CLARK COUNTY ANIMAL CONTROL
USE OF FORCE REPORT

DATE:	TIME:	LOCATION:		
OWNER'S NAME:		ANIMAL BREED:	ANIMAL COLOR:	SEX:
OWNER'S ADDRESS:				HOME PHONE:

☐ NECESSARY TO DEFEND SELF
☐ NECESSARY TO DEFEND ANOTHER OFFICER
☐ NECESSARY TO DEFEND ANOTHER PERSON
☐ OTHER _____

WAS ANIMAL INJURED ☐ YES ☐ NO

TRANSPORTED BY:

DESTINATION:

# OF ANIMALS INVOLVED:	# OFFICERS PRESENT:	SUPERVISOR NOTIFIED / TIME:	NOTIFIED SUPERVISORS INT:

POLICE OFFICER NAME AND P NUMBER:

DESCRIBE ANIMAL'S INJURIES:

LEVELS OF RESISTANCE:

☐ PSYCHOLOGICAL INTIMIDATION: EXPLAIN -_____
(NON-VOCAL CUES INDICATING ANIMAL'S ATTITUDE OR PHYSICAL READINESS)

☐ VOCAL NON-COMPLIANCE: EXPLAIN -_____
(VOCAL RESPONSES OR THREATS TO OFFICER)

☐ ESCAPE RESISTANCE: EXPLAIN -_____
(ATTEMPTING TO ESCAPE, RUNNING AWAY, NOT ATTEMPTING TO HARM OFFICER)

☐ ACTIVE AGGRESSION: EXPLAIN-_____
(PHYSICAL ACTIONS OF ASSAULT)

LEVELS OF CONTROL (OFFICER PRESENCE IS IMPLIED):

☐ VERBAL DIRECTION: EXPLAIN-_____
(COMMANDS OR DIRECTION)

☐ EMPTY HANDED CONTROL: EXPLAIN-_____
(MAINTAINING SAFE DISTANCE AVOIDING CONTACT)

☐ INTERMEDIATE CONTROL: EXPLAIN-_____
(COME-A-LONG, ROPE, ETC.)

☐ IMPACT WEAPONS: EXPLAIN-_____
(PRIMARY, OR ALTERNATIVE)

NARRATIVE:

_____
_____
_____
_____
_____
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REPORTING OFFICERS SIGNATURE:	REGULAR SUPERVISORS SIGNATURE: