

State Marshal Commission

Use of Force Report

| | | |
|------------------------|--------------------------|--------------------------|
| Date of Report: | Date of Incident: | Time of Incident: |
|------------------------|--------------------------|--------------------------|

| | |
|---------------------------------|----------------------|
| Reporting State Marshal: | Badge Number: |
|---------------------------------|----------------------|

Control Methods Utilized:

*Choose one or more that applies from the box below and fill the corresponding number in the column above. If more than one applies, place the numbers in the order in which each control method occurred.

| | | |
|-------------------------------|---------------------------------|-----------------------------|
| 1. Verbal Commands | 2. Pressure Points/Control Hold | 3. Takedown |
| 4. OC Spray | 5. Hand or Fist Strike | 6. Elbow, Knee, Foot Strike |
| 7. Impact Weapon/Baton | 8. Firearm | 9. Handcuffs |
| 10. Other (please list) _____ | | |

| | | |
|--|---|--|
| Carrying Firearm? <input type="checkbox"/> Yes <input type="checkbox"/> No | Carrying OC? <input type="checkbox"/> Yes <input type="checkbox"/> No | Carrying Baton? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|

| | |
|------------------------|--------------------------|
| Name of Subject | Subject's Address |
|------------------------|--------------------------|

Name(s) and Address(es) of Witness(es) (if more than three witnesses, please check this box and attach addendum):

| Name | Address |
|------|---------|
| 1. | |
| 2. | |
| 3. | |

| | | |
|---|---|-----------------------------------|
| Activity Preceding Incident | <input type="checkbox"/> Service of Process | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Executing Civil Capias | <input type="checkbox"/> Other _____ | |

Detailed Description of Incident (should be chronological and include subject's action which led to use of force) (If more space required, please check this box and attach addendum):

Detailed Description of Injury to Subject (if applicable) (If more space required, please check this box and attach addendum):

| | |
|---|--------------------------|
| Warning Provided to Subject? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
|---|--------------------------|

| | |
|--|--------------------------|
| Medical Treatment Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |
|--|--------------------------|

| | |
|---|------------------------------------|
| Medical Transport Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list Hospital or Facility: |
|---|------------------------------------|

| | |
|---|--------------------------------------|
| Law Enforcement Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list Law Enforcement Agency: |
|---|--------------------------------------|

List Responding Officer Name(s): _____

| | |
|-------------------|-------------|
| Signature* | Date |
|-------------------|-------------|

*This form is signed under penalty of false statement. Intentionally making a false written statement on a form bearing notice which is intended to mislead a public servant in the performance of his or her official function is a class A misdemeanor and violators are subject to criminal penalties including imprisonment for up to one year and/or a fine of up to \$2,000. General Statutes § 53a-157b (a).

Please sign and submit this Use of Force Report to the State Marshal Commission as soon as possible but no later than 72 hours after a reportable use of force or provision of medical aid to: Marshal.Commission@ct.gov (email) or 860-622-2938 (fax).

If there are relevant attachments (i.e. police reports), please check this box and submit with this form.