

- ☐ INITIAL  
☐ MODIFY

# Kansas Use of Force Incident Report

PAGE OF

Kansas Use of Force Data Collection is a joint effort with the National Use of Force Data Collection component of the Uniform Crime Reporting Program. This form will be used by law enforcement agencies to report a law enforcement use of force that results in a fatality, serious bodily injury to a person, or the discharge of a firearm at or in the direction of a person for FBI reportable Use of Force incidents, or for other incidents where a use of force was used and is only reportable for Kansas data collection.

**NOTE: If Pending Further Investigation is chosen on any data element, it is required to update the UOF Incident Report once the information is known.**

Name of Agency	Agency ORI Number	Case Number
Date of Incident (MM/DD/YYYY)	Time of Incident (HH:MM)	
Did any of the following occur during this incident? (check all that apply)	<input type="checkbox"/> Use of force resulting in the death of one or more subjects <input type="checkbox"/> Serious bodily injury to one or more subjects that did not result in death <input type="checkbox"/> Discharge firearm at or in the direction of a person that did not result in death or serious bodily injury	

## INCIDENT LOCATION

Choose ONE - Complete applicable location information

- ☐ Address  
☐ Block  
☐ Highway  
☐ Latitude & Longitude  
☐ Pending Further Investigation  
☐ Unknown and is unlikely to ever be known

LOCATION	Street Number		Directional Prefix	Street Name		Street Type	Directional Suffix	Occupancy Type	Apt/Unit Number
	Range Start (Block ONLY)	Range End (Block ONLY)	Mile Post (Highway ONLY)		Direction of Travel (Highway ONLY)	Latitude		Longitude	
	City			State	ZIP	Postal Code Extension		County	
	Landmark			Location Type		Campus Code		Neighborhood Type	
	Intersection Information								
	Directional Prefix		Street/Road Name			Street/Road Type		Directional Suffix	

## INCIDENT DATA

What was the reason for initial contact between subject(s) and the officer(s)? (Select one)		
<input type="checkbox"/> Response to unlawful or suspicious activity (Required to enter at least one offense in Subject Behavior section) Provide KIBRS incident case number <div></div>	<input type="checkbox"/> Medical, Mental Health, or Welfare Assistance <input type="checkbox"/> Routine patrol other than traffic stop <input type="checkbox"/> Traffic stop <input type="checkbox"/> Warrant Service <input type="checkbox"/> Service of a court order	<input type="checkbox"/> Mass demonstration <input type="checkbox"/> Follow-up investigation <input type="checkbox"/> Other <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known
Was this an ambush incident?	Was a supervisor or a senior officer acting in a similar capacity present or consulted prior to when force was used in 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	
Was an offense report (KSOR) completed and submitted to KIBRS for this incident?	To the best of your knowledge, are there any videos or photos of this incident?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## OFFICERS INVOLVED

Total number of officers from <u>all agencies involved</u> (including any from your agency) who applied force during this incident	What was the number of officers from <u>your agency</u> who applied force during this incident	
Provide Agency Name, ORI, and Case Number for the local Use of Force Incident Reports for any other agencies who had officers who applied force during this incident.		
Other Agency Name	Other Agency ORI	Other Agency Case Number
Other Agency Name	Other Agency ORI	Other Agency Case Number
Other Agency Name	Other Agency ORI	Other Agency Case Number

## SUBJECT(S) INVOLVED

Total number of subjects to whom the use of force was applied by officer(s) from your agency during this incident.  
**NOTE: Only count number of subjects your agency officers applied force to.**

**SUBJECT-1 DEMOGRAPHICS**

<b>Sex of subject</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Unknown or not reported	<b>Race of the subject</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Unknown	<b>What is the ethnicity of subject?</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
<b>Age of subject at time of incident</b> <input type="checkbox"/> Estimated <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Unknown and is unlikely to ever be known [ ] to [ ]	<b>Height of subject at time of incident (feet and inches)</b> <input type="checkbox"/> Estimated <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Unknown and is unlikely to ever be known [ ] to [ ]	<b>Weight of subject at time of incident</b> <input type="checkbox"/> Estimated <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Unknown and is unlikely to ever be known [ ] to [ ]

**SUBJECT-1 BEHAVIOR**

<b>What were the most serious observed offenses committed by the subject(s) prior to or at the time of the incident? (At least one offense is required if Suspicious/Unlawful Activity selected)</b> <b>Offense #1</b> [ ] Completed [ ] Attempted <input type="checkbox"/> Aiding/Abetting <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicitation <b>Offense #2</b> [ ] Completed [ ] Attempted <input type="checkbox"/> Aiding/Abetting <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicitation <b>Offense #3</b> [ ] Completed [ ] Attempted <input type="checkbox"/> Aiding/Abetting <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicitation	<b>Was the subject arrested pursuant to a Warrant or for behavior related to current Use of Force Incident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Was there an apparent or known impairment in the mental or physical condition of the subject?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Select all that apply if Yes</i> <input type="checkbox"/> Alcohol Impairment <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Drug Impairment <input type="checkbox"/> Unknown and is unlikely to ever be known <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Medical Condition or Uncontrolled Physical Reaction
<b>Where was the threat by the subject perceived to be directed?</b> <input type="checkbox"/> Another party <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Both the officer and others <input type="checkbox"/> Unknown and is unlikely to ever be known <input type="checkbox"/> Officer	<b>At any time during the incident, was the subject armed or believed to be armed with a weapon (other than hands, fists, or feet)?</b> <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
<b>Did the subject resist the officer(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> No <input type="checkbox"/> Unknown and is unlikely to ever be known <b>If Yes is marked, check all that apply</b> <input type="checkbox"/> Active Aggression: Using hands/fists/feet against an officer or another <input type="checkbox"/> Barricading Self <input type="checkbox"/> Attempt to escape/flee custody <input type="checkbox"/> Intentionally spitting or bleeding on an officer <input type="checkbox"/> Failing to comply to verbal commands or other types of passive resistance <input type="checkbox"/> Resisted being handcuffed or arrested <input type="checkbox"/> Verbal resistance or threats/Psychological Intimidation <input type="checkbox"/> Displayed a weapon at an officer or another <input type="checkbox"/> Directing a vehicle at an officer or another <input type="checkbox"/> Grabbed or attempted to gain control of officer's firearm <input type="checkbox"/> Used a Firearm against an officer or another <i>How was weapon used? (check all that apply)</i> <input type="checkbox"/> Resisted control but did not use weapon <input type="checkbox"/> Brandish weapon <input type="checkbox"/> Lunged with weapon <input type="checkbox"/> Make contact with weapon <input type="checkbox"/> Threaten with weapon <input type="checkbox"/> Used a Chemical Agent against an officer or another <i>How was weapon used? (check all that apply)</i> <input type="checkbox"/> Resisted control but did not use weapon <input type="checkbox"/> Brandish weapon <input type="checkbox"/> Lunged with weapon <input type="checkbox"/> Make contact with weapon <input type="checkbox"/> Threaten with weapon	
<input type="checkbox"/> Used an Edged Weapon against an officer or another <i>How was weapon used? (check all that apply)</i> <input type="checkbox"/> Resisted control but did not use weapon <input type="checkbox"/> Brandish weapon <input type="checkbox"/> Lunged with weapon <input type="checkbox"/> Make contact with weapon <input type="checkbox"/> Threaten with weapon <input type="checkbox"/> Used an Electronic Control Weapon (ECW) against an officer or another <i>How was weapon used? (check all that apply)</i> <input type="checkbox"/> Resisted control but did not use weapon <input type="checkbox"/> Brandish weapon <input type="checkbox"/> Lunged with weapon <input type="checkbox"/> Make contact with weapon <input type="checkbox"/> Threaten with weapon <input type="checkbox"/> Used a Blunt Object against an officer or another <i>How was weapon used? (check all that apply)</i> <input type="checkbox"/> Resisted control but did not use weapon <input type="checkbox"/> Brandish weapon <input type="checkbox"/> Lunged with weapon <input type="checkbox"/> Make contact with weapon <input type="checkbox"/> Threaten with weapon	



### FORCE USED AGAINST SUBJECT-1

What is the primary reason for use of force upon this subject?  
(select only one primary reason)

- |  |  |
|--|--|
| <input type="checkbox"/> Take Custody of Suspect               | <input type="checkbox"/> Effect Arrest               |
| <input type="checkbox"/> Protect Self                          | <input type="checkbox"/> Prevent Felony              |
| <input type="checkbox"/> Protect Another Person/Officer        | <input type="checkbox"/> Restrain Suspect for Safety |
| <input type="checkbox"/> Maintain or Regain Control of Suspect | <input type="checkbox"/> Other                       |

Select the type(s) of force used by law enforcement on this subject. (select all force type(s) and method(s) that apply)

☐ Firearm

Distance from subject (in feet) when discharged

to

☐ Electronic Control Weapon (ECW)

How Many Cycles were deployed?

Was it effective?

- ☐ Yes  
☐ No

Was a Drive Stun utilized?

- ☐ Yes  
☐ No

Was a warning arc display utilized prior to ECW deployment?

- ☐ Yes  
☐ No

Did the probes make contact?

- ☐ Yes  
☐ No

Was the deployment laser only?

- ☐ Yes  
☐ No

Did the probes penetrate the skin?

- ☐ Yes  
☐ No

☐ Impact Projectile

- ☐ Bean Bag  
☐ Stingball  
☐ OC Rounds

☐ Hands-Fists-Fee/Restraint

- |   |   |
|---|---|
| <input type="checkbox"/> Empty Hand Control             | <input type="checkbox"/> Hand Strikes   |
| <input type="checkbox"/> Carotid Restraint: Complied    | <input type="checkbox"/> Leg Strikes    |
| <input type="checkbox"/> Carotid Restraint: Unconscious | <input type="checkbox"/> Pressure Point |
| <input type="checkbox"/> Joint Locks                    | <input type="checkbox"/> LVNR           |

☐ Vehicle

- ☐ Tire Deflation Device  
☐ Roadblock  
☐ Ramming/Tactical Vehicle Intervention

☐ Mechanical Restraint

- ☐ Handcuffs/Used As Leverage For Non-Compliant Subject  
☐ Wrap Restraint  
☐ Hobble Restraint  
☐ Restraint Chair

☐ Optional Reportable

- |  |   |
|--|---|
| <input type="checkbox"/> Presence                                | <input type="checkbox"/> Active Pointing                          |
| <input type="checkbox"/> Handcuffs/Handcuffing Compliant Subject | <input type="checkbox"/> Pending Further Investigation            |
| <input type="checkbox"/> Verbal Direction                        | <input type="checkbox"/> Unknown and is unlikely to ever be known |

- ☐ Explosive Device  
☐ Chemical Agent/Pepper Spray  
☐ Baton  
☐ Blunt Instrument  
☐ Canine  
☐ Other

### SUBJECT-1 INJURIES SUSTAINED

What were the subject's injuries received as a direct consequence of the use of force by law enforcement? (select all that apply)

NOTE: Level of Care and Treatment are required unless selecting Death, None, Pending, or Unknown.

- ☐ Death  
☐ Gunshot Wound (including minor or grazing wounds)  
☐ None  
☐ Unconsciousness (regardless of duration)  
☐ No visible injury: no complaint of pain  
☐ No visible injury: complaint of minor pain  
☐ No visible injury: complaint of serious pain  
☐ Minor visible injury (redness, swell, abrasion)  
☐ Serious visible injury  
☐ Pending Further Investigation  
☐ Unknown and is unlikely to ever be known

What was the level of care the subject received?

- ☐ Treated at the Scene  
☐ Taken to Hospital/Released  
☐ Taken to Hospital/Admitted to Hospital  
☐ Outpatient Treatment Other Than Hospital  
☐ No Medical Treatment Required  
☐ Refused Medical Treatment

Treatment Type

- ☐ Stiches  
☐ Cast(s)  
☐ Surgery for Internal Injuries  
☐ Surgery for Broken Bones  
☐ Bandages  
☐ Examined/No Treatment Required  
☐ Non-Surgical Hospital Stay for Observation

### OFFICER-1 DEMOGRAPHICS

<b>Sex of officer</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Unknown or not reported	<b>What is the ethnicity of officer?</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown or not reported	<b>Race of the officer</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> American Indian or Alaskan Native         </div> <div> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> Pending Further Investigation  <input type="checkbox"/> Unknown or not reported         </div> </div>
<b>Age of officer at time of incident</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 50px; height: 30px; margin-right: 10px;"></div> <input type="checkbox"/> Pending Further Investigation         </div>	<b>Height of officer at time of incident</b> <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <b>Feet</b>  <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> <div style="text-align: center; margin-right: 10px;"> <b>Inches</b>  <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> <input type="checkbox"/> Pending Further Investigation         </div>	<b>Weight of officer at time of incident</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 50px; height: 30px; margin-right: 10px;"></div> <input type="checkbox"/> Pending Further Investigation         </div>

### OFFICER-1 SERVICE

<b>Officer's assignment type at the time of the incident</b>	<input type="checkbox"/> Uniformed Two-Officer Vehicle <input type="checkbox"/> Uniformed One-Officer Vehicle (Alone) <input type="checkbox"/> Uniformed One-Officer Vehicle (Assisted) <input type="checkbox"/> Non-Uniformed Detective or Special Assignment (Alone) <input type="checkbox"/> Non-Uniformed Detective or Special Assignment (Assisted) <input type="checkbox"/> Other (Alone) <input type="checkbox"/> Other (Assisted)
<b>Officer's years of service as a law enforcement officer (total tenure)</b> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 5px auto;"></div>	<input type="checkbox"/> Pending Further Investigation
<b>Does the officer work full-time? (160 or more hours per month)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Further Investigation

### OFFICER-1 RESPONSE

<b>Was the officer wearing body armor at the time of the incident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is there body camera video of this incident from this officer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was the officer readily identifiable by clothing or insignia at the time of the incident?</b> <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	<b>Was the officer on duty at the time of the incident?</b> <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
<b>Did the officer discharge a firearm at or in the direction of a person during the incident?</b> <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	
If 'Yes' is marked, how many shots were fired by this officer? <div style="border: 1px solid black; width: 70px; height: 30px; margin: 5px auto;"></div>	

### OFFICER-1 INJURY

**NOTE: If YES is selected, must complete LEOKA, Officer Injuries, Level of Care, and Treatment sections. (Level of Care and Treatment are required unless selecting Death, Pending, or Unknown)**

<b>Was the officer injured during this incident (serious or minor)?</b> <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	<b>Provide the LEOKA-KSOR report number</b> <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px auto;"></div>
<b>What were the officer's injuries? (select all that apply)</b> <input type="checkbox"/> Death <input type="checkbox"/> Gunshot Wound (including minor or grazing wounds) <input type="checkbox"/> Unconsciousness (regardless of duration) <input type="checkbox"/> No visible injury: complaint of minor pain <input type="checkbox"/> No visible injury: complaint of serious pain <input type="checkbox"/> Minor visible injury (redness, swell, abrasion) <input type="checkbox"/> Serious visible injury <input type="checkbox"/> Pending Further Investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<b>What was the level of care the officer received?</b> <input type="checkbox"/> Treated at the Scene <input type="checkbox"/> Taken to Hospital/Released <input type="checkbox"/> Taken to Hospital/Admitted to Hospital <input type="checkbox"/> Outpatient Treatment Other Than Hospital <input type="checkbox"/> No Medical Treatment Required <input type="checkbox"/> Refused Medical Treatment	<b>Treatment Type</b> <input type="checkbox"/> Stitches <input type="checkbox"/> Cast(s) <input type="checkbox"/> Surgery for Internal Injuries <input type="checkbox"/> Surgery for Broken Bones <input type="checkbox"/> Bandages <input type="checkbox"/> Examined/No Treatment Required <input type="checkbox"/> Non-Surgical Hospital Stay for Observation



**OFFICER-1 NARRATIVE**[illegible]

**SIGNATURE OF PERSON COMPLETING FORM**

DATE \_\_\_\_\_

## INTERACTIONS DEFINED

(Required only if multiple subjects and multiple officers are reported)

Check the boxes to indicate which subject(s) each officer had a Use of Force interaction.

Officer-1	<input type="checkbox"/> Subject-1 <input type="checkbox"/> Subject-2 <input type="checkbox"/> Subject-3 <input type="checkbox"/> Subject-4 <input type="checkbox"/> Subject-5	Officer-3	<input type="checkbox"/> Subject-1 <input type="checkbox"/> Subject-2 <input type="checkbox"/> Subject-3 <input type="checkbox"/> Subject-4 <input type="checkbox"/> Subject-5
Officer-2	<input type="checkbox"/> Subject-1 <input type="checkbox"/> Subject-2 <input type="checkbox"/> Subject-3 <input type="checkbox"/> Subject-4 <input type="checkbox"/> Subject-5	Officer-4	<input type="checkbox"/> Subject-1 <input type="checkbox"/> Subject-2 <input type="checkbox"/> Subject-3 <input type="checkbox"/> Subject-4 <input type="checkbox"/> Subject-5