



TOWN OF ERIE POLICE DEPARTMENT

Use of Force Report



Date:	Time:	Location:	Case #:
Photos of Suspect Taken:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not explain:
PERSONS INVOLVED			
Name:	Address:		Phone No.
Name:	Address:		Phone No.
Name:	Address:		Phone No.
Name:	Address:		Phone No.
Name:	Address:		Phone No.
Medical Treatment Provided:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Describe any injuries to any persons involved and the location of the injury on the person's body:			
Treating Hospital if Applicable:		Time:	Date:
Physician's Name:			Phone No.:
Nature of Treatment:			
OFFICER(S) INVOLVED IN USE OF FORCE			
Name	Badge #	Name	Badge #
1.		4.	
2.		5.	
3.		6.	
SUPERVISOR COMPLETING THE REPORT			
Name:		Rank:	Date:



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List Names, Addresses and Phone Numbers of Witnesses			
Name	Address	Phone No.	Statement Y/N
1.			
2.			
3.			
4.			

Supervisor Notes: Explain circumstances leading up to the use of force and describe the type of force used, weapons used etc. Attach sheets with further narrative if necessary.

Submit to Deputy Chief or Commander:

_____ (Signature)

- No Further Investigation Necessary
- Further Investigation Required