

OFFICER INFORMATION

Please complete the following set of questions from this section for each officer who actually applied force that resulted in death, serious bodily injury, or discharged a firearm at or in the direction of a person in the course of this incident **from your agency**. Do not include any officers who were assisting or present; did not apply force; or applied force that did not meet the criteria as specified above. **All data elements must have a valid response indicated in order to submit the incident information.** (If there are more than three (3) officers involved, please use additional form attached).

Q22. Number of officers who applied force during this incident _____

- Pending further investigation
- Unknown and is unlikely to ever be known

Q23. Number of officers from **your agency** who actually applied force during the time of incident _____

- Pending further investigation
- Unknown and is unlikely to ever be known

Officer Sequence # →	Officer # _____	Officer # _____	Officer # _____
Q24. Sex of the officer	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported
Q25. Race and ethnicity of the officer(s) (select all that apply)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported
Q26. Age of officer(s)	_____ age <hr/> <input type="checkbox"/> Pending further investigation	_____ age <hr/> <input type="checkbox"/> Pending further investigation	_____ age <hr/> <input type="checkbox"/> Pending further investigation

Officer Sequence # →	Officer # _____		Officer # _____		Officer # _____	
	Feet	Inches	Feet	Inches	Feet	Inches
Q27. Height of the officer(s)						
	<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation	
Q28. Weight of the officer(s)	_____ pounds		_____ pounds		_____ pounds	
	<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation	
Q29. Officer's years of service as a law enforcement officer (total tenure)	_____ years		_____ years		_____ years	
	<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation	
Q30. Does the officer work full-time (160 or more hours per month)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	
Q31. Was the officer readily identifiable by clothing or insignia at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	
Q32. Was the officer on duty at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	
Q33. Did the officer discharge a firearm at or in the direction of a person during the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	
Q34. Was the officer injured during the incident that precipitated the use of force (serious or minor)?	<input type="checkbox"/> Yes <i>[Go to Q34a and Q34b]</i> <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <i>[Go to Q34a and Q34b]</i> <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <i>[Go to Q34a and Q34b]</i> <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	

Officer Sequence # →	Officer # _____	Officer # _____	Officer # _____
<p>Q34a. What were the officer's injuries during the incident that precipitated the use of force (select all that apply)</p>	<input type="checkbox"/> Gunshot wound (including minor or grazing wounds) <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization <input type="checkbox"/> Other apparent minor injuries <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Other major injury <input type="checkbox"/> Death <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Gunshot wound (including minor or grazing wounds) <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization <input type="checkbox"/> Other apparent minor injuries <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Other major injury <input type="checkbox"/> Death <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Gunshot wound (including minor or grazing wounds) <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization <input type="checkbox"/> Other apparent minor injuries <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Other major injury <input type="checkbox"/> Death <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known
<p>Q34b. NIBRS (or local) incident number of report detailing assault or homicide of law enforcement officer</p>	<input type="checkbox"/> _____ <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> _____ <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> _____ <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported