

EXHIBIT B

[INCIDENT #]



**CLEVELAND DIVISION OF POLICE
FORCE REVIEW BOARD
CHECKLIST**

INCIDENT INFORMATION	
Incident #:	
Date of Incident:	
Involved Officers:	
Classified Level of Force:	<input type="checkbox"/> Level II <input type="checkbox"/> Level III
INVESTIGATION INFORMATION	
Investigating Supervisor:	
Investigating Unit:	
Date Investigation Complete:	
Date Follow-up [if any] Complete:	
BOARD INFORMATION	
Date of Board:	
Board Chairman:	
PRESENTATION OF INVESTIGATION TO FRB	
Presenter:	

[INCIDENT #]

ALL findings by the Board must be supported by a preponderance of the evidence.

A. DECISION MAKING AND TACTICS	
1. Did the officer(s) decision making and tactics contribute to the need to use force? <input type="checkbox"/> Yes <input type="checkbox"/> No	Regardless of whether decisionmaking and tactics are approved or disapproved, summarize follow up action identified: <input type="checkbox"/> None <input type="checkbox"/> Chain of command for counseling and entry into tracking software. <input type="checkbox"/> Recommendation/referral to training section. <input type="checkbox"/> Recommendation/referral to policy section <input type="checkbox"/> Recommendation of non-disciplinary corrective action (specify): <hr/> <hr/> <hr/>
2. During the whole of the incident, did the officer(s) employ tactics and decision making consistent with: <div style="margin-left: 40px;"> i. Policy, other than the Use of Force Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Training? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
<p><u>REVIEW OF DECISION MAKING AND TACTICS:</u> List By Each Involved Officer, supervisor, commander, and dispatcher involved the incident, as appropriate.</p> <p><u>Administrative Approval:</u> Based on the documentation provided, the decision-making and tactics employed appear to be consistent with division core principles and training.</p> <p><u>Administrative Disapproval:</u> Based on the documentation provided, the decision-making and tactics employed do not appear to be consistent with division core principles and training.</p>	

[INCIDENT #]

Name and Serial Number	Approved or Disapproved
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B. USE OF FORCE

The application of the use of force policy does not, and should not, involve inquiries into the involved officer's subjective intent. Instead, the analysis must be conducted from the standpoint of an objectively reasonable officer encountering the same circumstances as the involved officers.

3. Did the officer(s) involved use de-escalation techniques when safe and feasible to do so under the circumstances?

i. **Did the officer(s) involved take reasonable efforts to de-escalate prior to using force?**

☐ Yes ☐ No ☐ Not feasible

ii. **What de-escalation tactics, or additional de-escalation tactics, might have been used in the circumstances?** ☐ N/A

- ☐ Protective use of distance, cover, concealment, and time (separation, barriers, slowing down incident)
- ☐ Hearing and listening
- ☐ Strategic communication or voice commands to de-escalate the situation
- ☐ Increasing officer presence/calling resources (more personnel, specialized CIT officer, supervisor)
- ☐ Other

iii. **During and/or after using force, did the officer(s) reduce the level of force applied as the nature of the threat diminished?**

☐ Yes ☐ No ☐ Not feasible

- Use of Force: General, Section V
- Use of Force: De-Escalation

[INCIDENT #]

4. Was the officer's use of force <u>necessary</u> to achieve a lawful objective? <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Use of Force: General, Section II 																				
5. Was the officer's use of force <u>proportional</u> to the level of the subject's resistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Use of Force: General, Section III 																				
6. Was the officer's use of force <u>objectively reasonable</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Use of Force: General, Section IV 																				
7. Did the officer comply with CPD's <u>general procedures</u> involving force? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> Officer identify selves and advise of intent to detain, arrest, or search before using force, if safe and feasible? Verbal warning to submit prior to force, if safe and feasible? Avoid unnecessary risks to civilians, officers, and emergency personnel? Consider surroundings when un-holstering and/or before discharging firearms? 	<ul style="list-style-type: none"> Use of Force: General, Section I 																				
8. Did the officer use prohibited force? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1" data-bbox="262 673 1575 1451"> <tr> <td data-bbox="262 673 1344 743"> 1. Use force to subdue a subject(s) who is not suspected of any criminal conduct, other than to protect an officer's or another person's safety? </td> <td data-bbox="1344 673 1575 743"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="262 743 1344 781"> 2. Use retaliatory force? </td> <td data-bbox="1344 743 1575 781"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="262 781 1344 850"> 3. Use force against subject(s) who only verbally confront officers and are not involved in criminal conduct? </td> <td data-bbox="1344 781 1575 850"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="262 850 1344 954"> 4. Use force against subject(s) who are handcuffed or otherwise restrained? If yes, was force nonetheless objectively reasonable and necessary under circumstances to stop an assault, escape, or as necessary to fulfill other law enforcement objectives? </td> <td data-bbox="1344 850 1575 954"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="262 954 1344 1089"> 5. Un-holster and display or unholster and point a firearm? If yes, did the circumstances surrounding the incident create an objectively reasonable belief that the situation may escalate to the point at which deadly force would be authorized? </td> <td data-bbox="1344 954 1575 1089"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="262 1089 1344 1193"> 6. Use force to overcome passive resistance? If yes, was force necessary, proportional, and objectively reasonable to achieve a legitimate law enforcement objective? </td> <td data-bbox="1344 1089 1575 1193"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="262 1193 1344 1338"> 7. Use force against those who are exercising their First Amendment Rights? If yes, was it necessary and objectively reasonable for the safety of that individual or the public? If yes, was it done with sufficient personnel? </td> <td data-bbox="1344 1193 1575 1338"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="262 1338 1344 1375"> 8. Carry weapons that are not authorized or approved by the Division? </td> <td data-bbox="1344 1338 1575 1375"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="262 1375 1344 1412"> 9. Use a firearm as an impact weapon? </td> <td data-bbox="1344 1375 1575 1412"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td data-bbox="262 1412 1344 1451"> 10. Fire warning shots? </td> <td data-bbox="1344 1412 1575 1451"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	1. Use force to subdue a subject(s) who is not suspected of any criminal conduct, other than to protect an officer's or another person's safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Use retaliatory force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Use force against subject(s) who only verbally confront officers and are not involved in criminal conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Use force against subject(s) who are handcuffed or otherwise restrained? If yes, was force nonetheless objectively reasonable and necessary under circumstances to stop an assault, escape, or as necessary to fulfill other law enforcement objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Un-holster and display or unholster and point a firearm? If yes, did the circumstances surrounding the incident create an objectively reasonable belief that the situation may escalate to the point at which deadly force would be authorized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Use force to overcome passive resistance? If yes, was force necessary, proportional, and objectively reasonable to achieve a legitimate law enforcement objective?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Use force against those who are exercising their First Amendment Rights? If yes, was it necessary and objectively reasonable for the safety of that individual or the public? If yes, was it done with sufficient personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Carry weapons that are not authorized or approved by the Division?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Use a firearm as an impact weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Fire warning shots?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Use of Force: General, Section III
1. Use force to subdue a subject(s) who is not suspected of any criminal conduct, other than to protect an officer's or another person's safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
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8. Carry weapons that are not authorized or approved by the Division?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
9. Use a firearm as an impact weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
10. Fire warning shots?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				

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11. Use deadly force solely to protect property or solely to effectuate an arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
12. Use neck holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
13. Discharge a firearm from or at a moving vehicle? If yes, was deadly force justified by something other than the threat of the moving vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No													
14. Reach into, or place themselves in the path of a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
15. Discharge a firearm at a threat that is not verified and visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
16. Use head strikes with hard objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
<p><u>If yes, to any of the questions (numbers 1 through 16) above:</u></p> <p>a. Would a reasonable officer believe that the use of deadly force was objectively reasonable, necessary, and proportional according to this policy? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b. (Only if yes to (a)): Did the subject's actions constitute an immediate and grave threat to the officer or others? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>c. (Only if yes to (b)): Were there <u>any</u> other force options, techniques, tactics, or choices with the Division's policy available to the officer? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes to (c), the "rare and exceptional circumstances" language in Use of Force: General Section III(B) may apply.</p>														
<p>9. Did the officer comply with the Division's policy on providing medical attention following the use of force once the scene is secured? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>		<p>• Use of Force: General, Section V</p>												
<p><u>REVIEW OF FORCE APPLIED:</u> List by Each Involved Officer</p> <p><u>Administrative Approval:</u> Based on the documentation provided, the force used was objectively reasonable, necessary, and proportional; was consistent with the duty to de-escalate; and consistent with all other provisions of the Use of Force Policy.</p> <p><u>Administrative Disapproval:</u> Based on the documentation provided, the force was not objectively reasonable, necessary, and proportional; was consistent with the duty to de-escalate; and/or was not consistent with all provisions of the Use of Force Policy.</p> <table border="1"> <thead> <tr> <th>Name and Serial Number</th> <th>Approved or Disapproved</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> </tbody> </table>			Name and Serial Number	Approved or Disapproved	1.		2.		3.		4.		5.	
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C. SUPERVISION

10. Was there an on-scene supervisor(s)? ☐ Yes ☐ No

If yes, did the on-scene supervisor(s) provide appropriate tactical guidance and support to the field during the incident? ☐ Yes ☐ No

REVIEW OF INCIDENT SUPERVISION (For Each On-Scene Supervisor)

Administrative Approval: The review board finds that the supervision and direction of the incident appears to be consistent with policy and training.

Administrative Disapproval: The review board finds that the supervision and direction of the incident does not appear to be consistent with policy or training for the following reasons:

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E. ADDITIONAL INVOLVED PERSONNEL ISSUES

11. Were there any issues identified with respect to information sharing or communication? Were all CDP communications protocols followed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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D. ANALYSIS OF UNDERLYING INVESTIGATION

12. Was the investigation conducted and reported to FRB in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No action. Explanation sufficient. <input type="checkbox"/> Refer to chain of command for counsel. <input type="checkbox"/> Refer to Chief's office.
13. Was the investigation objective and complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how resolve? <input type="checkbox"/> Refer to unit. <input type="checkbox"/> Refer to Chief's Office.
14. Were the investigation's findings supported by a preponderance of the evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, document reasons for determination, including specific evidence or analysis support Board's conclusions in the comment section, for the Chief of Police.
15. Does there appear to be additional relevant evidence that may assist in resolving inconsistencies or improve the reliability or credibility of the investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how resolve? <input type="checkbox"/> Refer to District/Bureau/Unit for further investigation. <input type="checkbox"/> Refer to Chief's office.
16. For Level II investigations, did the Chain of Command properly address and refer the issues identified? <ul style="list-style-type: none"> • Sergeant <input type="checkbox"/> Yes <input type="checkbox"/> No • Lieutenant <input type="checkbox"/> Yes <input type="checkbox"/> No • Captain <input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Refer back to chain <input type="checkbox"/> Refer to Other _____.

REVIEW OF INCIDENT REPORTING AND INVESTIGATION:

Administrative Approval: The review board finds that the investigation is thorough and complete. The review board finds that preponderance of the evidence supports the reviewer's determinations.

Administrative Disapproval:

- The review board finds that the investigation is not thorough and complete, for the following reasons:

[INCIDENT #]

- The review board does not believe that the preponderance of evidence supports the reviewer's determinations for the following reasons:

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F. BOARD RECOMMENDATIONS

17. Were there any policy issues raised by this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None. <input type="checkbox"/> Refer issue to Policy. <input type="checkbox"/> Refer issue to Other _____.
18. Were there any training issues raised by this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None. <input type="checkbox"/> Refer issue to Training. <input type="checkbox"/> Refer issue to Other _____.
19. Were there any equipment issues raised by this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None. <input type="checkbox"/> Refer issue to _____.
20. Were there any issues raised by this incident related to CPD's medical response? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None. <input type="checkbox"/> Refer issue to _____.
21. Are there any other issues or lessons learned from this incident that should be communicated? To whom? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None. <input type="checkbox"/> Involved Officers. <input type="checkbox"/> Platoon. <input type="checkbox"/> District. <input type="checkbox"/> Division-Wide. <input type="checkbox"/> Training. <input type="checkbox"/> Policy. <input type="checkbox"/> Public.

[INCIDENT #]

	<input type="checkbox"/> Other _____.
22. Were there any actions by involved personnel that warrant commendation? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<input type="checkbox"/> None. <input type="checkbox"/> Referred for formal commendation. <input type="checkbox"/> Referred for informal commendation to _____.

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Specific Recommendations and Assignments for Follow-Up

1. **IA/Chain of Command referrals**
 - a. Officer name and serial number:
 - b. General reason for referral (for each officer above):
 - c. BOC to initiate referral via tracking software:

2. **Individual officer training recommendations/Individual referrals**
 - a. To whom it is assigned for follow-up:
 - b. What follow-up is requested:
 - c. When a response is due:

3. **Department training recommendations**
 - a. To whom it is assigned for follow-up:
 - b. What follow-up is requested:
 - c. When a response is due:

4. **Policy change or clarification recommendations**
 - a. To whom it is assigned for follow-up:
 - b. What follow-up is requested:
 - c. When a response is due:

5. **Procedure change or clarification recommendations**
 - a. To whom it is assigned for follow-up:
 - b. What follow-up is requested:
 - c. When a response is due:

[INCIDENT #]

6. Equipment recommendations

- a. To whom it is assigned for follow-up:
- b. What follow-up is requested:
- c. When a response is due:

COMMENTS:				
UOFRB Chair	Date	Print Name	Serial	Unit #
Forwarded to Chief's Office By	Date	Print Name	Serial	Unit #