documentation

Note: the name of a juvenile should be redacted from any report prior to submitting it to the state. In the case of a juvenile, the field can simply state: "Juvenile1".

Subject's Last Name

Indicate the subject's last name as it appears on legal documentation

Note: the name of a juvenile should be redacted from any report prior to submitting it to the state. In the case of a juvenile, the field can simply state: "Juvenile1".

Subject's Date of Birth

Indicate the subject's date of birth

Subject Apartment or Unit Number

If applicable: indicate the apartment or unit number.

Subject Street Address

Indicate the street address where the subject resides.

Subject City

Indicate the town or city where the subject resides.

State

Indicate the state where the subject resides.

Subject's Race

Indicate the subject's race based on the officer's observation and perception.

RESPONSE OPTIONS

White

Black

Asian Pacific Islander

American Indian

Alaskan Native

Native Hawaiian

Other

Subject's Ethnicity

Indicate if the subject's ethnicity is Hispanic (Yes or No) based on the officer's observation and perception.

Subject's Sex

Indicate the subject's gender based on the officer's observation and perception.

RESPONSE OPTIONS

Male

Female

Subject's Height & Weight

Indicate the subject's height in feet and inches (estimate if not known) and weight in pounds (estimate if not known).

Pre-Incident/Officer Information

PRE-INCIDENT INFORMATION SECTION			
Officer's First Name	Officer's Last Name	Officer's Badge Number	Officer Self Identified <input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Origins of Initial Contact	Officer's Assignment	Officer's Arrival Transport	Officer's Arrival Uniform
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Officer's Arrival Notes <input type="text"/>			
Activity That Led To Incident (Check All That Apply)			
<input type="checkbox"/> Welfare Check	<input type="checkbox"/> Possible Crime in Progress		
<input type="checkbox"/> Medical Emergency	Crime #1 <input type="text"/>		
<input type="checkbox"/> Potential Mental Health Incident	Crime #2 <input type="text"/>		
<input type="checkbox"/> MV/Traffic Stop	Crime #3 <input type="text"/>		
<input type="checkbox"/> Execute Warrant	Crime #4 <input type="text"/>		
<input type="checkbox"/> Other <input type="text"/>	Crime #5 <input type="text"/>		
Location Environment (Check All That Apply)			Type
<input type="checkbox"/> Subject's Residence	<input type="checkbox"/> Indoors - Public Building	<input type="text"/>	
<input type="checkbox"/> Other Residence	<input type="checkbox"/> Indoors - Private Property	<input type="text"/>	
<input type="checkbox"/> Outdoors - Public Area	<input type="checkbox"/> Educational Facility	<input type="text"/>	
<input type="checkbox"/> Outdoors - Priv. Property	<input type="checkbox"/> Commercial Establishment	<input type="text"/>	

Officer Information

Officer's First Name

Indicate the officer's first name as it appears on legal/departmental documentation.

Officer's Last Name

Indicate the officer's last name as it appears on legal/departmental documentation.

Officer's Badge Number

Indicate the officer's badge name as assigned by the department.

Officer Self-Identified

Indicate if the officer identified himself or herself when arriving on the scene.

Origins of Initial Contact

Indicate how the contact originated.

RESPONSE OPTIONS

Officer Dispatched

Officer Initiated

Citizen Initiated

Pre-planned contact

Not First Officer on Scene

Shot Spotter Response

Officer's Assignment

Indicate the officer's assignment at the time of the incident.

RESPONSE OPTIONS

Patrol

Extra Duty

Off-Duty

Specialized Unit

Other

Officer's Arrival Transport

Indicate how the officer arrived on the scene.

RESPONSE OPTIONS

On Foot

Marked Cruiser

Unmarked Cruiser

Unofficial/Personal Vehicle

Troop/SWAT Carrier

Other

Officer's Arrival Uniform

Indicate the uniform of the officer upon arrival.

RESPONSE OPTIONS

Officer in Uniform

Officer Not in Uniform

Officer Undercover

Officer in Plain Clothes

Officer's Arrival Notes

Any additional notes the officer believes are necessary to indicate about the arrival.

Activity that Led to Incident

Indicate the activity that led to the incident (check all that apply). The officer should check all that apply. If the officer indicates, "Possible Crime in Progress", they must indicate from the dropdown list the option that best categorizes the criminal behavior.

Note: the form only allows officers to report up to five crimes. If more than five crimes were possible, the officer should report the five most serious offenses. The officer should use their best judgment to determine the most serious offenses.

RESPONSE OPTIONS

Welfare Check

Medical Emergency

Potential Mental Health Incident

Motor Vehicle/Traffic Stop

Executing Warrant

Possible Crime in Progress- may select up to five possible crimes

Assault

Burglary

Domestic Disturbance

Disturbance (drinking, fighting, disorderly)

Eluding Police

Possession of a Controlled Substance

Distribution of a Controlled Substance

Report of Gunfire

Robbery

Subject with a Gun

Subject with other weapon

Suspicious Person

Terroristic Threats

Theft/Shoplifting

Trespassing

Wanted Person

Other- Please use the text box to indicate the other activity

Location Environment

Indicate the location environment where the incident occurred (check all that apply)

RESPONSE OPTIONS

Subject's Residence

Other Residence

Outdoors- Public Area

Outdoors- Private Property

Indoors- Public Building

Indoors- Private Property

Educational Facility

Commercial Establishment

Officer Assessment of Scene and Situation

OFFICER ASSESSMENT OF SCENE AND SITUATION SECTION

Officer's Initial Perception of Subject (Check All That Apply)

<input type="checkbox"/> Non-Aggressive	<input type="checkbox"/> Actively Aggressive (Verbal)
<input type="checkbox"/> Previous Hostility Toward LEO	<input type="checkbox"/> Actively Aggressive (Physical)
<input type="checkbox"/> Possibly Under the Influence	<input type="checkbox"/> Armed with <input type="text"/>
<input type="checkbox"/> Emotionally Disturbed	<input type="checkbox"/> Other <input type="text"/>

Subject's Initial Resistance Resulting in Use of Force (Check All That Apply)

<input type="checkbox"/> Threat/Hostile	<input type="checkbox"/> Fighting Stance/Combative
<input type="checkbox"/> Dead Weight/Non-Compliant	<input type="checkbox"/> Threatening Use of Force
<input type="checkbox"/> Fleeing	<input type="checkbox"/> Un-Armed Assault
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Armed Assault with <input type="text"/>
<input type="checkbox"/> Other <input type="text"/>	

Officer's Initial Perception of Subject

The officer should indicate their initial perception of the subject (check all that apply)

RESPONSE OPTIONS

Non-Aggressive

Previous Hostility Toward Law Enforcement Officer

Possible Under the Influence of Alcohol and/or Drugs

Emotionally Disturbed

Actively Aggressive (Verbal)

Actively Aggressive (Physical)

Armed with- please indicate what the subject was armed with

Other

Subject's Initial Resistance Resulting in Use of Force

The officer should indicate the subject's resistance resulting in the use of force (check all that apply)

RESPONSE OPTIONS

Threat/Hostile

Dead Weight/Non-Compliant

Fleeing

Suicidal

Fighting Stance/Combative

Threatening use of force

Un-armed assault

Armed with- selected from the dropdown list

Other

Application of Force Narrative

APPLICATION OF FORCE NARRATIVE SECTION

Use of Force Warning Provided to the Subject?

OFFICER'S ACTIONS						SUBJECT'S ACTIONS	
#	Control Category	Control Method	Body	Region	# of Strikes	Response Category	Response Method
1	<input type="text"/>	<input type="text"/>	-			-	
2	-		-			-	
3	-		-			-	
4	-		-			-	
5	-		-			-	
6	-		-			-	
7	-		-			-	
8	-		-			-	
9	-		-			-	

Use of CEW Details

Serial # on CEW(s) Deployed

Serial # on Cartridge(s) Deployed

Type of Cartridge

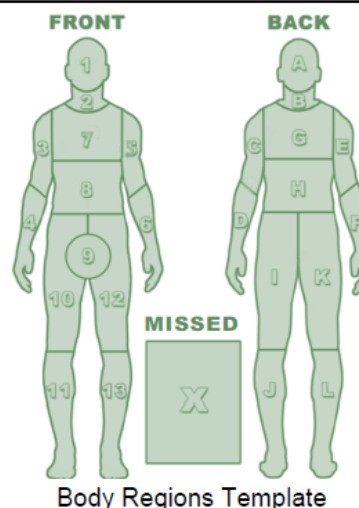
and Length of Display of Arc (sec.)

and Length of Drive-Stun Applications (sec.)

and Length After Probe Contact (sec.)

Time Between Applications (sec.)

CEW was Downloaded by Whom?



This section requires that the officer report the force applied during an interaction and the subject's reaction to the application of force. Officers should, to the best of their ability, report the application of force in the order in which it was used.

Example: Officer used verbal commands and the subject's response was to attempt to destroy evidence. Officer then uses a physical force action (i.e. pressure points), and the subject's response was the voluntarily comply.

Note: if multiple subjects were involved in a use of force incident, a separate report must be completed for each subject.

Use of Force Warning Provided to the Subject

Indicated by checking the box if the officer provided the subject with a warning prior to using force. If the box is left blank, it will be assumed that no warning was provided.

Officer's Actions

The Officer's Action section contains two mandatory fields and three additional fields to be completed when applicable.

The first field specifies the action that an officer took, "Control Category," and the second field specifies additional details about the action, "Control Method." The third, fourth, and fifth categories relate to the part of the body where force was used.

*Force should be reported in the order it was applied to the subject.

Control Category/Control Method

Verbal Commands

Verbal Commands

Physical Force Action

Pressure Point/Control Method

Chokehold/restraint to the neck area

Takedown

Hand/Fist Strike

Elbow/Arm Strike

Foot Strike

Knee/Leg Strike

Head Strike

Impact Weapon/Baton

K-9 (Canine)

Threatened Deployment

K-9 Deployment

Chemical Force Action

OC Spray

Chemical Munition

Conducted Electronic Defense Weapon

Laser Only

Warning Arc

Cartridge

Drive-Stun

Less Lethal Projectile

Less Lethal Projectile

Firearm- Point Only

Handgun

Shotgun

Rifle

Other

Firearm- Discharge

Handgun

Shotgun

Rifle

Other

Body/Region/Number of Strikes

Using the body diagram on the report, indicate where the action struck the subject. If the action did not strike the subject, indicate missed.

Subject's Actions

The Subject's actions contain two mandatory fields to be completed. The first field specifies the subject's response, "Response Category," and the second field specifies additional details about the response, "Response Method."

Response Category/Response Method

Voluntary Compliance- The subject complied with officer commands after the threat of force or the application of force

In-Voluntary Compliance- Indicate the subject's compliance after force was used if it was not voluntary

Incapacitated

Immobilized

Unconscious

Wounded

Death

Resisted Arrest/Officer Control- Interfering with police activity

Attempted to Destroy Evidence- Subject attempted to destroy evidence

Attempted to Commit a Crime- Subject attempted to commit a crime

Attempted to Escape Custody- Subject attempted to flee law enforcement custody

Attempted to Self-Harm- Subject attempted to harm self

Prevent Harm to Another- Force was used to prevent the subject from harming another person

Threat- Indicate the type of imminent threat the subject poses by choosing one of the following options

Verbal/Fighting Stance

Threat with Hands, Fists, Legs

Threat with Blunt Object

Threat with Edged Weapon

Threat with Motor Vehicle

Threat with Bodily Fluids

Threat with Gun

Threat with Other

Other Threat

Attack- Indicate the type of attack the subject made by choosing one of the following options

Biting

Spitting

Attack with Hands, Fists, Legs

Attack with Blunt Object

Attack with Edged Weapon

Attack with Motor Vehicle

Attack with Bodily Fluids

Fired Gun

Attack with Other

Other Attack

Gun Threat- Indicate the type of gun threat posed by the subject

Suspected Gun

Observed Gun

Displayed Gun

Pointed Gun

****All incidents should end in either voluntary compliance or in-voluntary compliance.**

Use of CEW Details

If applicable, complete the additional information when a Conducted Electronic Defense Weapon is used.

Serial # on CEW Deployed

Serial # on Cartridge Deployed

Type of Cartridge

Number and Length of Display Arc- the first box should record the number of times the display arc was deployed. The second box should report the number of seconds for each deployment separated by a comma.

Ex. The display arc was deployed twice for 5 secs. and 3 secs. The first box would report 2 (for the number of times it was displayed) and the second box would report 5, 3 (for the number of seconds for each display).

Number and Length of Stun Gun Application- the first box should record the number of times the drive-stun was deployed. The second box should report the number of seconds for each deployment separated by a comma.

Ex. The drive-stun was deployed twice for 5 secs. and 3 secs. The first box would report 2 (for the number of times the drive-stun was activated) and the second box would report 5, 3 (for the number of seconds for each activation).

Number and Length After Probe Contact- the first box should record the number of times the CEW was used in cartridge mode. The second box should report the number of seconds for each deployment separated by a comma.

Ex. The CEW was used in cartridge mode twice for 5 secs. and 3 secs. The first box would report 2 (for the number of times the cartridge was activated) and the second box would report 5, 3 (for the number of seconds for each activation).

Time between applications- report the time between applications of the CEW in seconds.

CEW was downloaded by whom? - Indicate who downloaded the CEW information, which should be submitted with any use of force report.

Use of OC Spray Details

If applicable, complete the additional information when OC spray is used.

Subject permitted to de-contaminate after transport?

Medical treatment required?

Was OC Spray effective?

Number of OC Spray applications.

Use of K-9 Details

If applicable, complete the additional information when a canine is used.

K-9 Handlers First Name, Last Name, and Badge Number

K-9's Name and Badge Number

Post-Incident Information Section

POST - INCIDENT INFORMATION SECTION	
<p>OFFICER Injuries (Check All that Apply)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Officer Complaint of Pain</p> <p><input checked="" type="checkbox"/> Officer Contusion/Bruise</p> <p><input type="checkbox"/> Officer Abrasion/Laceration</p> <p><input type="checkbox"/> Officer Blunt Trauma/Concussion</p> <p><input type="checkbox"/> Officer Fracture/Dislocation</p> <p><input type="checkbox"/> Officer Chest Pains</p> <p><input type="checkbox"/> Officer Breathing Difficulty</p> <p><input type="checkbox"/> Officer Probe Puncture Only</p> <p><input type="checkbox"/> Officer Gunshot</p> <p><input type="checkbox"/> Officer Death</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p>Checked by Medical?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Refusal <input type="checkbox"/> N/A</p> <p>Transported to Hospital?</p> <p><input type="checkbox"/> Yes <input type="text"/></p>	<p>SUBJECT Injuries (Check All that Apply)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Subject Complaint of Pain</p> <p><input checked="" type="checkbox"/> Subject Contusion/Bruise</p> <p><input type="checkbox"/> Subject Abrasion/Laceration</p> <p><input type="checkbox"/> Subject Blunt Trauma/Concussion</p> <p><input type="checkbox"/> Subject Fracture/Dislocation</p> <p><input type="checkbox"/> Subject Chest Pains</p> <p><input type="checkbox"/> Subject Breathing Difficulty</p> <p><input type="checkbox"/> Subject Probe Puncture Only</p> <p><input type="checkbox"/> Subject Gunshot</p> <p><input type="checkbox"/> Subject Death</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Refusal <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="text"/></p>

Officer Injuries

The officer should indicate any injuries they sustained because of the incident (check all that apply)

RESPONSE OPTIONS

None

Officer Complaint of Pain

Officer Contusion/Bruise

Officer Abrasion/Laceration

Officer Blunt Trauma/Concussion

Officer Fracture/Dislocation

Officer Chest Pains

Officer Breathing Difficulty

Officer Probe Puncture Only

Officer Gunshot

Officer Death

Unknown

Other- Please indicate in the text box the injury

The officer should also indicate if they were checked by a medical professional or transported to the hospital.

Subject Injuries

The officer should indicate any injuries sustained by the subject because of the incident (check all that apply)

RESPONSE OPTIONS

None

Subject Complaint of Pain

Subject Contusion/Bruise

Subject Abrasion/Laceration

Subject Blunt Trauma/Concussion

Subject Fracture/Dislocation

Subject Chest Pains

Subject Breathing Difficulty

Subject Probe Puncture Only

Subject Gunshot

Subject Death

Unknown

Other- Please indicate in the text box the injury

The officer should also indicate if the subject were checked by a medical professional or transported to the hospital.

Incident Analysis and Summary Section

INCIDENT ANALYSIS AND SUMMARY SECTION				
Was Supervisor Notified?		Was Supervisor at the Scene?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> N/A		
Time of Notification <input type="text"/>		<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> N/A
		<input type="text" value="AM"/>		
		<input type="text" value="PM"/>		
Supervisor's First Name	Supervisor's Last Name	Supervisor's Badge #		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Video Footage Available?	Video Footage Type?	Body Worn		
<input type="radio"/> Yes	<input type="radio"/> No	Cell Phone		
		Commercial Building		
		Motor Vehicle		

Patrol Supervisor Information

Was Patrol Supervisor Notified?

Time of Notification

Was Patrol Supervisor on Scene?

Patrol Supervisor's First name, Last name, and Badge number

Video Footage Available?

Indicate whether any video footage was available and the video footage type.

RESPONSE OPTIONS

Body Worn

Cell Phone

Commercial Building

Motor Vehicle

CEW Camera

Residential/Home

Aerial

Unknown Source

Other

This space is available for the officer to write a narrative of events or provide any additional comments that are pertinent to the incident. *This field is optional.

The officer can click the "Email to Supervisor" button to directly email the form to a supervisor for review. This feature is optional and for the convenience of developing a departmental workflow.

Officer Comments

Officer's Comments

Officer's First Name

Officer's Last Name

Officer's Badge Number

Or

Officer's
Digital Signature

Officer's Ink Signature

Email to Supervisor

The supervisor should indicate their findings from the incident and provide a short narrative to support their findings.

The officer can click the “Email to Review Board” button to directly email the form to Internal Affairs or any other entity responsible for submitting the form to the state. This feature is optional and for the convenience of developing a departmental workflow.

Supervisor Comments

- I find this use of force by this officer to be within POSTC policy.
- I find this use of force by this officer to be outside POSTC policy, but reasonable and necessary.
- I find this use of force by this officer to be outside POSTC policy.
- Needs further review.

Supervisor Narrative Supporting Findings (Mandatory)

Supervisor's Evaluation

Supervisor's First Name Supervisor's Last Name Supervisor's Badge Number

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_____	Or	Supervisor's Digital Signature
Supervisor's Ink Signature		<div style="border: 1px solid black; width: 100%; height: 25px; background-color: #e6f2ff;"></div> <div style="border: 2px solid black; width: 100%; height: 20px; background-color: #cccccc; text-align: center; font-weight: bold; margin-top: 5px;">Email for Review</div>

Dept. use only: This incident meets the POSTC requirement for submission to the State.

Submitting the Use of Force Report

Officer Responsibilities

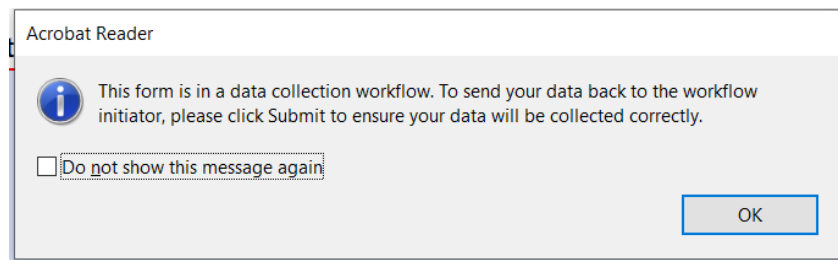
Originating Officer completes the report.

Special attention to the **red** mandatory fields should be made to ensure that after Supervisor Review and Approval the form will be able to be submitted.

Originating officer should save a local copy of the pdf file for their own records using the naming convention:

Police_UOF-Form_DeptName_Officer-Initials.pdf

When saving, the Officer will receive a warning that the form has not been submitted yet, **that is OK**. A supervisor will be responsible for submitting the completed form.



A copy of the saved form should be provided to the appropriate supervisor for review, approval and submission.

Supervisor Responsibilities

Upon receiving a Police Use of Force Form for review and submission, the Supervisor shall review the information from the Originating Officer to ensure completeness and accuracy.

The Supervisor will complete the "Supervisor Review" section on Page 4.


Supervisor should save a local copy of the pdf file for their own records using the naming convention:

Police_UOF-Form_DeptName_Officer-Initials_Supervisor-Initials_Approved.pdf

The Supervisor will get a reminder that the form has not been submitted yet. Proceed to Submit the form as shown by the green arrow in the image.

The Police Use of Force Form will be submitted to the State of Connecticut using a state email system

Please fill out the following form. When finished, click Submit Form to return the completed form. You can save data typed into this form. Highlight Existing Fields Submit Form

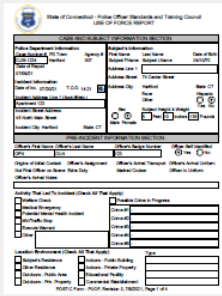


State of Connecticut - Police Officer Standards and Training Council USE OF FORCE REPORT

CASE AND SUBJECT INFORMATION SECTION					
Police Department Information			Subject's Information		
Case Number #	PD Town	Agency #	First Name	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Report			Address Line 1		
<input type="text"/>			<input type="text"/>		
Incident Information			Address Street		
Date of Inc.	T.O.D.	<input type="text"/>	Address City	State <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Incident Address Line 1 (Appt./#/etc.)			Race		
<input type="text"/>			<input type="text"/>		
Incident Street Address			Hispanic		
<input type="text"/>			<input type="radio"/> Yes <input type="radio"/> No		
Incident City			Sex		
<input type="text"/>	State <input type="text"/>		<input type="radio"/> Male <input type="radio"/> Female		
			Subject Height & Weight		
			Feet	Inches	Pounds
			<input type="text"/>	<input type="text"/>	<input type="text"/>
PRE-INCIDENT INFORMATION SECTION					
Officer's First Name		Officer's Last Name		Officer's Badge Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
				Officer Self Identified	
				<input type="radio"/> Yes <input type="radio"/> No	

Once the Supervisor selects the "Submit Form" button the form will show the following confirmation message, by selecting "Send", the local computer will attempt to automatically open the default email system installed on the local supervisor's computer and if the supervisor is logged into the email system the form will mail itself back to the email address CT.Police.UoF@CT.gov

Send Form ✕



To: CT.Police.UoF@ct.gov

Subject: Submitting Completed Form

Attachment: Police_UOF-Form_CJIS_09JUL2021_V0_114_Pilot_For-Re...

From:

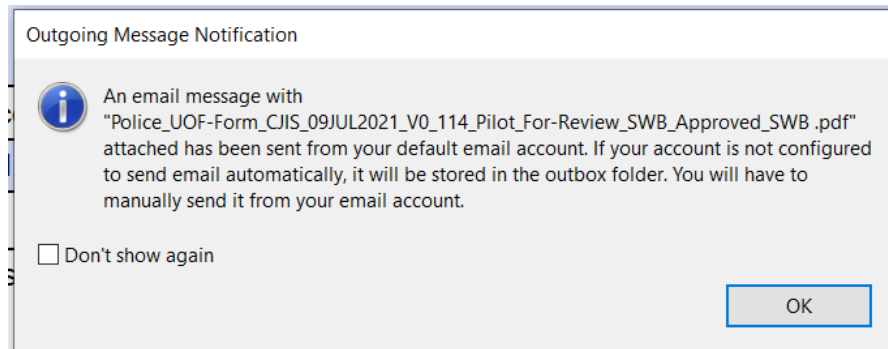
Email Address:

Full Name:

Remember me

To save your email address and name in Adobe Acrobat's Identity preferences, check Remember me. Do not check this box if you are using a public computer.

If the form cannot automatically complete this task, then the Supervisor will need to manually attach the completed form to an email and send to CT.Police.UoF@CT.gov and CC themselves as a confirmation step. The Supervisor can verify the email is sent in their email Sent Folder



All forms sent to will have the data extracted and processed for statistical use. Specific data about Officers or Supervisors such as names and badge numbers are not part of the analytics. The statistical analysis is focused on the global actions of Officers in an anonymous way.

In the future this form is anticipated to be included by the RMS Vendor into the PD's Case Management system and will be filed electronically through CISS.