



USE OF FORCE REPORT Oakland Police Department

TF-967g (Rev. May 10)

☐ Risk Management
Advisement**LEVEL 4 FORCE ONLY**

Incident Number LOP120509000292	RD Number 12-022437	Use of Force Control No. 12F-0308	IAD Case No.
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Part 1 - (List additional Subjects on a Level 4 Continuation Report)

Incident Date 9 May 12	Day Wed	Time 0952	Location 53 rd St. & Martin Luther King Blvd.	CP Beat 10x	
#1 Subject's Name [REDACTED]			Sex M	Race B	DOB [REDACTED]
Address [REDACTED]			<input checked="" type="checkbox"/> Oakland	City/Zip [REDACTED]	Contact Number [REDACTED]
#2 Subject's Name			Sex	Race	DOB
Address			<input type="checkbox"/> Oakland	City/Zip	Contact Number
#3 Subject's Name			Sex	Race	DOB
Address			<input type="checkbox"/> Oakland	City/Zip	Contact Number

**Part 2 - List all involved members/employees, indicate the subject(s), and all the Force Type(s) used by numeric identifier (Chart on back page).
(List additional Members/Employees on a Level 4 Narrative Report)**

Member/Employee	Serial No.	Force Type #	Subject # Force Used on	Regularly Assigned Supervisor	Regularly Assigned Division Commander
#1 Eric Kim	8822P	16/26	1	Sgt. B Reed	Capt. Isarel
#2					
#3					
#4					

Part 3 - List all witnesses to the use of force. (If more room is needed use a Level 4 Continuation Report) Do not list additional persons.

List members and employees before private person witnesses. If there are no known private person witnesses, specify "NO KNOWN WITNESSES" under "Witness Name."

Witness Information (Include Rank & Serial No. or Agency Affiliation if appropriate)			
#1 Witness Name "NO KNOWN WITNESSES"	Sex	Race	DOB
Address OR Agency Affiliation	<input type="checkbox"/> Oakland	City/Zip	Contact Number
#2 Witness Name	Sex	Race	DOB
Address OR Agency Affiliation	<input type="checkbox"/> Oakland	City/Zip	Contact Number
#3 Witness Name	Sex	Race	DOB
Address OR Agency Affiliation	<input type="checkbox"/> Oakland	City/Zip	Contact Number
#4 Witness Name	Sex	Race	DOB
Address OR Agency Affiliation	<input type="checkbox"/> Oakland	City/Zip	Contact Number

Part 3a - Level 4 Approving Supervisor/Commander

I responded to the scene, evaluated, and approved reporting the Level 3 force option as a Level 4.	Signature X	Serial No. 7905
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Part 4

UOF Report Prepared By E. Kim	Serial No. 8822	Date of Report 9 May 12	Supervisor Notified Sgt. Babka	Serial No. 7905	Date \ Time Notified 9 May 12 \ 1003	Page 1 of 3
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USE OF FORCE
LEVEL 4 - NARRATIVE REPORT
Oakland Police Department
TF-967g-2 (May 10)

Date of Incident 9 May 12 9 May 12	Incident No./RD No. LOP120509000292 /12-022437 12-022437	
# 1 Member/Employee's Name Eric Kim E. Kim 8822	Serial No. 8822P	#1 Subject's Name [REDACTED]

Part 5 - Level 4 Narrative

See FC for details.

Reporting Member E. Kim E. Kim	Serial No. 8822	Date of Report 9 May 12 9 May 12				
Supervisor's Signature [Signature] Signature Required	Serial No. 7905	Date of Review 9 May 12 9 May 12	Commander's Signature [Signature] Signature Required	Serial No. 7573	Date of Review 5/18/12 5/18/12	Page 2 of 3

Part 2a
Type of Force Used
Numeric Identifiers

(Chart Rev. Jan 09)

Use the appropriate numeric identifier and document the reasons for elevating an investigation in the Use of Force Report Narrative for any force investigation elevated to a higher level.

11	Taser® Probes Impact Clothing, Penetrates Skin, or Push Stun	18	Taser Fired but Probes Miss
16	Weaponless Defense Technique Other than Control Hold	19	Non-Striking Use of Baton
17	O/C Applied to a Person	20	Attempted Impact Weapon Strike, but Misses
17a	Other Chemical Agent Deployed / Applied to a Person	21	On-Duty Firearm Discharge at Animal Other than to Dispatch an Injured Animal
22	Intentionally Pointing a Firearm at a Person	25	A Weaponless Defense Technique Control Hold is applied: Escort (elbow); Twist lock; Arm-bar; or Bent-wrist.
23	Weaponless Defense Technique applied to a vulnerable area, excluding strikes (e.g., hair grab, pressure to mastoid, shoulder grab)	26	A level 3 use of force incident meeting the criteria to be reported as a Level 4 AND reviewed and approved by supervisor or commander. (Also indicate the Level 3 force type used in the Force Type # box.).
24	On-Duty Firearm Discharge to Dispatch an Injured Animal		

Use the diagrams below, if appropriate, and mark with an "X" and the numeric identifier
Indicate where on the body the force (Level 1-3) was used. (e.g., X---17 to indicate OC spray) Double-click on body and enter an "X" to indicate location. If more than one subject, use CNTRL+ENTER to duplicate this page.

Subject #1

