



USE OF FORCE REPORT Oakland Police Department

TF-967g (Rev. May 10)

☐ Risk Management
Advisement

LEVEL 4 FORCE ONLY			
Incident Number LOP120830000140	RD Number 12-043513	Use of Force Control No. 12F-0925	IAD Case No.

Part 1 - (List additional Subjects on a Level 4 Continuation Report)

Incident Date 30 Aug 12	Day THU	Time 0547	Location IRO 756 40 th st	CP Beat 10Y
#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 Ofc. C. Saunders	8254	22	1	Sgt. B. Hubbard	Capt. Figueroa
#2 Ofc. P. Mahanay	7608	22	1	Sgt. B. Wehrly	Capt. Downing
#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

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SEP 11 2012

BFO Admin

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.
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Part 4

UOF Report Prepared By R. DeMarco	Serial No. 9009	Date of Report 30 Aug 12	Supervisor Notified Sgt.C. Worcester	Serial No. 8368	Date \ Time Notified 30 Aug 12 \ 558	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 30 Aug 12	Incident No./RD No. LOP120830000140 / 12-043513		
# 1 Member/Employee's Name Ofc. C. Saunders	Serial No. 8254	#1 Subject's Name [REDACTED]	

Part 5 – Level 4 Narrative

See RD #12-043513

Reporting Member R. DeMarco		Serial No. 9009	Date of Report 30 Aug 12			
Supervisor's Signature A/Sgt C W. [Signature]	Serial No. 8388	Date of Review 30 Aug 12	Commander's Signature [Signature]	Serial No. 8249	Date of Review 4 Sep 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

