



The Police Policy Studies Council
Weapons Discharge Report

INCIDENT INFORMATION			
Date:	Day of week:	Time:	
District:	Section:	Subsection:	
TYPE OF INCIDENT			
<input type="checkbox"/> Felony-in-progress	<input type="checkbox"/> Felony Vehicle Stop	<input type="checkbox"/> Suspicious Person/Vehicle	
<input type="checkbox"/> Emotionally disturbed person	<input type="checkbox"/> Vehicle Violation	<input type="checkbox"/> Warrant Service	
<input type="checkbox"/> Domestic Dispute	<input type="checkbox"/> Disturbance Call	<input type="checkbox"/> Narcotics Activity	
<input type="checkbox"/> Gang Related Activity	<input type="checkbox"/> Homeland Security Activity	<input type="checkbox"/> School Disturbance	
<input type="checkbox"/> Crowd Disturbance	<input type="checkbox"/> Other		
NATURE OF INCIDENT			
<input type="checkbox"/> Gunfire exchange (i.e., Both officer and offender fired firearms at each other)			
<input type="checkbox"/> Other perceived threats with a weapon (brandished edged or blunt object, or unfired firearm)			
<input type="checkbox"/> An armed attack was perceived by the officer(s), but weapon was never found			
<input type="checkbox"/> Other perceived threats not involving a weapon (i.e. safety of public, involved parties, or officers threatened)			
<input type="checkbox"/> Incident involved the shooting of an animal (If so, what kind:)			
Was the animal killed <input type="checkbox"/> , injured <input type="checkbox"/> , or neither <input type="checkbox"/> .			
<input type="checkbox"/> Accidental Discharge			
<input type="checkbox"/>	<input type="checkbox"/> Struggling with subject	<input type="checkbox"/> Handling Weapon	<input type="checkbox"/> Cleaning weapon
<input type="checkbox"/>	<input type="checkbox"/> Loading/Unloading weapon	<input type="checkbox"/> Forcing Entry	<input type="checkbox"/> Falling
<input type="checkbox"/> Confrontation involved multiple officers, if so, how many? ()			
<input type="checkbox"/>	Only one of multiple officers fired		
<input type="checkbox"/>	More than one officer fired, if so, how many? ()		
<input type="checkbox"/> Confrontation involved multiple assailants, if so, how many? ()			
<input type="checkbox"/>	Only one of the assailants fired or attacked		
<input type="checkbox"/>	More than one assailant fired or attacked, if so, how many? ()		
Weapon was discharged within how many minutes of officer(s) arrival?			
PRE-INCIDENT INDICATORS AND READINESS			
<input type="checkbox"/> Officer arrived at scene without any degree of knowledge or impending danger			
<input type="checkbox"/> Officer knew assailant from previous police contacts			
<input type="checkbox"/> Officer arrived on scene and then became aware of impending danger			
<input type="checkbox"/> Officer was somewhat prepared for threat due to prior knowledge of person and/or place			
<input type="checkbox"/> Officer was totally surprised by threat			
OFFICER SHOOTING DATA			
Total number of shots fired by officer(s)			
Total number of hits on assailant(s)			
Y <input type="checkbox"/> or N <input type="checkbox"/>	Was assailant killed by police?		
Y <input type="checkbox"/> or N <input type="checkbox"/>	Were bystanders killed or wounded by police fire?		
Y <input type="checkbox"/> or N <input type="checkbox"/>	Was officer killed or wounded by assailant?		
Y <input type="checkbox"/> or N <input type="checkbox"/>	Was officer killed or wounded by friendly fire?		
Y <input type="checkbox"/> or N <input type="checkbox"/>	Were multiple officers involved? (If "Yes" make multiple officer entries on latter pages)		
Y <input type="checkbox"/> or N <input type="checkbox"/>	Was deadly force used AFTER a less-lethal alternative was employed unsuccessfully?		
Y <input type="checkbox"/> or N <input type="checkbox"/>	Was the assailant in a vehicle? Moving <input type="checkbox"/> or Stationary <input type="checkbox"/>		
LIGHT CONDITIONS WHEN/WHERE INCIDENT OCCURRED (Check all that apply)			
<input type="checkbox"/> Dark	<input type="checkbox"/> Dusk	<input type="checkbox"/> Dawn	<input type="checkbox"/> Good Artificial
<input type="checkbox"/> Poor Artificial	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Flashlight Used
WEATHER CONDITIONS (Check all that apply)			
<input type="checkbox"/> Clear	<input type="checkbox"/> Rainy	<input type="checkbox"/> Foggy	<input type="checkbox"/> Windy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cloudy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A



The Police Policy Studies Council Weapons Discharge Report

PROFILE OF OFFICER #						
Age:		Race:		Gender:		Years of Experience:
Y <input type="checkbox"/> or N <input type="checkbox"/>		On-Duty Assignment		Division:		Detail:
Y <input type="checkbox"/> or N <input type="checkbox"/>		Off-Duty Uniformed <input type="checkbox"/>		or Plainclothes <input type="checkbox"/>		(Check one if applicable)
WEAPON(S) USED BY OFFICER						
<input type="checkbox"/> Pistol (Caliber:)		<input type="checkbox"/> Revolver (Caliber:)		<input type="checkbox"/> Shotgun (Load:)		
<input type="checkbox"/> L.E.R. (Caliber:)		<input type="checkbox"/> Sniper Rifle (Caliber:)		<input type="checkbox"/> Taser (contact <input type="checkbox"/> or probes <input type="checkbox"/>)		
<input type="checkbox"/> 37mm (Type:)		<input type="checkbox"/> Pepperball (Type:)		<input type="checkbox"/> Other **		
DISTANCE OF INITIAL SHOT(S) FIRED BY OFFICER						
<input type="checkbox"/> Contact	<input type="checkbox"/> 0-3 yards	<input type="checkbox"/> 3-7 yards	<input type="checkbox"/> 7-15 yards	<input type="checkbox"/> 15-25 yards	<input type="checkbox"/> Over 25 Yards	<input type="checkbox"/> Unknown
OFFICER HIT PROBABILITY						
Number of shots fired by officer (Did officer fire weapon using strong hand <input type="checkbox"/> or support hand <input type="checkbox"/>)?						
Number of hits fired by officer						
Y <input type="checkbox"/> or N <input type="checkbox"/>		Does officer recall using sights to engage assailant				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did the officer make independent threat identification before firing?				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did the officer attempt to disengage before employing deadly <input type="checkbox"/> or less-lethal force <input type="checkbox"/> ?				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did the officer issue a verbal warning before using deadly <input type="checkbox"/> or less-lethal force <input type="checkbox"/> ?				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Before shooting (firearms only), did the officer attempt less-lethal alternatives?				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did officer employ flashlight while identifying or shooting assailant?				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did the officer reload his/her weapon before confrontation ended?				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did body armor influence the officer's survival?				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did officer discharge weapon from behind cover? If so, what kind:				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did officer experience a weapon stoppage <input type="checkbox"/> or malfunction <input type="checkbox"/> during the incident?				
		If there was a stoppage, what kind?				
Y <input type="checkbox"/> or N <input type="checkbox"/>		Was the officer able to clear the stoppage?				
OFFICER PRIMARY POSITION OR ACTIONS DURING INCIDENT (Check all that apply)						
<input type="checkbox"/> Standing		<input type="checkbox"/> Prone		<input type="checkbox"/> Running		<input type="checkbox"/> Sitting
<input type="checkbox"/> Kneeling		<input type="checkbox"/> Supine		<input type="checkbox"/> Squatting/Crouching		<input type="checkbox"/> Ascending/Descending Stairs

**Only include OC, baton, weapons of opportunity used prior to, during, or after the discharge of any other listed weapons

PROFILE OF OFFENDER #		
Age:		Race:
Y <input type="checkbox"/> or N <input type="checkbox"/>		Gender:
Y <input type="checkbox"/> or N <input type="checkbox"/>		Influenced by alcohol or controlled substance
Y <input type="checkbox"/> or N <input type="checkbox"/>		Prior history of mental illness
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did subject have suicidal inclinations when confronted
Y <input type="checkbox"/> or N <input type="checkbox"/>		Prior arrest record
Y <input type="checkbox"/> or N <input type="checkbox"/>		History of violent felonies while armed
Y <input type="checkbox"/> or N <input type="checkbox"/>		History of violent felonies while unarmed
Y <input type="checkbox"/> or N <input type="checkbox"/>		History of assault against law enforcement
WEAPONS POSSESSED/USED BY OFFENDER IN INCIDENT		
<input type="checkbox"/> Pistol (Cal:)		<input type="checkbox"/> Revolver (Cal:)
<input type="checkbox"/> Shotgun (Load:)		<input type="checkbox"/> Semi-Auto Rifle (Cal:)
<input type="checkbox"/> Bolt-Action Rifle (Cal:)		<input type="checkbox"/> Blunt Object (Type:)
<input type="checkbox"/> Edged Weapon (Type:)		<input type="checkbox"/> Other Weapon (Type:)
Number of shots fired by offender (If applicable)		
Number of offender's shot(s) that struck officers		
Y <input type="checkbox"/> or N <input type="checkbox"/>		Subject was WEARING <input type="checkbox"/> or IN POSSESSION OF <input type="checkbox"/> body armor
Y <input type="checkbox"/> or N <input type="checkbox"/>		Subject was unarmed but assaultive during incident
Y <input type="checkbox"/> or N <input type="checkbox"/>		Subject was unarmed and non-assaultive during incident
Y <input type="checkbox"/> or N <input type="checkbox"/>		Subject was unarmed but exhibited furtive movements before officer(s) fired
Y <input type="checkbox"/> or N <input type="checkbox"/>		Did subject ATTEMPT TO GAIN <input type="checkbox"/> or <input type="checkbox"/> control of the officer's weapon?