



Florida Department of Agriculture and Consumer Services  
Office of Agricultural Law Enforcement

NICOLE "NIKKI" FRIED  
COMMISSIONER

**DEFENSIVE TACTICS FORM**

Section 119.071, Florida Statutes

Case #.:		Date:		Time:	
Location:					
Supervisor Completing Form:					

**INVOLVED EMPLOYEE INFORMATION**

Name/Rank/ID# of Employee Using Force:					
<input type="checkbox"/> On-Duty	<input type="checkbox"/> In Uniform	<input type="checkbox"/> Injured	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Killed
Location if Hospitalized:					
Type of Force Used:	<input type="checkbox"/> Hands	<input type="checkbox"/> Chemical Agent	<input type="checkbox"/> Firearm	<input type="checkbox"/> D.F.S.G.	
<input type="checkbox"/> Other:					

**PRIMARY SUBJECT INFORMATION**

Name:				Date of Birth:	
Address:					
Telephone #'s:				*SS#:	
<input type="checkbox"/> *Employee provided AgLaw Business Card to subject containing written statement in compliance with F.S. 119.071, pertaining to collection of Social Security Numbers.					
Sex:			Race:		
Impaired:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, Explain:		
<input type="checkbox"/> Injured	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Refused	<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Killed	
Location if Hospitalized:					
Subject Armed:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, Type of Weapon:		
Does subject have a history of violence?	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes		
If Yes, specify:					
Offense Charged: (Include F.S.S.)					

**SECONDARY SUBJECT INFORMATION**

Name:				Date of Birth:	
Address:					
Telephone #'s:				*SS#:	
Sex:			Race:		
Impaired:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, Explain:		
<input type="checkbox"/> Injured	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Refused	<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Killed	
Location if Hospitalized:					
Subject Armed:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, Type of Weapon:		
Does subject have a history of violence?	No	Unknown	Yes		
If Yes, specify:					
Offense Charged: (Include F.S.S.)					

**LAW ENFORCEMENT PERSONNEL INVOLVED**

Name	Rank	I.D.#	Agency	In Uniform	On Duty
				<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes



## DEFENSIVE TACTICS FORM

## WITNESS INFORMATION

Name of Witness	Address of Witness	Home Telephone #	Work Telephone #

Date/Time Supervisor Notified	Date/Time Supervisor Arrived on Scene	Name of Supervisor Notified	
Photographs Taken of Involved Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time Photos Taken:		
Photographs Taken by:			
Photographs Taken of Subject: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time Photos Taken:		
Photographs Taken by:			

Describe the incident, the specific resistance or threat being offered by the subject(s), physical techniques used by the officer(s), extent of injuries to subject(s) and officers or other persons, chain of command notified, additional agencies assisting with the investigation, and a statement whether the force used was in keeping with policy:

[illegible]

Chain of Command	Please Print Name	Approved	Disapproved	Date	Initial
Sergeant					
Lieutenant		<input type="checkbox"/>	<input type="checkbox"/>		
Captain		<input type="checkbox"/>	<input type="checkbox"/>		
Uniform Services Major		<input type="checkbox"/>	<input type="checkbox"/>		
Bureau Chief		<input type="checkbox"/>	<input type="checkbox"/>		
Training Commander		<input type="checkbox"/>	<input type="checkbox"/>		
Lieutenant Colonel		<input type="checkbox"/>	<input type="checkbox"/>		
Colonel		<input type="checkbox"/>	<input type="checkbox"/>		
**Inspector General's Office		<input type="checkbox"/>	<input type="checkbox"/>		

**\*\*As Needed**