

## **OMAHA POLICE DEPARTMENT**

## Chief's Report



## **Employee Name and Serial No.:**

Employee Name and Serial No.:			CR No.			
Incident Report Information Report		Did other employees complete a Chief's Report?				
Crash Report	Reports submitted via FA	TPOT				
Supplementary Report			Same Precinct?  Yes No			
	INCIDE	NT INFORMAT				
Subject Name:	1		More Than One	e Involved Citizen (Se	e Narrative)	
Subject DOP:	Subject Conder:	Subject Race:	Subject Hoid	ht: Subi	act Woight:	
Subject DOB: Subject Gender:			Subject Height: Subject Weight:			
Check all that apply:			DD No.			
Officer-Involved Shooting (completed by Supervisor)			RB No.			
Forced Entry			Video File Number(s):			
Non-Consensual/War	-		1) 2)			
	animal, distress, accidental)		3) 4)			
Damaged/Lost Citizen						
Administrative Investig						
Vehicle Fled / Non-put			SE Precinct       SW Precinct         W Precinct       Outside City Limits			
Response to Resistan						
Vehicle Crash			Date of Occurre	ence (date received v	/ill be same date):	
	device/veh contact/roadblock), including att	omete				
		empts	Time of Occurrence:			
	aministered by OPD		- The of occurrence.			
Other						
Address of Occurrence: RESPONSE TO RESISTANCE REPORTING						
					4 🗖 Estano Amart	
	ault - Citizen		•	Disorderly Conduc	t Felony Arrest	
Mental Illness     Misd. Arrest     Other     Parole/Probation Violation     Resisting Arrest     SERVICE BEING RENDERED						
		E BEING KENDE	O/I-Non-Traffi		ff Duty Employment	
Investigation Other			Serving Warra		ff-Duty Employment affic Stop	
Туре		ре		Туре	Effective	
Baton		pe		Other Strength Te		
Brachial Stun	□ Y □ N □ Impact Weapo	n		Pressure Point		
Canine Bite				Single Leg Sweep		
Chemical Agent		pact weapon		Tackle		
Double Leg Sweep		oapop		Taser/ECD		
Elbow Strike						
Empty Hand Strike	□ Y □ N □ Lift and Dump □ Y □ N □ Other			If "Other" Please Des	arih a:	
				II Other Please Des	LIIDE.	
ELECTRONIC CONTROL DEVICE						
ECD Serial Number:			ECD Cartridge Number:			
Direct Contact/Drive Stun			Number of Drive Stuns:			
Projectile/Probe Contact: 0 1 2 No. of Probe Cycles:			No. of Air Cartridges Used:			
Target Zone:       Primary       Secondary         Injury:       Primary       Secondary (Fall)						
	MEDI	CAL TREATMEN	Ť			
Citizen Injured: Yes No Citizen Taken to Hospital: Yes No Citizen Arrested: Yes No						
Officer(s) Injured: Yes No Officer(s) Taken to Hospital: Yes No						
Subject Req. Medical Treatment: Y N Required Per: Injury Policy EPC Offered and Refused						
Medic Number: Hospital: Comments:						
	Ph	IOTOS/VIDEO				
Photos Req.? Yes					_	
Involved Employee Signat		Yes No	Video:	M∨R Body [	Outside	

(Employees may provide additional details on OPD Form 214A as needed)         Sergeant (Supervisor) Review and Recommendations:         Sergeant (Supervisor) Signature         Lieutenant (Manager) Recommendations:         Lieutenant (Manager) Signature         Date         Capitain Review and Recommendations:	Details of Incident (Include LEOKA details on Form 214A as needed):	CR No.				
Sergeant (Supervisor) Review and Recommendations:         Sergeant (Supervisor) Signature         Lieutenant (Manager) Recommendations:         Lieutenant (Manager) Signature         Date         Captain Review and Recommendations:						
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Captain Signature Date	Captain Signature	Date				