



# USE OF FORCE REPORT Oakland Police Department

TF-967g (Rev. May 10)

☐ Risk Management  
Advisement

## LEVEL 4 FORCE ONLY

Incident Number 0514	RD Number 12-028060	Use of Force Control No. 12F-0634	IAD Case No.
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### Part 1 - (List additional Subjects on a Level 4 Continuation Report)

Incident Date 9 Jun 12	Day Sat	Time 1359	Location 6000 block of Broadway	CP Beat 13x
#1 Subject's Name [REDACTED]			Sex F	Race B
Address [REDACTED]			City/Zip [REDACTED]	Contact Number [REDACTED]
#2 Subject's Name [REDACTED]			Sex F	Race B
Address [REDACTED]			City/Zip [REDACTED]	Contact Number [REDACTED]
#3 Subject's Name [REDACTED]			Sex F	Race B
Address [REDACTED]			City/Zip [REDACTED]	Contact Number [REDACTED]

**RECEIVED**

JUN 12 2012

**BFO Admin**

### 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 M. Komoda	8739	22	123	Sgt A. Steinberger	Capt. Israel
#2 M. Oliver	9105	22	1,2,3	Sgt A. Steinberger	Capt Israel
#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 Ofc Karressboom 8040	Sex	Race	DOB
Address OR Agency Affiliation OPD	City/Zip	Contact Number	
#2 Witness Name NO KNOWN WITNESSES	Sex	Race	DOB
Address OR Agency Affiliation	City/Zip	Contact Number	
#3 Witness Name <b>RECEIVED</b>	Sex	Race	DOB
Address OR Agency Affiliation [REDACTED]	City/Zip	Contact Number	
#4 Witness Name OPD Internal Affairs	Sex	Race	DOB
Address OR Agency Affiliation	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 <b>X</b>	Serial No.
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**Signature Required**

### Part 4

UOF Report Prepared By Ofc M. Komoda	Serial No. 8739	Date of Report 9 Jun 12	Supervisor Notified Sgt A. Steinberger	Serial No. 7819	Date \ Time Notified 9 Jun 12 \ 1422	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 Jun 12	Incident No./RD No. 0514 / 12-028060		
#1 Member/Employee's Name M. Komoda	Serial No. 8739	#1 Subject's Name [REDACTED]	

Part 5 - Level 4 Narrative

See RD# 12-028060.

Reporting Member Ofc M. Komoda		Serial No. 8739	Date of Report 9 Jun 12			
Supervisor's Signature <i>[Signature]</i>	Serial No. 7819	Date of Review 10 JUN 12	Commander's Signature <i>[Signature]</i>	Serial No. 8280	Date of Review 10 Jun 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.**

Level 3 Force Type			
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
Level 4 Force Type			
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)		
24	On-Duty Firearm Discharge to Dispatch an Injured Animal	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.)

**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**

