

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date of Incident	Team Leader	Tracking Number
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<b>Team Status:</b>	<input type="checkbox"/>	En route to task	<input type="checkbox"/>	Waiting embarkation	<input type="checkbox"/>	Vessel Underway	<input type="checkbox"/>	Vessel at Anchorage	<input type="checkbox"/>	While Disembarking
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<b>Location of Incident:</b>	Latitude:	Longitude:	UTC:

<b>Describe Use of Force Guidance Followed</b>	Identify the company doctrine that was used as a basis of the use of force, when published, and any training followed (estimate last date of course)
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<b>Force Used Against:</b>	<input type="checkbox"/>	Mothership	<input type="checkbox"/>	Skiff	<input type="checkbox"/>	Individual
<b>Known Details of Person Subjected to Force</b>	<b>Sex</b>	<b>Race</b>	<b>Age</b>	<b>Ht.</b>	<b>Wt.</b>	

<b>Basis for Use:</b>	Describe the actions that lead up to the use of force. Be clear to identify any sightings of weapons or specialized equipment that would reasonably lead to a conclusion that the vessel posed a threat

**Initial Actions**

Indicate below what steps were taken up to the final use of force. Note details and the reasons for action being taken in the space provided

Location on Body

<input type="checkbox"/>	Warning		Does the vessel display any indication that it is armed?
<input type="checkbox"/>	Flares	# deployed	<input type="checkbox"/> Describe who deployed, direction, type, and the range of the attacker at that point
<input type="checkbox"/>	Horn		Describe who sounded, type, range of attacker, etc
<input type="checkbox"/>	Evasive Action of Vessel		Describe the nature of the evasive action taken by the vessel
<input type="checkbox"/>	Anti-boarding		Describe the anti-boarding in terms of who, what, when, and how.
<input type="checkbox"/>	Safe Room (Citadel)		At what point did the crew remove themselves to the citadel?
<input type="checkbox"/>	Other		Describe any other actions before the firing of warning shots or the escalation of force using less-lethal or lethal weapons

Escalation of Force and Application of Force Using Lethal Defensive Tools		
		Location on Body
<input type="checkbox"/>	Display of Lethal Tools (visible presence of weapons)	<input type="text" value="Describe how the lethal tools were displayed"/>
<input type="checkbox"/>	Initial Warning Shot      # of rounds	<input type="text" value="Describe the number of rounds fired, calibre of rounds, point of aim, and effect"/>
<input type="checkbox"/>	Effect of Initial Warning Shot	<input type="text" value="Describe the attacker's actions as observed directly after the warning shots. Did the attacker halt the attack"/>
<input type="checkbox"/>	Secondary Warning Shot	<input type="text" value="Describe the number of rounds fired, calibre of rounds, point of aim and effect"/>
<input type="checkbox"/>	Effect of Secondary Warning Shot	<input type="text" value="Describe the attacker's actions as observed directly after the warning shots. Did the attacker halt the attack"/>
<input type="checkbox"/>	Shots against Attacking Vessel or Equipment	<input type="text" value="Describe the point of aim, range, calibre of round and observed effect"/>
<input type="checkbox"/>	Shots Against Individual	<input type="text" value="Describe the point of aim, range, calibre of round and observed effect"/>

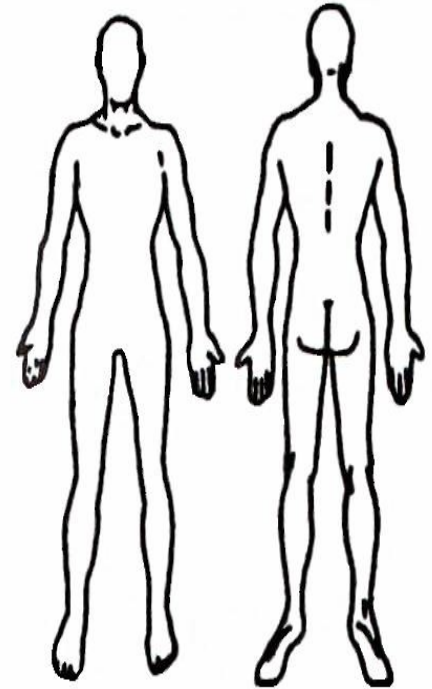


Figure 1 - If shots were directed against an individual, identify the point of aim (as best able) on the diagram

<b>Subject Armed:</b>		<b>If Armed, Check Weapon Type:</b>			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Knife	<input type="checkbox"/> Rifle	<input type="checkbox"/> RPG	<input type="checkbox"/> Other: Describe <input style="width: 100px;" type="text"/>
<b>Impact on Vessel:</b>		Identify if any of the rounds fired by the PAG or attacker impacted the vessel. If visible damage occurred, photograph			
<input type="checkbox"/> YES	<input type="checkbox"/> NO				


<i>List witnesses to the event</i>		
Name:	Email:	Phone:

**Was the attacker apparently under the influence of any substance (alcohol, khat, other):**

YES     NO     Unable to Determine

**Restraints Used**     YES     NO    **TYPE OF RESTRAINT USED:** \_\_\_\_\_

**Prisoner Searched Prior To Transport**        **Comments:** \_\_\_\_\_

If injuries were incurred as a result of the attack, including any security personnel or ship's crew, provide the information below (if known or simply indicate unknown): If additional space is required, please include a separate attachment to this form.

Injury Type	Name of Person Injured	Hospital or Treatment Facility	Dr. or Physician's Name

**Narrative Instructions**

The narrative should reflect the incident as a chronological account of facts and relevant events that occurred and resulted in the use of force.

**Original to:** Company Management

**Copies to:** Team Leader and Team Member Involved

**Team Member Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Team Leader Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

Team Leader

**Company Management**

I **concur** with the officer's action as detailed in this Use of Force Report and the facts contained herein.

I **do not concur** with the officer's actions as detailed in the Use of Force report and the facts contained herein.

As a result, I recommend that this incident undergo an internal / external review or an internal / external investigation.

\_\_\_\_\_  
Company Management Representative

\_\_\_\_\_  
Date

**NOTE:** In the event that a representative of management is unable to review and sign because of vacation, training, sickness, or other circumstances, the Team Leader should review and sign.

**This Use of Force Report has been reviewed:**

\_\_\_\_\_  
Company Quality Assurance:

\_\_\_\_\_  
Date:

