

KERN COUNTY SHERIFF'S OFFICE

1350 Norris Road, Bakersfield, CA 93308
661.391.7500 - www.kernsheriff.org

DONNY YOUNGBLOOD
Sheriff - Coroner - Public Administrator



Supervisory Use of Force Investigation

Incident Number:

Date:

SUPERVISOR		Rank:	Name, CAD, and Badge No.:	
Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		Witness UOF: <input type="checkbox"/> Yes <input type="checkbox"/> No		Directed UOF <input type="checkbox"/> Yes <input type="checkbox"/> No
Did Supervisor respond to scene: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why:		Supervisor Interviewed Suspect? <input type="checkbox"/> Yes - <input type="checkbox"/> BWC <input type="checkbox"/> Supp. <input type="checkbox"/> No - If No, why?
SUSPECT#	(select#)	Name:	Height:	Weight:
Complaint of Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No		Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No		Serious Bodily Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No
Photos Taken of Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No			Medical Services Summoned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Injuries Description:				
Medical Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Medical Provider: List Other:		
Injuries consistent as reported by Deputy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <u>If no, list inconsistencies:</u>		Charges: Armed: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Weapon: <input type="checkbox"/> Firearm <input type="checkbox"/> Replica Firearm <input type="checkbox"/> Knife/Other Edged Weapon <input type="checkbox"/> Blunt Object <input type="checkbox"/> Other: <input type="checkbox"/> N/A- Unarmed		Reason for Use of Force: <input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> In defense of others <input type="checkbox"/> In self-defense <input type="checkbox"/> To prevent a person from injuring himself/herself when the person also poses an imminent danger of death or serious bodily injury to another person or officer. (W&I 5150) Taken into Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Perceived to be under influence: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, suspected substance: _____				
OFFICER#	Name:	Height:	Weight:	
Rank:	Badge#:	Station/Assignment:		
Complaint of Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No		Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No		Serious Bodily Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No
Photos Taken of Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No			Medical Services Summoned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Injuries Description:				
Medical Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Medical Provider: List Other:		
Use of Force Used:		Subject Number on which force was used:		
Identification:		Plainclothes Identification:		
Witness	Type of Witness Located (select all that apply): <input type="checkbox"/> Civilian <input type="checkbox"/> Employee <input type="checkbox"/> None			
	Witness information listed in report? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Statement obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	How was it documented? <input type="checkbox"/> BWC <input type="checkbox"/> Supplemental <input type="checkbox"/> Audio Recording			
<i>To be completed for Category 1, 2 and Non-lethal Category 3 UOF ONLY K-9 UOF Review to follow DPPM – F-900</i>				