

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: ☐ Yes ☐ No		Witness UOF: ☐ Yes ☐ No		Directed UOF ☐ Yes ☐ No	
Did Supervisor respond to scene: ☐ Yes ☐ No		If no, why:		Supervisor Interviewed Suspect? ☐ Yes - ☐ BWC ☐ Supp. ☐ No - If No, why?	
SUSPECT#	(select #)	Name:		Height:	Weight:
Complaint of Pain: ☐ Yes ☐ No		Injured: ☐ Yes ☐ No		Serious Bodily Injury: ☐ Yes ☐ No	
Photos Taken of Injury: ☐ Yes ☐ No		Medical Services Summoned: ☐ Yes ☐ No			
Injuries Description:					
Medical Treatment: ☐ Yes ☐ No ☐ N/A			Medical Provider: List Other:		
Injuries consistent as reported by Deputy? ☐ Yes ☐ No ☐ N/A <u>If no, list inconsistencies:</u>		Charges: Armed: ☐ Yes ☐ No Type of Weapon: ☐ Firearm ☐ Replica Firearm ☐ Knife/Other Edged Weapon ☐ Blunt Object ☐ Other: ☐ N/A- Unarmed		Reason for Use of Force: ☐ To effect a lawful arrest, detention, or search ☐ To overcome resistance or to prevent escape ☐ To prevent the commission of a public offense ☐ To gain compliance with a lawful order ☐ In defense of others ☐ In self-defense ☐ 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: ☐ Yes ☐ No ☐ N/A	
Perceived to be under influence: ☐ Yes ☐ No If yes, suspected substance: _____					
OFFICER#	Name:			Height:	Weight:
Rank:	Badge#:	Station/Assignment:			
Complaint of Pain: ☐ Yes ☐ No		Injured: ☐ Yes ☐ No		Serious Bodily Injury: ☐ Yes ☐ No	
Photos Taken of Injury: ☐ Yes ☐ No		Medical Services Summoned: ☐ Yes ☐ No			
Injuries Description:					
Medical Treatment: ☐ Yes ☐ No ☐ 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): ☐ Civilian ☐ Employee ☐ None Witness information listed in report? ☐ Yes ☐ No Statement obtained? ☐ Yes ☐ No How was it documented? ☐ BWC ☐ Supplemental ☐ Audio Recording				
To be completed for Category 1, 2 and Non-lethal Category 3 UOF ONLY K-9 UOF Review to follow DPPM – F-900					

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Preliminary Findings of Supervisory Evaluation

Activity leading to contact:

Did the Deputy give the subject of force a warning? ☐ Yes ☐ No

Was it feasible to give the suspect a warning that force would be used? ☐ Yes ☐ No

De-escalation efforts:

Perceived threat/level of force:

Suspect Interview (Give Admin Admonition): ☐ Yes ☐ No

Reporting procedures adhered to: ☐ Yes ☐ No

If no, explain:

BWC/ Video Review: ☐ Yes ☐ No

Explain:

Training or Tactical Concerns: ☐ Yes ☐ No

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Incident #:

Supervisory Use of Force Investigation

Preliminary Findings of Supervisory Evaluation

Name of Supervisor completing UOF investigation

Date

Form Instructions:

Keep in electronic format and upload original to Blue Team

Copies to (Select all that apply):

- | | |
|--|---|
| ☐ Training Division | ☐ K-9 Unit |
| ☐ Professional Standards Unit (PSU) | ☐ KCSO Use of Force Team |
| ☐ Internal Affairs Unit (IA) | |