



# Juvenile Probation Officer Use of Force Incident Report

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

Please complete this form in its entirety. Fax or e-mail this form and any applicable attachments to:  
**Fax: (512) 424-6716**

**Email: Lesly.Jacobs@tjtd.texas.gov or Kevin.DuBose@tjtd.texas.gov**  
If you have any questions, please contact TJJD at (512) 490-7781 or (512) 490-7786.

REPORTER'S INFORMATION			
<i>Name of Person Completing Form</i>	<i>Phone #</i>	<i>Fax #</i>	<i>Email Address</i>
<i>PID</i>	<i>Title/Position</i>		<i>Department</i>

INCIDENT DETAILS			
<i>Who reported the incident?</i> <input type="checkbox"/> JPO <input type="checkbox"/> Other (Specify)		<i>Date of Incident</i>	<i>Time</i>
<i>Location of Incident</i>		<i>Date Incident Reported</i>	<i>Time</i>
<i>Weather Conditions</i> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Other (Specify)		<i>Lighting Conditions – Indoors</i> <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark <input type="checkbox"/> n/a <input type="checkbox"/> Other (Specify)	
<i>Lighting Conditions – Outdoors</i> <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark <input type="checkbox"/> n/a <input type="checkbox"/> Other (Specify)		<i>Level of Aggression by Subject</i> <input type="checkbox"/> Verbal <input type="checkbox"/> Physical <input type="checkbox"/> Firearm <input type="checkbox"/> Other Weapon	
<i>Injuries to JPO?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check which applies) <input type="checkbox"/> No Treatment <input type="checkbox"/> Treated and Released <input type="checkbox"/> Hospitalized <input type="checkbox"/> Fatal			
<i>Was EMS Notified?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Were Police Notified?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Names of Investigating Agency/Officers</i>	

TYPE OF FORCE USED
<input type="checkbox"/> Empty Hand Defense Tactics
<input type="checkbox"/> Intermediate Weapons Used: <input type="checkbox"/> ERD <input type="checkbox"/> Irritant <input type="checkbox"/> Impact Weapon
<input type="checkbox"/> Firearm

USE OF FIREARM		
<i>Firearm was</i> <input type="checkbox"/> Discharged <input type="checkbox"/> Displayed Date:	<i>Discharge of Weapon</i> <input type="checkbox"/> Accidental <input type="checkbox"/> Incidental	<i>Display of Weapon</i> <input type="checkbox"/> Accidental <input type="checkbox"/> Incidental
<i>Estimate the distance between the JPO and the Subject when the JPO fired the first round</i> <input type="checkbox"/> 0-5 feet <input type="checkbox"/> 6-10 feet <input type="checkbox"/> 11-20 feet <input type="checkbox"/> 21-50 feet <input type="checkbox"/> 51-75 feet <input type="checkbox"/> Over 75 feet		<i>Type of Firearm Used by the JPO</i> <input type="checkbox"/> Pistol <input type="checkbox"/> Revolver <input type="checkbox"/> Other (Specify)
<i>Description of Firearm Used</i>  Make:                      Model:                      Caliber:                      Barrel Length:                      Serial Number:		
<i>Description of Ammunition</i>  Bullet Make:                      Bullet Weight:                      Bullet Design:                      Bullet Caliber:		
<i>Number of Shots Fired by the JPO</i>		<i>Did JPO Reload?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No



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SUBJECT INFORMATION			
<i>Name of Subject (Last, First, MI)</i>		<i>Address</i>	
<i>Phone Number</i>	<i>Date of Birth</i>	<i>Name of Parent/Guardian (if subject is a juvenile)</i>	
<i>Injuries to Subject</i>			<i>Was EMS Notified?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, check which applies</i> ) <input type="checkbox"/> No Treatment <input type="checkbox"/> Treated and Released <input type="checkbox"/> Hospitalized <input type="checkbox"/> Fatal			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If the Subject was unknown to the JPO give a description</i>			

WITNESSES	
<i>Witness No. 1: Full Name (Last, First, MI)</i>	<i>Phone Number</i>
<i>Address</i>	
<i>Witness No. 2: Full Name (Last, First, MI)</i>	<i>Phone Number</i>
<i>Address</i>	
<i>Witness No. 3: Full Name (Last, First, MI)</i>	<i>Phone Number</i>
<i>Address</i>	

SUMMARY OF INCIDENT
<i>Describe the Incident in DETAIL</i>

APPROVAL		
<b><i>I do hereby attest that the information I provided is true and correct to the best of my knowledge.</i></b>		
<i>Prepared by: Printed First and Last Name</i>	<i>Signature</i>	<i>Date</i>
	X	
<i>Reviewed by (Administrator): Printed First and Last Name</i>	<i>Signature</i>	<i>Date</i>
	X	



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**COMMENTS (IF ANY):**

Empty box for comments.