

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

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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**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Effect Arrest     | <input type="checkbox"/> Restrain for subject's own safety | <input type="checkbox"/> Other (Explain in Narrative Section) |
| <input type="checkbox"/> Self-defense      | <input type="checkbox"/> Prevent violent forcible felony   |   |
| <input type="checkbox"/> Defense of Others | <input type="checkbox"/> K-9 Bite                          |   |

**Reason for firearm discharge:**

- |  |  |
|--|--|
| <input type="checkbox"/> Self-defense                    | <input type="checkbox"/> Accidental Discharge              |
| <input type="checkbox"/> Defense of Others               | <input type="checkbox"/> Put down injured/dangerous animal |
| <input type="checkbox"/> 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

**USE OF FORCE/SHOW OF FORCE/DISCHARGE OF FIREARM  
REPORT FORM  
EVALUATION SECTION**

**Supervisor's Review and Comments:**

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Supervisor's signature \_\_\_\_\_ Badge # \_\_\_\_\_ Date \_\_\_\_\_

**Patrol Supervisor/Shift Commander's Review and Comments:**

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Shift Commander's signature \_\_\_\_\_ Badge # \_\_\_\_\_ Date \_\_\_\_\_

**Commanding Officer's Review and Comments:**

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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:**

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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.