



Master After Action

TYPE(S) OF AFTER ACTION

- FORCE
 MEMBER INJURY
 PURSUIT
 DAMAGE/STOLEN/LOST/CRASH
 SERT / CNT / CIC
 SPECIAL EVENT
 OTHER
 K9
 SUBJECT INJURY

CATEGORY OF FORCE

- CATEGORY 1
 CATEGORY 2
 CATEGORY 3

TO:	FROM:	CASE NUMBER(S)	REVIEW DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		DATE AND TIME(S) OF OCCURRENCE:	
		<input type="text"/>	

LOCATION OF OCCURRENCE

	TYPE	ADDRESS
+ -	<input type="text"/>	<input type="text"/>

SUMMARY OF EVENTS

A short summary, outlining the type off call, major actions taken and resolution. (1010.00 13.4.1)

BUREAU MEMBER

- MEMBER INTERVIEWED SEPARATELY 1010.00 12.6
 THE MEMBERS STATEMENT WAS MATERIALLY CONSISTENT WITH THEIR WRITTEN DOCUMENTATION. 13.4.2

INVOLVEMENT	NAME	ECIT ? <input type="checkbox"/>	DPSST	ROLE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- DID THIS MEMBER USE FORCE
 MEMBER INJURED?

ADD MEMBER

REMOVE

SUBJECT

NAME	RACE	GENDER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		PHONE NUMBER	
<input type="text"/>		<input type="text"/>	

SUBJECT STATEMENT

Document the subject statements (1010.00 13.4.6)

<input type="text"/>	SUBJECT ARMED	<input type="text"/>
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ADD SUBJECT

REMOVE

WITNESS INFO

- No witnesses present
 Unidentified witnesses present

NAME	RACE	GENDER	DATE OF BIRTH	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS				
<input type="text"/>				



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WITNESS STATEMENTS OR DESCRIPTION OF UNIDENTIFIED WITNESS

Document the witness statements (1010.00 12.6, 13.4.8)

ADD WITNESS

REMOVE

VEHICLE INFORMATION

NO VEHICLE INVOLVED

ROLE	PLATE	STATE	MAKE	MODEL	COLOR

ADD VEHICLE

REMOVE

INVESTIGATING SUPERVISOR ACTION STATEMENT

Actions beyond the normal steps and information already in the AAR (1010.00 13.4.3)

SEND THIS PORTION TO THE DISTRICT ATTORNEYS OFFICE THROUGH CHANNELS

NAME AND SAVE USING THIS FORMAT:

CASE #_FILE TYPE_EVENT TYPE_PRECINCT_OFFICER(S)_DATE(YEARDDMM)

example:18-00001_AAR_FORCE_CENTRAL_SMITH_20180127



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ADMINISTRATIVE CRITIQUE AND RECOMMENDATIONS

1. ADMINISTRATIVE CHECKLIST

<input type="checkbox"/>	POSSIBLE CRIMINAL CONDUCT?	Section for 1010.00 12.8, 12.9
<input type="checkbox"/>	POSSIBLE SIGNIFICANT MISCONDUCT?	
<input type="checkbox"/>	THERE WAS A MENTAL HEALTH COMPONENT TO THIS USE OF FORCE.	
<input type="checkbox"/>	THIS WAS A SERIOUS USE OF FORCE	
<input type="checkbox"/>	THIS FORCE VIOLATED THE GRAHAM STANDARD	
IF ANY OF THE ABOVE WERE MARKED YES, WHO WAS NOTIFIED, HOW WERE THEY NOTIFIED, AND WHAT DIRECTION WAS GIVEN.		
<input type="text"/>		

EVIDENCE

<input type="checkbox"/>	PHOTO(S) WERE TAKEN (INCLUDING VIDEO)	Section for 1010.00 13.4.5, 13.4.9
<input type="checkbox"/>	NON PHOTO EVIDENCE WAS COLLECTED	
EVIDENCE COMMENTS (OPTIONAL):		
<input type="text"/>		

2. REVIEW OF THE OFFICER(S) REPORT(S)

I have reviewed the officer's report(s), interviewed to the best of my ability all involved parties and witnesses, gathered the necessary information and based on the preponderance of the evidence: **COMMENTS ARE MANDATORY IF THE BOX IS NOT CHECKED**

- THE OFFICER(S) ADEQUATELY ADDRESSED THE ASSESSMENT OF THE TYPE OF CALL AND THE REASON OR NEED FOR POLICE CONTACT. **1010.00 11.1.9.1**
- THE OFFICER(S) ASSESSMENT OF THEIR LEGAL AUTHORITY FOR THE CONTACT WAS SATISFACTORY. **1010.0 13.4.10.1.5**
- THE OFFICER(S) ADEQUATELY ADDRESSED THEIR PERCEPTION OF THE CONDITIONS AND LACK OF COMPLIANCE FROM THE SUBJECT PRIOR TO FORCE. **1010.00 11.1.9.2**
- THE OFFICER(S) SATISFACTORILY ADDRESSED THE SUBJECT'S MENTAL HEALTH. **1010.00 11.1.9.3**
- THE OFFICER(S) ADDRESSED THE USE OF SPECIALITY UNITS FOR THIS CALL THAT WERE APPROPRIATE. **1010.00 1.1.2, 5.4.4**
- GIVEN THE CIRCUMSTANCES, DISENGAGEMENT WAS NOT REASONABLE. **1010.00 1.3, 1.3.1.1**

DE-ESCALATION TECHNIQUE USED OR ATTEMPTED

EFFECTIVE?

+	Identify the efforts used to defuse / de-escalate the situation 1010.00 11.1.9.8	+
-		-

- GIVEN THE CIRCUMSTANCES, THE OFFICER(S) ACTIONS DID NOT ESCALATE THE SITUATION. **1010.00, 11.1.9.8**
- THE OFFICER(S) CORRECTLY IDENTIFIED THE LAWFUL PURPOSE(S) TO USE FORCE. **ORS 161.205, 161.235, 161.239**
- THE OFFICER(S) APPROPRIATELY DOCUMENTED A WARNING OR LACK OF WARNING. **1010.00 3.1, 3.1.1**
- THE OFFICER(S) INCLUDED ALL UNIQUE DATA POINTS REQUIRED FOR EACH USE OF FORCE. **1010.00 11.1.9.5**
- THE OFFICER(S) SATISFACTORILY REPORTED OTHER MEMBERS USE OF FORCE (IF APPLICABLE). **1010.00 11.1.6**
- THE OFFICER(S) PROPERLY DOCUMENTED ANY INJURIES (OR LACK OF INJURIES) AND/OR MEDICAL TREATMENT REQUIRED FOR THE SUBJECT OR ANY OTHER PERSON DURING THE INCIDENT WAS HANDLED IN A TIMELY MANNER. **1010.00 11.1.9.6**



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- THE OFFICER(S) APPROPRIATELY DOCUMENTED ATTEMPTS AND/OR CONTACTING OF WITNESSES. **1010.00 11.1.7**
- OFFICER(S) INJURIES OR LACK OF INJURIES WERE DOCUMENTED AND HANDLED CORRECTLY. **Directive 410.00**

EXPLANATION FOR ANY UNCHECKED BOXES:

RECONCILIATION OF OFFICER(S) REPORTING DIFFERENCES OR DISCREPANCIES

Identify and reconcile any material discrepancies between officer reports

3. REVIEW OF THE INCIDENT AND ANALYSIS OF OFFICER(S) DECISION POINTS

I have reviewed the officer's report(s), interviewed to the best of my ability all involved parties and witnesses, gathered the necessary information and based on the preponderance of the evidence: **COMMENTS ARE MANDATORY IF THE BOX IS NOT CHECKED**

I FIND THE OFFICER(S) SATISFACTORILY DID THE FOLLOWING:

- OFFICER(S) RESPONDED TO THE LOCATION USING SOUND AND EFFECTIVE TACTICS IN A SAFE AND REASONABLE MANNER.

1010.00 Section 13.4.10.1

AREA OF IMPROVEMENT, LESSONS LEARNED, CORRECTIVE ACTION(S) TAKEN:

- UPON MAKING CONTACT WITH THE SUBJECT, OFFICER(S) RESPONDED REASONABLY, USING GOOD COMMUNICATION SKILLS AND SOUND PATROL TACTIC PRINCIPLES (UP UNTIL THE FORCE EVENT)

1010.00 11.1.9.4

AREA OF IMPROVEMENT, LESSONS LEARNED, CORRECTIVE ACTION(S) TAKEN:

1010.00 13.4.10.1.7

IN REGARD TO EACH USE OF FORCE, I FIND THE FOLLOWING:

	OFFICER	ACTION / TYPE OF FORCE	MEETS GRAHAM STANDARD	IN OR OUT OF POLICY
+				
-				

- OFFICER(S) SATISFACTORILY DOCUMENTED THIS USE OF FORCE.

AREAS OF IMPROVEMENT, LESSONS LEARNED, CORRECTIVE ACTION(S) TAKEN:

1010.00 13.4.10.1.7

- THE OFFICER(S) POST CUSTODY ACTIONS, UNDER THE TOTALITY OF THE CIRCUMSTANCES WERE APPROPRIATE.

AREAS OF IMPROVEMENT, LESSONS LEARNED, CORRECTIVE ACTION(S) TAKEN:

1010.00 13.4.10.1.7

GENERAL ADDITIONAL COMMENTS NOT ADDRESSED ABOVE:

OTHER POLICIES THAT APPLY TO THIS INCIDENT:

	POLICY	IN OR OUT OF POLICY
+		
-		

CRITIQUE AND RECOMMENDATIONS (NON FORCE & K-9 ND)

CRITIQUE AND RECOMMENDATIONS:

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4.ADMINISTRATIVE REVIEW

I HAVE DOCUMENTED ALL OF THE ABOVE CONCERNS, NON DISCIPLINARY CORRECTIVE ACTIONS AND POSITIVE PERFORMANCE IN EIS.

COMMENT: Directive 345.00

I **CONFIRMED** THAT ALL PHOTOGRAPHIC EVIDENCE FOR THIS REVIEW HAS BEEN PLACED INTO DIMS.

COMMENT: 1010.00 13.4.9

I HAVE NOT FOUND CONCERNS AND/OR RECOMMENDATIONS IN THE BUREAU'S POLICY, TRAINING OR EQUIPMENT

COMMENT: 1010.00 13.4.10.1.7

I FORWARDED A COPY OF THE INITIAL PORTION OF THIS AFTER ACTION TO MY RU'S ADMIN TO BE FORWARDED TO THE DA OFFICE FOR THE CRIMINAL CASE AGAINST THE SUBJECT.

I FORWARDED THE FORCE AFTER ACTION WITHIN 72 HOURS OF THE FORCE EVENT AND/OR 7 DAYS OF THE NON FORCE EVENT.

RANK	NAME	DPSST
I FORWARDED THIS AFTER ACTION TO		ON
		TIME



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COMMAND REVIEW

I RECEIVED THIS AFTER ACTION FROM		ON		TIME
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THIS AFTER ACTION WAS RECEIVED WITHIN 72 HOURS OF THE INCIDENT OR WITHIN 7 DAYS OF NON FORCE EVENT.

I HAVE REVIEWED ALL OF THE REPORTS ASSOCIATED WITH THIS INCIDENT AND FIND THAT THEY ARE ACCURATE.

1010.00 13.4.10.2.3

I HAVE REVIEWED THE SERGEANT'S INVESTIGATION AND FIND IT TO BE THOROUGH AND COMPLETE.

1010.00 13.4.10.2.1

I HAVE REVIEWED THE SERGEANT'S DECISION POINT ANALYSIS AND CONCUR.

1010.00 13.4.10.2.2

There are possible policy violations with this incident.

1010.00 13.4.10.2.8

I find that this case needs to be reviewed further for possible criminal conduct OR significant misconduct.

1010.00 13.4.10.2.9, 13.4.1.2.10

I NOTIFIED		ON		TIME
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I FORWARDED OR RETURNED THIS AFTER ACTION TO		on		TIME
--	--	----	--	------

I CONFIRMED THE PROPER EIS ENTRIES WERE MADE		I CONFIRMED THE PHOTOS WERE IN DIMS	
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RANK	NAME	DPSST

ADD A COMMAND PAGE	REMOVE COMMAND PAGE
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