SFPD

DEPARTMENT BULLETIN

A 18-171 10/03/18

Updated Supervisory Use of Force Evaluation Form

(Supersedes DB 17-006, Amends DGO 5.01)

The purpose of this bulletin is to outline the procedures for completing the <u>updated</u> Supervisory Use of Force Evaluation Form SFPD 575B (Rev. 09/18). The Step by Step Form Completion Guide SFPD 575A (Rev. 09/18) has also been updated to reflect the changes made to the form. Please contact the EIS Unit at 415-837-7150 for additional help or questions.

The following items have been added to the form:

Heading

1. CAD Advised Armed

When a member responds to a call for service, they may be advised over the air or in the text of the CAD that the reportee advised a weapon was seen. This knowledge can change not only the type of response, but the tactics used in responding to the call for service. When a supervisor completes this section of the evaluation, they shall mark "Yes" or "No" if responding members were made aware of a possible weapon prior to arrival. If the incident was an on view by the member, the supervisor can mark "N/A".

2. Weapon CAD Advised

If the type of weapon involved was broadcast or put into CAD, the supervisor shall mark the appropriate box for the type of weapon if it was a "Firearm" or an "Edged Weapon" such as a knife. All other types of weapons shall be marked as "Other".

Subject

1. SF Resident

The SF Resident box shall be marked "Yes" if the subject resides or is currently homeless within San Francisco. This information can be obtained verbally or from the subject's identification.

2. Sex of Subject - "U" Unknown and "X" Nonbinary

- When force is used by a member, there are situations such as during a demonstration that a member may use force but the subject flees into the crowd before the member could identify them. In these types of situations, the supervisor shall mark "U" for unknown if the member does not know the gender of the subject.
- See Department Bulletin 18-032 regarding using "X" for a subject whose gender is nonbinary.

3. Unrelated - Complaint of Pain/Injured

During the course of a supervisor's evaluation, they may find that the subject has a complaint of pain or is injured from an unrelated incident which happened prior to the use of force. In this case, a supervisor should mark "Unrelated" if the complaint of pain or injury was not due to the member's use of force.

4. Admitted - Medical Treatment

If a subject is admitted to the hospital after a use of force incident, the supervisor shall mark "Admitted" under the Medical Treatment box, even if the reason for being admitted was not directly from the use of force.

5. Levels of resistance – Sequenced

When a subject resists arrest they can go through various types of resistance. A subject may be compliant with the member before becoming assaultive. A supervisor should mark numerically the levels of resistance in the order the subject resisted arrest. For example, if a subject strikes a member with their fist and then pulls out a knife, a supervisor would enter a "1" next to "Assaultive" and then a "2" next to "Life Threatening" to show the sequence and escalation of resistance against the member.

Officer

1. Admitted

• If a member is admitted to the hospital after a use of force incident, the supervisor shall mark "Admitted" under the Medical Treatment box.

2. Verbal commands issued before force used

• If there was an opportunity for a member to issue verbal commands to the subject prior to using force, the supervisor should mark the appropriate box.

3. Verbal warnings issued before Firearm, Impact Weapon, ERIW and Chemical Agent

■ DGO 5.01 states that a member shall give a warning when feasible prior to using a firearm, impact weapon, ERIW or chemical agent. If this warning was given by the member, the supervisor shall mark the appropriate box.

4. Specify sequence of force used

When a member uses force in an incident, they may have to transition to a different type of force. The supervisor shall sequence the force used by the member. For example, if a member used a take down or control hold and then transitioned to a personal body weapon such as their fist, the supervisor should place a "1" next to "Physical Control Hold/Take Down" and then a "2" next to "Strike by object/fist" to show the sequence and escalation of force used by the member.

5. Determination Pending Investigation

After a supervisor has completed the evaluation there may be instances where the investigation is referred to an investigative unit such as Homicide or the IAD OIS Team. In these instances, the supervisor should not make a

determination if the use of force was within department policy. The supervisor should check "Determination Pending Investigation" and submit the evaluation as instructed. This will need to be done for each officer who uses force.

• Preliminary Findings

1. Supervisor Completing Evaluation

The supervisor who responds to a use of force incident and fills out the Supervisory Use of Force Evaluation may not always be the same supervisor who completes the use of force investigation. For example, if the use of force incident has not concluded by the responding supervisor's end of watch, a supervisor from another watch can be briefed on the incident and instructed to review or sign off on the use of force incident report. The reviewing supervisor shall then review the BWC (if available) and the incident report before signing off on the evaluation and submitting the form to the OIC.

2. Reviewing Supervisor

The supervisor who reviews and signs the use of force incident report shall review the BWC before submitting the evaluation to the OIC. If the supervisor who responded to the scene completes the entire use of force evaluation, they shall enter their name in both the "Supervisor Completing Evaluation" as well as "Name of Reviewing Supervisor" designated areas.

3. Reviewed BWC

BWC shall be reviewed by the reviewing supervisor and the OIC on any use of force that results in serious bodily injury.

4. Other Video Available

In instances where a use of force that resulted in serious bodily injury occurred in front of a location with video cameras, the supervisor should make an attempt to view the video if it is readily available. The supervisor should mark yes or no if the video is available and then state if they were able to view it prior to the completion of the Supervisory Use of Force Evaluation Form.

Supervisory Use of Force Evaluation Form:

Once the supervisor has completed the Supervisory Use of Force Evaluation Form (SFPD 575B), it must be signed by the completing supervisor, reviewing supervisor and submitted to the on-duty platoon commander by the end of watch. The platoon commander shall review the Supervisory Use of Force Evaluation Form, Use of Force Log as well as the incident report before forwarding it to their captain for approval. The captain, or his/her designee is responsible for scanning the completed Supervisory Use of Force Evaluation Form by the end of their watch except on weekends or holidays and emailing it to:

Department	Email
Risk Management Office	
Training Division	
Field Operations Bureau	

Commanding officers are no longer required to forward the original completed hardcopy of the Supervisory Use of Force Evaluation Form(s) to the Risk Management Office, Training Division or their Bureau's Deputy Chief. The original copy or an electronic copy shall be kept at each station/unit where the force occurred.

Use of Force Log:

Supervisors shall ensure that a separate entry for each reportable use of force is made into the Use of Force Log for each subject involved. On the Monday of each week, unless a holiday, and then on Tuesday, commanding officers shall sign the Use of Force Log, scan the log and email it, along with a scanned copy of the incident report(s), to their respective Bureau Deputy Chief, Training Division and Risk Management Office at the above listed email addresses. The original copy or an electronic copy shall be kept at each station/unit where the force occurred.

The officer completing the incident report shall document in the narrative which supervisor responded to the scene and completed the Supervisory Use of Force Evaluation Form and made entry into the Use of Force Log. **Do not attach a copy of the Supervisory Use of Force Evaluation form** to the police report.

A copy of the updated Supervisory Use of Force Evaluation form (SFPD Form 575B Rev. 09/18) and Step by Step Form Completion Guide (SFPD 575A Rev. 09/18) can be located in the desktop file "SFPD Forms" and is attached to this bulletin. The Use of Force Log (SFPD Form 128 Rev. 03/17) can also be found in the SFPD Forms folder.

References:

DGO 5.01 Use of Force

DGO 5.21 The Crisis Intervention Team (CIT) Response to Person in Crisis Calls for Service San Francisco Administrative Code 96A - Mandating Data Collection and Reporting of Detentions and Traffic Stops

California's Racial and Identity Profiling Act of 2015 (Assembly Bill 953)

DB 18-032 Nonbinary is Legally Recognized as a 3rd Gender Category

WILLIAM SCOTT Chief of Police

Per DB 17-080, both sworn and non-sworn members are required to electronically acknowledge receipt and review of this Department Bulletin in HRMS.

Please use **Adobe Acrobat**



San Francisco Police Department Supervisory Use of Force Evaluation



				OCCUPATION OF THE PROPERTY OF	
REPORT NUMBER:	Date:		Time:	Day of Wk:	
Call Type:	1			On View 🔲 D	Dispatch 🗌
Location of Occurrence:					
District of Occurrence:	SFP	D CAD#:			
CAD Advised Armed? Y N N N/A	Weapon CA	AD Advised:	Firearm 🗌	Edged Weapon [] Other 🗌
Critical Incident/Special Event: USE OP. OF	DER NAME				
Supervisory Officer Rank, Name & Star No.:	RANK, LAS	T NAME, FIR	ST MANIE, STA	R NO.	
Did Supervisor Respond to Scene: Y N	If No, wh	ny?	44-50-00-00-00-00-00-00-00-00-00-00-00-00-		
Subject Subject Name: LAST NAME, FIRST	NAME			DOB:	
Gender: F ☐ M ☐ U ☐ X ☐ Race: Asia	an 🗌 🛮 Black	Hispan	ic Native	American Whit	te 🗌 Unk 🗍
Ht: Wt: LEP: Y N Lar	iguage:		SF Resident	:: Y 🗌 N 🔲 Homele	ess:Y 🔲 N 🔲
At the time of incident, the subject appeared	to be under	the influen	ce of alcohol a	ind/or drugs? Y] N 🗆
Complaint of Pain: Y □ N □ Unrelated □	Injured: Y	□ N□ U	nrelated 🗌 Se	rious Bodily Injury	*: Y 🗌 N 🗌
Injuries Description:				Deat	h: Y 🗌 N 🗍
Photo of Injury: Y \(\sime\) N \(\sime\) Photo Taken By:	LAST, STAR	NG.	Assessme	ent (Paramedic/EM	IT): Y 🗌 N 🗌
Medical Eval (By Doctor): Y 🗌 N 🗌			Medical Treat		Admitted [
	g Physician N			Subject Arme	ed: Y 🗌 N 🗌
Type of Weapon: Firearm Replica Firea	rm 🗌 🕆 Blun	t Object 🗌	Charge: (mos		
Knife/Other Edged Weapon 🗌 Other 🗌			Disposition		
Levels of Resistance: (Label sequence of resistance num		Compliant		Passive Non-0	
Active Resistance		Assaultive		Life Threateni	ing
Officer Officer Name: LAST NAME, FIRST N	AME			Star:	
Station/Assignment:	Unit I	D:	вм	Star: /C Available: Y 🗌	N 🗆
Station/Assignment: Identification: Uniform Plain clothes		D: s_ID: Displa			N □ Verbally □
Station/Assignment: Identification: Uniform Plain clothes Injured: Y N Injuries Description:	Plainclothe	s ID: Displa	y of Star 🗌	/C Available: Y 🗌	1 100
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*Serious bodily injury, as defined in 12525.2(d) of the California Government Code, means "a bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member or organ."

Add Additional Uses of Force

Add Additional Officers

Add Additional Subjects | SFPD 575B (09/18)

Preliminary Fine	dings of Supervisory	Evaluation
REPORT NUMBER:		
Name of Supervisor Completing Evaluation:	Rank:	Star: Date:
	On scene: □	Briefed reviewing supervisor:
	Entered into UOF log: ☐	Reviewed incident report:
Name of Reviewing Supervisor:	Rank:	Star: Date:
	Reviewed byvc. Y N	Required for all serious bodily injury incidents as defined in OGO 5.01 II G.)
, e	If no, why?	
	Other video available?: Y $\hfill\Box$	N \square Other video viewed?: \square
		Reviewed incident report:
Name of Lieutenant Reviewing:	1 0	Star: Date:
	Reviewed byvo: Y IV	Required for all serious bodily injury incidents as defined in DGO 5.01 II G.)
9	If no, why?	
	Reviewed UOF log: Y □ N [Reviewed incident report:
Name of Captain Reviewing:	9	Star: Date:
		Reviewed incident report:
		neviewed including report.
		1 2
	90	
Commanding Officers:	*	
Email to:		
 Field Operations Bureau: s 		
 Risk Management Office: s 		
 Training Division: 	,	



Step by Step Form Completion Guide

	REPORT NUMBER:	Date:	Time:	Day of Wk:		
	Call Type:			On View 🗌 🛮 Dispatch 🗌		
	Location of Occurrence:	8				
	District of Occurrence:	SFPD CAD#:				
	CAD Advised Armed? Y N	N/A Weapon CAD Advised:	Firearm	Edged Weapon Other		
	Critical Incident/Special Event:	USE OP. ORDER NAME				
	Supervisory Officer Rank, Name		ST NAME, STA	RMO.		
	Did Supervisor Respond to Scene	: Y □ N □ If No, why?				
1	REPORT NUMBER:	SFPD Case #				
2	Date:	Date of the actual incident. Date of	format: MM/	DD/YY. (Ex. 05/30/16)		
3	Time:	Time the form is being completed (Ex. Use 24 hou	r format)		
4	Day of Wk:	Monday through Sunday				
5	Call Type:	Main Title Used for Police Report (i.	e. Robbery w/	Handgun)		
	* * * * * * * * * * * * * * * * * * *	Choose whether the incident began	as:			
_	On View/Dispatch:	On View (if officer on viewed the in	cident prior to	o force being used)		
6		Dispatch (the incident originated fr				
		officer's involved.)		d g		
7	Location of Occurrence:	Exact address where force was used	(Specify if ou	tside of SF)		
_		District where the use of force occurred, even if different from station the				
8	District of Occurrence:	officer is assigned. (Ex. Co A, Co B, Co C)				
9	SFPD CAD#:	Enter SFPD CAD#				
10	CAD Advised Armed?	Select Y, N, or N/A, depending on w	hat CAD advis	ed.		
11	Weapon CAD Advised:	Select Firearm, Edged Weapon, or C	Other, if CAD a	dvised the subject was armed.		
43	Colaine Handida at /Consider France	This section should only be filled ou	t if force was i	used at a particular event or		
12	Critical Incident/Special Event:	crtical incident (i.e. World Series Event, Pride Parade, Demo)				
40	Supervisory Officer Rank,	Q50, Smith, Jane, 1234		- A		
13	Name and Star No.:					
		Did a supervisor (Sergeant rank or a	bove) respond	to the scene. If no, please		
14	Did Supervisor Respond to	describe why (Ex. Responded to hos				
	Scene:	Specify the call.)				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

Subject Section

	Subject Subject Name: LAST N	IAME, FIRST NAME	DOB:
	Gender: F M M U U X [Race: Asian Black Hispani	
		'□ N□ Language:	SF Resident: Y N Homeless: Y N N
		ect appeared to be under the influenc	
-		Jnrelated □ Injured: Y□ N□ Un	related 🗌 Serious Bodily Injury*: Y 📗 N 🗍
	Injuries Description:	T. Ind. But a series and property	Death: Y N
	Photo of Injury: Y N N Phot		Assessment (Paramedic/EMT): Y N
	Medical Eval (By Doctor): Y Hospital Name:	N N	Medical Treatment: Y □ N □ Admitted □ Subject Armed: Y □ N □
		Replica Firearm Blunt Object	Charge: (most serious only)
		Other	Disposition:
	Levels of Resistance: (Label sequence		Passive Non-Compliance
ľ	Active Resistance	Array and the control of the control	Life Threatening
15	Subject Name:	Person who force was used on (Ex. D	
16	DOB:	Date of Birth for subject (Format: M	o/Day/Year)
17	Gender:	Check box F for Female, M for Male,	U for Unknown, and X for Nonbinary
		Check corresponding box for the foll	owing race as it states on their driver's
18	Race:	license (A =Asian, B= Black, H=Hispan	nic, I=Native American, W=White,
	8	U=Unknown)	
19	Ht:	Use height as listed on Driver's Licen	se or approximate (Ex. 5'06)
20	Wt:	Use weight as listed on Driver's Licer	
	LEP:	Check Yes or No to indicate Limited	
		Native language if LEP checked Yes.	Linglish Frontiericy
	Language: SF Resident:		
	THE TOP BY STORY THE PROJECT AND PROPERTY.	Check Y or N to indicate SF Residenc	У
24	Homeless:	Check Yes or No	
	At the time of incident, the	Check Yes or No	
25	subject appeared to be under		
	the influence of alcohol and/or	H	H H
	drugs:		
		If the subject has stated he has pain	or was asked if he has pain and responded
20	Compulaint of Dains	YES then- check appropriate box. If	there was no complaint of pain, check box
26	Complaint of Pain:	NO. If pain is unrelated to the incide	nt, check Unrelated.
		If subject is injured, no matter how s	light, check YES box. Check unrelated if the
27	Injured:	injury is unrelated to the incident.	
			overnment Code: "a bodily injury that
			inconsciousness, protracted and obvious
28	Serious Bodily Injury:		impairment of the function of a bodily
		member or organ." Check Yes or No	
20	Initial a Description		·
	Injuries Description	Describe injuries	
	Death:	Check Yes or No	
31	Photo Taken of Injury:	Check Yes or No	
32	Photo Taken By:	Person who takes the photo (Ex. Smi number.	th, Jane, 1234) Last name, First name, Star
	Assessment (Paramedic/	Check Yes or No	
33	EMT):		×
	Medical Evaluation (By	Check Yes or No	4
⊰ 4 I	Doctor):		
- 1	Medical Treatment:	Check Yes or No. Click Admitted if a	mitted to a hospital
ן כנ	ivicuitai i reatiiielit.	Check les of No. Click Admitted II at	annitieu to a nospital.

36	Hospital Name: Hospital the subject is treated		
27	Treating Physician Name:	Medical doctor who diagnoses the subject. (Ex. Taylor, Jones) Last name, First	
3/	Treating Fifysician Name.	name.	
38	Subject Armed:	Check Yes or No	
39	Type of Weapon:	Check appropriate box. If check the box of Other, describe the type of weapon.	
40	Charge: If arrested for multiple offenses, enter only the most serious offense.		
41	Disposition Choose from dropdown menu		
42	Levels of Resistance: Number the sequence of resistance in the order of occurrence.		

Officer Section

Officer Officer Name: LAST N	AME, FIRST NAME	Star:
Station/Assignment:	Unit ID:	BWC Available: Y 🔲 N 🔲
The second secon	in clothes 🔲 Plainclothes ID: Display o	of Star 🗌 💮 Raid Jacket 🗌 💮 Verbally 🗍
Injured: Y N N Injuries Des		
	sment (Paramedic/EMT): Y N	Med Eval (By doctor): Y N
Medical Treatment: Y N	Admitted Photo of Injur	·
		ands issued before force used: Y N
verbal warnings issued before F	rearm OIS, Impact Weapon, ERIW, and (Chemical Agent: Y N N
43 Officer Name:	Person who used force (Ex. Smith, Jea	n). Last name, First name.
44 Star:	Officer's star number (Ex. 1234)	20 1
	Add name of Station or Assignment. (Ex. If the officer works in one of the ten
45 Station/Assignment:	districts, choose Station. If the officer	works in Narcotics, choose Assignment.)
46 Unit ID:	Call sign. (Ex. 3B5A or 3B14D)	
47 BWC Available:	Check Yes or No	e .
48 Identification:	Check box Uniform or Plain clothes	
49 Plainclothes ID:	Check box of Verbally, Display of Star,	or Raid Jacket
50 Injured:	Check Yes or No	1.0
Injuries Description:	Add a short description of injury	
Death:	Check Yes or No	
Assessment (Paramedic/	Check Yes or No	
EMT):	n n	
Med Eval (By doctor):	Check Yes or No	
Medical Treatment:	Check Yes, No, Admitted	
Photo of Injury:	Check Yes or No	
7 Photo Taken By:	Person who takes the photo (Ex. Smith	n, Jane, 1234) Last name, First name, Star
Flioto Takell By.	number	
Verbal commands issued	Check Yes or No	
before force used:		
Verbal warnings issued before	Check Yes or No	
	1 1	
and the second series and the second second		
ERIW, and Chemical Agent:		

Use of Force Section

Use of Force Officer:	Subject:
Reason for Use of Force (DGO 5.01):	Type of Force Used (Specify sequence of force):
☐ To effect a lawful arrest, detention, or search	Firearm OIS
☐ To overcome resistance or to prevent escape	Firearm Pointing
☐ To prevent the commission of a public offense	Strike by Obj. (personal body weapon)/Fist
☐ In defense of others or in self-defense	Impact Weapon
☐ To gain compliance with a lawful order	ERIW
☐ To prevent a person from injuring himself/herself,	Chemical Agent
when the person also poses an imminent danger of death or	Physical Control Hold/Take Down
serious bodily injury to another person or officer	Spike Strips
Was UOF within department policy?	Vehicle Intervention (Deflection)
Y N Determination Pending Investigation (Any UOF incident referred to an investigative unit)	K-9 Bite
If No or Determination Pending Investigation, notify a superior officer. Submit for Commanding Officer's approval prior to reporting off-duty.	Other:

60	Off:	This will auto-fill once. Officer fields in subsequent UOF sections will have to be
60	Officer	filled manually.
C1	Subject	This will auto-fill once. Subject fields in subsequent UOF sections will have to be
61	Subject	filled manually.
62	Reason for Use of Force (DGO	Check appropriate box and specify the officer/s using force. Please start with 1
UZ	5.01):	for the first officer, and then 2, 3
63	Type of Force Used (Specify	Specify the sequence of force used. Specify the Subject Number in the blank line
03	sequence of force used):	field corresponding to the checked boxes.
	1 1	Add the name of each officer and subject and then check Yes, No, or
64	Was Use of Force within	Determination Pending Investigation. If No or Determination Pending
04	department policy?	Investigation is checked, notify a Superior Officer. Submit for Commanding
		Officers Approval prior to reporting off-duty.

Add Additional Uses of Force/Officers/Subjects

*Serious bodily injury, as defined in 12525.2(d) of the California Government Code, means "a bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member or organ."

Add Additional Uses of Force

Add Additional Officers

Add Additional Subjects

SFPD 575B (06/18)

Add Additional Uses of Force

Click this button to add additional uses of force. A new page will appear at the end. You may add as many pages as necessary.

Click this button to add additional officers involved in the UOF incident. A new page will appear at the end. You may add as many pages as necessary.

Click this button to add additional officers involved in the UOF incident. A new page will appear at the end. You may add as many pages as necessary.

Click this button to add additional subjects involved in the UOF incident. A new page will appear at the end. You may add as many pages as necessary.

Additional Subjects Form

Additional Subject Form



San Francisco Police Department Supervisory Use of Force Evaluation



Delete Page

REPORT NUMBER:						
Subject Subject Name:	T MANGE FIRST OLDER	DOB:				
Gender: F M U >	Race: Asian Black Hispanic	Native American White Unk				
Ht: Wt: LE	P: Y□ N□ Language:	SF Resident: Y \(\Bar{\cup} \) N \(\Bar{\cup} \) Homeless: Y \(\Bar{\cup} \) N \(\Bar{\cup} \)				
At the time of incident, the su	bject appeared to be under the influenc	e of alcohol and/or drugs? Y 🗌 N 🗌				
Complaint of Pain: Y N] Unrelated 🗌 Injured: Y 🗌 N 🗍 Un	related 🗌 Serious Bodily Injury*: Y 🔲 N 🔲				
Injuries Description:		Death: Y □ N □				
	oto Taken By: LAST, STAT NO.	Assessment (Paramedic/EMT): Y □ N □				
Medical Evaluation (By Doctor		edical Treatment: Y N N Admitted				
Hospital Name:	Treating Physician Name:	Subject Armed: Y N				
Type of Weapon: Firearm	The state of the s	Charge: (most serious only)				
Knife/Other Edged Weapon	Other 🗌	Disposition:				
Levels of Resistance: (Label seque	The state of the s	Passive Non-Compliance				
Active Resistar	nce Assaultive	Life Threatening				
D-I-t- D	Cli-1, this houtes if					
Delete Page	Click this button if you created this p					
89 REPORT NUMBER	This will auto-fill when you mouse o					
70 All other fields	Follow previously described steps to	complete all other information				
Additional Officer Form	Additional Officers Fo	<u>rm</u>				
SEPD	San Francisco Police Depar					
	Supervisory Use of Force Evaluation					
REPORT NUMBER:						
Officer Name:	NAME, FIRST NAME.	Star:				
station/Assignment:	Unit ID:	BWC Available: Y N N				
	in clothes Plainclothes ID: Display	of Star Raid Jacket Verbally				
njured: Y 🔲 N 🔲 Injuries Des		S A STATE OF THE S				
	ment (Paramedic/EMT): Y 🗌 N 🗌	Med Eval (By doctor): Y ☐ N ☐				
Vledical Treatment: Y 🗌 N 🗌	Admitted Photo of Injur					
Photo Taken By: MAST MAME PHOT	The second secon	ands issued before force used: Y 🗌 N 📗				
erbal warnings issued before F	rearm OIS, Impact Weapon, ERIW, and	Chemical Agent: Y N N				
/1 Doloto Page	Click this button if you greated this a	aggo in arror				
1 Delete Page	Click this button if you created this p					
2 REPORT NUMBER	This will auto-fill when you scroll ove					
3 All other fields	Follow previously described steps to	complete all other information				

Additional Uses of Force Form

Additional Uses of Force



San Francisco Police Department Supervisory Use of Force Evaluation



Delete Page

Use of Force Officer:	Subject:
Reason for Use of Force (DGO 5.01):	Type of Force Used (Specify sequence 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 In defense of others or in self-defense To gain compliance with a lawful order 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	Firearm OIS Firearm Pointing Strike by Obj. (personal body weapon)/Fist Impact Weapon ERIW Chemical Agent Physical Control Hold/Take Down Spike Strips
Was UOF within department policy? Y N Determination Pending Investigation (Any UOF incident referred to an investigative unit) If No or Determination Pending Investigation, notify a superior officer. Submit for Commanding Officer's approval prior to reporting off-duty.	Vehicle Intervention (Deflection) K-9 Bite Other:

74 Delete Page	Click this button if you created this page in error	
75 REPORT NUMBER	This will auto-fill when you scroll over the field.	
76 All other fields	Follow previously described steps to complete all other information	

Preliminary Findings of Supervisory Evaluation Section

REPORT NUMBER:			
Name of Supervisor Completing	g Evaluation:	Rank:	Star: Date:
		On scene:	Briefed reviewing supervisor:
		Entered into UOF log:	Reviewed incident report:
Name of Reviewing Supervisor:		Rank:	Star: Date:
		Reviewed BWC: Y N If no, why?	(Required for all serious bodily injury incidents as define DGO 5.01 II G.)
		Other video available?: Y	N Other video viewed?: Reviewed incident report:
Name of Lieutenant Reviewing	•	×	Star: Date:
		Reviewed BWC: Y N N	(Required for all serious bodily injury incidents as define DGO 5.01 II G.)
		Reviewed UOF log: Y N	Reviewed incident report:
Name of Captain Reviewing:			Star: Date:
Commanding Officers: Email to: • Field Operations			Reviewed incident report:
Email to:Field OperationsRisk ManagemenTraining Division:	Bureau:	Case #. This will auto-fill wh	Reviewed incident report:
Field OperationsRisk Managemen	Bureau: t Office: 9 Digit SFPD blank space.		en you hover your mouse over the
Email to: Field Operations Risk Managemen Training Division: Report Number:	Bureau: t Office: 9 Digit SFPD blank space. Person who	completes the evaluation for	en you hover your mouse over the m. Print First and Last name and sign
Email to: Field Operations Risk Managemen Training Division: Report Number: Name of Supervisor	Bureau: t Office: 9 Digit SFPD blank space. Person who Enter Rank,	completes the evaluation for Star, and Date (Ex, Q50, 1234	en you hover your mouse over the m. Print First and Last name and sig l, 05/30/2016). Check if supervisor v
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