

Fields marked with an asterisk (*) are mandatory. Select more than one box in each section, where appropriate.

Select Police Service* (select only one)

- ☐ Municipal Police Service ▼ **A** Division/District/Other _____
 ☐ Ontario Provincial Police ▼ **B** Detachment _____
 ☐ Other Agency Specify _____

Part A

Date (yyyy/mm/dd) * Approximate Time Force was Applied (24 hour) * Incident/Occurrence Number *

Location of Incident* (select only one – provide the most precise location information available for the incident)

- ☐ GPS coordinates _____
 ☐ Address _____
 ☐ Postal Code _____
 ☐ Closest intersection _____
 ☐ Other _____

Location Type* (select all that apply)

- ☐ Residential Building
 ☐ Non-residential building
 ☐ Motor vehicle
 ☐ Open space
 ☐ Public transportation

Report Type*

- ☐ Individual Total years of service as a police officer _____ Rank category (select one) ▼ **C**
☐ Team Type of Team (select one) ▼ **D** How many officers were part of the team response, including yourself? _____

Type of Assignment*

- Attire: ☐ Non- Uniform ☐ Uniform Assignment Type (select one) ▼ **E**

Type of Incident*

- Incident (select one) ▼ **F**

Persons Present at Time Force Applied

Total number of subjects on whom you used reportable force? ☐ Specify # _ ☐ No interaction with subject ☐ None (animal only)

Approximately how many other officers were engaged with the subject at the time you applied force? Specify _

Subject 1*

What race category best describes this individual? (select only one)

- ☐ Black
 ☐ East / Southeast Asian
 ☐ Indigenous
 ☐ Latino
 ☐ Middle Eastern
 ☐ South Asian
 ☐ White

Did you have any difficulties perceiving the race of the subject? ☐ Yes, Specify _____ ☐ No

What age category best describes this individual? (select only one)

- ☐ Under 12
 ☐ 12-17
 ☐ 18-24
 ☐ 25-34
 ☐ 35-44
 ☐ 45-54
 ☐ 55-64
 ☐ 65 and older

What gender category best describes this individual? (select only one)

- ☐ Male
 ☐ Female
 ☐ Trans/non-binary/other

Distance between you and the subject (at the time decision was made to use force)

- ☐ Less than 3 metres (approx. 10 feet)
 ☐ 3 to 7 metres (approx. 10 to 23 feet)
 ☐ Greater than 7 metres (more than 23 feet)

Reason(s) for use of force (select all that apply)

- ☐ Effect arrest
 ☐ Prevent an offence
 ☐ Prevent escape
 ☐ Protect other officer(s)
 ☐ Protect public (including victims)
 ☐ Protect self
 ☐ Protect subject(s)
 ☐ Unintentional
 ☐ Other Specify _____

Identify the information/factors that influenced your response (select all that apply)

Subject actions: ☐ Resistant Passive ☐ Resistant Active ☐ Assaultive ☐ Serious Bodily Harm or Death

☐ Nature of the call ☐ Past history with subject ☐ Physical size, strength, abilities ☐ Other factors (e.g. CPIC, dispatch)

Subject perceived to have access to a weapon(s) (select all that apply)

- ☐ Aerosol
 ☐ Knife/ edged
 ☐ Canine
 ☐ Vehicle
 ☐ Club or impact weapon
 ☐ Unknown type of weapon
 ☐ Handgun
 ☐ Other Specify _____
 ☐ Long gun (rifle, shotgun)

Location of weapon(s) (select all that apply)

- ☐ Accessible (e.g. within reach)
 ☐ In hand
 ☐ On person, including concealed

Officer Response

Did you issue directions to the subject to comply? * ☐ Yes ☐ No If yes, did the subject comply? ☐ Yes ☐ No

Did you attempt/use de-escalation techniques? * ☐ Yes ☐ No
☐ Communication ☐ Containment ☐ Cover ☐ Distance ☐ Imminent threat ☐ Immediate action required ☐ De-escalation use/attempt by other officers ☐ Other Specify ____
☐ Repositioning ☐ Teamwork ☐ Time ☐ Other Specify ____

Did the de-escalation techniques assist in controlling the subject's behaviour? * ☐ Yes ☐ No

Type of Force Used *

Physical Control (select all that apply) Did this assist in controlling the subject's behaviour?
☐ Escort techniques ☐ Grounding ☐ Joint Locks ☐ Pinning ☐ Yes ☐ No
☐ Pressure Points ☐ Strikes ☐ Other Specify ____

Intermediate Weapon (e.g., pepper spray, baton, CEW - check all that apply) Did this assist in controlling the subject's behaviour?

☐ OC (pepper spray) ☐ Yes ☐ No
☐ Baton ☐ Hard (e.g. strikes) ☐ Soft (e.g. prying) ☐ Yes ☐ No
☐ Conducted energy weapon (CEW) ☐ Drawn AND displayed with the intention of achieving compliance ☐ Pointed ☐ Discharged ☐ Yes ☐ No
☐ Cartridge / probe ☐ Drive / push stun ☐ 3-point contact

Cycles ☐ Single cycle (5 seconds) ☐ Extended cycle (more than 5 seconds) ☐ Multiple cycles

If CEW did not assist in controlling the subject's behaviour, specify why (select all that apply)

☐ Cartridge malfunction ☐ Disconnect ☐ Insufficient probe spread ☐ Operator error
☐ Probe miss ☐ Weapon malfunction ☐ Other Specify ____

Less Lethal Firearm (select all that apply) Did this assist in controlling the subject's behaviour?

☐ Shotgun (e.g. bean bag round): ☐ Pointed ☐ Discharged ☐ Yes ☐ No
☐ Extended Range Impact Weapon ☐ Pointed ☐ Discharged ☐ Yes ☐ No

Other (e.g., canine, horse, weapon of opportunity) Did this assist in controlling the subject's behaviour?
Specify ____ ☐ Yes ☐ No

Firearm (select all that apply) Did this assist in controlling the subject's behaviour?

☐ Handgun ☐ Drawn ☐ Pointed ☐ Discharged ☐ Yes ☐ No
☐ Rifle ☐ Pointed ☐ Discharged ☐ Yes ☐ No
☐ Shotgun (Lethal) ☐ Pointed ☐ Discharged ☐ Yes ☐ No

Did you issue the Police Challenge? ☐ Yes ☐ No Did the subject comply? ☐ Yes ☐ No

If did not issue challenge, specify: ☐ Not viable ☐ Issued by another officer ☐ Other Specify ____

Person(s) Injured * Were physical injuries sustained because of the use of force applied?

Subject: ☐ Yes ☐ No ☐ Fatal ☐ Don't Know (e.g., subject fled/escaped)

Officer: ☐ Yes ☐ No

Was treatment required? (select all that apply)

Subject ☐ No ☐ First aid ☐ Medical attention by personnel at scene ☐ Admission to medical facility ☐ Medical attention at facility ☐ Don't Know ☐ Other Specify ____
Officer ☐ No ☐ First aid ☐ Medical attention by personnel at scene ☐ Admission to medical facility ☐ Medical attention at facility ☐ Don't Know ☐ Other Specify ____

Narrative: (If no occurrence report) – Do not include personal names or information.

Part B

Date Report Submitted * (yyyy/mm/dd)	Officer Involved (name, rank and badge number) *		
Reviewer 1:	Last Name *	First Name *	
	Badge Number *	Date (yyyy/mm/dd) *	
Use of Force Training Analyst:	Last Name *	First Name *	
	Badge Number *	Date (yyyy/mm/dd) *	

Appendix – List of Dropdown Menus

A. Municipal Police Service (dropdown)

Aylmer PS	Hanover PS	Sault Ste. Marie PS
Barrie PS	Kawartha Lakes PS	Smith Falls PS
Belleville PS	Kingston PS	South Simcoe PS
Brantford PS	La Salle PS	St. Thomas PS
Brockville PS	London PS	Stratford PS
Chatham-Kent PS	Niagara Regional PS	Strathroy-Caradoc PS
Cobourg PS	North Bay PS	Thunder Bay PS
Cornwall PS	Ottawa PS	Timmins PS
Deep River PS	Owen Sound PS	Toronto PS
Durham Regional PS	Peel Regional PS	Waterloo Regional PS
Gananoque PS	Peterborough PS	West Grey PS
Greater Sudbury PS	Port Hope PS	Windsor PS
Guelph PS	Sarnia PS	Woodstock PS
Halton Regional PS	Saugeen Shores PS	York Regional PS
Hamilton PS		

B. Ontario Provincial Police Region

<input type="checkbox"/> Central Region	<input type="checkbox"/> East Region	<input type="checkbox"/> General Headquarters	<input type="checkbox"/> Highway Safety Division
<input type="checkbox"/> North East Region	<input type="checkbox"/> North West Region	<input type="checkbox"/> West Region	

C. Rank category

☐ Commissioned officer ☐ Non-commissioned officer ☐ Constable (1st to 4th class)/Special constable/Other

D. Type of Team

<input type="checkbox"/> Tactical Team	<input type="checkbox"/> Apprehension Squad	<input type="checkbox"/> Major Crime Unit
<input type="checkbox"/> Hostage Rescue Team	<input type="checkbox"/> Canine Unit	<input type="checkbox"/> Mobile Surveillance Unit
<input type="checkbox"/> Containment Team	<input type="checkbox"/> Drug Enforcement Unit	<input type="checkbox"/> Other ► Specify * _____
<input type="checkbox"/> Public Order Unit	<input type="checkbox"/> Guns and Gangs Unit	

E. Assignment Type

<input type="checkbox"/> Administrative (e.g., station duty)	<input type="checkbox"/> Guns and Gangs, ROPE, other specialized units	<input type="checkbox"/> Patrol (e.g., general, foot, bicycle, ATV, snowmobile)
<input type="checkbox"/> Canine	<input type="checkbox"/> Hostage rescue	<input type="checkbox"/> Paid duty
<input type="checkbox"/> Community liaison, school resource	<input type="checkbox"/> Investigations (CIB, Major Crime)	<input type="checkbox"/> Prisoner transportation/care/control
<input type="checkbox"/> Community oriented/directed response	<input type="checkbox"/> Marine	<input type="checkbox"/> Public order
<input type="checkbox"/> Containment	<input type="checkbox"/> Mental Health Response Unit/ Mobile Crisis Response Team	<input type="checkbox"/> Tactical
<input type="checkbox"/> Court appearance	<input type="checkbox"/> Mounted	<input type="checkbox"/> Traffic
<input type="checkbox"/> Court security	<input type="checkbox"/> Off duty	<input type="checkbox"/> Other > ► Specify * _____
<input type="checkbox"/> Drugs		

F. Incident

<input type="checkbox"/> Active Attacker	<input type="checkbox"/> Executing warrant (e.g., DNA, arrest, search)	<input type="checkbox"/> Police custody related (e.g. prisoner control, fingerprinting, lock-up area)
<input type="checkbox"/> Alarm	<input type="checkbox"/> Humane destruction of animal	<input type="checkbox"/> Property crime
<input type="checkbox"/> Animal complaint	<input type="checkbox"/> Investigation (follow-up, ongoing)	<input type="checkbox"/> Public order
<input type="checkbox"/> Assisting other police service/agency (e.g., EMS, animal welfare inspectors)	<input type="checkbox"/> Other federal/provincial statutes (e.g., LLA)	<input type="checkbox"/> Stolen vehicle
<input type="checkbox"/> Barricaded subject	<input type="checkbox"/> Person in crisis (e.g., mental health, suicide threat)	<input type="checkbox"/> Traffic (e.g., RIDE, vehicle collision)
<input type="checkbox"/> Disturbance (e.g., noise complaint, unknown trouble, unwanted person)	<input type="checkbox"/> Person stop	<input type="checkbox"/> Violent crime (non-IPV) (e.g., assault, car-jacking, robbery, homicide)
<input type="checkbox"/> Intimate partner violence (IPV)/dispute		<input type="checkbox"/> Weapon(s)
<input type="checkbox"/> Family/neighbour/other type of dispute		<input type="checkbox"/> Wellness/safety check