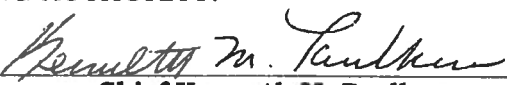


1.02 USE OF FORCE REPORTING



USE OF FORCE REPORTING

POLICY & PROCEDURE NO.		PAGES:	5
1.02	15-GO-2	ISSUE DATE:	
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: 1.3.6; 1.3.7; 1.3.8; 1.3.13		January 13, 2015	
		EFFECTIVE DATE:	
ISSUING AUTHORITY:		January 13, 2015	
		REVISION DATE:	
 Chief Kenneth M. Paulhus		January 13, 2015	

I. GENERAL CONSIDERATIONS AND GUIDELINES

The manner in which police department members use force is an extremely critical issue that generates intense public scrutiny. When these incidents occur they demand a thorough and complete inquiry into all aspects of the incident. Only through an exhaustive inquiry can the facts of the incident evolve and public confidence be maintained.

II. POLICY

Reportable Use of Force: It is the policy of this department to require a written report any time an employee:

1. Discharges a department issued or authorized firearm, for other than training or recreational purposes. The intention discharge of firearms for ballistic testing, or firearms maintenance shall be excluded from the reporting requirement. [1.3.6(a)]
2. Takes action that results in, or is alleged to have resulted in, the injury or death of another person [1.3.6(b)];
3. Applies force through the use of a lethal or less-lethal weapon [1.3.6(c)]; or
4. Applies weaponless physical force which results in an injury to either the department member or another person. [1.3.6(d)].

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III. DEFINITIONS

- A. *Weaponless Physical Force*: The application of force and hand control techniques that have little or no chance of producing injuries when gaining control over, or subduing non-compliant or resisting persons. These techniques include, but are not limited to: physical touching, gripping or holding, frisking, pain compliance measures, pressure point application, come-along hold, handcuffing or other custodial procedures.
- B. *Employee*: For the purposes of the application of this policy, any person officially affiliated with the department whether full or part time, sworn, civilian, special or auxiliary police, crossing guard, animal control officer, volunteer, or other.
- C. *Reportable Use of Force*: A level of force used by a member of this department which would trigger a report as directed under this policy.

Note: The use of handcuffs as a restraint; physical removal of peacefully resisting demonstrators; display of weapon (unholstering or handling of firearm or other weapon); discharge of a weapon to euthanize an animal, the presence of police department personnel or animals, or the use of verbal commands are not considered a use of force for this policy.

IV. PROCEDURES

A. *Employee Responsibilities*

- 1. Each employee who used reportable force as defined in this policy shall:
 - a. Immediately following a reportable use of force incident, employees shall notify a shift supervisor.
 - b. Complete a Use of Force Report unless the requirement of such report would violate the officer's Fifth Amendment protections and/or if transactional immunity for said officer(s) would be triggered. The report shall be submitted in writing. At a minimum, the report shall include:
 - 1) Actions of the suspect that necessitated the use of force;
 - 2) Why the employee used force;
 - 3) What force was used by the employee;
 - 4) The effect of the force on the suspect;
 - 5) Injuries to the suspect, employees, or others;
 - 6) Complaints of injury by the suspect or others; and

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- 7) Medical treatment received or refused by the suspect or others.
- c. The Use of Force Report shall be used for internal statistical and analytical purposes only, and shall not be part of the incident or arrest file for the particular incident.
- d. A more detailed narrative report must be completed if ordered by a supervisor.
- e. An injured employee shall submit the required reports as soon as practical.
- f. Any employee, whose action(s) or use of force results in death or serious physical injury, shall be removed from line-duty assignment, and placed on paid administrative leave pending an administrative review. [1.3.8]

B. Supervisors/Investigators Responsibilities

1. RESPONSE AND INVESTIGATION

- a. A supervisor shall respond to and investigate any incident where force results in death or serious bodily injury.
- b. A supervisor directly involved in an incident shall not investigate the use of force in that same incident. [1.3.8] if the officer in charge of the station was involved in the incident, then the Lieutenant shall be notified.
- c. In cases involving death or serious bodily injury the Chief shall be notified and shall supervise or assign supervision of the investigation.
- d. In those instances where death has or is likely to occur, the District Attorney's office shall immediately be notified¹.
- e. In conducting the investigation, the supervisor shall:
 - 1) document the suspect's statements;
 - 2) document injuries sustained by the employee, suspect, or others;
 - 3) arrange medical treatment needed or requested;
 - 4) identify and interview witnesses;
 - 5) document, as necessary, the scene of the incident, injuries, property damage, etc.; and
 - 6) Interview any medical care provider concerning the injury and its consistency with the reported use of force.

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2. EMPLOYEE STATEMENT/REPORTS

- a. The investigating supervisor may:
 - 1) Order the involved employee(s) to submit a full and complete report of the incident in writing; or
 - 2) Schedule a time by which an employee involved in the incident must meet with department investigators and submit a written report of the incident.
- b. The investigating supervisor conducting the investigation shall file a preliminary report prior to the conclusion of the tour of duty.
- c. The investigating supervisor will complete a detailed investigative report and submit it to the Lieutenant as soon as practical after the completion of the investigation.
- d. For further information, see the department policies on ***Internal Affairs, Officer Involved Deadly Force Incident Investigations, and Post-Traumatic Stress Procedures.***

C. Administrative Review:

1. The Lieutenant shall be responsible for the following:
 - a. Ensuring that a thorough investigation was conducted and that all reports were prepared and submitted;
 - b. Conducting an administrative review of all reports submitted to determine whether the use of force was in compliance with department policy and procedures. Such review may not be conducted by any person who was involved in the incident. [1.3.7]; and
 - c. The Lieutenant shall prepare a report to the Chief regarding the incident, as soon as practical.
2. The Chief of Police will conduct an administrative review of each report and shall take appropriate action.[1.3.7]

D. Use of Force Reports

1. The use of Force Reports shall be filed in a separate folder with the personnel files.
2. Annual Analysis: The Lieutenant or designee shall conduct an annual analysis of all use of force reports and submit a written report to the Chief. Such analysis and conclusions may indicate the need for training, equipment upgrades, or policy modification. The review should consider: [1.3.13]

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- a. A comparison of the total number of use of force incidents compared to previous years;
- b. Type of force used;
- c. Type of weapons used;
- d. Effectiveness of the use of force techniques;
- e. Nature of the incident that required force;
- f. Intensity of attack or resistance;
- g. Suspect demographics;
- h. Day of the week, time of day, shift, squad involved;
- i. Years of experience of employee(s) involved;
- j. Uniform or plain clothed employee;
- k. Severity of injuries to employee or suspect, if any; and
- l. Summary breakdown of the disposition of the administrative reviews (justified/not justified, compliance with policy, etc.).

¹ M.G.L. c 38, §4

SOUTHBOROUGH POLICE DEPARTMENT - USE OF FORCE REPORT

INCIDENT DATA:

OFFICER'S NAME:	RANK:	ID#:	DATE/TIME:	CRIME REPORT #:
ATTIRE:	ASSIGNMENT:		ON DUTY? YES _____ NO _____	
LOCATION:(Specific Address/Block/Intersection) _____ Indoor _____ Outdoor	PREMISE: _____ Residence _____ Business _____ Public _____ Vehicle _____ Other _____			

INCIDENT TYPE:

_____ Crime in Progress	_____ Traffic Incident	_____ Disturbance	_____ Domestic - Yes or No
_____ Warrant: Arrest/Search	_____ Suspicious Situation	_____ Other	_____ Destory Animal

CONDITIONS:

_____ Daylight	_____ Night/Lighted	_____ Clear	_____ Rain	_____ Fog
_____ Dawn/Dusk	_____ Night/Unlighted	_____ Cloudy	_____ Snow	_____ Storm

NUMBER OF SUSPECTS:

SUSPECT DATA: Sex _____ Race _____

SUSPECT CONDITION:

_____ Emotionally Unstable _____ Under Drug/Alcohol Influence _____ Goal Directed (Escape/Assault)

SUSPECT INJURIES:

_____ Not Injured _____ Complains of Pain _____ Minor Injury _____ Serious Injury _____ Death

OFFICER INJURIES:

_____ Not Injured _____ Complains of Pain _____ Minor Injury _____ Serious Injury _____ Death

FORCE EMPLOYED:

_____ Firearm _____ Taser/ECW _____ Baton _____ OC Spray _____ Physical Force (Injury Resulting)

FORCE JUSTIFICATION:

_____ Protect Self	_____ Prevent Felony	_____ Violent Resisting Arrest
_____ Protect Citizen	_____ Prevent Escape	_____ Other

EUTHANIZE ANIMAL:

_____ Type of Animal _____ Injured _____ Attacking a Person _____ Other Animal

SPECIFIC WEAPON DATA:

FIREARM:

_____ Revolver _____ Semi Auto _____ Shotgun _____ Other _____
 ID No: _____ Make: _____ Model: _____
 Type of Ammunition: _____
 Distance from Suspect when deployed? _____ Feet No. of Shots _____
 Did you have weapon drawn and ready prior to use? Yes _____ No _____
 Right handed _____ Left handed _____ Did you reload? Yes _____ No _____
 Did you have time to aim? Yes _____ No _____

BATON:

How did you deployed? _____ Jabbing _____ Pushing _____ Swinging _____ Striking
 How many contacts? _____ Type of Baton _____
 Where was contact made? _____ Head _____ Body _____ Arms _____ Legs _____

O.C. SPRAY:

Distance from Suspect when deployed? _____ Feet Number of Shots: _____
 Did you have weapon drawn and ready prior to use? Yes _____ No _____
 Did you have time to aim? Yes _____ No _____

Submitting Officer's Signature: _____

Date: _____

Print Officer Name and ID Number: _____

Reviewing Supervisor's Signature _____

Date: _____