



NATIONAL USE-OF-FORCE DATA COLLECTION

PREPARATION WORKSHEET

Law enforcement agencies entering data into the National Use-of-Force Data Collection system may wish to use this worksheet to organize the information needed to enter a use-of-force incident. Agencies can complete the worksheet and have it available when logging into the Law Enforcement Enterprise Portal (LEEP) and accessing the National Use-of-Force Data Collection system.

The National Use-of-Force Data Collection is a component of the Uniform Crime Reporting Program and is used by law enforcement agencies to report a law enforcement use of force that results in a fatality, serious bodily injury to a person, or the discharge of a firearm at or in the direction of a person.

The definition of *serious bodily injury* is based in part on 18 United States Code 2246 (4) and means "***bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty.***"

INCIDENT

Did this incident result in . . . (Select all that apply.)

Please note: Multiple conditions can be indicated only if multiple subjects were involved.

- The death of a person due to law enforcement use of force?
- The serious bodily injury of a person due to law enforcement use of force?
- The discharge of a firearm by law enforcement at or in the direction of a person that did not otherwise result in death or serious bodily injury?

Agency ORI for reported incident (Required): _____

Agency case number: _____

Date of incident: _____

Local time of incident (24-hour time HHMM): _____

Street address: _____

City: _____

State: _____

Zip: _____

Location type (Examples: house, grocery store, public building, etc.): _____

What was the reason for the initial contact between the subject(s) and the officer(s)?

- Response to unlawful or suspicious activity
- Medical, mental health, or welfare assistance
- Routine patrol other than traffic stop
- Traffic stop
- Warrant service
- Service of a court order
- Mass demonstration
- Follow-up investigation
- Other

If the use of force was in response to a report or observation of “unlawful or suspicious activity,” what were the most serious observed offenses committed by the subject prior to or at the time of the incident? (Name up to three.)

Offense #1 (if applicable) _____

Offense #2 (if applicable) _____

Offense #3 (if applicable) _____

If available, please provide the National Incident-Based Reporting System (NIBRS) or incident number of report detailing criminal incident information on the subject:

Did the officer approach the subject(s)? Yes No

Was this an ambush incident? Yes No

Was a supervisor or a senior officer acting in a similar capacity present or consulted prior to when force was used in the incident? Yes No

If the incident involved officers from multiple law enforcement agencies who used force, please provide the total number of other agencies involved. _____

If applicable, please provide the ORIs of the other officer(s) who used force in this incident and case numbers for the local use-of-force reports at the other agencies.

SUBJECT INFORMATION

Please complete the following set of questions for each individual who was subjected to force that resulted in death, severe bodily injury, or a firearm discharge applied by officers **from your agency** in the course of this incident. Do not include information for any witnesses or bystanders who were not the subjects of force applied by law enforcement.

Please indicate the total number of subjects who died or received serious bodily injury as a result of a law enforcement use of force, including subjects who had a firearm discharged at them or in their direction. _____

	Subject #1	Subject #2	Subject #3
Sex of Subject:	_____	_____	_____
Race and Ethnicity:	_____	_____	_____
Age:	_____	_____	_____
Height:	_____	_____	_____
Weight:	_____	_____	_____

Did the subject's behavior indicate to the officer that there could be drug impairment, alcohol impairment, or a mental condition involved? Yes No

Subject #1 type of impairment (if applicable) _____

Subject #2 type of impairment (if applicable) _____

Subject #3 type of impairment (if applicable) _____

Was the threat by the subject perceived by the officer(s) to be directed to the officer or to another party or both?

Subject #1 threat toward officer another party both the officer and others

Subject #2 threat toward officer another party both the officer and others

Subject #3 threat toward officer another party both the officer and others

At any time during the incident, was the subject armed or believed to be armed with a weapon (other than hands, fists, or feet)?

Subject #1 Yes No Subject #2 Yes No Subject #3 Yes No

Did the subject resist the officer(s)? Yes No

If yes, note the type(s) of resistance or weapon that was or believed to be involved. (Examples: the subject resisted arrest, displayed a weapon, directed vehicle at officer, etc.)

Subject #1 type(s) of resistance _____

Subject #2 type(s) of resistance _____

Subject #3 type(s) of resistance _____

Type(s) of force used by law enforcement connected to serious bodily injury or death of the subject.
(Examples: firearm, electronic control weapon, chemical agent, etc.)

Subject #1 type(s) of force used by law enforcement _____

Subject #2 type(s) of force used by law enforcement _____

Subject #3 type(s) of force used by law enforcement _____

What were the subject's injuries received as a direct consequence of the use of force by law enforcement? See choices below; select all that apply.

Subject #1

- | | |
|---|---|
| <input type="checkbox"/> Gunshot wound (including minor or grazing wound) | <input type="checkbox"/> Death |
| <input type="checkbox"/> Unconsciousness (regardless of duration) | <input type="checkbox"/> None |
| <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization | <input type="checkbox"/> Pending further investigation |
| | <input type="checkbox"/> Unknown and is unlikely to ever be known |

Subject #2

- | | |
|---|---|
| <input type="checkbox"/> Gunshot wound (including minor or grazing wound) | <input type="checkbox"/> Death |
| <input type="checkbox"/> Unconsciousness (regardless of duration) | <input type="checkbox"/> None |
| <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization | <input type="checkbox"/> Pending further investigation |
| | <input type="checkbox"/> Unknown and is unlikely to ever be known |

Subject #3

- | | |
|---|---|
| <input type="checkbox"/> Gunshot wound (including minor or grazing wound) | <input type="checkbox"/> Death |
| <input type="checkbox"/> Unconsciousness (regardless of duration) | <input type="checkbox"/> None |
| <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization | <input type="checkbox"/> Pending further investigation |
| | <input type="checkbox"/> Unknown and is unlikely to ever be known |

Were charges filed against the subject by a prosecutor?

- Yes
- No
- Pending further investigation
- Unknown and is unlikely to ever be known

OFFICER INFORMATION

Please complete the following set of questions for each officer **from your agency** who actually applied force that resulted in death, serious bodily injury, or discharged a firearm at or in the direction of a person in the course of this incident. Do not include any officers who were assisting or present, did not apply force, or applied force that did not meet the criteria as specified above.

Total number of officers who actually applied force during the incident: _____

- Pending further investigation
- Unknown and is unlikely to ever be known

Number of officers from your agency who actually applied force during the time of incident: _____

- Pending further investigation
- Unknown and is unlikely to ever be known

	Officer #1	Officer #2	Officer #3
Sex of Officer:	_____	_____	_____
Race and Ethnicity:	_____	_____	_____
Age:	_____	_____	_____
Height:	_____	_____	_____
Weight:	_____	_____	_____
Years of Service:	_____	_____	_____

Did the officer work full time? (160 or more hours/month):

Officer #1 Yes No Officer #2 Yes No Officer #3 Yes No

Was the officer readily identifiable by clothing or insignia at the time of the incident?

Officer #1 Yes No Officer #2 Yes No Officer #3 Yes No

Was the officer on duty at the time of the incident?

Officer #1 Yes No Officer #2 Yes No Officer #3 Yes No

Did the officer discharge a firearm at or in the direction of a person during the incident?

Officer #1 Yes No Officer #2 Yes No Officer #3 Yes No

Was the officer injured during the incident that precipitated the use of force (serious or minor)?

Officer #1 Yes No Officer #2 Yes No Officer #3 Yes No

If applicable, what were the officer's injuries during the incident that precipitated the use of force?

See choices below, select all that apply.

Officer #1

- | | |
|---|---|
| <input type="checkbox"/> Other apparent minor injuries | <input type="checkbox"/> Death |
| <input type="checkbox"/> Gunshot wound (including minor or grazing wound) | <input type="checkbox"/> Pending further investigation |
| <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Unknown and is unlikely to ever be known |
| <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization | |

Officer #2

- | | |
|---|---|
| <input type="checkbox"/> Other apparent minor injuries | <input type="checkbox"/> Death |
| <input type="checkbox"/> Gunshot wound (including minor or grazing wound) | <input type="checkbox"/> Pending further investigation |
| <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Unknown and is unlikely to ever be known |
| <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization | |

Officer #3

- | | |
|---|---|
| <input type="checkbox"/> Other apparent minor injuries | <input type="checkbox"/> Death |
| <input type="checkbox"/> Gunshot wound (including minor or grazing wound) | <input type="checkbox"/> Pending further investigation |
| <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Unknown and is unlikely to ever be known |
| <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization | |

Once the information has been gathered, log into LEEP and access the National Use-Of-Force Data Collection system to submit the incident.

QUESTIONS? The data-entry portal contains additional information, such as frequently asked questions, help links, quick guides, video demonstrations, and "what's new" pop-up notifications. If you have additional questions, call the Use-of-Force Help Desk at 304-625-9998 or e-mail useofforce@fbi.gov.