## Risk Manage Advisement

UOF Report Prepared By

D. Hofacre

Serial No.

8226

Date of Report

3 Sep 12

OAKLAND OAKLAND	_	USE OF FORCE REPO Oakland Police Departm TF-967g (Rev. Ma							
			a s spink		LEVE	L 4 F	ORCE	ONLY	
Risk Manage			ncident Nu P120903			Number 042061		ce Control No. -0928	IAD Case No.
Part 1 - (List addit	ional Sub	jects o	n a Level	4 Continua	tion Report)				
Incident Date 3 Sep 12	Day Mon		Time 0330	Location 3600 T	elegraph			,	CP Beat 08x
#1 Subject's Name		•					Sex F	Race B	DOB
Address					☑ Oakland		2: Zip	Contact Number	
#2 Subject's Name		n m	CTOTAL				Sex	Race	DOB
Address	•	KE	CEH	/ED	☐ Oakland		City/Zip	Contact Number	
#3 Subject's Name		SE	P 0 4 2	012		***************************************	Sex	Race	DOB
Address		BF	O Ac	min	☐ Oakland		City/Zip	Contact Number	
Part 2 - List all inve	olved me	mbers/e	employees	, indicate 1	the subject(s),	and all the Fo	rce Type(s) used	l by numeric identifie	r (Chart on back page).

Part 2 - List all invo (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. D. Hofacre	8226	22	1	Sgt Wehrly	Cpt Downing
#2 Ofc. S. Hall	8225	22	1	Sgt Werhly	Cpt Downing
#3 Ofc. C. Espinoza	7975	22	1	Sgt Werhly	Cpt Downing
#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	ı (Include Rank & Serial No	, or Agency Affiliation	If appropriate)	
#1 Witness Name Ofc. A. Mallory 8274		Sex	Race	DOB
Address <b>OR</b> Agency Affiliation OPD	☐ Oakland	City/Zip	Contact Number 510-238-3455	
#2 Witness Name No known witnesses		Sex	Race	DOB
Address OR Agency Affiliation	☐ Oakland	City/Zip	Contact Number	
#3 Witness Name		Sex	Race	DOB
Address OR Agency Affiliation	☐ Oakland	City/Zip	Contact Number	
44 Witness Name		- RE	CEIVED	DOB
Address OR Agency Affiliation	☐ Oakland	City/Zi	Contact Willenber	
Part 3a – Level 4 Approving Supervisor/Comman	der	BF	<b>Admin</b>	
responded to the scene, evaluated, and approved reporting the Level 3 force option as a Level 4.	Signature X	gnature F	lequire d	Serial No.
Part 4				

Supervisor Notified

Sgt Worcester

LOG

Date \ Time Notified

3 Sep 12 \ 336

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Serial No

8368



D. Hofacre

Serial No.

Date of Review

Date of Incident 3 Sep 12

Incident No./RD No. LOP120903000108 / 12-042061

**USE OF FORCE LEVEL 4 - NARRATIVE REPORT Oakland Police Department** TF-967g-2 (May 10)

Date of Review

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# 1 Member/Employee's Name Ofc. D. Hofacre

Serial No. 8226 #1 Subject's Name

Part 5 – Level 4 Narrative				
g BD#12 042061				
See RD#12-042061				
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Reporting Member			Serial No. 8226	Date of Report 3 Sep 12
D Hofore			8226	3 Sep 12

Commander's Signature

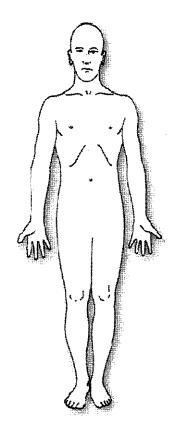
## Part 2a Type of Force Used Numeric Identifiers

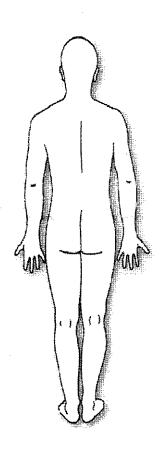
Use the appropriate numeric identifier and document the reasons for elevating an investigation in the Use of Force Report Narrative for any force investigation elevated to a higher level.

	'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		On-Duty Firearm Discharge at Animal Other than to Dispatch an Inju Animal	
7.	Level	4 Fore	ce Type	
22	Intentionally Pointing a Firearm at a Person		A Weaponless Defense Technique Control Hold is applied: Escort	
	Weaponless Defense Technique applied to a vulnerable area,	25	(elbow); Twist lock; Arm-bar; or Bent-wrist.	
23	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 <b>AND</b> reviewed and approved by supervisor or commander.	
24	On-Duty Firearm Discharge to Dispatch an Injured Animal		(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





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