CAMBRIDGE POLICE DEPARTMENT
USE OF FORCE/SHOW OF FORCE/FIREARM DISCHARGE REPORT

Officer’s Name_________________________Badge #_____ Date of Report ____________File #__________

Defendant/Subject’s Name______________________________________________________________________

Date of Incident _________________________________Time of Incident _____________________A.M. P.M.

Location of Incident______________________________________________________ □ Indoor □ Outdoors

Describe weather & light conditions______________________________________________________________

Duty status at time of incident □ On-Duty □ Off-Duty □ Uniformed □ Plain Clothes

Type of Force Used: □ Hands □ OC Spray □ Service Baton □ Firearm □ No Physical Force Used
(Show of Force) □ Other: ____________________________

Firearm used: □ Department Issued □ Privately Owned □ N/A

Make: ___________________ Model: __________________ ______ Serial #______________________

If privately owned firearm, describe in the supplemental report the make, model, serial #, owners name,
address and type of ammunition used.

Reason for Use of Force
□ Effect Arrest □ Restrain for subject’s own safety □ Other (Explain in Narrative Section)
□ Self-defense □ Prevent violent forcible felony □ K-9 Bite

Reason for firearm discharge:
□ Self-defense □ Accidental Discharge □ Defense of Others □ Put down injured/dangerous animal
□ Preventing an Escape of a Felon

Was subject injured? □ YES □ NO If YES, describe injury and location of medical treatment:
______________________________________________________________________________________________

Was officer injured: □ YES □ NO If YES, describe injury and location of medical treatment:
______________________________________________________________________________________________

Describe injuries to any other persons or property damage resulting from use of force: _______________

This report form is a one page form for all use of force incidents. Use a Supplemental Report form to
complete this report, explain in specific detail the circumstances and events involved in this incident.

Submitted by: Reviewed by:
________________________________________  __________________________________________
Officer’s Signature Patrol Supervisor/Shift Commander’s Signature

Form 401A
USE OF FORCE/SHOW OF FORCE/DISHCARGE OF FIREAM
REPORT FORM
EVALUATION SECTION

Supervisor’s Review and Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Supervisor’s signature ____________________________ __________Badge # _______Date ________________

Patrol Supervisor/Shift Commander’s Review and Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Shift Commander’s signature ____________________________ __________Badge # _______Date ________________

Commanding Officer’s Review and Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Commanding Officer’s signature ____________________________ __________Badge # _______Date ________________

Was use of force determined to be:   {    } Within Policy Guidelines   {    }  Not Within Policy Guidelines

Division Commander’s Review and Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Platoon Commander’s signature ____________________________ __________Badge # _______Date ________________

This report serves as page two for all use of force incidents. Use a Supplemental Report form to complete this report, explain in specific detail the circumstances and events involved in this incident.

Form 401B