USE OF FORCE REPORT Oakland Police Department

	o toro de limetamento los comostros de					TF-967g (Rev. May 10)
		LE	VEL 4 F	ORCE	ONLY	ente co de lo 1991, dalstanos en e
Risk Management Advisement	Incident Num LOP12083000		RD Number 12-043513	Use of Fo	orce Control No.	IAD Case No.
Part 1 - (List additional Sub	jects on a Level 4	Continuation Repo	ort)		<u> </u>	-
Incident Date Day 30 Aug 12 THU	Time 0547	Location IRO 756 40 th st		W		CP Beat 10Y
#1 Subject's Name	-			Sex M	Race B	DOB
Address		⊠ Oaklar	nd	City/Zip	Contact Numbe	er
#2 Subject's Name				Sex	Race	DOB
Address		☐ Oaklan	nd	City/Zip	Contact Numbe	at .
#3 Subject's Name	<u> </u>			Sex	Race	DOB
Address		☐ Oakian	nd	City/Zip	Contact Number	ef :
Part 2 - List all involved men (List additional Members/Emp	nbers/employees, i lloyees on a Level	ndicate the subject 4 Narrative Report	ct(s), and all the Force	e Type(s) use	d by numeric ide	ntifier (Chart on back page).
Member/Employee	Serial No.	Force Type#	Subject# Force Used on		rly Assigned pervisor	Regularly Assigned Division Commander
#1 Ofc. C. Saunders	8254	22	1	Sgt. B. Hu	bbard	Capt. Figueroa
#2 Ofc. P. Mahanay #3	7608	22	1	Sgt. B. We	ehrly	Capt. Downing
#4						
Part 3 - List all <u>witnesses</u> to a List members and employees be "Witness Name."	he use of force. (If	more room is nee witnesses. If there a	ded use a Level 4 Co are no known private p	ontinuation Reperson witness	eport) Do not list a	additional persons. NOWN WITNESSES" under
	Witness Informati	on (Include Rank	& Serial No., or Agen	cy Affiliation	if appropriate)	
#1 Witness Name No known witnesses				Sex	Race	DOB .
Address OR Agency Affiliation		☐ Oakland	d	City/Zip	Contact Number	
#2 Witness Name	75			Sex	Race	DOB
Address OR Agency Affiliation		☐ Oakland	d I	City/Zip	Contact Number	
#3 Witness Name				Sex	Race	DOB

Part 3a - Level 4 Approving Supervisor/Commander Signature I responded to the scene, evaluated, and approved reporting the Level 3 force option as a Level 4. Serial No. Signature Required X

☐ Oakland

Oakland

Part 4

Address OR Agency Affiliation

Address OR Agency Affiliation

#4 Witness Name

UOF Report Prepared By R. DeMarco Serial No. Date of Report 9009 30 Aug 12	Supervisor Notified Serial No Sgt.C. Worcester 8368	Date \ Time Notified 30 Aug 12 \ 558	Page 1 of 3
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DOB

City/Zip Contact Number RECEIVED

Contact Number

SEP 1 1 2012

City/Zip



Date of Incident 30 Aug 12

Incident No./RD No. LOP120830000140 / 12-043513 USE OF FORCE LEVEL 4 - NARRATIVE REPORT Oakland Police Department

TF-967g-2 (May 10)

1 Member/Employee's Name Ofc. C. Saunders

Serial No. 8254

#1 Subject's Name

Part 5 - Level 4 Narrative See RD #12-043513 Seporting Member Septit No. Pate of Parage		ote. C. Baungers		0234			
	Part 5 – Level 4 Narr	ative					
	See RD #12-04351	3					
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Reporting Member							
Reporting Member							
	Panarting Mamba-						

R. DeMarco

Supervisor's Signature

Serial No.

Date of Review

Commander's Signature

Serial No.

Date of Review

 Serial No.
 Date of Report

 9009
 30 Aug 12

Serial No. Date of Review Page 2 of 3

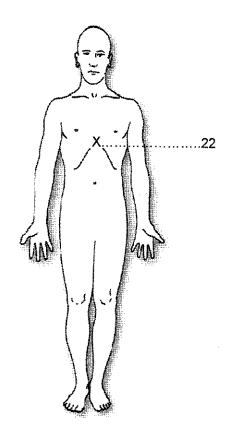
Part 2a Type of Force Used Numeric Identifiers

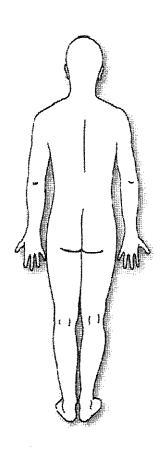
Use the appropriate numeric identifier and document the reasons for elevating an investigation in the Use of Force Report Narrative for any force investigation elevated to a higher level.

	Level	3 Forc	e 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 Ford	ce Type	
22	Intentionally Pointing a Firearm at a Person Weaponless Defense Technique applied to a vulnerable area, excluding strikes (e.g., hair grab, pressure to mastoid, shoulder		A Weaponless Defense Technique Control Hold is applied: Escort (elbow); Twist lock; Arm-bar; or Bent-wrist.	
23				
	grab)	26	A level 3 use of force incident meeting the criteria to be reported as a	
24	On-Duty Firearm Discharge to Dispatch an Injured Animal		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





9009 30 Aug 12 Sgt.C. Worcester 8368 Page 3 of 3	Reporting Member R. DeMarco	Serial No. 9009	Date of Report 30 Aug 12	Supervisor Sgt.C. Worcester	Serial No. 8368	Page 3 of 3
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