



# **SAN JOSE POLICE DEPARTMENT**

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## **TRAINING BULLETIN**

**TO: ALL DEPARTMENT PERSONNEL**

**FROM:** Dave Knopf  
Acting Chief of Police

**SUBJECT: REVISED AUTOMATED USE OF  
FORCE TEMPLATE**

**DATE:** December 29, 2020

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BULLETIN #2020-023

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The automated Use of Force Template has been revised (Attachment) to increase accuracy in tracking incidents involving a use of force resulting in great bodily injury or death. Specifically, sections were added providing better defined options for serious/significant injuries and minor/moderate injuries. These options were added to both the suspect injury and officer injury sections.

Any officer who uses reportable force, or has force used against him/her, shall complete the automated Use of Force Template and answer the questions reflecting any incurred injuries.

The supervisor or command officer assigned to the use of force incident is responsible for ensuring the automated Use of Force Template is completed by each officer who used reportable force or had force used against him/her. The assigned supervisor or command officer shall review the completed automated Use of Force Template and approve it in the MRE approval queue.

Exception: When an Officer-Involved Incident occurs, the investigation shall be conducted consistent with the most recently published Santa Clara County Police Chiefs' Association Officer-Involved Incident Guidelines. The Department member will be interviewed by the Homicide Unit and the supplemental report for the Department member's statement as well as the automated Use of Force Template will be completed by the Homicide Detective who conducted the interview

Effective immediately, all officers shall use the revised automated Use of Force Template when documenting reportable force, or force used against a Department member. Questions regarding the use of the automated Use of Force Template should be directed to the AFR/RMS Unit.

A handwritten signature in black ink, appearing to be "DK", written over a horizontal line.

Dave Knopf  
Acting Chief of Police

DK:SD:MB

Attachment: Updated Use of Force Template – Injury Section

Attachment:

Suspect's erratic behavior as you perceived it at the time of the incident (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> None                         | <input type="checkbox"/> Signs of alcohol impairment       |
| <input type="checkbox"/> Signs of mental disability   | <input type="checkbox"/> Signs of drug impairment          |
| <input type="checkbox"/> Signs of physical disability | <input type="checkbox"/> Signs of developmental disability |

Was suspect injured (even if minor)?

YES

If YES, (check all that apply)

Serious/Significant Injuries

- |   |  |
|---|--|
| <input type="checkbox"/> Death                            | <input type="checkbox"/> Unconsciousness                 |
| <input type="checkbox"/> Life Threatening Injury          | <input type="checkbox"/> Concussion                      |
| <input type="checkbox"/> Gunshot Wound                    | <input type="checkbox"/> Other Brain Injury              |
| <input type="checkbox"/> Stab Wound                       | <input type="checkbox"/> Profuse Bleeding                |
| <input type="checkbox"/> Organ Damage                     | <input type="checkbox"/> Abrasions (Severe)              |
| <input type="checkbox"/> Internal Bleeding                | <input type="checkbox"/> Lacerations (Severe)            |
| <input type="checkbox"/> Obvious Disfigurement            | <input type="checkbox"/> Contusion (Severe)              |
| <input type="checkbox"/> Loss or Impairment of Body Part  | <input type="checkbox"/> Swelling (Severe)               |
| <input type="checkbox"/> Chipped or Loss of Tooth         | <input type="checkbox"/> Sutures or Staples              |
| <input type="checkbox"/> Bone Fracture                    | <input type="checkbox"/> Canine bite (Medical Attention) |
| <input type="checkbox"/> Other Serious/Significant Injury |  |

Minor/Moderate Injuries:

- |  |   |
|--|---|
| <input type="checkbox"/> Abrasions (Minor or Moderate)   | <input type="checkbox"/> Sprain or Strain       |
| <input type="checkbox"/> Lacerations (Minor or Moderate) | <input type="checkbox"/> Complaint of Pain Only |
| <input type="checkbox"/> Contusions (Minor or Moderate)  | <input type="checkbox"/> Other Minor Injury     |
| <input type="checkbox"/> Swelling (Minor or Moderate)    |   |

Medical aid the suspect received - choose highest applicable:

[Redacted]

Location(s) on you where suspect(s) used force (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Not applicable            | <input type="checkbox"/> Head                         |
| <input type="checkbox"/> Neck/throat               | <input type="checkbox"/> Front upper torso/chest      |
| <input type="checkbox"/> Rear upper torso/back     | <input type="checkbox"/> Front lower torso/abdomen    |
| <input type="checkbox"/> Rear lower torso/back     | <input type="checkbox"/> Front below waist/groin area |
| <input type="checkbox"/> Rear below waist/buttocks | <input type="checkbox"/> Arms/hands                   |
| <input type="checkbox"/> Front legs/feet           | <input type="checkbox"/> Rear legs                    |

Were you injured (even if minor)?

If YES, (check all that apply)

Serious/Significant Injuries

- |   |  |
|---|--|
| <input type="checkbox"/> Death                            | <input type="checkbox"/> Unconsciousness                 |
| <input type="checkbox"/> Life Threatening Injury          | <input type="checkbox"/> Concussion                      |
| <input type="checkbox"/> Gunshot Wound                    | <input type="checkbox"/> Other Brain Injury              |
| <input type="checkbox"/> Stab Wound                       | <input type="checkbox"/> Profuse Bleeding                |
| <input type="checkbox"/> Organ Damage                     | <input type="checkbox"/> Abrasions (Severe)              |
| <input type="checkbox"/> Internal Bleeding                | <input type="checkbox"/> Lacerations (Severe)            |
| <input type="checkbox"/> Obvious Disfigurement            | <input type="checkbox"/> Contusion (Severe)              |
| <input type="checkbox"/> Loss of Impairment of Body Part  | <input type="checkbox"/> Swelling (Severe)               |
| <input type="checkbox"/> Chipped or Loss of Tooth         | <input type="checkbox"/> Sutures of Staples              |
| <input type="checkbox"/> Bone Fracture                    | <input type="checkbox"/> Canine Bite (Medical Attention) |
| <input type="checkbox"/> Other Serious/Significant Injury |  |

Minor/Moderate Injuries:

- |  |   |
|--|---|
| <input type="checkbox"/> Abrasions (Minor or Moderate)   | <input type="checkbox"/> Sprain or Strain       |
| <input type="checkbox"/> Lacerations (Minor or Moderate) | <input type="checkbox"/> Complaint of Pain Only |
| <input type="checkbox"/> Contusions (Minor or Moderate)  | <input type="checkbox"/> Other Minor Injury     |
| <input type="checkbox"/> Swelling (Minor or Moderate)    |   |

Medical aid you received - choose highest applicable: