State of Montana
DEPARTMENT OF CORRECTIONS
USE OF FORCE INFORMATION SHEET

OFFENDER INFORMATION

Offender Name: ______________________________

DOC ID#: __________________________________

Unit: ___________ Custody: _________________

Race Code: □ American Indian □ Asian □ Black □ White □ Hispanic □ Other

INCIDENT INFORMATION

Date of Incident: ___________ Time of Incident: ___________

Place of Incident: __________________________________________

On-Scene Supervisor: ______________________________________

Planned/Immediate Use of Force: ____________________________

Photographed? □ Yes □ No Videotaped? □ Yes □ No

Processed as Evidence □ Yes □ No Administrator Notified?: □ Yes □ No

Date Notified: ___________ Time Notified: ___________

On-Scene Medical Staff: _____________________________________

Medical Evaluation Completed?: □ Yes □ No By: ____________________________

Reporting Shift Supervisor: ________________________________________________

Level of Force Applied

□ Physical Force/Self Defense □ Restraints □ OC
□ Chemical Agent □ Batons □ Distraction Device
□ Conductive Energy Device □ SIMS

Lethal: □ Firearm □ Other

□ Self Defense/Defense of another □ Maintenance of Security
□ Prevention of a Crime □ Prevention of Suicide/Self Mutilation
□ Prevention of Escape □ Destruction of Property
□ Refusal of an Order

Reason for Force

□ Staff Involved

________________________________________________________

________________________________________________________

________________________________________________________

□ Offenders Involved

________________________________________________________

________________________________________________________

□ Victims or Others Involved

________________________________________________________