



IMPERIAL COUNTY DISTRICT ATTORNEY'S OFFICE
BUREAU OF INVESTIGATION
FORCE DEPLOYMENT ASSESSMENT

DO NOT ATTACH THIS FORM TO CRIME REPORT

INCIDENT INFORMATION	Case Number	Date of Incident	Time of Incident	Tracking Number
	Name of Suspect			Date of Birth
	Location of Incident			
	Officer Name and Badge Number (one form per officer involved)			

FORCE USED

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Defensive Tactics
(describe) _____ | <input type="checkbox"/> OC Spray |
| <input type="checkbox"/> Less Lethal Munitions
(caliber and type) _____ | <input type="checkbox"/> Firearm |
| <input type="checkbox"/> Impact Weapon
(type) _____ | <input type="checkbox"/> Taser |
| <input type="checkbox"/> Canine | <input type="checkbox"/> Other _____ |

SUPERVISOR REVIEW

- | | | |
|--|---|--|
| <input type="checkbox"/> Reviewed with Officer
<input type="checkbox"/> Reports Reviewed | <input type="checkbox"/> Injuries Assessed and Treated
<input type="checkbox"/> No Injuries | <input type="checkbox"/> Photographs Taken |
| <input type="checkbox"/> Suspect(s) Interviewed
<input type="checkbox"/> Recording Downloaded | <input type="checkbox"/> Witnesses Interviewed
<input type="checkbox"/> No Witnesses Available | |

SUPERVISOR DETERMINATION

- Within Policy Special Circumstances (see attached memo) _____
Supervisor Signature and Date

DIVISION COMMANDER REVIEW

- Reports Reviewed Reviewed with Supervisor

DIVISION COMMANDER DETERMINATION

- Within Policy Lawful _____
 AI Recommended Training Suggested Division Commander Signature and Date

Executive Commander Signature and Date

Chief Signature and Date