

NATIONAL USE-OF-FORCE DATA COLLECTION

The National Use-of-Force Data Collection is a component of the Uniform Crime Reporting Program that 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.”

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

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

- 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?

If you were able to select any of the above categories, please proceed to the incident information on the next page.

INCIDENT INFORMATION

Agency ORI for reported incident (required):

Q1. Date of the incident (mm/dd/yyyy):

Q2. Local time of the incident (24-hour time HHMM):

Q3. Agency Case Number (this number is requested to assist in tracking incident reports through the data collection. It will not be released in its original format to the public:

Q4. Location of the UoF incident

Address (include street address/intersection, city, state, and ZIP code)

Latitude/longitude

- x-coordinate

- y-coordinate

Pending further investigation

Unknown and is unlikely to ever be known

Q5. Location type

Abandoned/condemned structure

Air/bus/train terminal

Amusement park

Arena/stadium/fairgrounds/coliseum

ATM (Automated Teller Machine) separate from bank

Auto dealership new/used

Bank/savings and loan

Bar/nightclub

Camp/campground

Church/synagogue/temple/mosque

Commercial/office building

Community center

Construction site

Convenience store

Daycare facility

(list continued next page)

- | | | |
|--|---|--|
| <input type="checkbox"/> Department/discount store | <input type="checkbox"/> Dock/wharf/freight/modal terminal | <input type="checkbox"/> Drug store/doctor's office/hospital |
| <input type="checkbox"/> Farm facility | <input type="checkbox"/> Field/woods | <input type="checkbox"/> Gambling facility/casino/race track |
| <input type="checkbox"/> Government/public building | <input type="checkbox"/> Grocery/supermarket | <input type="checkbox"/> Highway/road/alley/street/sidewalk |
| <input type="checkbox"/> Hotel/motel/etc. | <input type="checkbox"/> Industrial site | <input type="checkbox"/> Jail/prison/penitentiary/corrections facility |
| <input type="checkbox"/> Lake/waterway/beach | <input type="checkbox"/> Liquor store | <input type="checkbox"/> Military installation |
| <input type="checkbox"/> Park/playground | <input type="checkbox"/> Parking/drop lot/garage | <input type="checkbox"/> Rental storage facility |
| <input type="checkbox"/> Residence/home | <input type="checkbox"/> Rest area | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> School-college/university | <input type="checkbox"/> School-elementary/secondary | <input type="checkbox"/> Service/gas station |
| <input type="checkbox"/> Shelter-mission/homeless | <input type="checkbox"/> Shopping mall | <input type="checkbox"/> Specialty store |
| <input type="checkbox"/> Tribal lands | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Pending further investigation | <input type="checkbox"/> Unknown and is unlikely to ever be known | |

Q6. What was the reason for initial contact between the subject(s) and the officer(s)?

- Response to unlawful or suspicious activity (skip to Q6a and Q6b)
- 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
- Pending further investigation
- Unknown and is unlikely to ever be known

Q6a. If the use of force was in response to 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?

Offense #1 _____

Offense #2 _____

Offense #3 _____

Pending further investigation

Unknown/not reported

Q6b. The National Incident-Based Reporting System (NIBRS) or local incident number of report detailing criminal incident information on the subject.

Pending further investigation

Unknown/not reported

Q7. Did the officer approach the subject(s)?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q8. Was this an ambush incident?

Yes

No

Pending further investigation

Unknown and is unlikely to ever be known

Q9. 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

Pending further investigation

Unknown and is unlikely to ever be known

Q10. If the incident involved officers who used force from multiple law enforcement agencies, please provide the total number of other agencies involved.

Please provide ORI's and case numbers for the local use-of-force reports at the other agencies.

ORI	CASE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

SUBJECT INFORMATION

Please complete the following set of questions from this section for each individual who was subject 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 any witnesses or bystanders who were not the subject of force applied by law enforcement. **All data elements must have a valid response indicated in order to save the incident information.** (If there are more than three (3) subject's involved, please use additional form attached).

Total number of subjects that died or received serious bodily injury as a result of a law enforcement use of force, including the discharge of a firearm at or in their direction _____

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

Subject Sequence # →	Subject # _____	Subject # _____	Subject # _____
Q11. Sex of the subject	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported
Q12. Race and ethnicity of the subject(s) (select all that apply)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported

Subject Sequence # →	Subject # _____					Subject # _____					Subject # _____				
Q13. Age of subject(s) at time of incident	_____ to _____ age					_____ to _____ age					_____ to _____ age				
	<input type="checkbox"/> Estimated <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known					<input type="checkbox"/> Estimated <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known					<input type="checkbox"/> Estimated <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known				
Q14. Height of the subject(s) (report actual or estimated range of values)	Feet	Inches	█	Feet	Inches	Feet	Inches	█	Feet	Inches	Feet	Inches	█	Feet	Inches
	to					to					to				
<input type="checkbox"/> Estimated <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known					<input type="checkbox"/> Estimated <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known					<input type="checkbox"/> Estimated <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known					
Q15. Weight of the subject(s) in lbs (report actual or estimated range of values)	_____ to _____ pounds					_____ to _____ pounds					_____ to _____ pounds				
	<input type="checkbox"/> Estimated <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known					<input type="checkbox"/> Estimated <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known					<input type="checkbox"/> Estimated <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known				

Subject Sequence # →	Subject # _____	Subject # _____	Subject # _____
<p>Q16. Did the subject(s) behavior indicate to the officer that there could be drug impairment, alcohol impairment, or a mental condition?</p>	<input type="checkbox"/> Yes [Go to Q16a] <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Yes [Go to Q16a] <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Yes [Go to Q16a] <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known
<p>Q16a. Please indicate which condition(s) apply (select all that apply)</p>	<input type="checkbox"/> Mental health condition <input type="checkbox"/> Alcohol impairment <input type="checkbox"/> Drug impairment <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Mental health condition <input type="checkbox"/> Alcohol impairment <input type="checkbox"/> Drug impairment <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Mental health condition <input type="checkbox"/> Alcohol impairment <input type="checkbox"/> Drug impairment <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known
<p>Q17. Was the threat by the subject(s) perceived by the officer(s) to be directed to the officer or to another party?</p>	<input type="checkbox"/> Officer <input type="checkbox"/> Another party <input type="checkbox"/> Both the officer and others <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Officer <input type="checkbox"/> Another party <input type="checkbox"/> Both the officer and others <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Officer <input type="checkbox"/> Another party <input type="checkbox"/> Both the officer and others <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known

Subject Sequence # →	Subject # _____	Subject # _____	Subject # _____
<p>Q18. At any time during the incident, was the subject armed or believed to be armed with a weapon (other than hands, fists, or feet)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known
<p>Q19. Did the subject(s) resist the officer(s)?</p>	<input type="checkbox"/> Yes [Go to Q19a] <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Yes [Go to Q19a] <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Yes [Go to Q19a] <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known

Subject Sequence # →	Subject # _____	Subject # _____	Subject # _____
<p>Q19a. What resistance or weapon was or believed to be involved? (Select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Attempted to escape or flee from custody <input type="checkbox"/> Resisted being handcuffed or arrested <input type="checkbox"/> Barricading self <input type="checkbox"/> Using a firearm against an officer or another <input type="checkbox"/> Using another weapon (such as chemical agent, edged weapon, electronic control weapon, or blunt object) against an officer or another <input type="checkbox"/> Using hands/fist/feet against an officer or another <input type="checkbox"/> Displaying a weapon at an officer or another <input type="checkbox"/> Directing a vehicle at an officer or another <input type="checkbox"/> Intentionally spitting or bleeding on an officer <input type="checkbox"/> Throwing an article or object at an officer <input type="checkbox"/> Making verbal threats <input type="checkbox"/> Failing to comply to verbal commands or other types of passive resistance <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be know <input type="checkbox"/> None 	<ul style="list-style-type: none"> <input type="checkbox"/> Attempted to escape or flee from custody <input type="checkbox"/> Resisted being handcuffed or arrested <input type="checkbox"/> Barricading self <input type="checkbox"/> Using a firearm against an officer or another <input type="checkbox"/> Using another weapon (such as chemical agent, edged weapon, electronic control weapon, or blunt object) against an officer or another <input type="checkbox"/> Using hands/fist/feet against an officer or another <input type="checkbox"/> Displaying a weapon at an officer or another <input type="checkbox"/> Directing a vehicle at an officer or another <input type="checkbox"/> Intentionally spitting or bleeding on an officer <input type="checkbox"/> Throwing an article or object at an officer <input type="checkbox"/> Making verbal threats <input type="checkbox"/> Failing to comply to verbal commands or other types of passive resistance <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be know <input type="checkbox"/> None 	<ul style="list-style-type: none"> <input type="checkbox"/> Attempted to escape or flee from custody <input type="checkbox"/> Resisted being handcuffed or arrested <input type="checkbox"/> Barricading self <input type="checkbox"/> Using a firearm against an officer or another <input type="checkbox"/> Using another weapon (such as chemical agent, edged weapon, electronic control weapon, or blunt object) against an officer or another <input type="checkbox"/> Using hands/fist/feet against an officer or another <input type="checkbox"/> Displaying a weapon at an officer or another <input type="checkbox"/> Directing a vehicle at an officer or another <input type="checkbox"/> Intentionally spitting or bleeding on an officer <input type="checkbox"/> Throwing an article or object at an officer <input type="checkbox"/> Making verbal threats <input type="checkbox"/> Failing to comply to verbal commands or other types of passive resistance <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be know <input type="checkbox"/> None

Subject Sequence # →	Subject # _____	Subject # _____	Subject # _____
<p>Q20. Type(s) of force used by law enforcement connected to serious bodily injury or death of the subject (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Firearm <input type="checkbox"/> Electronic control weapon (Taser*) <input type="checkbox"/> Explosive device <input type="checkbox"/> Chemical agent/pepper or OC (oleoresin capsicum) spray <input type="checkbox"/> Baton <input type="checkbox"/> Impact projectile <input type="checkbox"/> Blunt instrument/flashlight <input type="checkbox"/> Hands-fists-feet <input type="checkbox"/> Canine <input type="checkbox"/> Other <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known 	<ul style="list-style-type: none"> <input type="checkbox"/> Firearm <input type="checkbox"/> Electronic control weapon (Taser*) <input type="checkbox"/> Explosive device <input type="checkbox"/> Chemical agent/pepper or OC (oleoresin capsicum) spray <input type="checkbox"/> Baton <input type="checkbox"/> Impact projectile <input type="checkbox"/> Blunt instrument/flashlight <input type="checkbox"/> Hands-fists-feet <input type="checkbox"/> Canine <input type="checkbox"/> Other <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known 	<ul style="list-style-type: none"> <input type="checkbox"/> Firearm <input type="checkbox"/> Electronic control weapon (Taser*) <input type="checkbox"/> Explosive device <input type="checkbox"/> Chemical agent/pepper or OC (oleoresin capsicum) spray <input type="checkbox"/> Baton <input type="checkbox"/> Impact projectile <input type="checkbox"/> Blunt instrument/flashlight <input type="checkbox"/> Hands-fists-feet <input type="checkbox"/> Canine <input type="checkbox"/> Other <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known
<p>Q21. What were the subject's injuries received as a direct consequence of the use of force by law enforcement? (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Gunshot wound (including minor or grazing wounds) <input type="checkbox"/> Unconsciousness (regardless of duration) <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization <input type="checkbox"/> Death <input type="checkbox"/> None <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known 	<ul style="list-style-type: none"> <input type="checkbox"/> Gunshot wound (including minor or grazing wounds) <input type="checkbox"/> Unconsciousness (regardless of duration) <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization <input type="checkbox"/> Death <input type="checkbox"/> None <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known 	<ul style="list-style-type: none"> <input type="checkbox"/> Gunshot wound (including minor or grazing wounds) <input type="checkbox"/> Unconsciousness (regardless of duration) <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization <input type="checkbox"/> Death <input type="checkbox"/> None <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known

Subject Sequence # →	Subject # _____	Subject # _____	Subject # _____
<p>Q21a. Were charges filed against the subject by a prosecutor? (choose one)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known</p>

OFFICER INFORMATION

Please complete the following set of questions from this section for each officer 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 **from your agency**. 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. **All data elements must have a valid response indicated in order to submit the incident information.** (If there are more than three (3) officers involved, please use additional form attached).

Q22. Number of officers who applied force during this incident _____

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

Q23. 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 Sequence # →	Officer # _____	Officer # _____	Officer # _____
Q24. Sex of the officer	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported
Q25. Race and ethnicity of the officer(s) (select all that apply)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported
Q26. Age of officer(s)	_____ age <hr/> <input type="checkbox"/> Pending further investigation	_____ age <hr/> <input type="checkbox"/> Pending further investigation	_____ age <hr/> <input type="checkbox"/> Pending further investigation

Officer Sequence # →	Officer # _____		Officer # _____		Officer # _____	
	Feet	Inches	Feet	Inches	Feet	Inches
Q27. Height of the officer(s)						
	<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation	
Q28. Weight of the officer(s)	_____ pounds		_____ pounds		_____ pounds	
	<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation	
Q29. Officer's years of service as a law enforcement officer (total tenure)	_____ years		_____ years		_____ years	
	<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation		<input type="checkbox"/> Pending further investigation	
Q30. Does the officer work full-time (160 or more hours per month)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	
Q31. Was the officer readily identifiable by clothing or insignia at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	
Q32. Was the officer on duty at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	
Q33. Did the officer discharge a firearm at or in the direction of a person during the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	
Q34. Was the officer injured during the incident that precipitated the use of force (serious or minor)?	<input type="checkbox"/> Yes <i>[Go to Q34a and Q34b]</i> <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <i>[Go to Q34a and Q34b]</i> <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known		<input type="checkbox"/> Yes <i>[Go to Q34a and Q34b]</i> <input type="checkbox"/> No <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	

Officer Sequence # →	Officer # _____	Officer # _____	Officer # _____
<p>Q34a. What were the officer's injuries during the incident that precipitated the use of force (select all that apply)</p>	<input type="checkbox"/> Gunshot wound (including minor or grazing wounds) <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization <input type="checkbox"/> Other apparent minor injuries <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Other major injury <input type="checkbox"/> Death <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Gunshot wound (including minor or grazing wounds) <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization <input type="checkbox"/> Other apparent minor injuries <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Other major injury <input type="checkbox"/> Death <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known	<input type="checkbox"/> Gunshot wound (including minor or grazing wounds) <input type="checkbox"/> Serious injury requiring medical intervention or hospitalization <input type="checkbox"/> Other apparent minor injuries <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Other major injury <input type="checkbox"/> Death <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown and is unlikely to ever be known
<p>Q34b. NIBRS (or local) incident number of report detailing assault or homicide of law enforcement officer</p>	<input type="checkbox"/> _____ <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> _____ <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported	<input type="checkbox"/> _____ <input type="checkbox"/> Pending further investigation <input type="checkbox"/> Unknown/Not reported