

# Data Processing Worksheet – Columbus Division of Police

## Side A

(Complete one worksheet for each employee involved with the incident. This includes Sides A and B.)

### Section I: Incident Information

<b>Classification of Incident (check <u>all</u> that apply):</b> <input type="checkbox"/> Forced Entry (complete Subsection A) <input type="checkbox"/> Use of Force – Level: 0 - 1 with a complaint of an injury caused by such (complete Subsection D) <input type="checkbox"/> Use of Force – Level: 2 - 8 (complete all subsections that apply in Section IV) <input type="checkbox"/> Untrained Response – Personal Emergency (complete all Subsections that apply in Section IV) <input type="checkbox"/> Injury to Prisoner/Injury Prior to Police Contact (complete Subsection D) <input type="checkbox"/> Discharge of Firearm – Not a Use of Force (complete Subsection E) <input type="checkbox"/> Strip/Body Cavity Search (complete Subsection F) <input type="checkbox"/> Internal Investigation (complete Subsection G) <input type="checkbox"/> Information Only (complete Subsection H) <input type="checkbox"/> Police Traffic Crash (complete Subsection H) <input type="checkbox"/> Vehicular Pursuit (complete Subsection H) <input type="checkbox"/> Use or Attempted Use of Stopping Tactic (complete Subsection H)	<b>Basic Incident Information:</b> Date: _____ Time: _____ Incident #: _____ <b>Location of Occurrence (check <u>one</u>):</b> <input type="checkbox"/> Precinct # _____ <input type="checkbox"/> Headquarters <input type="checkbox"/> Radio Room <input type="checkbox"/> Foreign Jurisdiction <input type="checkbox"/> Impound Lot <input type="checkbox"/> Unknown
<b>Incident Location (check <u>one</u>):</b> <input type="checkbox"/> Street/Alley <input type="checkbox"/> Private Residence/Property <input type="checkbox"/> Public Building/Property <input type="checkbox"/> Business Building/Property <input type="checkbox"/> Bar <input type="checkbox"/> Police Headquarters <input type="checkbox"/> Police Substation <input type="checkbox"/> Police Impound Lot <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Jail/Correction Facility <input type="checkbox"/> Court <input type="checkbox"/> Police Radio Room <input type="checkbox"/> Property Room <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	<b>Incident Description (check <u>one</u>):</b> <input type="checkbox"/> Traffic Incident <input type="checkbox"/> Demonstration/Riot <input type="checkbox"/> Domestic Disturbance <input type="checkbox"/> Crime Committed <input type="checkbox"/> Routine Duty/Patrol <input type="checkbox"/> Disturbance/Fight <input type="checkbox"/> Call for Service <input type="checkbox"/> Narcotics Complaint <input type="checkbox"/> Administrative Issue <input type="checkbox"/> Vice Complaint <input type="checkbox"/> Juvenile Complaint <input type="checkbox"/> Request for Information <input type="checkbox"/> Radio Transmission <input type="checkbox"/> Warrant Service/Arrested <input type="checkbox"/> Investigation <input type="checkbox"/> Tactical Deployment <input type="checkbox"/> Mentally Ill Person <input type="checkbox"/> Chain of Command Review <input type="checkbox"/> Other <input type="checkbox"/> EARS Review

### Section II: Complainant/Suspect/Subject Information

Name: _____ Street: _____ City/State/Zip: _____ Phone: _____ Phone: _____	Sex: _____ Age: _____ <b>Race/Ethnicity (check <u>one</u>):</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Status (check <u>one</u>):</b> <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input type="checkbox"/> Injury/Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad/Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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### Section III: Personnel Information

<b>Employee:</b> Name: _____ Badge/IBM: _____ Assignment: _____ <b>Classification (check <u>one</u>):</b> <input type="checkbox"/> Sworn: Rank: _____ <input type="checkbox"/> Non-Police Personnel <input type="checkbox"/> Non-Sworn Employee <input type="checkbox"/> Unidentified <b>Duty Status (check <u>one</u>):</b> <input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Special Duty <input type="checkbox"/> Secondary Employment <input type="checkbox"/> Unknown	<b>Employee's Action at Time of Incident (check <u>one</u>):</b> <input type="checkbox"/> Directing Traffic <input type="checkbox"/> Issuing Citation <input type="checkbox"/> Issuing Warning <input type="checkbox"/> Committing Crime <input type="checkbox"/> Making Arrest <input type="checkbox"/> Serving Warrant <input type="checkbox"/> Transporting <input type="checkbox"/> Processing/Handling Prisoner <input type="checkbox"/> Handling Property <input type="checkbox"/> Patrolling <input type="checkbox"/> Observing <input type="checkbox"/> Investigating and/or Questioning <input type="checkbox"/> Operating Vehicle <input type="checkbox"/> Receiving Calls for Service <input type="checkbox"/> Dispatching <input type="checkbox"/> Conversing/Corresponding <input type="checkbox"/> Tactical Entry <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Performing Routine Duties	<b>Employee's Medical Status (check <u>one</u>):</b> <input type="checkbox"/> N/A <input type="checkbox"/> No Injury <input type="checkbox"/> Injury/Claimed Injury <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Squad/Medic <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown
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# Data Processing Worksheet – Columbus Division of Police Side B

(Check all boxes that apply.)

## Section IV: Type of Incident(s) to Assign to this Specific Employee

<p><b>(A) Forced Entry:</b></p> <input type="checkbox"/> SWAT <input type="checkbox"/> INTAC <input type="checkbox"/> Patrol	<p><b>(C) Levels 3 and Above:</b></p> <input type="checkbox"/> <b>Level 3 – Electronic Device</b> (Complete Subsection D if a transport was made for barb removal)	<p><b>(D) Injury to Prisoner:</b></p> <p><b>Type of Injury:</b></p> <input type="checkbox"/> Injury Prior to Police Contact (Note: if <u>only</u> using this category in Subsection D, omit employee's name on Side A) <input type="checkbox"/> Injury During Pursuit, Arrest Made <input type="checkbox"/> Injury During Pursuit, No Arrest Made <input type="checkbox"/> Injury During Arrest <input type="checkbox"/> Injury After Arrest (Transporting/Processing)	<p><b>(E) Discharge of Firearm:</b></p> <p><b>Type of Discharge:</b></p> <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Animal (Defense of Self/Others) <input type="checkbox"/> Animal (Humane Destruction) <p><b>Disposition (check one):</b></p> <input type="checkbox"/> Violation of Policy <input type="checkbox"/> Not in Violation of Policy
<p><b>Action:</b></p> <input type="checkbox"/> Serving Warrant <input type="checkbox"/> No Knock Warrant <input type="checkbox"/> Making Arrest <input type="checkbox"/> Emergency Situation	<p><b>*Also complete Subsection D for the below Levels if injured or an injury is claimed</b></p> <p>▶ <b>Level 4</b></p> <input type="checkbox"/> Pushing/Causing Collision (higher than Level 1) <input type="checkbox"/> Strike/Punch/Kick	<p><b>Injury Severity:</b></p> <p>▶ <b>Minor Injury</b> (Injury that does not require transport to a medical facility)</p> <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury	<p><b>(F) Strip/Body Cavity Search:</b></p> <p><b>Authorized by:</b></p> <p>Name: _____</p> <p>Badge: _____</p> <p>Assignment: _____</p> <p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
<p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	<p>▶ <b>Level 5 – Use of Impact Weapon</b></p> <p>▶ <b>Level 6 – Canine Bite</b></p> <p>▶ <b>Level 7 – Less Lethal Control</b></p> <input type="checkbox"/> Special Ordnance Ordered by: _____ <input type="checkbox"/> Other: _____	<p>▶ <b>Serious Injury</b> (Injury that requires transport to a medical facility for treatment)</p> <input type="checkbox"/> Claimed Injury (none visible) <input type="checkbox"/> Visible Injury <input type="checkbox"/> Death in Police Custody	<p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
<p><b>(B) Level 2 – Use of Mace:</b></p> <input type="checkbox"/> Individual Issued Mace <input type="checkbox"/> Tactical Unit Ordnance <input type="checkbox"/> Field Force Ordnance	<p>▶ <b>Level 8 – Deadly Force</b></p> <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots	<p><b>Medical Status:</b></p> <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <p>▶ <b>For known adverse reactions complete Subsection D</b></p> <p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	<p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
<p><b>Injury Severity:</b></p> <input type="checkbox"/> Exposure to Mace <input type="checkbox"/> No Injury/No Exposure <input type="checkbox"/> Unknown	<p>▶ <b>Level 8 – Deadly Force</b></p> <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____	<p><b>Medical Status:</b></p> <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown	<p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
<p><b>Medical Status:</b></p> <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <p>▶ <b>For known adverse reactions complete Subsection D</b></p> <p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	<p>▶ <b>Level 8 – Deadly Force</b></p> <input type="checkbox"/> Firearm – Defense of Self <input type="checkbox"/> Firearm – Defense of Others <input type="checkbox"/> Firearm – Fleeing Felon <input type="checkbox"/> Firearm – Warning Shots	<p><b>Medical Status:</b></p> <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown	<p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
<p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy	<p>▶ <b>Level 8 – Deadly Force</b></p> <input type="checkbox"/> Firearm – Other: _____ <input type="checkbox"/> Other: _____	<p><b>Medical Status:</b></p> <input type="checkbox"/> No Treatment Required <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Treated by Medic #: _____ <input type="checkbox"/> Treated and Released by Hospital <input type="checkbox"/> Hospitalized <input type="checkbox"/> Killed <input type="checkbox"/> Unknown	<p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy

<p><b>(G) Internal Investigation:</b></p> Date Division Gained Knowledge: _____	<p><b>Nature of Allegation(s)/Investigation:</b></p> <input type="checkbox"/> City Work Rule: _____ <input type="checkbox"/> Rule of Conduct: _____ <input type="checkbox"/> Division Directive: _____ <input type="checkbox"/> Bureau SOP	<p><b>Disposition (check one):</b></p> <input type="checkbox"/> Within Policy <input type="checkbox"/> Outside Policy
<p><b>Investigating Supervisor:</b></p> Name: _____ IBM: _____	<p>Bureau: _____</p> <p>SOP: _____</p> <p>Page: _____</p>	
<p>Assignment: _____</p> <p><b>Investigator/Complainant's Status (check one):</b></p> <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Division Employee <input type="checkbox"/> Chain of Command <input type="checkbox"/> Administrative Personnel <input type="checkbox"/> Non-Division Personnel		

**(H) Information Only:** \_\_\_\_\_

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Police Traffic Crash     
  Vehicular Pursuit     
  Use or Attempted Use of Stopping Tactic

**Section V: Comments**

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Completed By: \_\_\_\_\_ Assignment: \_\_\_\_\_