

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 10

April 27, 2021

APPROVED BY THE BOARD OF POLICE COMMISSIONERS ON April 27, 2021

SUBJECT: CATEGORIES AND INVESTIGATIVE RESPONSIBILITIES FOR USE OF FORCE – REVISED; AND, NON-CATEGORICAL USE OF FORCE REPORT – REVISED

PURPOSE: The purpose of this Order is to revise Department policy pertaining to non-categorical use of force incidents as it relates to the use of a Department K-9. With this policy a K-9 bite or contact will be a reportable use of force. This policy is administrative in nature and does not provide tactical direction on the deployment or usage of a Department K-9. The safety of everyone is of the utmost importance in all K-9 deployments. To that end, this policy does not request any employee to sacrifice his or her safety in any manner as it relates to a K-9 use of force.

PROCEDURE:

I. CATEGORIES AND INVESTIGATIVE RESPONSIBILITIES FOR USE OF FORCE – REVISED. Department Manual Section 4/245.05, *Categories and Investigative Responsibilities for Use of Force*, has been revised. Attached is the revised Department Manual section with the revisions indicated in italics.

II. NON-CATEGORICAL USE OF FORCE REPORT – REVISED. The Non-Categorical Use of Force Report, Form 01.67 .05, has been revised. The revised form incorporates a “K-9 Bite/Contact” checkbox under the “Type of Force Used” header. The use, completion and distribution of this form remains unchanged.

FORM AVAILABILITY: The revised Non-Categorical Use of Force Report is attached for immediate use and duplication and is available in E-Forms on the Department’s Local Area Network. All other versions of this form shall be marked “obsolete” and placed into the divisional recycling bin.

AMENDMENTS: This Order amends Section 4/245.05 of the Department Manual.

AUDIT RESPONSIBILITY: The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.



MICHEL R. MOORE
Chief of Police

Attachments

DISTRIBUTION “D”

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245.05 CATEGORIES AND INVESTIGATIVE RESPONSIBILITIES FOR USE OF FORCE. A reportable use of force incident is classified as either a Categorical Use of Force (CUOF) or a Non-Categorical Use of Force (NCUOF). Categorical uses of force are outlined in Department Manual Section 3/794.10, *Categorical Use of Force Investigations*. Force Investigation Division (FID) is responsible for the investigation of all CUOF incidents. All other reportable uses of force are classified as NCUOF incidents; including *the use of a Department K-9 resulting in a bite or contact during a search/tactical deployment that does not result in serious bodily injury, hospitalization or death; any unintentional (inadvertent or accidental) head strike(s) with an impact weapon or device which does not result in serious bodily injury, hospitalization or death and is approved to be handled as a NCUOF by the Commanding Officer, FID.* Advice regarding the reportability or categorization of a use of force should be requested from FID or Critical Incident Review Division (CIRD) directly or via the Department Operations Center.

Non-Categorical Use of Force Incident – Defined. A NCUOF is defined as an incident in which any on-duty or off-duty Department employee whose occupation as a Department employee is a factor, uses physical force, *a Department K-9 resulting in a bite or contact during a search/tactical deployment*, or a control device to:

- Compel a person to comply with the employee’s direction;
- Defend themselves;
- Defend others;
- Effect an arrest or detention;
- Prevent escape; or,
- Overcome resistance.

Note: A K-9 contact is when a Department K-9 makes forcible contact with a person other than a bite that results in complained of or visible injury.

A K-9 bite or contact is not a reportable use of force if the K-9 bite or contact is inadvertent or accidental and does not occur during an active search/tactical deployment. In all such instances, an incident investigation shall be conducted by the K-9 supervisor to determine and document the cause and appropriate action. The investigation cause and appropriate action shall be documented on an Intradepartmental Correspondence, Form 15.02.00, by the involved division and forwarded through the employee’s chain of command for review and filing.

A K-9 bite or contact is a reportable use of force if the K-9 bite or contact occurs during a search/tactical deployment even if it is inadvertent or accidental. An involved K-9 handler shall receive a finding for the use of force when the handler directs the K-9 to use force in a directed deployment, or when the handler, upon becoming aware of the contact or bite, does not

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immediately recall the K-9 following the K-9's initiation of a contact or bite and upon the handler becoming aware of the contact or bite.

Note: It is the policy of the Department that personnel may use only that force which is objectively reasonable.

The Remainder of this Section Remains Unchanged

NON-CATEGORICAL USE OF FORCE REPORT

DR No.

Level I Level II

Date of Incident	Day of Week	Time	Location of Occurrence		RD
Date & Time of this Report		Officer's Area/Division of Assignment			Area/Division of Occurrence

SUSPECT

Last Name, First, M.I.	Sex	Desc	Ht	Wt	DOB	Age	Bkg. No.	Arrest Charge	Connected Reports
Tape No.	Interviewer Name	Serial No.	Date	Time	Location of Interview				

Suspect interviewed separately.

Suspect's injury(s) related to UOF: Check all that apply. Medical Release Form: Signed/Attached Refused

C - Complained of D - Dislocation F - Fractures V - Visible O - Other N - None U - Unknown

Document injuries related to use of force, medical treatment provided, by whom and name of medical provider (e.g., medical facility).

Verified Observed Reported by Suspect (Check one box only.)

Suspect's injury(s) unrelated to UOF, i.e., traffic collision (Use Injuries/MT section if additional space is needed)

Hospitalized (unrelated to the UFO) Yes No

Verified Observed Reported by Suspect (Check one box only.)

EMPLOYEES USING FORCE (Use continuation sheet if needed. List partner officer not using force under WITNESSES below.)

Name (Last, First, M.I.)	Serial No.	Area/Div Detail	Sex	Desc	Ht	Wt	Age	In Uniform	Vest	On Duty	Injured (Y/N)	IOD (Y/N)	Light Duty (Y/N)

WITNESSES/NON-INVOLVED EMPLOYEE WITNESSES (If witness not interviewed separately, explain on PAGE 3.)

Last Name, First Name, Middle Initial	DOB	Address and ZIP Code or Area and Unit of Employee's Assignment	Phone No.
D.L. No. or Serial No.	<input type="checkbox"/> This witness interviewed separately. Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview		Tape No.
Last Name, First Name, Middle Initial	DOB	Address and ZIP Code or Area and Unit of Employee's Assignment	Phone No.
D.L. No. or Serial No.	<input type="checkbox"/> This witness interviewed separately. Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview		Tape No.
Last Name, First Name, Middle Initial	DOB	Address and ZIP Code or Area and Unit of Employee's Assignment	Phone No.
D.L. No. or Serial No.	<input type="checkbox"/> This witness interviewed separately. Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview		Tape No.
Last Name, First Name, Middle Initial	DOB	Address and ZIP Code or Area and Unit of Employee's Assignment	Phone No.
D.L. No. or Serial No.	<input type="checkbox"/> This witness interviewed separately. Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview		Tape No.

- I have reviewed all reports related to this use of force.
- I was not involved in this use of force.
- I have interviewed all involved Department employees separately.

Investigating Supervisor	Serial No.	Date
Watch Commander/OIC Approving	<input type="checkbox"/> I have reviewed all reports related to this use of force.	Serial No. Date

CONTROL OF SUBJECT

Last UOF that controlled the suspect: _____

Secondary Restraint Device Used? Yes No If yes, list device used _____

Part of body restrained by Secondary Restraint Device?
 Ankles Knees Elbows Other _____

Placed in upright seated position? Yes No (If no, explain in narrative.)

Time restrained with Secondary Restraint Device: _____

Was a warning required (i.e., TASER, impact device, less lethal munitions, bean bag shotgun involved)?

Yes No

If required, was a warning given? Yes No

Under *Investigating Supervisor Notes* heading in narrative, document warning given and name of warning officer, or provide an explanation if warning was required and not given.

SOURCE OF ACTIVITY
(Check all that apply.)

- Observed
- Radio Call
- Citizen Call
- Station Call
- Other _____

TYPE OF ACTIVITY

(Check all that apply.)

- Suicidal 415
- Crime in Progress DUI
- Handling Suspect PCP
- Ground Grappling Other Drugs
- Gang Mental Illness
- Family Dispute Alcohol
- Assault on Citizen Ambush
- Assault on Officer Foot Pursuit
- Neighbor Dispute K-9 Search
- Business Dispute Traffic Violation
- Other _____ Vehicle Pursuit

TYPE OF FORCE USED (Check all that apply.)

JOINT LOCKS

- Wrist Lock
- Twist Lock
- Other _____

MOTION

- Firm Grip or C/Grip
- Miscellaneous Physical Force
- Block
- Kick
- Punch
- Leg Sweep
- Distraction Strike
- Takedown (_____)
- Lateral Head Displacement (during handcuffing technique)
- Bodyweight
- Baton Technique
- Other (_____)

DEVICE

- Side-Handle Baton
- Expandable Side-Handle Baton
- Collapsible Straight Baton
- Straight Baton
- Other _____
- K-9 Bite/Contact

BODY AREA AFFECTED

- Arms/Hands
- Torso/Neck
- Chest/Back
- Legs/Feet
- Head
- Other _____

CHEMICAL AGENT

Brand of Spray _____
 Model _____
 Manufacture date _____
 OR
 Expiration date _____
 Number of times sprayed _____
 Distance _____ Duration _____
 1st _____ FT. _____ SEC.
 2nd _____ FT. _____ SEC.
 3rd _____ FT. _____ SEC.
 Was spray effective?
 YES NO
 If no, why not? _____

Residual effects on officers _____

TASER

Number of cartridges fired _____
 Distance to suspect (in feet)
 1st _____ 2nd _____ 3rd _____ 4th _____
 Skin penetrated? YES NO
 Time for TASER to arrive at scene: _____ Min.
 Was TASER effective? YES NO
 If no, why not? _____
 TASER No. _____ Brand _____
 Type _____

BEANBAG SHOTGUN

OTHER LESS LETHAL DEVICE(S) _____

Number of Less Lethal Device(s) rounds fired _____

Distance to suspect (in feet)

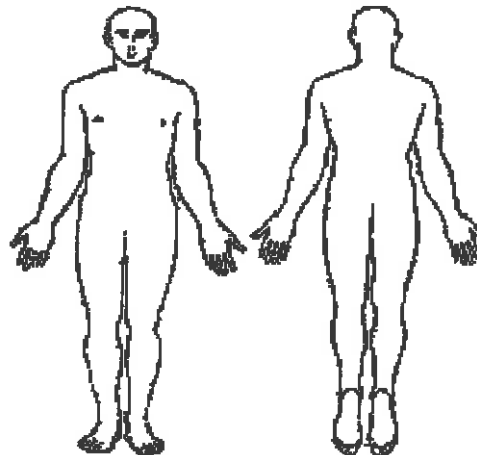
1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____

Skin penetrated? YES NO

Time for Less Lethal Device to arrive at scene: _____ Minutes

Was it effective? YES NO

If no, why not? _____



Use the following codes: BB- Beanbag, T - TASER, CA - Chemical Agent Show Dart / Beanbag S/G point of contact and indicate (BB-1, BB-2, BB-3, etc.) Shade other device(s) such as Chemical Agent

AREA CANVASSED FOR WITNESSES AND EVIDENCE. Include scope of search and evidence located. If unable to locate witnesses, explain.

WITNESSES NOT INTERVIEWED SEPARATELY. List all employees/ witnesses/ suspects that were not interviewed separately, and explain. Use Continuation Sheet if necessary.

INCIDENT OVERVIEW (For Level I Incidents only). Without offering opinion or conclusions, briefly summarize the incident and/or any relevant actions that preceded or followed the incident, to include techniques and tactics used by involved employee(s).

LEVEL I INCIDENT

Criteria:

- * Unauthorized force is alleged; or,
- * The force used results in serious injury (broken bone, dislocation, sutures, etc); or,
- * The suspect's injuries are inconsistent with the amount or type of force indicated by the involved Department employee(s); or,
- * Accounts of the incident provided by witnesses and/or the suspect substantially conflict with the involved employee(s) account.

On an attached piece of paper (page 4 of report), document a Level I investigation using the following headings:

- WITNESS STATEMENTS**
- * Tape record suspect and witnesses (excluding all Department employees). If not practical, explain.
 - * A brief written summary of the suspect and/or witness statement is only required under this heading if:
 - > The statement was not tape-recorded (excluding all Department employees); or,
 - > The person's account of the use of force is in substantial conflict with the involved employee(s) account.
- INJURY/MEDICAL TREATMENT**
- EVIDENCE/PHOTOGRAPHS** (Use of force-related only)
- INVESTIGATING SUPERVISOR'S NOTES**
- Identify/address substantial conflicts and discrepancies between statements.
- ADDENDA**
- List all related reports, photos, Medical Release Form, etc., and attach items to NCUOF Report.

LEVEL II INCIDENT

Criteria:

- * All other reportable Non-Categorical use of force incidents that do not meet Level I criteria, to include the use of an impact device or less lethal munitions with hits.

On an attached piece of paper (page 4 of report), document a Level II investigation using the following headings:

- INJURY/MEDICAL TREATMENT**
- EVIDENCE/PHOTOGRAPHS** (Use of force-related only)
- INVESTIGATING SUPERVISOR'S NOTES**
- Verify witness statements are consistent with the arrest report or related reports. Identify/address discrepancies between witness statements, if any.
- NOTE:** Discrepancies that constitute a substantial conflict between witness or suspect accounts and involved employee(s) accounts shall be reported as a Level I Incident.
- ADDENDA**
- List all related reports, photos, Medical Release Form, etc., and attach items to NCUOF Report.